

Romantic Relationships in Young Women with a History of Child Maltreatment:

Examining the Role of Mentoring Relationships as a Protective Factor

by

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B.A. (Hons), Queen's University, 1999
M.A., University of Victoria, 2003

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Requirements for the Degree of

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University of Victoria

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ABSTRACT

Individuals who have experienced child maltreatment (CM) are at an increased risk for future interpersonal difficulties and violence in their romantic relationships. While positive connections with mentors have been shown to contribute to resilience among at-risk youth, the role of mentors in promoting positive romantic relationships among those with CM histories has not been previously examined. In this study, young adult women ($N = 267$; 18-25 years of age) who were in a romantic relationship at the time of the study completed a computerized questionnaire exploring CM, romantic relationship functioning, and mentoring relationships. Almost half of the women had a current or past mentoring relationship ($n = 132$). This study explored the associations between CM and romantic relationship qualities (i.e., levels of social support, negative interactions, relationship violence, and distribution of power), and examined whether having a mentor would be particularly helpful for women with a history of CM. Maltreatment experiences examined were child psychological maltreatment (CPM; 21%, $n = 55$), child physical abuse (CPA; 9%, $n = 24$), witnessing domestic violence (WDV; 16%, $n = 43$), and child

sexual abuse (CSA; 11%, $n = 29$). Results showed that women who experienced higher levels of CPM and CPA, particularly by fathers, were more likely to report higher levels of psychological maltreatment and physical violence in their current romantic relationships compared to women with lower levels of CPM and CPA. Women who indicated a lack of emotional support (ES) from their parents reported higher levels of negative interactions in their romantic relationships. However, women with higher levels of ES from their fathers reported higher levels of social support in their romantic relationships. When these factors were accounted for in regression analyses, psychological and physical maltreatment experiences by fathers predicted levels of psychological and physical maltreatment in women's romantic relationships. As well, higher personal levels of power in their romantic relationships were found among women with higher levels of WDV. Further, ethnicity, the participants' age, relationship status (e.g., dating, common-law/married), and parental divorce emerged as important socio-demographic factors in relation to child maltreatment and relationship functioning. There was support for the role of mentors as a protective factor among women who had experienced physical abuse by their fathers. Mentoring characteristics such as duration of the mentoring relationship and attachment to the mentor were related to CM experiences and romantic relationship functioning. This study calls attention to the need for greater awareness of the link between CM and romantic relationship difficulties in young adulthood, as well as the role of positive mentoring relationships as a protective factor for those with a history of CM. Results from this study may benefit psychologists and others in similar professions who assist those who have experienced CM and who are at risk for interpersonal difficulties, and may help those already experiencing relationship

difficulties. Additional implications include a need for better identification of youth who are at-risk for relationship violence and for the implementation of violence prevention programs in schools. Given the important role of mentors demonstrated by this study, there is also a need for further research regarding mentors and for greater support of mentoring programs.

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Dedication

This project is dedicated to my Little Sister, Michaela and to all who
provide mentorship to youth.

Introduction

Empirical studies investigating the immediate and long-term effects of child maltreatment have long been of importance to researchers and clinicians in the field of psychology. The negative sequelae related to maltreatment continue to be investigated, with studies and literature reviews documenting the wide variety of negative outcomes related to child maltreatment (e.g., see Cicchetti & Valentino, 2006). However, there has been a recent shift in research toward examining adaptive developmental pathways among individuals who have experienced maltreatment (Werner, 2005b). In a paper addressing child maltreatment, the researchers ask, “What are the factors related to relatively uncompromised functioning after the experience of child maltreatment?” (Heller, Larrieu, D’Imperio, & Boris, 1999, p. 322). This question speaks to the concept of resilience.

Resilience is defined in the literature as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543). An individual needs to experience what has been defined as a significant risk factor (e.g., an experience that has been found to be related to the failure to meet developmental tasks for a child of that age and gender in that cultural context) *and* the individual has demonstrated successful adaptation (e.g., he or she has succeeded in meeting measured developmental tasks; Masten, 2001). Resilience as a construct is never directly measured but is instead inferred by measuring the two components that need to be present: the risk factor(s) and competence/positive adaptation.

Child maltreatment has been established as a significant risk factor in resilience research (Cicchetti & Valentino, 2006). Individuals with a history of child maltreatment,

such as psychological maltreatment, physical abuse and sexual abuse, have been found to have more difficulties with certain developmental tasks (e.g., developing healthy interpersonal relationships with others) when compared to individuals without a history of child maltreatment (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). However, not everyone who experiences child maltreatment demonstrates difficulties. There are a number of protective factors and processes that have been found to moderate or buffer the negative impact of child maltreatment (see Cicchetti, Toth, & Rogosch, 2000; Houshyar & Kaufman, 2005; Masten, 2001; & Werner, 2005a for reviews). Protective factors refer to those factors that differentiate healthily adapted children from those less well adjusted (Luthar et al., 2000).

One protective factor that has recently been explored among youth is that of non-parental mentoring relationships. Research on resilience has identified the positive force that mentors have in youths' lives (Rhodes, Davis, Prescott, & Spencer, 2007). Ainsworth (1989) viewed mentoring relationships as "parent surrogates to whom they [children] become attached and who play an important role in their lives, especially in the case of children who find in such relationships the security they could not attain with their own parents" (p. 711). Positive connections with mentors have been recognized as contributing to resilience among youth with risk factors, such as child maltreatment, low socioeconomic status, family violence, and teenage pregnancy (Rhodes, 1994; Rhodes et al., 2007). In a longitudinal study in Hawaii, Werner (1993) found that compared to their peers, youth who demonstrated resilience more often sought support from non-parental adults, such as teachers, ministers, and neighbors. However, there is little empirical

research assessing the effectiveness of mentoring relationships among youth with child maltreatment histories (Britner, Balcazar, Blechman, Blinn-Pike, & Larose, 2006).

A child or youth with a history of child maltreatment is thought to demonstrate resilience if he or she is able to display competence or positive adaptation in certain domain areas despite past or present maltreatment (Heller et al., 1999). There have been a number of areas of competence studied exploring resilience among those who have experienced child maltreatment. The outcome areas studied include: peer acceptance and healthy friendships (Criss, Pettit, Dodge, & Lapp, 2002), self-esteem and the personality dimensions of ego-resiliency and ego-control (Cicchetti, Rogosch, Lynch, & Holt 1993), success at early developmental tasks (Egeland, Carlson, & Sroufe, 1993), high school graduation (Herrenkohl, Herrenkohl, & Egolf, 1994), optimism, sense of control, and cognitive style (Himelein & McElrath, 1996), educational and vocational accomplishments (Werner, 1993), an absence of clinical levels of symptoms such as depression and anxiety, and age-normative levels of social competence (Spaccarelli & Kim, 1995).

One area of competence/positive adaptation that has not been explored in relation to child maltreatment is having healthy dating and romantic relationships. This is an important area to study as a developmental task in adolescence and early adulthood is the establishment of healthy, romantic relationships (Erikson, 1950; Scott et al., 2005; Seiffge-Krenke, 2000). Early romantic relationships are theorized to affect individual development as well as forming the basis for later intimate long-term relationships (Scott et al., 2005; Seiffge-Krenke, 2000). Researchers examining the relationship between child maltreatment and dating and romantic relationships have focused primarily on

investigating dating violence and sequelae related to dating violence (e.g., Carr & VanDeusen, 2002; Foshee, 1996; Harned, 2002). Examining individuals who have experienced child maltreatment and who also have healthy dating and romantic relationships is an understudied area needing more research (Scott, Stewart, & Wolfe, 2005).

The aim of the present study was to explore the associations among child maltreatment, non-parental mentoring relationships, and qualities of romantic relationship functioning among young adult women. Specifically, the focus was to determine if non-parental mentoring relationships moderated the strength of the relation between child maltreatment and qualities of the romantic relationship (see Figure 1). As this is a relatively new area of study in the child maltreatment field, it was decided to only include women in the current study. The role of mentoring relationships among young adult men will be examined in future studies.

Attachment theory provided the theoretical framework for understanding how mentoring relationships may influence other interpersonal relationships. In mentoring relationships characterized by closeness and longevity (Dubois & Silverthorn, 2005; Grossman & Rhodes, 2002), mentors might positively influence their mentees in different ways, for example, by listening to them, giving support, and serving as a role model and advocate. For young women with negative views of self and others, as might be seen among those who have experienced child maltreatment, a mentoring relationship may help change such views and might influence choices regarding dating and romantic partners.

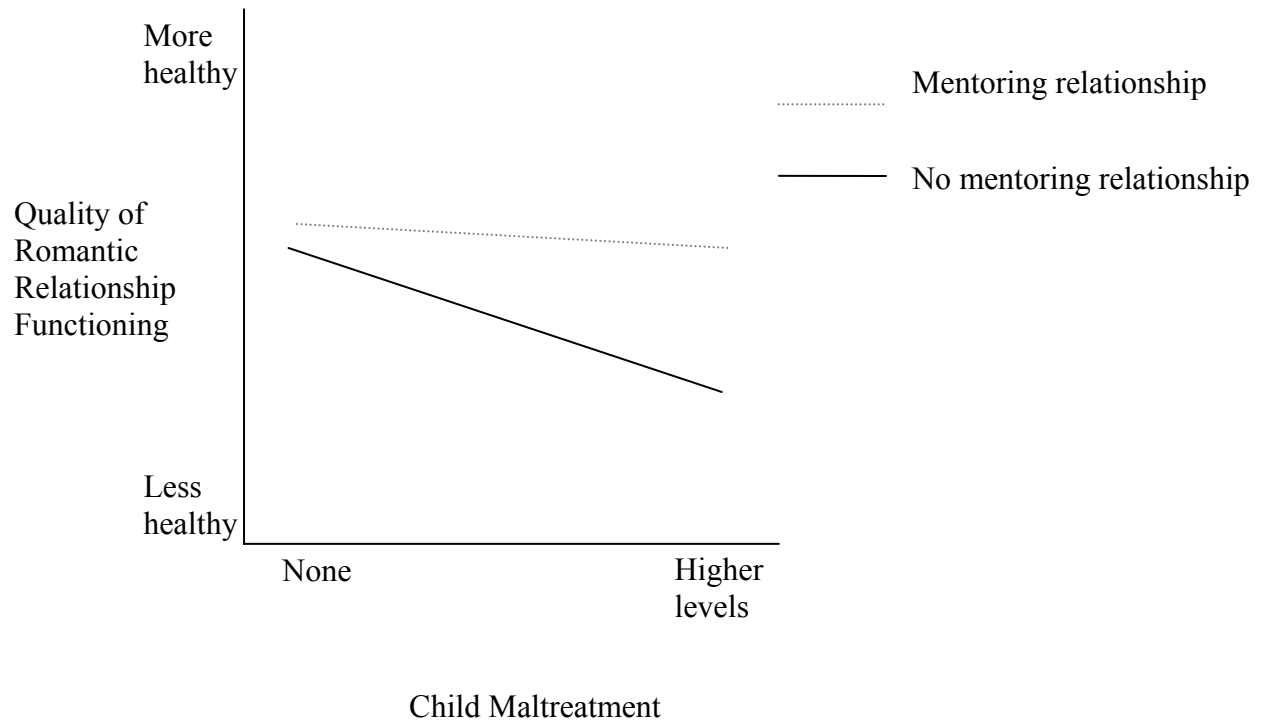


Figure 1. Proposed interaction model examining associations between child maltreatment and quality of romantic relationship quality. Regression lines are plotted for two values of a proposed moderator (mentoring). It is hypothesized that the presence of a mentoring relationship is more important at high levels of the risk factor (child maltreatment) than at low levels of the risk factor.

Literature Review

Child Maltreatment

Child maltreatment is typically divided into four main categories: psychological maltreatment, neglect, physical abuse, and sexual abuse (Tyler, Allison, & Winsler, 2006). Another less studied area of child maltreatment is witnessing domestic violence. As well as differences in type of maltreatment, there are differences in developmental timing of when the maltreatment occurred, the age and gender of the perpetrator, the nature of the relationship between the child and perpetrator (e.g., intra or extrafamilial relationship), and the frequency and duration of the experiences (Putham, 2003). Due to discrepant methods used to gather information, the prevalence rates of the different types of maltreatment can be difficult to establish as the rate is dependent on the definition, the population studied, and the methodology used to gather the information (Roosa, Reyes, Reinholtz, & Angelini, 1998).

Child Psychological Maltreatment (CPM)

Psychological maltreatment (also referred to as emotional abuse or emotional maltreatment) has been defined as “the repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, only in value in meeting another’s needs, or seriously threatened with physical or psychological violence” (Brassard, Hart, & Hardy, 1991, p. 73). In child protection settings, CPM has been defined as a repeated attack on a child's sense of self, ranging from habitual humiliation of a child to withholding nurturing, and which may include a pattern of scapegoating, rejections, threats, insults, humiliation, and verbal attacks on the child (Ministry of Children and Family Development [MCFD], 2007).

The emphasis on repeated behaviors in the definition of CPM recognizes that while many parents and parental guardians may occasionally say harmful things to their children (e.g., yell at them or call them a name) most parents are not perpetrators of psychological maltreatment (Barnett, Miller-Perrin, & Perrin, 1997). For researchers and clinicians, it can be difficult to determine when negative verbal interactions should be considered abusive (Barnett et al., 1997). Therefore many researchers and clinicians examine the variable of psychological maltreatment on a continuum of behaviors.

Prevalence rates for CPM. In terms of reported and substantiated CPM cases in Canada, the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003; Trocmé et al., 2003) reported that emotional maltreatment accounted for 15% of all substantiated maltreatment cases in the fall of 2003, at a rate of 3.23 per 1,000 children. Barnett and colleagues (1997) cite a number of studies conducted in the United States that found 3% to 8% of reported and substantiated child maltreatment cases involved CPM as the main or only form of maltreatment. This rate climbed to 28% when psychological maltreatment occurred alongside other forms of maltreatment (Barnett et al., 1997).

The aforementioned statistics reflect reported and investigated psychological maltreatment cases and different prevalence rates can be found when using different definitions of CPM and different methodologies (e.g., community or university sample). For example, Meston, Heiman, and Trapnell (1999) had university students respond to nine emotional abuse items on a five-point scale (from never (0) to very frequently (5)) representing behaviors that they experienced from a parental guardian (e.g., “At home I was criticized and made to feel worthless”). Using a cut-off point (a composite score of

greater than 10), the authors found “severe emotional abuse” was reported by 25%, 39%, 25%, and 53% of non-Asian females, Asian females, non-Asian males, and Asian males, respectively. In another study, Van Bruggen and colleagues (2006) assessed psychological maltreatment items on a continuous scale. While 99% of 400 university women endorsed one or more of the items on the scale (indicating the normality of certain behaviors such as being yelled at occasionally by a parent), much lower rates of endorsement were found for items occurring at a high frequency (e.g., being ridiculed or humiliated more than 20 times a year occurred for 2.5% of the women).

Child Neglect

Child neglect refers to situations in which children have suffered harm or their safety or development is impaired due to their caregiver’s failure to supervise or protect them (MCFD, 2007; Trocmé et al., 2003). Straus and Kaufman Kantor (2005) state that neglectful behavior by a caregiver is defined as “a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide” (p. 20). Three broad forms of neglect have been identified in the literature (Barnett et al., 1997): physical neglect (i.e., not providing basic necessities such as food, shelter, health care and clothing), educational/developmental neglect (i.e., not providing experiences for growth and development such as intellectual and educational opportunities), and emotional neglect (i.e., “child has suffered or was at substantial risk of suffering from mental, emotional, or developmental problems caused by inadequate nurturance/affection,” Trocmé et al., 2003, p. 43).

Prevalence rates for neglect. In the CIS-2003 (Trocmé et al., 2003) neglect was found to be the most frequently investigated category of maltreatment (a rate of 6.38 per 1,000 children). Nearly a third of all cases in which maltreatment was substantiated involved neglect as the primary category of maltreatment (30%). The study also found that almost 22 investigations per 1,000 involved neglect as the primary or secondary reason for investigation. In a study in the United States, the National Centre on Child Abuse and Neglect (1994) indicated that child neglect cases accounted for 52% of reported cases (as cited in Barnett et al., 1997).

Using recommended cut-off rates for neglect for the Childhood Trauma Questionnaire (Bernstein et al., 1994), Paivio and Cramer (2004) found retrospectively recalled physical neglect to be 15% and 16% for university women and men, respectively, and rates of emotional neglect to be 38% and 45% for university women and men, respectively. In an international study, Straus and Savage (2005) examined the amount of neglectful behavior during childhood by parents of university students in 17 countries. Straus and Savage (2005) found the average percentage for experiencing three or more neglectful behaviors using the Multidimensional Neglectful Behavior Scale (MNBS authors: Straus, Kinard, & Williams, 1995) ranged from 3.2% (New Hampshire, USA) to 36% (Pusan, Korea) with a median of 12%. Of the five Canadian universities included in their study, the average percentage for neglect ranged from 10% to 21.4%.

Child Physical Abuse (CPA)

Physical abuse is a deliberate, non-accidental act of physical assault by a person that results in, or is likely to result in, physical harm to a child (MCFD, 2007). Physical abuse can include a range of activities that cause harm to a child, including shaking,

pushing, grabbing, throwing, hitting, punching, kicking, biting, choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints (Barnett et al., 1997; Trocmé et al., 2003). Injuries resulting from CPA can range in severity from minor bruising, burns, welts and burns, to fractures of the bones and skull and sometimes death (MCFD, 2007).

Prevalence rates for CPA. In the CIS-2003 (Trocmé et al., 2003) CPA was the second most frequently investigated primary category of maltreatment, at a rate of 24% for substantiated cases (a rate of 5.31 per 1,000 children). In another study, a representative community sample in Ontario of over 8500 adolescent and adults age 15 years and higher found that 30% of men and 20% of women reported a prior history of CPA (Walsh, MacMillan, & Jamieson, 2002).

Of four Canadian studies that used university students as participants, retrospective rates of CPA were found to range from 10% to 37%. Defining physical abuse as “physically injurious behavior or behavior that has high potential for injury,” Demaré (1996, p. 2) found that 31% of women and 37% of men reported having experienced at least one occurrence of physical abuse by a parental figure, with 8% reporting having experienced physical violence “often” or “very often” (Demaré & Briere, 1994). Runtz and Roche (1999) found that 20% of university women experienced physical abuse prior to age 18 that exceeded physical punishments such as occasional spanking or being slapped once or twice. In another Canadian study, Meston et al. (1999) found that 10% of non-Asian females, 19% of Asian females, 14% of non-Asian males and 34% of Asian males endorsed one or more items of “severe” physical abuse occurring before the age of 18 by a parent or guardian (e.g., “I have received black eyes from being hit,” “I was

injured seriously enough by a parent or guardian to require medical care,” and “I have had broken bones following a beating”). Additionally, Van Bruggen and colleagues (2006) found that 14% of the university women in their sample experienced physical abuse before age 14, which included a physical action done on purpose by a parent or parental guardian (e.g., being hit or pushed down) and that resulted in physical injury (e.g., gave bruises or broke bones).

Witnessing Domestic Violence (WDV)

Witnessing violence between parental figures is a form of maltreatment not commonly studied by child maltreatment researchers. WDV (also referred to as "exposure to domestic violence"; Evans, Davies, & DiLillo, 2008, p. 132) is not specifically stated as a form of child maltreatment in most provincial and territorial child welfare statutes in Canada (Trocmé et al., 2003). For example, within the B.C. Handbook for Action on Child Abuse and Neglect (2007), types of abuse included are CSA, CPA, Emotional Abuse and Neglect; WDV is not included.

There is no standardized definition of WDV. Evans and colleagues, in their meta-analysis of WDV studies, state that many researchers concur that WDV occurs when "children see, hear, are directly involved in (i.e., attempt to intervene), or experience the aftermath of physical or sexual assaults that occur between their caregivers" (Evans et al., 2008, p. 132).

Prevalence rates for WDV. In the CIS-2003, exposure to domestic violence was investigated as the primary or secondary form of maltreatment a rate of 10.51 investigations per 1,000 children. Exposure to domestic violence was substantiated in over two-thirds (70%) of these cases and suspected in another 13%. The CIS-2003 notes

that biological fathers/stepfathers were considered to be responsible for exposure to domestic violence in 88% of investigations where exposure to domestic violence was the primary substantiated maltreatment while mothers/stepmothers were considered to have failed to protect their child(ren) from exposure to domestic violence in 28% of these cases.

Wolfe, Wekerle, Reitzel-Jaffe, and Lefebvre (1998), in their study of 15 year old high school students, assessed for WDV in their study with the question, “Did you ever see one of your parents hit or beat up your other parent?” In their study, 11% of the boys and 17% of the girls witnessed domestic violence and WDV was found to be positively associated with physical abuse and CSA.

Child Sexual Abuse (CSA)

Child sexual abuse occurs when an adult or adolescent uses a child for sexual purposes (National Clearinghouse on Family Violence, 2001). Sexually abusive behaviors range from non-contact activities (e.g., exhibitionism, sex talk, and performing sexual acts in front of a child) to activities involving physical contact (e.g., fondling and penetration) (MCFD, 2007; Putham, 2003; Trocmé et al., 2003). Understood in most definitions of CSA is that the child is unable to give informed consent due to the authority of the other individual, the child’s dependent and less powerful status, and the age difference that exists (Chew, 1998).

Prevalence rate for CSA. In Canada, the Committee on Sexual Offenses against Children (CSOAC) conducted a national population survey of over 2000 men and women to examine rates of CSA and other sexual assaults (Ministry of Justice and Attorney General of Canada, 1984). CSOAC reported that 15% of women and 8% of men

endorsed the question “has anyone tried to have sex with you when you didn’t want this, or sexually attacked you” before the age of 17? (p. 179). In addition, they found that 20% of women and 9% of men reported that someone had exposed his or her sex parts to them when it was unwanted, 10% of women and 5% of men reported that someone had threatened to have sex with them when it was unwanted, and 24% of women and 13% of men reported that someone had touched the sex parts of their body when it was unwanted. In a more recent investigation examining reported and substantiated cases of CSA in Canada, the CIS-2003 (Trocmé et al., 2003) found that the rate of was CSA was 0.62 per 1,000 children. The CIS-2003 reported that CSA was the lowest frequently investigated category of maltreatment, at a rate of 3% of all substantiated cases.

There is a range of prevalence rate estimates for CSA. Putnam (2003) examined all English-language articles published after 1989 containing empirical data pertaining to CSA. He found that for community samples, prevalence rates ranged from 12% to 35% for women and 4% to 9% for men reporting an unwanted sexual experience prior to age 18 years.

Larger community studies involving children and adolescents are not common (Putnam, 2003). However, in the early 1990s, Finkelhor and Dziuba-Leatherman (1994) conducted a telephone survey of 2,000 children age 10 to 16 years. The authors found that for the year preceding the interview, there was an incidence rate of 3.2% for girls and 0.6% for boys for contact CSA, defined as “a perpetrator touching the sexual parts of a child under or over the clothing, penetrating the child, or engaging in any oral-genital contact with the child” (Finkelhor & Dziuba-Leatherman, 1994, p. 419). The lifetime

prevalence rate for a combination of the attempted and completed CSA categories was 10.5% for the overall sample.

Similar to community sample studies, self-report studies done with college and university students also vary in their estimates of child sexual abuse. In a review of college and university studies, Wurtele and Miller-Perrin (1992) indicated prevalence rates ranging from 7% to 62% for women and 3% to 16% for men. For example, Roche, Runtz, and Hunter (1999) found 28% of the university women in their study reported a history of CSA prior to the age of 16 and Van Bruggen and colleagues (2006) found 13% of the university women in their study reported a history of CSA prior to age 14 years. Paivio and Cramer (2004), in their study with university students, found rates of CSA were 19% for women and 12% for men.

While a range of prevalence rates for CSA have been reported in the literature, during the last 15 years there appears to have been an actual decline in rates of sexual abuse (Finkelhor & Jones, 2006, p. 688). For example, in the United States from 1990 to 2004, rates of substantiated sexual abuse decreased by 49% (Finkelhor & Jones, 2006). Similarly, in Ontario, Canada, there was a 49% decline in substantiated cases of CSA between 1993 and 1998 (Trocme, Fallon, MacLurin, & Copp, 2001). Between 1998 and 2003 in Canada, the CIS-2003 demonstrated that the rate of substantiated CSA decreased from 0.89 to 0.62 per 1,000 children (Trocme et al., 2003). Although sexual abuse of children still occurs and any rate is unacceptable, the decline in the last 15 years appears to be real. Such a decline is likely the result of a number of factors, such as public awareness campaigns, prevention programs, and criminal justice interventions, and treatment (Jones & Finkelhor, 2003).

Gender Differences and Timing of Child Maltreatment

In a national study done in Canada (CIS-2003), Trocmé and colleagues found that the distribution of age and sex of those who experienced child maltreatment varied by form of maltreatment. They found that girls were more often victims of reported sexual abuse (63%) and boys were more often victims of reported physical abuse (54%). Physical and sexual abuse was more prevalent among older children, whereas younger children were more often victims of exposure to domestic violence and neglect. In examining type of sexual abuse, it has been found that boys are more likely to experience extrafamilial abuse and girls are more likely to experience intrafamilial abuse (Messman & Heiman, 1999).

Empirical research has demonstrated that experiencing child maltreatment when younger can be related to worse outcomes compared to experiencing maltreatment when older. Longitudinal studies (e.g., Manly, Kim, Rogosch, & Cicchetti, 2001; Sroufe, Egeland, Carlson, & Collins, 2005) have shown that early maltreatment (e.g., before age three years) are related to failure to meet initial developmental tasks of childhood such as secure attachment and development of an autonomous self. Failure to meet these tasks has been shown to be related to children faring less well in middle and late childhood (Manly et al., 2001).

Consequences of Child Maltreatment

Child maltreatment is related to a wide range of behavioral, cognitive, and affective difficulties that may impair an individual's sense of self and can negatively affect interpersonal relationships. The negative sequelae related to experiencing child maltreatment include substance use and dependence, impulsivity, self-harm behaviors,

trauma related problems (e.g., posttraumatic stress disorder and dissociation), sexual or reproductive health problems, depression, anxiety, anger, and low self-esteem (Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Briere, & Runtz, 1990; Dinwiddie et al., 2000; Erickson et al., 1989; Kisiel, & Lyons, 2001; Neumann, Houskamp, Pollock, & Briere, 1996; Runtz, 2002; Trocmé et al., 2003; Van Bruggen et al., 2006; Widom, Weiler, & Cottler, 1999).

When examining particular types of child maltreatment, research has demonstrated that certain difficulties are more likely to manifest with specific types of abuse (Erickson, Egeland, & Pianta, 1989). For example, a history of physical abuse has been found to be related to aggression toward others, difficulties with impulse control, problems solving conflict, noncompliance, and difficulty with social and work skills (Briere & Runtz, 1990; Erickson et al., 1989; Manly et al., 2001). Childhood neglect is associated with lower levels of cognitive functioning, academic problems, inattentiveness, not being sensitive or empathic with peers, not expressing positive affect, and withdrawal (Erickson et al., 1989; Manley et al., 2001). A history of child psychological maltreatment is associated with poor self-esteem and higher levels of aggression (Briere & Runtz, 1990; Manley et al., 2001). Child sexual abuse is associated with maladaptive sexual behaviours, clingy behaviour toward adults, need for approval, impulsivity, sexual revictimization, depression, and higher levels of help-seeking (Briere & Runtz, 1990; Erickson et al., 1989; Putnam 2003; Van Bruggen et al., 2006).

Child Maltreatment and Interpersonal Functioning

An area of research in the child maltreatment field is examining the relationship between a history of child maltreatment and interpersonal functioning. In particular, some

researchers have examined the relationship between child maltreatment and peer friendships (e.g., Price, 1996), and child maltreatment and dating and romantic relationships (e.g., Wekerle & Avgoustis, 2003). The majority of the research has focused on relational difficulties and violence in relationships (e.g., Carr & VanDeusen, 2002; Foshee, 1996; Harned, 2002).

Researchers have found that maltreated children have more difficulty forming and maintaining healthy relationships with their peers than non-maltreated children (Price, 1996). On average, maltreated children are more aggressive toward their peers than non-maltreated children and experience higher rates of peer rejection (Price, 1996). The aggression and rejection may be related to being less competent in social situations, withdrawing and avoiding peers, not trusting others, and not knowing how to act and respond in social situations (Price, 1996). Difficulties with one's peer group have been hypothesized to be linked with subsequent difficulties sometimes seen in dating and romantic relationships (Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998).

Higher rates of relational difficulties in romantic relationships have been found for youth and young adults who have experienced child maltreatment (Scott, Stewart, & Wolfe, 2005; Wekerle & Avgoustis, 2003; Wolfe et al., 1998; 2004). A history of maltreatment is associated with being both a perpetrator and a victim of dating violence in adolescence and adulthood. Wekerle and Wolfe (1998) found that victimization in childhood (CPA, CSA, and witnessing domestic violence) increased the likelihood of violence in subsequent relationships among adolescents. In their study, young men with a history of maltreatment reported greater amounts of offending against their dating partners (i.e., physical assault, sexual assault, and negative communication) as well as

more victimization experiences (i.e., physical assault and sexual coercion) from their partners compared to men without a history of child maltreatment. Similarly, young women with a history of maltreatment reported greater victimization from their dating partners as well as perpetrating more verbally abusive behaviors toward their partners compared to women without a history of child maltreatment (Wekerle & Wolfe, 1998).

Interpersonal problems, such as mistrust, hostility, and distorted relationship beliefs, have also been found to be higher in dating relationships among maltreated youth than non-maltreated youth (Wolfe et al., 2004). For example, Murphy and Blumenthal (2000) found that a history of child maltreatment and witnessing parental physical aggression were related to future interpersonal problems with dominance in relationships (i.e., problems being vindictive, intrusive, and domineering) among college women. Murphy and Blumenthal also found that interpersonal problems with dominance were linked with physical aggression in the dating and romantic relationships.

Child Maltreatment and Resilience

Although there are a number of negative outcomes associated with child maltreatment, such outcomes are not inevitable nor are they consistent. Some individuals who have experienced maltreatment demonstrate adaptive developmental trajectories in adolescence and adulthood. Individuals who have experienced maltreatment but do not develop clinically or socially significant difficulties are often described as having resilient pathways (Luthar, Cicchetti, & Becker, 2000). In the area of child maltreatment there have been a number of protective processes or factors that have been found to moderate or buffer the negative impact of experiencing maltreatment and promote resilience (Houshyar & Kaufman, 2005; Masten, 2001; & Werner, 2005a).

Some of the individual protective factors associated with successful adaptation among high-risk children (e.g., those who have experienced child maltreatment) include: higher intellectual functioning, secure attachment to a non-offending parental figure, positive self-concept, achievement in school, an internal locus of control, effective coping and problem solving skills, friendships with peers who are non-deviant, talents or hobbies that are valued by adults or peers, and an ability to regulate emotions, behaviors, and feelings (Masten, 2001; Werner, 2005a).

Other protective factors have been categorized at the level of the parents, family, and the community. Parental factors found to promote resilience among high-risk children include positive parental mental health (e.g., lack of depression and anxiety) as this helps to promote secure attachment between the parent and child, access to and use of social supports, authoritative parenting skills, good coping skills, and the absence of domestic violence in the home (Houshyar & Kaufman, 2005; Masten, 2001; Werner, 2005a). Family level factors that have been found to promote resilience include socioeconomic advantages, marital harmony, family stability, other family members who provide support, and a safe (i.e., not dangerous) home environment (Masten, 2001; Werner, 2005a). There are also some known environmental factors that promote resilience among high-risk children. These factors include access to effective schools, access to affordable health care, safe neighbourhoods, access to community services and community programs, and living in a cultural context that does not condone violence or corporal punishment (Sroufe et al., 2005).

Mentoring. Another protective factor that has been explored among youth is that of mentoring relationships. Mentoring relationships with non-parental adults have been

identified as contributing to resiliency among youth with one or more risk factors (Rhodes, 1994; Werner, 2005a). In the Kauai longitudinal resilience study, Werner (1993) established the importance of youths' relationships with non-familial adults in promoting positive outcomes among men and women. Masten (2001) asserted that youths' connection to competent and caring mentors was associated with resilience among those experiencing risk factors.

A mentoring relationship between an adult and a young person can contribute to the youths' socio-emotional well-being and competencies (Rhodes, 1994). There is empirical support that mentoring relationships are associated with improvements in youths' other important relationships (Rhodes et al., 2006). For example, mentors' positive influences on relationship skills (e.g., through role modeling) may help facilitate adolescents' capacity to have positive and healthy friendships and romantic relationships. However, there are very few studies examining the effects of mentors for abused and neglected youth (Britner & Kraimer-Rickaby, 2005). This is surprising given the finding that maltreated youth may be among the most likely to be helped by mentors (Dubois et al., 2002). Therefore, this present study examined the role of mentoring relationships in promoting resilience in the area of healthy dating and romantic relationships among young women who have experienced child maltreatment.

Mentoring

History of Mentoring Relationships

Interest in studying mentoring relationships has increased over the last decade as formal mentoring programs (e.g., Big Brothers/Big Sisters) have expanded across North America and attention has been given to the possible protective role of mentoring

relationships. While the roots of mentoring can be traced to late nineteenth century in the United States, where middle class women attempted to form relationships with children in poverty (“Friendly Visiting Campaign”), there has been a huge expansion in youth mentoring over the last two decades (Rhodes, 2002). For example, over two million people in the United States currently have a Big Brother, Big Sister, or another adult volunteer in their lives (Rhodes, 2002). In Canada, there are over 150 Big Brothers/Big Sister (BB/BS) agencies in over 1000 communities that provide direct service to over 23,000 children by matching them to adult volunteers in mentoring relationships (BB/BS of Canada). However, the increase in the number of mentoring relationships, along with the value our society places on such one-on-one relationships, has not been matched with the production of empirical studies that scientifically examine the benefits of mentoring. Only recently has there been an increase in studies that examine the effectiveness of mentors and the possible protective role that mentoring relationships can have for young people (Rhodes, 2002).

Definition

In this study, a mentor was defined as “an adult who is often older than you, has more experience than you, and is willing to listen, share his or her own experiences, and guide you through some part or area of your life” (Liang et al., 2002, p. 28). This is a similar definition to that used by Rhodes (2002): “a relationship between an older, more experienced adult and an unrelated, younger protégé—a relationship in which the adult provides ongoing guidance, instruction, and encouragement aimed at developing the competence and character of the protégé” (p. 3).

The definition of a mentor encompasses both mentoring relationships that are formal in the sense of being arranged by a program (such as BB/BS), as well as those that are informal (e.g. teachers, neighbours, and coaches). For formal mentoring relationships, mentors receive training, support and guidance, whereas informal mentoring, or “natural mentoring” (Baker & Maguire, 2005, p. 15) is understood as a relationship that develops naturally between a caring non-parental adult and a younger person (Zimmerman, Bingenheimer, & Notaro, 2002). A peer or immediate family member (e.g., parent) might be considered a mentor for some, but typically these individuals are outside of the traditional view of who are mentors (Darling, Hamilton, Toyokawa & Matsuda, 2002).

Research on Mentoring

Mentoring relationships have been identified as contributing to resilience among at-risk youth (Rhodes, 1994; Scales & Gibbons, 1996; Werner 1995; Werner & Smith, 1992). Rhodes (1994) stated that “both natural and assigned mentors have the potential to modify, or even reverse, the developmental trajectories of at-risk youth” (p. 194). However, the research base that is necessary to inform the practice of mentoring has lagged behind the development of mentoring programs (Dubois & Karcher, 2005; Dubois & Rhodes, 2006). Baker and Maguire (2005) ask, “How is it that the public has such faith in a largely unproven intervention?” (p.14). For example, while mentoring programs number well into the thousands and benefit from significant levels of governmental, corporate, and philanthropic support (DuBois & Rhodes, 2006), there is very little empirical research assessing the effectiveness of mentoring programs and natural mentoring relationships with youth who have child maltreatment histories (Britner et al., 2006). Researchers need to explore the complexities of mentoring relationships to better

understand the conditions under which mentoring relationships are most likely to help youth (Rhodes, 2002; Zimmerman, Bingenheimer, & Behrendt, 2005).

Much of the research evaluating mentoring relationships has focused on relationships established through formal programs such as BB/BS America (Dubois & Silverthorn, 2005). Many of these studies have very good research design (e.g., pre and post testing) and provide valuable information regarding the effects of mentoring relationships. There are also recent studies evaluating the role of “natural” mentoring relationships, that is, those relationships that occur naturally and are not part of a formal program (e.g., Dubois & Silverthorn, 2005; Zimmerman et al., 2002). The findings from both formal and natural mentoring studies demonstrate that mentoring relationships for at-risk youth are related to better psychological functioning, physical health, educational attainment, and vocational functioning (Beier, Rosenfeld, Spitalny, Zansky, & Bontemppo, 2000; Dubois & Silverthorn, 2005; Grossman & Rhodes, 2002; Hamilton, Hamilton, Hirsch, Hughes, King, & Maton, 2006; Rhodes, 1994; 2002; Rhodes, Grossman, & Resch, 2000; Zimmerman et al., 2002).

Beier and colleagues (2000) found that adolescents with natural mentors were significantly less likely than those without mentors to participate in four out of five high risk behaviors that they measured: smoking, drug use, carrying a weapon, and unsafe sex (alcohol use was not affected). Similarly, in a study of low income urban adolescents, Zimmerman and colleagues (2002) found that those with natural mentors had more positive attitudes toward school and were less likely to use alcohol, smoke marijuana, and become delinquent. Rhodes (2002) found a consistent pattern for the positive influence of natural mentors. She reported that pregnant and parenting adolescent girls with natural

mentors were more likely to have lower levels of alcohol consumption during pregnancy, better psychological functioning, and better vocational and educational outcomes when compared to pregnant and parenting adolescent girls without such supports.

Hamilton and colleagues (2006) reviewed four types of naturally occurring mentoring relationships: classrooms, youth development organizations, work and service-learning and faith-based organizations. They found that “mentoring adds to young people's intellectual, psychological and emotional, social, and, to a lesser extent, physical assets” (p. 742). The authors found that the quality of students’ relationships with their mentors was associated with current and future adjustment to schools, positive attitudes toward school, academic engagement and achievement, higher levels of peer acceptance, and higher levels of psychological well being.

Overall, the findings from both formal and natural mentoring relationship studies support the role of mentors as contributing to positive outcomes for youth. However, there are some other studies that indicate the necessity of examining potential mediating and moderating variables when examining the effectiveness and efficacy of mentoring relationships. This includes examining mentor role (i.e., who the mentor is), the duration of the mentoring relationship, the amount of contact, and perceived closeness the youth feels toward his or her mentor.

Dubois and Silverthorn (2005) investigated characteristics of natural mentoring relationships as predictors of outcomes among older adolescents and young adults in a large, nationally representative sample in the United States. Dubois and Silverthorn examined three categories of mentor role to see if they differed in their associations with outcomes in youth: family members (43%; e.g., aunt or grandfather), informal social

network (22.5%; e.g., neighbour or coach) or a more professional relationship (34.5%; e.g., teacher or doctor). Mentors that were outside of the family were linked to more positive outcomes for youth compared to familial mentors in the areas of education (e.g., completing high school), physical health (e.g., physical activity level), and decreased use of drugs and smoking.

Relationship duration is important to consider when examining the effects of mentoring relationships. Grossman and Rhodes (2002) examined the effects of duration of youth mentor relationships in a longitudinal study of over 1000 youth in BB/BS programs. The authors found that the length of mentoring relationships was significantly related to academic, psychosocial, and behavioural outcomes. Adolescents in mentoring relationships a year or longer in duration reported the largest number of improvements. These included positive feelings of self-worth, perceived social acceptance, perceived school competence, valuing school, positive parental relationships, and lower frequency of drug and alcohol use. In relationships lasting less than a year, fewer improvements were seen in the youth. Grossman and Rhodes reported that relationships lasting 6 to 12 months were only related to not skipping school and lower frequency of drug use, while relationships lasting 3 to 6 months were related to improved quality of parental relationship and lower rates of physical violence. In relationships that terminated before three months, youth were found to have lower levels of self-worth and lower levels of perceived school competence.

In addition to relationship duration, relationship closeness has been found to be associated with outcomes among youth (Dubois & Silverthorn, 2005; Parra, DuBois, Neville, & Pugh-Lilly, 2002). Closeness with mentors has been found to be associated

with psychological well-being (e.g., greater self-esteem and life satisfaction, fewer depressive symptoms, and fewer reports of suicidal ideation; Dubois & Silverthorn, 2005). Parra and colleagues (2002) reported that feelings of closeness between mentors and youth were linked to greater perceived benefits of the relationship and to relationship continuation. They also found that the amount of contact, activities, and discussions between the youth and the mentor predicted relationship closeness. It has been theorized that longer relationships, relationships with frequent contact, and mentors who model positive traits are related to relationship closeness (Beltman & MacCallum, 2006; Dubois & Silverthorn, 2005; Rhodes, 2002). Beltman and MacCallum (2006) reported that key features of close mentoring relationships for youth included the youth feeling accepted, not being negatively judged, and having a mentor who showed caring qualities (e.g., committed, tolerant and trustworthy).

Theory and research suggest the importance of examining characteristics of the mentors and youth as predictors of outcomes of the mentoring relationship (Dubois & Silverthorn, 2005, Grossman & Rhodes, 2002; Rhodes, 2002). For example, Grossman and Rhodes (2002) examined predictors of relationship length. When examining youth variables, they found that the relationship was more likely to terminate if the youth had sustained emotional, sexual, or physical abuse during childhood (risk factor of 1.53, $p < .05$; based on Kaplan-Meier hazard rates), if the youth were referred for psychological or educational programs, or if the youth was older when first matched with the mentor (13 to 16 year olds were 65% more likely to break up than were matches with 10 to 12 year olds). This is an important finding as duration is linked to positive outcomes for youth and early termination may actually be detrimental to youth if it is perceived as a loss

(Grossman & Rhodes, 2002). Grossman and Rhodes hypothesized that older adolescents may terminate early due to their desire for autonomy and independence as well as competing peer and romantic relationships. For youth who had experienced prior child maltreatment, the authors proposed that such youth may be more challenging to work with as the youth may find it difficult to establish close relationships with their mentors (Grossman & Rhodes, 2002). However, other studies (e.g., review by Dubois, Holloway, Valentine & Cooper, 2002) have found that at-risk youth (such as those who have experienced child maltreatment) benefit the most from having a close mentoring relationship. These findings underscore the importance of helping at-risk youth attain and maintain positive mentoring relationships.

When examining mentor variables, Grossman and Rhodes found that higher income volunteers lasted longer in mentoring matches in the BB/BS program. The authors found that age interacted with marital status: married volunteers' age 26 to 30 years were more likely to terminate early, but if they were able to form good quality relationships before getting married then their marital status had little effect on length of relationship. The authors also found that cross-race matches terminated at a higher rate than same-race matches, but only for those matches with dissimilar interests.

Effect size. There are an increasing number of studies that support the finding that mentoring can have positive emotional, behavioral, and academic effects for youth. However, it is important to examine the effect size of the findings to see how much a difference having a mentor makes in youths' lives. Dubois, Holloway, Valentine and Cooper (2002) conducted a meta-analytic review of mentoring evaluation studies to assess the overall effects of mentor-youth relationships. They found support for the

effectiveness of youth mentoring programs (e.g., BB/BS of America), but the overall effect sizes were small (average effect size of .14). The authors found larger effect sizes in youth from backgrounds of environmental risk and disadvantage (e.g., low socioeconomic status) and that “at-risk” status was a significant moderator of effect size. That is, disadvantaged youth were found to benefit the most from mentoring programs. Effect sizes were largest for samples of youth experiencing both individual and environmental risk factors ($d = .25$) or environmental effects alone ($d = .18$). Dubois and colleagues also found that the intensity and quality of mentor-youth relationships influenced effect size. Specifically, beneficial links were seen in relationships that had a lot of contact, were perceived to be emotionally close, and were long in duration. The authors found specific organizational strategies were related to stronger effects of mentors on the youth. That is, larger effects were seen when mentors had ongoing training from the agency they were involved with, there were structured activities provided for the mentor and youth, there were expectations of contact from the agency, there were mechanisms of support for the mentor (e.g., a mentoring coordinator), the youth’s parents were involved, and there was overall monitoring of the relationship.

Assessment of Mentoring Relationships

In order to evaluate if and how mentoring helps, researchers need to have good measures that assess mentoring relationships. However, measures of youth mentoring are in the early stages of development and few measures have been validated. In their review of measures of youth mentoring relationships (college age or younger), Nakkula and Harris (2005) stated that “the assessment of mentoring relationships is an important but, to this point, underdeveloped area of study” (p. 113). Of the few measures the authors

reviewed, Nakkula and Harris found that the measures assessed different areas of relationship quality. For example, measures might assess internal indicators (e.g., feelings of closeness) and/or external indicators (e.g., program support and parents' engagement) of relationship quality. Measures might be for mentors to fill out about their mentees (e.g., the Match Characteristics Questionnaire, Harris & Nakkula, 2003) or for youth/young adults to fill out about their mentors and the mentoring experience (e.g. Relational Health Indices, Liang et al., 2002).

Rhodes, Reddy, and Roffman (2005) developed and validated a 74-item mentoring questionnaire (the Youth Mentor Relationship Questionnaire, YMRQ) that examined the longevity and effectiveness of mentoring relationships among elementary and secondary school students. For the YMRQ, the authors found that successful mentoring relationships were defined less in terms of positive attributes than by the absence of disappointment and other negative feelings. Four subscales were supported by factor analysis for the questionnaire: "not dissatisfied," "helped to cope," "not unhappy," and "trust not broken." Nakkula and Harris (2005) note that while the YMRQ has evidence supporting its reliability and validity it also has some problems. These include the finding that two of the subscales ("not dissatisfied" and "not unhappy") appeared to measure similar constructs and had a high correlation ($r = .77$) and that the scale was not designed for youth older than 16 years of age.

Darling and colleagues (2002) developed a survey comparing social roles and functions among mentors in the United States and Japan. The authors were interested in examining the extent to which adolescents' relationships with significant others are characterized as mentoring. The authors found that in both countries mentoring was most

likely to occur in relationships with adults (rather than peers) and with the same-gender (versus other-gender). The authors found that “classic” mentoring (i.e., “a one-on-one relationship with an older adult who provides support, guidance, and challenge,” p. 247) was the most common type of mentoring relationship in both countries. The limitations to their survey included that the authors provided no indication of the scale’s correlation with outcome variables, that the use of a dichotomous scale (as used in the survey) reduced the chance to capture variations in responses, and that the scale did not measure external, experiential, or objective dimensions of mentoring relationships (Nakkula & Harris, 2005).

A promising scale to assess mentoring is the Relational Health Indices scale (RHI; Liang et al., 2002). The RHI was developed to study “growth fostering” (p. 25) relationships for women with their peers, mentors, and the community. The RHI is based on a relational perspective for understanding development (Jordan, 1991; Liang et al., 2002). That is, some researchers have theorized that the primary experiences of one’s sense of self are relational and are organized and developed in the context of important relationships with others (“self-in-relation model”; Surrey, 1991). Within this perspective, it is believed that developmental growth occurs within our relationships with others (e.g., mentors), where there is empathy, encouragement, and authenticity (Jordan, 1991; 1997; Surrey, 1991).

The RHI mentor scale assesses three conceptual dimensions of mentoring relationships: mutual engagement, authenticity, and empowerment/zest. One of the features that make this scale unique is that participants choose their “most important” (non-parental) mentor, thereby assessing either a formal or natural mentoring

relationship, depending on whom the youth/young adult chooses to answer about. However, there are limitations with the RHI-Mentoring scale, as it has never been validated with men. In addition, the measure does not assess information about the relationship such as duration of contact and perceived closeness, and does not assess mentor traits and qualities.

There are no published measures that assess for negative interactions that youth might have with mentors. Negative interactions might include physical, emotional, and sexual harm and exploitation, encouragement to try alcohol (before of legal drinking age), and encouragement to try drugs or engage in illegal activities. It is important to assess for negative interactions and not assume that all mentoring relationships are beneficial as it is possible that some mentoring relationships might actually increase youth risk for negative outcomes (Zimmerman et al., 2005).

Mentors and Other Relationships

There is empirical support that positive mentoring relationships (e.g., one in which there is genuine care and support) can modify or lead to improvements in youths' other important relationships (Rhodes et al., 2006). Mentoring relationships might provide corrective experiences that may help improve youths' other social relationships (Rhodes et al., 2006). For example, mentors' positive influences on relationship skills (e.g., through role modeling) may help facilitate adolescents' capacity to have positive friendships and romantic relationships.

There have been a few research studies examining how mentoring relationships might influence or improve relationships with other individuals in adolescents' lives. The research that has been done has primarily focused on changes in relationships with

parents and peers (e.g., Grossman & Rhodes, 2002; Rhodes, Reddy, & Grossman, 2005). Rhodes and colleagues (2005) found that for youth in longer-term mentoring relationships, having a mentor was related to improved adolescent-parent relationships. The authors also found that improved parent relations were directly related to improvements in peer relations, increased feelings of self-worth and reductions in youth substance use. Similarly, Grossman and Rhodes (2002) found that longer-term mentoring relationships for youth were related to better relationships with parents, including feelings of trust and openness to deeper communication.

A qualitative study by Banister and colleagues (Banister & Jakubec, 2004; Banister, Jakubec, & Stein, 2003) explored the experiences of a group mentoring program for 40 adolescent girls. The groups focused on adolescent sexual health, dating relationships, and dating violence. After initially conducting focus groups, the adolescents were placed into groups of eight teens with one adult mentor for a total of 16 weekly sessions. Interviews, both with the group and individually, were conducted following the program. Banister and her colleagues found that the groups provided the teens with a safe place to discuss healthy versus unhealthy dating relationships. Having a mentor available was found to validate the girls' dating experiences (Banister & Jakubec, 2004). Additionally, the mentoring groups were found to be effective in helping the teens to become aware of dating health issues. The groups helped the girls to voice their concerns, identify problems in their relationships (including partner abuse), and understand the functioning of healthy relationships. The adult mentors were able to demonstrate positive role modeling and supportive relationships (Banister & Leadbeater, 2007). Banister and Leadbeater stated that teens and youth adults who lack supports (e.g., because of peer and

family alienation) and/or who are isolated by abusive relationships, can benefit from mentoring experiences which may then lead to improvements in youths' dating and romantic relationships.

Theoretical Framework

Attachment theory provides the framework for this study for understanding how positive mentoring relationships might be a protective factor for those who have experienced child maltreatment and, in particular, how mentoring may affect youths' functioning in other relationships.

Attachment Theory

Attachment theory states that attachment is a developmental process that involves the adaptive tendency to maintain proximity to an attachment figure (Bowlby, 1982). According to John Bowlby (1973; 1980; 1969/1982; 1988), the first attachment behaviors are between an infant and his or her primary parental figure (typically the mother). If an infant finds his or her attachment figure nearby, accessible, and attentive, Bowlby hypothesized that the infant would feel secure, loved, and confident. Behaviorally, if the infant felt secure, Bowlby theorized that he or she would then be more likely to explore his or her environment, play with others, and be sociable. If, however, the infant perceived the attachment figure to continually not be accessible, he or she might experience anxiety and depression and might not explore his or her environment.

According to Bowlby (1973), early care-giving experiences with one's primary parental figure are internalized as working models of self and others (i.e., mental representations for expectations for behaving and thinking). Working models are thought to influence behavior in interpersonal relationships throughout and beyond childhood

(Ainsworth, 1989; Bowlby, 1988). For example, a “secure” child tends to believe that others (e.g., during adolescence and adulthood) will be there for him or her because previous experiences have led him or her to this conclusion. Once a child has developed such expectations, he or she might seek out relationship experiences that are consistent with those expectations. Children who feel insecure may end up in relationships with others who are insensitive to their needs or inconsistent or rejecting in the care they provide. There is evidence that suggests that people end up in relationships with partners who confirm their existing beliefs about relationships (Collins & Read, 1990).

Adult Attachment

Following attachment research by Bowlby and Ainsworth, researchers such as Hazan and Shaver (1987) and Collins and Read (1990) began to explore how attachment processes played out in adult romantic relationships. For example, using a three-category measure to assess individual differences in attachment style [based on Ainsworth, Blehar, Waters, & Wall’s (1978) descriptions], Hazan and Shaver (1987) found that approximately 56% of adults classified themselves as secure, approximately 24% described themselves as avoidant, and approximately 20% described themselves as anxious-ambivalent.

According to Hazan and Shaver, whether an adult is secure or insecure in his or her adult romantic relationships may be a partial reflection of his or her attachment experiences in early childhood as well as the person’s model of self. Hazan and Shaver stated that healthy romantic relationships are related to a secure attachment style (that itself is related to consistent and responsive early childcare experiences) and that

dysfunctional romantic relationships are related to an insecure attachment style (that is related to inconsistent and unresponsive early childcare experiences).

Differences in attachment style have been found to be related to a variety of interpersonal outcomes in adulthood. Collins and Read (1990) found that individual differences in attachment style were linked to beliefs about self and others. The authors found that individuals who were currently “secure” in their relationships (i.e., comfortable with closeness and able to depend on others) had a higher sense of self-worth, greater social self-confidence, and were more expressive with their feelings. Secure individuals were also more likely to have positive views about the social world and viewed others as trustworthy, dependable, and altruistic. Conversely, individuals who had a more anxious attachment style held many negative views and beliefs about self and others.

Continuities and Discontinuities in Attachment

As adolescents and young adults begin to date and have romantic relationships, they may find that they are recreating the same kinds of relationship patterns from their past (Brumbaugh & Fraley, 2006; Collins & Read, 1990). Such continuities in relationships are consistent with attachment theory. That is, previous relationship patterns can reoccur because the working models that people hold of past relationships are accessible to them and may guide their interpersonal behaviors (Brumbaugh & Fraley, 2006; “prototype perspective,” Fraley, 2002, p. 125). Fraley (2002) found moderate support for attachment stability in his mathematical modeling of data obtained from meta-analysis (equivalent to a correlation of approximately .39). Similarly, Brumbaugh and Fraley (2006) found support for stability of attachment style among university

students' past and potential future romantic relationships. In their study, students were more likely to choose partners on a dating internet site that resembled relationships from their own past.

Collins and Read (1990) found support for a relationship between attachment history with parents and current attachment style in adults. They reported that women who perceived their fathers as having been warm and responsive were more likely to be dating men who felt they could depend on others and who felt comfortable getting close. Conversely, women who saw their fathers as cold and distant or inconsistent were found to be less likely to be dating such men. Men who saw their mothers as cold or inconsistent were more likely to be dating women who were anxious; as well, they were somewhat less likely to be dating women who felt that they could depend on others (Collins & Read, 1990).

While there are continuities in relationship patterns, this does not mean that attachment styles do not change. Prior research has found that people can become more secure in their attachment style when matched with a secure partner where trust has been established (Kirkpatrick & Hazan, 1994). Positive healthy relationships with others may help individuals change negative views they hold of self and others. Such changes in attachment style would be in line with a "revisionist perspective," which states that working models of early attachment experiences "may be revised or modified when one's experiences diverge from existing expectations" (Fraley, 2002, p. 125).

Mentoring and Attachment

For youth with negative views of self and others, as might be seen among youth who have experienced child maltreatment, a positive relationship to a mentor may help

change such views. It has been theorized that mentors can function as alternative or secondary attachment figures and provide an important secure base from which youth can then make crucial social and cognitive strivings (Rhodes et al., 2006). Mentoring relationships may offer for the youth opportunities for the “revision of working models” (Rhodes et al., 2006, p. 693). An insecure person might be able to become more secure by participating in relationships that disconfirm his or her negative views of self and other (Hazan & Shaver, 1987). Hazan and Shaver (1994, p. 16) state that “the experience of just one important relationship that disconfirms insecure expectations of unreliability or rejection increases the likelihood of forming a secure attachment in adulthood.”

Mentors provide a unique function for youth, fitting somewhere between that of parents and peers (Rhodes, 2002). Mentors have the advantage of standing outside family struggles. Friends may be grappling with similar issues as the youth and may lack the experience and knowledge to deal with certain issues. Mentors, therefore, “provide a safe haven for teens” (Rhodes, 2002, p. 33). In all types of different ways, the mentoring relationship may be a corrective experience for youth who have experienced unsatisfactory relationships with other adults such as their parents (Grossman & Rhodes, 2002). But how might a mentoring relationship bring about change? How might attachment to a mentor help youth revise negative working models of self and other? And what might the implications be for youths’ choices in their dating and romantic relationships if such changes occur? Although the “how” of mentoring is not examined in this study, research by Rhodes specifies the mechanisms by which mentoring relationships work.

In her book on mentoring, Rhodes (2002) outlined a model of youth mentoring that focuses on the ways in which non-parental adults are uniquely positioned to encourage adolescent development. Rhodes stated that once the mentor and youth form an emotional bond (characterized by mutuality, trust, and empathy) the mentor might then influence the youth's developmental outcomes through three processes (p. 35): 1) enhancing social skills and emotional well-being, 2) improving cognitive skills through dialogue and listening, and 3) serving as a role model and advocate. These mechanisms likely interact with one another over time and the effectiveness of each is likely influenced by factors such as quality and longevity of the relationship (Rhodes, Spencer, Keller, Liang, & Noam, 2006).

Rhodes (2002) stated that mentors can act as a sounding board for youth and provide a model for good communication. This may help youth express and more effectively control their emotions and help them deal more effectively with stressors. The youths' capacity for critical thinking and self-awareness might be increased through meaningful conversations with their mentors, as mentors listen, attempt to understand, and show respect to the youth. Additionally, there may be an internalization of their mentors' positive appraisals of the youth which may become part of the youths' sense of self. This may come about both by giving positive comments to the youth as well as challenging negative views that the youth might hold of themselves or of relationships with adults (Grossman & Rhodes, 2002; Rhodes, 2002; Rhodes et al., 2006). For youth who held the view that others are never there for them and they are not worthy of healthy relationships, mentors might help to challenge and change such views (e.g., *I am worthy*

and a good person and I *deserve* someone who is there for me, cares for me, and listens to my needs).

Mentors may also role model different types of skills, behaviors and knowledge that youth can hope to acquire or aspire toward (e.g., academic success), as well as encourage youth to be involved in socially acceptable behaviors (e.g., becoming involved in sports or music). Another role for mentors is that of advocate, for example, helping youth make connections to other caring, cooperative adults in the community and linking youth to community programs, faith-based organizations, jobs, or other contexts that may open up opportunities for engagement and growth (Larson, 2006; Rhodes, 2002). In this way, mentors may reduce the risk factors in youths' lives and/or increase the youths' experience of external supports (Larson, 2006).

If adolescents who are at risk for problems within their interpersonal relationships develop a positive relationship with a mentor, this may have implications for the youths' choices and actions in their romantic relationships. A mentoring relationship might provide a corrective experience for youth who have experienced poor relationships with other adults, including their parents. Important for the development and maintenance of healthy relationships, youth who have had mentoring relationships may have learned how to give and receive social support, how to listen and talk with their romantic partner and friends, and how to deal with relationship stressors and conflicts.

Romantic Relationships and Dating in Adolescence and Early Adulthood

Developmental Perspective

A key developmental task of adolescence and early adulthood is the establishment of healthy, non-familial intimate relationships as seen with dating and romantic partners

(Scott et al., 2005; Seiffge-Krenke, 2000). However, there is not one normative pattern of the development of intimate relationships (Furman, 2002). Prior to adolescence, boys and girls typically interact with their same-sex peers. During early adolescence youth tend to move toward interactions in mixed gender groups, and from there, dating or heterosexual coupling may occur in mid to late adolescence (Connolly, Furman, & Konarski, 2000; Furman, 2002). As reported in the National Longitudinal Study of Adolescent Health in the United States, approximately 25% of 12-year olds reported having a romantic relationship in the last 18 months. This figure then increased to just under 50% for 15-year olds, and just over 70% for 18 year olds (Collins, 2003). The dating and romantic relationships have a range of variability related to frequency of contact, levels of intimacy, seriousness, and perceived importance (Pittman & Wolfe, 2002; Seiffge-Krenke, 2000), with later relationships typically demonstrating higher levels of commitment, intimacy and caring (Pittman & Wolfe, 2002).

Researchers examining dating and romantic relationships of adolescence and early adulthood have focused on examining prevalence of dating relationships, dating violence (including risk factors for perpetration and victimization), and sequelae related to dating violence (e.g., Amar & Alexy, 2005; Carr & VanDeusen, 2002; Foshee, 1996; Harned, 2002). Very few researchers have examined healthy dating relationships, demonstrating that there is a need for investigations into the field of healthy dating and romantic relationships. Overall, romantic relationships during adolescence and early adulthood are an important area to study as such relationships are theorized to affect individual development and also form the basis for later intimate long-term relationships (Scott et al., 2005; Seiffge-Krenke, 2000).

Healthy Romantic Relationships

A healthy romantic relationship is best thought of as being comprised of different kinds of positive qualities. For example, a healthy relationship likely has higher levels of positive qualities (e.g., intimacy, support, and nurturance) while also having an absence, or lower levels, of negative qualities (e.g., criticism and dominance). In a pamphlet Banister (2005) helped design on healthy teen dating relationships, identified characteristics of healthy dating relationships included: safety (e.g., no physical or emotional abuse), trust (e.g., being there for one another), independence (e.g., being able to have time with yourself), fun (e.g., enjoying time you spend together), communication (e.g., being able to talk and listen to one another), and respect (e.g., having equal say in the relationship). Pittman and Wolfe (2002) identified communication skills such as listening, responding, and sharing feelings and emotions as important assets in healthy romantic relationships. Collins (2003) defined “high-quality romantic relationships” as relationships in which “partners manifest intimacy, affection, and nurturance,” while “low quality” relationships are marked by “irritation, antagonism, and notably high levels of conflict and/or controlling behavior” (p. 11). Other researchers have noted the importance of shared decision-making and power in healthy relationships (e.g., Chung, 2005; Kaura & Allen, 2004).

In the present study, the health of romantic relationships will be assessed by examining 1) levels of social support from one’s romantic partner (including instrumental aid, intimacy, nurturance, affection, reliable alliance, admiration, companionship, support, and satisfaction), 2) levels of negative interactions (including conflict, punishment, antagonism, criticism, dominance), 3) how power in the relationship is

distributed (with power defined as the ability or capacity to influence the other and exercise control), and 4) levels of psychological and physical violence within the relationship. Compared to unhealthy relationships, healthy relationships are thought to have higher levels of social support, lower levels of negative interactions, distributed power, and low levels or an absence of psychological and physical violence.

Predictors of Healthy Romantic Relationships

Of the research that has been done investigating predictors of healthy romantic relationships, the primary focus has been on the examination of how parents and peers influence the development of romantic relationships. For example, Leadbeater, Banister, Ellis, and Yeung (2008) found that parental monitoring was linked with lowered levels of dating victimization and relational aggression for both male and female teenagers. Collins and Srofe (1999) stated that romantic relationships typically emerge out of friendships and group associations. Friends and peers may support relationship development skills by promoting relationship social skills, giving advice and information, and contributing to the development of intimacy and affiliation outside of the immediate family context (Collins & Srofe, 1999; Furman et al., 2002). It has also been theorized that attachment patterns in close friendships, which are related to patterns of parent and child interactions, may then be carried into the romantic relationship (Furman et al., 2002). It may be that mentors play a role similar to that of peers in promoting relationship skills. However, there has not been any known research examining how mentoring relationships may influence the development of healthy romantic relationships.

Collins, Hennighausen, Schmit, and Sroufe (1997) theorized that “interpersonal relating in successive life periods builds on prior relationship experiences” (p. 69). The

authors discussed how there is a progression of meaningful relationships across age periods, from early child-parent relationships to peer relationships to teenage dating relationships, and that all the relationships may have common features (e.g., communication, closeness, and interests). Collins and colleagues stated that differences in adolescents' dating behaviors are embedded in both earlier and concurrent relationship experiences. Mentoring relationships, therefore, may be a part of youths' meaningful relationships with others and a positive mentoring relationship may influence dating and romantic relationships.

In a study with adolescents, Furman, Simon, Shaffer, and Bouchey (2002) found that working models (i.e., representations or expectations) of friendships were related to working models of relationships with parents and romantic partners. They found that support in relationships with parents was related to support in youth's romantic relationships. In another study, Connolly, Furman, and Konarski (2000) found that small groups of same-sex close friends were predictive of other-sex peer networks, which in turn was found to be predictive of the development of romantic relationships. They also found that social support by friends was related to romantic social support and that negative interactions by friends was predictive of romantic negative interactions. With regard to mentoring relationships, it may be that a supportive relationship between a youth and mentor might be related to support in dating and romantic relationships.

Romantic Relationships and Outcomes

The quality of romantic and dating relationships have been found to be related to psychosocial functioning. Studies have shown that healthy romantic relationships (e.g., with high levels of support and intimacy) are associated with features of healthy

functioning, such as social competence and positive self-esteem (e.g., Galliher, Rostosky, & Welsh, 1999; Neeman, Hubbard, & Masten, 1995; Masten, Coatsworth, Neeman, Gest, Tellegen, & Garnezy, 1995). Galliher and colleagues (1999) found that among couples where power was equally shared (e.g., control over decision making) men and women were more likely to report psychological well-being (e.g., higher self-esteem). Similarly, Cramer and Donachie (1999) reported that closeness in relationships was related to higher levels of self-esteem among college students.

Relationship satisfaction and levels of playfulness have been found to be related to higher levels of positive emotion in college men and women (Aune & Wong, 2002). Further, Williams, Connolly, and Segal (2001) found that romantic relationships played an important role in adolescent girls' psychological health in late adolescence. Williams and her colleagues found that higher rates of intimacy in romantic relationships were linked with lower vulnerability to depression. In another study examining perceived benefits of romantic relationships, both men and women identified companionship, happiness, and feeling loved or loving another among the most important benefits accompanying romantic involvement (Sedikides, Oliver, & Campbell, 1994). Sedikides and colleagues found that compared to men, women regarded intimacy, self-growth, self-understanding, and positive self-esteem as the most important benefits of romantic relationships. Alternatively, men regarded sexual gratification as one of the most important benefits of romantic relationships.

While healthy romantic relationships have been found to be associated with positive psychosocial outcomes, dating violence has been found to be linked to negative psychosocial outcomes among men and women (Straight, Harper, & Arias, 2003). Carr

and VanDeusen (2002, p. 631) defined dating violence as “sexual, physical, and psychological aggression and stalking” and Wekerle and Wolfe (1999) defined “relationship violence” as “any attempt to control or dominate another person physically, sexually, or psychologically, causing some level of harm” (p. 436). Research has found that being a victim of dating violence is quite common among individuals during adolescence and early adulthood. For example, among college and university students, rates of victimization for women have ranged from 22% to 33% for physical aggression, 79% to 82% for psychological aggression, 25% to 39% for sexual coercion or assault, and 8% to 13% for physical injuries sustained (Harned, 2002; Hines & Saudino, 2003; Perry & Fromuth, 2005; Schwartz, 2003). For men in college and university, rates of victimization have ranged from 21% to 42% for physical aggression, 81% to 91% for psychological aggression, 25% to 42% for sexual coercion or assault, and 8% to 9% for physical injuries sustained (Harned, 2002; Hines & Saudino, 2003; Perry & Fromuth, 2005; Schwartz, 2003).

Romantic and dating relationships with high levels of violence have been found to be linked to early parenthood, lower levels of academic achievement, drug and alcohol use, depression, emotional distress (e.g., anger, guilt, and self-blame), distrust in future potential dating partners, feeling disengaged or distant in relationships, feeling self-discontent (e.g., questioning one’s self-worth), and feeling disempowered (Amar & Alexy, 2005; Collins, 2003; Feiring & Furman, 2000; Pimlott-Kubiak & Cortina, 2003). Straight and colleagues (2003) found that for college women, experiencing psychological abuse was related to higher use of illegal drugs, physical limitations (e.g., climbing stairs), role limitations (e.g., difficulty performing work), negative health perceptions,

and cognitive impairment. Gender differences in consequences of dating violence have also been found (Pittman & Wolfe, 2002). Callahan, Tolman, and Saunders (2003) found that while both young men and women in high school experienced higher levels of posttraumatic stress in relation to increasing levels of dating violence victimization, young women experienced greater dissociation, while young men experienced higher levels of anxiety and depression.

Romantic relationships and mentors. As previously outlined, mentors may play a role in helping youth revise negative working models of self and other and may influence youths' choices and actions in their dating and romantic relationships. This can have implications for psychosocial outcomes for youth (e.g., self-esteem), as positive relationships have been found between healthy dating relationships and mental health (e.g., Galliher, et al., 1999; Neeman, et al., 1995; Masten, et al., 1995).

Present Study

The purpose of this study was to examine the possible protective role of mentoring relationships on romantic relationship quality among young adult women who experienced child maltreatment. In particular, this study examined: 1) relationships between experiences of child maltreatment and current romantic relationship quality, 2) relationships between having a mentoring relationship and current romantic relationship quality and 3) the possible moderating (or protective) role of mentoring relationships on romantic relationship quality among young women who experienced child maltreatment.

There are very few studies examining the effectiveness of mentoring relationships for abused and neglected youth (Britner & Kraimer-Rickaby, 2005). This is surprising given the finding that maltreated youth may be likely helped by mentors (Dubois et al.,

2002). In addition, there has been a lack of research studies examining multiple aspects (i.e., both healthy and unhealthy) of romantic relationship functioning among individuals who have experienced child maltreatment. There are individuals who have experienced child maltreatment who have demonstrated healthy developmental trajectories in their interpersonal relationships in adolescence and adulthood (Rhodes, 1994; Rhodes et al., 2006). Therefore this study examined both positive and negative interactions in romantic relationships and the role of mentoring relationships.

A further contribution of this study is that attachment theory is used as the theoretical framework for understanding how mentoring relationships might be a protective factor for women who have experienced child maltreatment. As stated by Zimmerman and colleagues (2005), there is a need for investigations of mentoring relationships within the context of attachment theory.

Hypotheses

Goal 1: Exploring possible relationships between experiences of child maltreatment and current romantic relationship functioning.

- 1) It is hypothesized that the following childhood maltreatment experiences will be associated with each other: child psychological maltreatment (CPM), child physical abuse (CPA), witnessing domestic violence (WDV), and child sexual abuse (CSA). In particular, it is expected that CPM, CPA, and WDV will all be positively intercorrelated. Relationships between experiences of CSA and other types of child maltreatment are predicted to be less related as CSA includes both intra- and extrafamilial experiences and the other maltreatment experiences pertain to mothers and fathers only in this study.

- 2) Compared to women with low levels or no history of child maltreatment, women with high levels of child maltreatment are expected to have poorer quality of romantic relationship functioning in the following areas: lower levels of partner social support, higher levels of negative interactions, unshared distribution of power, and higher levels of psychological maltreatment and physically abusive behaviors. CPM and CPA experiences will be examined separately for mother and father. Differences in outcomes for CPM and CPA are not expected to differ by parent.
- 3) It is hypothesized that different child maltreatment experiences will be associated with particular difficulties in romantic relationship functioning. In particular, it is hypothesized that psychological maltreatment by parental figures will have the highest correlations with psychological maltreatment by romantic partners, physical abuse by parental figures will have the highest correlations with physical abuse by romantic partners, and witnessing domestic violence will have the highest correlations with unequal power sharing in the relationship.

Goal 2: Exploring possible relationships between having a mentoring relationship and current romantic relationship functioning.

- 4) Compared to individuals without mentoring relationships, those with a mentoring relationship are expected to have higher quality of romantic relationship functioning in the following areas: higher levels of partner social support, lower levels of negative interactions, shared distribution of power, and lower levels of psychological maltreatment and physically abusive behaviors.
- 5) Positive characteristics of the mentor relationship are hypothesized to be related to higher quality of romantic relationship functioning. The mentor characteristics

examined include mentoring relationship duration, contact, and closeness, relationship satisfaction and how beneficial the participant found the mentoring relationship to be, levels of positive mentor character traits and qualities, levels of mentor “relational health,” and levels of mentor attachment.

Goal 3: Exploring possible moderating (or protective) effects of mentoring relationships on romantic relationship functioning among young women who have experienced child maltreatment.

- 6) It is hypothesized that having a mentoring relationship will moderate the relationship between child maltreatment experiences and the quality of romantic relationship functioning (see Figure 1). It is hypothesized that the presence of a mentoring relationship is more important for individuals with higher levels of child maltreatment than for those with lower levels or none.
- 7) It is hypothesized that the strength of the mentoring relationship as a moderator on romantic relationship functioning will be influenced by the following mentoring variables: Mentoring relationship duration, contact, and closeness, relationship satisfaction and how beneficial the participant found the mentoring relationship to be, higher levels of positive mentor character traits and qualities, higher levels of mentor “relational health,” and higher levels of mentor attachment.

Goal 4: Exploring negative interactions with any mentors.

This study will explore the relationships between the type and the total number of negative interactions experienced in any mentoring relationship with romantic relationship functioning and child maltreatment experiences.

- 8) It is hypothesized that the total number of negative interactions by mentors (i.e., cumulative experiences) will be positively associated with poorer romantic relationship functioning. As well, it is predicted that the type of interaction will matter: experiences of emotional harm, sexual harm, and physical harm by a mentor are predicted to be more likely linked with poorer romantic relationship functioning compared to experiences of alcohol use, drug use and illegal activities encouraged by a mentor.
- 9) It is hypothesized that experiences of child maltreatment will be positively associated with the total number of negative interactions by mentors (i.e., cumulative experiences). As well, it is predicted that child maltreatment experiences will be more likely linked to certain types of negative interaction experiences with mentors. That is, child maltreatment is predicted to be more likely associated with experiences of emotional harm, sexual harm, and physical harm by a mentor compared to experiences of alcohol use, drug use and illegal activities encouraged by a mentor.

Method

Participants

Eligibility. There were two criteria for participating in this study: 1) the participant was a woman between 18 and 25 years of age, and 2) the participant was currently in a dating or romantic relationship of at least three months duration¹. For the purposes of this study, a romantic relationship was defined for the participants as "a relationship between two people that includes romantic involvement, emotional involvement, and/or sexual involvement" (Sengsouvanh, 2003). There were 270 women who participated in the study. However, three were not in a dating or romantic relationship and were removed from the database leaving a final study sample size of 267 women ranging in age from 18 years to 25 years ($M = 19.64$ years, $SD = 1.67$ years).

Demographics. The demographics of the participants were characteristic of an undergraduate population in a mid-size Canadian university (see Appendix A for details). The women in the study were primarily Caucasian (78%), with the next largest ethnic group being Asian (13.5%). Twenty (7.5%) of the participants were immigrants to Canada from countries such as the United Kingdom ($n = 4$), Taiwan ($n = 3$), Hong Kong ($n = 2$), and Korea ($n = 2$). Close to 95% of the participants spoke English as their main or primary language. Eighty-four percent of participants were raised by both their mother and father, irrespective of parent marital status. Seventy (26%) of the participants indicated that their parents separated or divorced. The average age of the participant during the separation or divorce was nine years. Participants were asked to indicate the highest level of education obtained by their parents and over 60% of participants

indicated that one or both of their parents had attended college or university or had obtained a professional degree.

Participants' annual personal income before taxes ranged from less than \$10,000 Cdn ($n = 201$; 83.3%) to \$80,000 or more ($n = 1$; 0.4%). For family of origin income when the participant was 17 years of age, over half (56.6%) of participants' families made \$70,000 or more before taxes, 23.3% made between \$50,000 and \$69,999, and the remaining families (20.2%) had incomes of less than \$50,000 annually.

The majority of the participants were students at the University of Victoria ($n = 266$; 99.6%). Almost half of the participants ($n = 126$; 47.4%) were in the first year of their undergraduate program, and 15 (5.6%) were International or Exchange Students at the University (see Appendix B). There was a wide range of "Majors" chosen by participants. Close to 31% of participants indicated that Psychology was their Major, while 52% choose another Major, for example, Biology and Psychology Combined (4.5% of sample), Biology (3.7%), Business/Commerce (3.3%), Economics (2.6%), and Education (2.6%).

Procedure

Ethical approval for the study was granted by the Human Research Ethics Board at the University of Victoria in December 2007. The study was available as an on-line questionnaire and data were collected from January to April, 2008. The majority of participants ($n = 230$; 86.1%) signed up for the study through a computerized system called "Sona Systems" (see <http://uvic.sona-systems.com>), where students enrolled in Psychology courses at the University of Victoria sign up for studies (see Appendix G for the study recruitment listing). The remaining participants ($n = 37$; 13.9%) went to the

study website in response to seeing one of 25 posters placed around the University of Victoria advertising the study (see Appendix H).

Participants who signed up for the study via Sona Systems came to a computer lab on campus in the presence of the researcher at a designated time. Participants were asked to sit at every other computer terminal to ensure privacy of responses. Instructions for accessing the study website were given orally by the researcher and written on a chalk board. Those who responded to the study via the recruitment poster accessed the study at a computer available to them at their convenience (e.g., at home) by being provided with the World Wide Web URL: <http://web.uvic.ca/~tallen/vanbruggen/Introduction.php>.

The questionnaire took participants between 25 and 45 minutes to complete. At the end of the study, the participants in the computer lab (who were enrolled in a Psychology course) had the choice of receiving two course bonus points toward their course grade for participation in the study *or* they could choose to have their name entered for a draw prize of one of three \$50 gift certificates for the University of Victoria bookstore. Those who responded to the study via the recruitment poster (and did the study outside of the booked computer lab space) were only eligible for one of the draw prizes. The difference in compensation was due to the Sona System requirement that course bonus points could only be given to participants who did a study in person (i.e., not on-line). The information needed for the course bonus points (name and student number) and the email addresses required for the draw prizes were *not* associated with participants' responses. They were stored in separate databases from the questionnaire. The draw prizes were awarded in May, 2008.

The Questionnaire

All participants read an on-line Introductory Statement and then a consent form before beginning the study (see Appendices I and J). At the bottom of the introductory statement they could chose, “Yes, I wish to participate” and read the consent form or “No, I am not interested in participating” and were directed to a web page that stated, “Goodbye, Thank you for your interest in this study.” The same goodbye message was given to participants after reading the consent form if they chose “No, I have read the Consent Form and I choose not to participate in this study.”

For those that accessed the study outside of the computer lab, data were not available on the number of people who read the introductory statement and/or the consent form and chose to not participate in the study. All participants who came to the computer lab went on to complete the questionnaire. This was checked by checking how many questionnaires were completed during the 45 minute session (e.g., if there were 9 participants, there would be 9 questionnaire results sent to the database).

The informed consent form addressed areas such as the purpose of the study and the sensitive nature of some of the questions. Participants were given a clear outline of the sensitive topics, which included unwanted sexual experiences, experiences of violence, conflict, or abuse within their romantic relationships, and demographic information such as sexual orientation. Participants were given the option to not answer questions. The consent form also addressed areas such as eligibility to participate, possible risks and inconveniences of participating, the benefits of and compensation for participating, participant anonymity and confidentiality, and how participants would report an incident of child maltreatment and what we would do if given such information (see Appendix J for the exact wording of the consent form). There were no anticipated

“power-over” situations with the participants as the researcher did not work as a teacher, teaching assistant, or hold any other role in which there was power over the participants. To further protect participant anonymity, if participants typed in information that would identify them or their mentors, that information would not be included in the dissertation. No participants included identifying information.

Participants were provided with the phone numbers and web addresses of five local resources (e.g., the NEED Crisis and Information Line in Victoria BC) to contact if they became distressed after the study. As well, the researcher was a Ph.D. student in Clinical Psychology with training to provide debriefing if someone became upset. If this had occurred the researcher would have also made a referral to Counselling Services at the University of Victoria or to a counsellor or psychologist in the participant's local community if she needed further help. However, no participants indicated to the researcher that they were upset or distressed.

All participants in the computer lab were provided with the resource list as it was stapled to their study participation receipt. Participants had the option of printing out the informed consent form (e.g., if they were at home), or for those in the computer lab with the researcher, were given the option of being provided with a printed paper copy.

The questionnaire (see Appendices K to U) was presented to the participants in one of two orders to check for order effects, Order 1: Demographics, Part A (Childhood Experiences), Part B (Mentoring Questions), and Part C (Relationship Questions); *or* Order 2: Demographics, Part C, Part B, and Part A. There was random assignment to which version the participants received. There were 128 (47.9%) participants who were given Order 1 and 139 (52.1%) who were given Order 2.

After each section was responded to, participants clicked on “Continue...” at the bottom of the webpage to go on to the next section. Participants had the option to not answer questions. However, if there were missing data on a section, participants saw a text message that popped up that read, “Missing information is detected. Please check that this page is to your satisfaction, and then click on ‘Continue...’ again.” This allowed participants to respond to items they missed unintentionally or they could proceed without responding to all items.

At the end of the questionnaire participants read, “The study is complete. Clicking the Submit Responses button below indicates that you understand the conditions of the participation in this study, that you have had the opportunity to have your questions answered by researchers, and that you consent to participate in this study.”

Following submission of the questionnaire, participants saw a debriefing form (see Appendix V). The debriefing form thanked participants for their responses, ensured them that their responses would remain anonymous and confidential, summarized the purpose of the study, and provided the researchers’ contact information. Participants had the option of printing out the debriefing form. For those in the computer lab with the researcher, all were provided with a printed paper copy.

On the same web page as the debriefing form, participants could choose to be entered for a draw to win one of three gift certificates. There were 131 participants who filled in their name for the draw. However, as participants were only eligible for a prize if they did *not* receive course bonus points, all participants who received course points were removed from the list, leaving a total of 37 who were eligible.

Measures

In addition to the demographic questions (see Appendix K), the questionnaire is comprised of three main sections. Part A assesses childhood experiences of maltreatment, Part B assesses mentoring relationships, and Part C assesses participants' current romantic relationships and dating history.

Measures of Childhood Experiences of Maltreatment

Child psychological maltreatment (CPM). Briere's (2006) Psychological Abuse and Neglect Scales (PANS), a retrospective, 30-item questionnaire, measured psychological maltreatment by parents (see Appendix L, questions 1 to 30). The PANS is an extension and revision of the Psychological Maltreatment scale in the Childhood Maltreatment Interview Schedule-Short Form (CMIS-SF; Briere, 1992). Areas of psychological maltreatment assessed in this study (as measured by the PANS) were emotional abuse and emotional neglect. Parental emotional support was examined by this scale.

On the PANS, participants answer separately for their mothers and fathers (or mother/father figures) about how often experiences occurred for them in an average year when they were 17 years of age or younger. The PANS has three subscales for each parental figure, with each subscale consisting of 10 statements: Emotional Abuse (e.g., "criticized you"), Emotional Neglect (e.g., "ignored you"), and Emotional Support (e.g., "said they loved you"). All statements on the PANS are answered on a 7-point Likert scale ranging from 0 (never) to 6 (over 20 times a year), with a possible range of scores from 0 to 60 for each subscale.

Support has been found for the reliability and validity of the PANS (Godbout, Runtz, Van Bruggen, & Briere, 2008). Using data collected from 1051 adult participants (74% women; 26% men) recruited from two online Psychology websites as well as from

psychology classes at the University of Victoria, Godbout and colleagues (2008) found that the PANS demonstrated good internal consistency (Cronbach's $\alpha \geq .92$ for all scales). Godbout et al. found support for the structural and convergent validity of the PANS. A Principal Component Analysis found three factors explaining a total of 65% and 64% of variance respectively for the mother and father scales. The factors corresponded to Briere's three scales: Emotional Abuse, Emotional Neglect, and Emotional Support. Each item was found to load the highest on the scale it was intended. Confirmatory Factor Analysis showed that the three factors provided a good fit with regard to the data for each parent: mothers (Ratio $\chi^2/df = 1.65$, CFI = .94, NFI = .86, NNFI = .93, RMSEA = .03) and fathers (Ratio $\chi^2/df = 1.86$, CFI = .93, NFI = .86, NNFI = .92, RMSEA = .04). Godbout et al. found that emotional abuse and emotional neglect by mothers and fathers were associated with higher levels of anxious and avoidant attachment in close adult relationships (as measured by the Revised Experiences in Close Relationships questionnaire; Fraley, Waller, & Brennan, 2000), while emotional support by mothers and fathers was found to be associated with lower levels of anxious and avoidant adult attachment.

In the present study, to deal with missing data on the PANS, if a participant was missing only one or two items on a subscale (i.e., 8 or 9 out of 10 items were completed) the missing items were replaced with the participant's mean score for that particular subscale. Among the six different subscales, the lowest number of missing data was found for emotional abuse by mothers (4 mean score replacements made; data were left as missing for 3 participants who did not answer for mother figures). The subscale with the highest amount of missing data was emotional neglect by fathers (13 mean score

replacements made; data were left as missing for 11 participants who did not answer for father figures). In total, after accounting for mean-score replacements, there were 264 participants who had PANS scores for experiences by mothers on all three subscales and 256 participants who had scores for experiences by fathers on all three subscales.

In this study, high internal consistency reliability was found for all PANS subscales (Cronbach's $\alpha \geq .91$). Descriptive information on the PANS subscales are presented in Table 1. A number of the subscales were significantly intercorrelated (see Table 2).

As emotional abuse and neglect showed high positive correlations with each other, participants received a total emotional abuse and neglect score for each parent; Mother: $M = 21.10$; $SD = 21.18$; range of 0 to 120; and Fathers: $M = 20.44$; $SD = 21.48$; range of 0 to 120. This summed score from the two subscales formed the CPM variable in this study. CPM by mothers and CPM by fathers were correlated with each other ($r = .56$, $p < .01$).

In addition to continuous scores, "cut-off scores" were created in order to identify those who experienced high levels of emotional abuse and neglect and low levels of emotional support compared to the sample average (see Table 1). To meet the cut-off score for emotional abuse and neglect, a participant's score must have been greater than one standard deviation above the sample mean; a lack of emotional support was indicated when a participant's score was less than one standard deviation below the sample mean. There were 63 participants (23.6%) who experienced high levels of emotional abuse from either or both parents, 38 participants (14.2%) who experienced high levels of emotional neglect from either or both parents, and 59 participants (22.1%) who experienced a lack of emotional support from either or both parents.

Table 1

Psychological Abuse and Neglect Scales: Descriptive Information and Alpha Levels

PANS Subscales	<i>N</i>	<i>Mean</i>	<i>SD</i>	Range	Alpha	# who meet cut-off scores ^{a-c}	% of sample meeting cut-off scores
Mother Emotional Abuse	264	15.08	12.73	0 to 60	.91	44 ^a	16.5%
Father Emotional Abuse	256	12.96	12.20	0 to 60	.91	40 ^a	15.0%
Mother Emotional Neglect	264	6.02	10.93	0 to 60	.95	24 ^b	9.0%
Father Emotional Neglect	256	7.48	11.75	0 to 60	.94	27 ^b	10.1%
Mother Emotional Support	264	49.30	12.77	0 to 60	.92	37 ^c	13.9%
Father Emotional Support	256	45.00	14.31	0 to 60	.92	45 ^c	16.9%

Note. Higher mean scores represent higher levels of abuse, neglect, and support.

^aCut-off scores: There were 42 participants who had high levels of emotional abuse (score > mean + 1SD) from one parent and 21 participants who had high levels from both parents.

^bCut-off scores: There were 25 participants who had high levels of emotional neglect (score > mean + 1SD) from one parent; 13 from both parents.

^cThese cut-off scores reflect a *lack of emotional support* (score < mean - 1SD) There were 46 participants who had very low levels of emotional support from one parent; 23 from both parents.

Table 2

Intercorrelations among the Subscales on the Psychological Abuse and Neglect Scales

PANS Subscales		1	2	3	4	5	6
1. Emotional Abuse	Mother	—					
2. Emotional Neglect	Mother	.60*	—				
3. Emotional Support	Mother	-.31*	-.41*	—			
4. Emotional Abuse	Father	.47*	.38*	-.09	—		
5. Emotional Neglect	Father	.34*	.61*	-.13	.61*	—	
6. Emotional Support	Father	-.10	-.15	.64*	-.33*	-.45*	—

Note. All are Pearson's correlations.

* $p < .01$.

When examining the cut-off scores for CPM by mother (i.e., the summed score from emotional abuse and emotional neglect), there were 35 participants (13.1%) whose CPM total score was greater than the mean plus one standard deviation. For CPM by fathers, there were 38 participants (14.2%) who met the cut-off score. In total there were 55 participants (20.6%) who had high levels of CPM from either or both parents: 37 participants (13.8%) who had high levels of CPM from one parent and 18 participants (3.7%) who met the cut-off criteria for CPM by both their mother and their father.

Child physical abuse (CPA). Participants were asked two questions about how often they experienced physically abusive behaviours in an average year when they were 17 years of age or younger from their mother and father. The questions were: “Hit, kick, or beat you” and “Seriously threatened your life” (see questions 31 and 32 in Appendix L). Participants responded to the questions using the same 7-point Likert scale as on the PANS, ranging from 0 (never) to 6 (over 20 times a year).

The two CPA questions were taken from a screening instrument used to identify child physical abuse (Leserman, Drossman, & Li, 1995) that was modified from Briere and Runtz (1988). In their validation study of the screening instrument using women referred to a gastroenterology clinic, Leserman and colleagues (1995) found good sensitivity and specificity for the two physical abuse questions. The authors found a 70% overall agreement between responses to these two questions and responses during an interview done at the same time: 68% of those identified in the interview as having experienced CPA were also identified by the questionnaire (sensitivity) while 74% of those with no history of CPA on the interview were similarly identified by the questionnaire (specificity). The authors found a 77% agreement rate on two different

administrations of the CPA written questions done several months apart, with slightly higher rates of abuse endorsed at time two.

In the current study, participants' scores for CPA by mothers (scores on both questions added together, $n = 260$) ranged from 0 to 6 ($M = 0.23$, $SD = .78$), while scores for CPA by fathers ($n = 253$) ranged from 0 to 12 ($M = 0.29$, $SD = 1.16$). There were 29 participants (10.9%) who endorsed one or both CPA items by their mother, and 28 participants (10.5%) who endorsed one or both CPA items by their father. As there were only two questions assessing CPA, missing data were left as omitted. See Table 3 for item endorsement information.

In addition to continuous CPA scores, cut-off scores were created in order to identify participants who experienced high levels of CPA compared to the sample average. To meet the cut-off criteria for CPA, a participant's score must have been greater than one standard deviation above the sample mean. Using this criterion, there were 24 participants (9.0%) who experienced high levels of CPA from either one or both parents (mothers only: $n = 9$; fathers only: $n = 10$; both parents: $n = 5$).

Being hit, kicked or beaten by mothers was found to be significantly correlated with being hit, kicked or beaten by fathers ($r = .24$, $p < .01$); being hit, kicked or beaten by fathers was also found to be correlated with fathers seriously threatening the participants' life ($r = .48$, $p < .01$). No other significant correlations were found among the physically abusive experiences.

Witnessing domestic violence (WDV). Participants were asked two questions about how often they witnessed domestic violence (physical aggression and verbal aggression) between their parental figures in an average year when they were 17 years of age or

Table 3

Child Physical Abuse and Witnessing Domestic Violence: Item Endorsement

Items	Never	Once a year	Twice a year	3-5 times a year	6-10 times a year	11-20 times a year	>20 times a year
CPA Questions							
<i>Hit, kick or beat you</i>							
Mother (N =261)	232 88.9%	17 6.5%	5 1.9%	3 1.1%	2 0.8%	1 0.4%	1 0.4%
Father (N =254)	227 89.4%	13 5.1%	6 2.2%	2 0.7%	2 0.7%		4 1.5%
<i>Seriously threatened your life</i>							
Mother (N =262)	259 98.9%	2 0.8%		1 0.4%			
Father (N =255)	248 97.3%	2 0.8%	3 1.2%	1 0.4%			1 0.4%
WDV Questions							
<i>Witnessed Physical Aggression</i>							
Mother (N =264)	254 96.2%	4 1.5%	5 1.9%	1 0.4%			
Father (N =253)	237 93.7%	7 2.8%	3 1.1%	3 1.1%		2 0.7%	1 0.4%
<i>Witnessed Verbal Aggression</i>							
Mother (N =264)	162 61.4%	31 11.7%	24 9.1%	15 5.7%	14 5.3%	5 1.9%	13 4.9%
Father (N =254)	147 57.9%	28 11.0%	21 8.3%	18 7.1%	15 5.9%	5 2.0%	20 7.9%

Note. CPA = Child Physical Abuse. WDV = Witnessing Domestic Violence.

younger. The questions were: “Hit, kick, or beat his/her romantic partner in front of you” and “Was verbally aggressive with his/her romantic partner in front of you (shouting, insulting, etc.)” (see questions 33 and 34 in Appendix L). Participants responded to the questions using the same 7-point Likert scale as used for the PANS, ranging from 0 (never) to 6 (over 20 times a year). These two questions were added for this study.

Participants’ scores for WDV by mothers (scores for physical and verbal aggression were added together, $n = 264$) ranged from 0 to 9 ($M = 1.13$, $SD = 1.86$), while scores for WDV by fathers ($n = 250$) ranged from 0 to 12 ($M = 1.45$, $SD = 2.32$). There were 102 participants (38.2%) who witnessed DV by their mother, (endorsed one or both items) and 107 participants (40.1%) who witnessed DV by their father. Missing data on the WDV questions were left as omitted. See Table 3 for item endorsement information.

There were significant intercorrelations among the four WDV questions (see Table 4). The only non-significant relationship was between verbal aggression by mothers and physical aggression by fathers. Given the significant correlations among the WDV variables it was decided that a total WDV score would be calculated for participants by adding together scores from the four WDV items.

The total WDV score represented being a witness to both mother’s and father’s verbal and physical actions toward each other. WDV total scores ranged from 0 to 18 with a mean of 2.63 ($SD = 3.78$). In addition, cut-off scores (greater than one standard deviation above the mean) were created in order to identify participants who experienced high levels of WDV compared to the sample average. There were 43 participants (16.1%) who experienced high levels of WDV.

Table 4

Intercorrelations among the Witnessing Domestic Violence Questions

PANS Subscales	1	2	3	4
1. Witnessed Physical Aggression: Mother	—			
2. Witnessed Physical Aggression: Father	.37*	—		
3. Witnessed Verbal Aggression: Mother	.32*	.07	—	
4. Witnessed Verbal Aggression: Father	.22*	.44*	.71*	—

Note. * $p < .01$

Child sexual abuse (CSA). A sexual abuse screening instrument (Leserman et al., 1995) was used to measure unwanted sexual experiences. There are six items on the screening instrument inquiring about past sexual experiences and participants indicated “yes” or “no” for experiences occurring both as a child (defined by Leserman and colleagues as age 13 years and younger) and as an adolescent or young adult (defined as age 14 years and over).

In their validation study of the screening instrument, Leserman et al. found good sensitivity and specificity for the sexual abuse questions, with more false negatives occurring than false positives (positive predictive value of the items was 90% while the negative predictive value was 74%). There was an 81% agreement rate between the instrument and an interview to assess for sexual abuse histories. In assessing reliability, the authors found an 81% agreement rate on two different administrations done several months apart, with slightly higher rates of abuse endorsed at time two.

For the current study, one item on the screening instrument was changed slightly. The original question, “has anyone ever forced you to have sex when you did not want this” was divided into two questions, changing “sex” into “oral sex” in one question and into “intercourse (anal or vaginal)” in the other question (see question 35 in Appendix L). This resulted in a total of six unwanted sexual experiences assessed. There were two unwanted *non-contact* experiences (being exposed to the sex organs of someone else, and someone threatening to have sex with the participant when she did not want it) and four unwanted *contact* experiences (touched the sex organs of participant, participant forced to touch other’s sex organs, being forced to have oral sex, and being forced to have

intercourse). In addition, participants could type in a response for any other unwanted sexual experience not otherwise included.

Additional questions were added to the sexual abuse screening instrument for this study. Participants were asked to indicate the gender and age of the “other person,” the relationship of the other person to the participant, if physical force was used, how many times the experience(s) occurred, and the participant’s age the first and last time the experience(s) occurred.

For the purposes of this study, participants were classified dichotomously (yes/no) on the CSA variable if they met either of the following criteria: 1) they indicated “yes” for unwanted or forced *contact* sexual experiences when they were age 13 years of age or younger, or, 2) they were 14 to 17 years of age the first time the experience(s) occurred *and* they indicated “yes” for unwanted *contact* sexual experiences, *and* either the perpetrator was a family member, someone in a position of trust or authority (e.g., teacher), *or* there was an age difference between the participant and the perpetrator of six years or more, the experience involved force, and the perpetrator was not a boyfriend². Using these criteria, there were 29 participants (10.9%) who met criteria for experiencing CSA.

Of the 29 women who experienced CSA, close to one quarter (24.1%, $n = 7$) indicated that physical force was used by the perpetrator. Gender of the perpetrator was indicated by 26 of the 29 women: 21 (80.8%) men and 5 (19.2%) women perpetrators. The relationship to the perpetrator was indicated by 24 of the women. Of the identified perpetrators, there were 11 (45.8 %) cases of intrafamilial abuse and 13 (54.2 %) cases of extrafamilial abuse (see Table 5). There were 27 women who indicated the frequency of

Table 5

Childhood Sexual Abuse Experiences: Identified Perpetrators

Perpetrator	<i>n</i>
Intrafamilial Abuse	
Brother or sister	4
Cousin	3
Parent, stepparent, or guardian	2
Uncle	1
Other adult relative	1
Extrafamilial Abuse	
Other known adult (not family)	3
Stranger	3
Adult authority figure (e.g., teacher, minister)	2
Other (typed in by participant):	
Friend	3
Classmate	1
Daughter of mother's friend	1

Note. Total number of identified perpetrators is 24.

their abusive experiences: 11 (40.7 %) women indicated that the experience occurred one time, 7 (25.9%) women indicated it occurred two or three times, 4 (14.8 %) women indicated four to six times, and 5 (18.5 %) women indicated 10 or more experiences (with one woman stating “80” times and another woman stating “100” times).

Mentoring

Mentoring relationships were identified by participants responding affirmatively to a definition of a mentor as “an adult who is often older than you, has more experience than you, and is willing to listen, share his or her own experiences, and guide you through some part or area of your life” (Liang et al., 2002, p. 28) and that was not their parent. In their study with 450 women enrolled in college, Liang and colleagues (2002) found that 67% of the women identified having a mentor with the abovementioned definition, with 70% of the identified mentors being female.

In this study, participants were asked if they currently have a mentor and/or had a mentor in the past (see Appendix M). If participants never had a non-parental mentoring relationship (past or present) they were asked to skip the mentoring questions and go on to the last section of the study.

There were 174 participants (65.2% of the sample) who indicated they currently have and/or in the past had a mentoring relationship. The average number of people who had been mentors to the participants was 2.69 ($SD = 1.69$, $Mdn = 2$), with a range from 1 mentor ($n = 40$) to 10 mentors ($n = 3$).

Participants were asked to identify their “most important non-parental mentoring relationship” and to answer the questions in the mentor section for that particular mentor. For the purpose of this study, criteria were applied to the identification of the most

important mentor to comply with the mentor definition given to participants: “an adult who is often older than you.” Participants were asked their age and their mentor’s age when the relationship with the mentor began. Using this information as well as Dubois and Silverthorn’s criterion of who constitutes a mentor, mentoring relationships were *excluded* in this study if they met any one or more of the following criteria: 1) any mentor who was identified as less than 18 years of age when the mentoring relationship began³, 2) an older sibling, cousin, or close in age friend was identified as the mentor and there was less than a four year age difference between the participant and the mentor, 3) a romantic partner (current or past) was identified as the mentor, and 4) the participant did not identify the mentor’s relationship. Using these criteria, 42 of the initial 174 mentor cases were excluded⁴, resulting in a total of 132 mentoring relationships retained in the study (49.4% of the sample). Of the 132 mentors retained in this study, there were more female mentors ($n = 88$, 67%) identified than male mentors ($n = 43$, 33%).

Mentor relationships were then grouped into four *mentor role* categories (based on Dubois & Silverthorn, 2005): 1) An older sibling or cousin ($n = 16$); 2) Other non-parental family member such as a grandmother, grandfather, aunt, or uncle ($n = 36$); 3) Informal mentor such as a neighbour, coach, employer, and friend’s parent ($n = 46$); and 4) Professional relationship mentor such as a religious/spiritual leader, teacher, guidance counsellor, doctor, or therapist ($n = 34$). Dubois and Silverthorn’s category of a formal mentor (e.g., Big Brother/Big Sister) was not represented in the sample.

A series of descriptive questions were developed for this study that assessed elements of the mentoring relationship such as duration, time period of involvement,

frequency of contact, closeness, relationship satisfaction, and mentor contact with parents (see Appendix M, questions 3 to 12).

To assess mentor relationship *duration*, participants were asked to identify their ages when the mentoring relationship started and ended (or if it was an on-going relationship). The average age of participants when their mentoring relationship began was 12.02 years ($SD = 5.50$ years; range of 0 to 24 years), while the average age of the mentor was 37.80 years ($SD = 13.38$ years; range of 18 to 81 years). The average age of participants when the relationship ended (for 48 participants whose mentoring relationship was in the past) was 17.77 years ($SD = 2.23$, range of 12 to 25 years); 65% ($n = 84$) of participants indicated they still have an on-going relationship with their most important mentor. The average length (or duration) of the mentor relationship at the time of the study was 6.83 years ($SD = 5.49$ years; range of 1 year to 23 years; modal length of mentoring relationships was 3 years).

Participants were asked to identify the *time period* they were most actively involved with their mentor on a 6-point Likert-type scale ranging from “before age 8 years” of age to “21 to 25 years” of age. Most active involvement was between ages 17 to 20 years (see Table 6).

To assess *frequency of contact*, participants were asked how often they saw their mentor during the time they were most actively involved with each other by responding to a 7-point Likert scale (1 = about once a year; 7 = almost every day or every day). As well, participants were asked how often they presently see their mentor on an 8-point Likert-type scale (0 = never; 7 = almost every day or every day). Close to 68% ($n = 89$) of the participants indicated seeing their mentor once a week or more when they were

Table 6

Mentoring Relationships: Time Period when Most Actively Involved with Mentor

Age of participant when most actively involved with mentor	<i>n</i>	%
Before age 8 years	5	3.8
9 to 12 years of age	15	11.4
13 to 16 years of age	47	35.6
17 to 20 years of age	57	43.2
21 to 25 years of age	8	6.1

Note. Total N = 132.

most actively involved. Only 17% ($n = 22$) of those who still have contact with their mentor see them that frequently at the present time (see Table 7).

To assess mentor relationship *closeness*, participants were asked to respond to how close they were to their mentors during the time they were most actively involved with each other as well as how close they are to their mentor at the present time. Both questions were assessed with a five-point Likert-type scale (1 = not at all close; 5 = very close). When most actively involved, 79% ($n = 104$) of participants indicated they were quite close or very close to their mentor; 69% ($n = 58$) of those who still have contact with their mentor indicated they were quite close or very close at the present time (see Table 8).

To assess overall relationship *satisfaction*, participants were asked how satisfied they have been with the mentoring relationship using a five-point Likert-type scale (1 = not at all satisfied; 5 = very satisfied). The majority of the participants indicated high levels of satisfaction (see Table 9). To assess how *beneficial* the relationship is perceived to have been overall, participants were asked to respond to a five-point Likert-type scale (1 = not at all beneficial; 5 = very beneficial). The majority of participants indicated moderate to high levels of how beneficial the relationship was to them (see Table 9).

Participants were asked if their parental guardian(s) were aware of the relationship with their mentor (see Appendix M, question 13). If participants responded affirmatively, follow up questions asked if there was any contact between the parental guardian(s) and mentor, the level of support (e.g., encouragement, receiving help or advice) from the parental guardian(s) to the mentor and vice versa [on a five-point Likert-type scale (1 = not at all supportive; 5 = very supportive)], and if there was any conflict (e.g., “get upset

Table 7

Mentoring Relationships: Percentages showing Frequency of Contact with Mentor

	Never	1 Low freq.	2	3	4	5	6	7 High freq.
Frequency of contact: When most actively involved								
Everyone (<i>n</i> = 131)	n/a	5.3	8.4	8.4	9.9	15.3	34.4	18.3
Frequency of contact: Present time								
Everyone (<i>n</i> = 132)	13.6	24.2	27.3	13.6	9.1	6.1	3.0	3.0
Indicated the relationship is still "on-going" (<i>n</i> = 84)	3.6	15.5	29.8	21.4	13.1	8.3	3.6	4.8

Note. 1 = about once a year, 2 = every few months, 3 = about once a month, 4 = about twice a month, 5 = about once a week, 6 = 2 to 5 times a week, 7 = Almost every day or every day.

Table 8

Mentoring Relationships: Percentages showing Level of Closeness with the Mentor

	Not at all close	Only a little close	Somewhat close	Quite close	Very close
Closeness: When most actively involved					
Everyone ($n = 132$)		3.0	18.2	49.2	29.5
Closeness: Present time					
Everyone ($n = 132$)	14.4	16.7	22.0	33.3	13.6
Indicated the relationship is still “on-going” ($n = 84$)		8.3	22.6	48.8	20.2

Table 9

Mentoring Relationships: Levels of Relationship Satisfaction and how Beneficial the Relationship was to Participants

Labels	<i>Satisfaction</i>		<i>Beneficial</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Not at all				
Only a little			3	2.3
Neutral	16	12.1	14	10.6
Quite	63	47.7	62	47.0
Very	51	38.6	52	37.4

Note. Total N = 130 for Satisfaction and N = 131 for Beneficial.

or mad at each other, have arguments”) between the parental guardian(s) and the mentor on a five-point Likert-type scale (1 = no conflict; 5 = a lot of conflict).

A high percentage of participants ($n = 118$, 89%) indicated that their parental guardian(s) knew of the mentoring relationship while 7% ($n = 9$) were unsure and 4% ($n = 5$) said their parents did not know. Of those who indicated their parents did not know of the relationship, the mentors identified were a teacher/guidance counsellor ($n = 2$), cousin ($n = 1$), grandmother ($n = 1$), and a step-mother ($n = 1$).

There was a high percentage of participants who indicated that there was contact between the parental guardian(s) and the mentor, with 88% ($n = 110$) indicating contact and 12% ($n = 15$) indicating no contact. The mentors who did not have contact with parents were identified as teacher/guidance counsellors ($n = 4$), friend’s parent ($n = 3$), cousin ($n = 2$), an ex-boyfriend’s mother ($n = 2$), employer ($n = 1$), camp counsellor ($n = 1$), friend ($n = 1$), and a writer ($n = 1$).

High levels of support from parental guardian(s) toward the mentor were found ($n = 98$; 81%) and from the mentor toward the parental guardian(s) ($n = 106$; 84%). There was low levels of conflict between parental guardians(s) and the mentor, with 69.8% ($n = 88$) indicating “no conflict” and less than 1% ($n = 1$) indicating “a lot of conflict.”

Mentor character traits and qualities scale (MCTQ). To gather information regarding perceived character traits and qualities of their most important mentor, participants used a five-point Likert-type scale (1 = strongly disagree; 5 = strongly agree) to rate their mentor on 14 positive traits and qualities (e.g., committed, empathic, and respectful) on the MCTQ scale (see Appendix N). The MCTQ scale was developed for this study and the items were based on concepts discussed in two articles on positive

qualities of mentors (Beltman & MacCallum, 2006; Laursen & Birmingham, 2003). Possible total scores range from 14 to 70, with higher scores indicating higher endorsements of positive traits and qualities. The majority of the participants in the mentoring section answered all 14 items on the MCTQ scale ($n = 131$; 99%). One participant missed 6 of the 14 items and she did not receive a MCTQ scale score⁵.

In this study, the internal consistency (Cronbach's alpha) for the MCTQ scale was .90. Participants endorsed a high number of positive traits and qualities for their mentor ($M = 63.58$, $Mdn = 66$, $SD = 6.78$; range of 22 to 70). For endorsements of "somewhat agree" or "strongly agree," frequencies ranged from 81% for "My mentor is available" to 98% for "My mentor is caring." Intercorrelations among all 14 MCTQ items are presented in Table 10.

A Principal Components Analysis with varimax rotation was conducted on the MCTQ scale to examine the underlying factor structure. A single factor accounted for 46.1% of the total variance. All communalities (h^2) were .51 or higher and the scree plot indicated that there was one factor that emerged from the 14 items. The PCA findings, along with the correlational matrix of the 14 items and the good internal consistency support using total MCTQ scores in the study.

Relational health indices-mentoring scale. Participants were asked to respond to 11 statements that form the Relational Health Indices-Mentoring scale (RHI-M; Liang et al., 2002; see Appendix O). The RHI-M scale assesses "growth-fostering relationships" and the 11 statements reflect three areas found in positive relationships: *mutual engagement* (i.e., "perceived mutual involvement, commitment, and attunement to the relationship"),

Table 10

Intercorrelations among the Items in the Mentor Character Traits and Quality Scale

MCTQ Scale Item <i>My mentor is...</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Committed	—													
2. Caring	.49*	—												
3. Tolerant	.34*	.44*	—											
4. Accepting	.25*	.36*	.67*	—										
5. Flexible ^a	.22*	.22*	.36*	.37*	—									
6. Friendly	.45*	.67*	.50*	.38*	.34*	—								
7. Empathic ^b	.25*	.42*	.59*	.67*	.29*	.55*	—							
8. Trustworthy	.48*	.53*	.35*	.41*	.27*	.54*	.40*	—						
9. Available	.48*	.22	.19	.24*	.36*	.38*	.24*	.33*	—					
10. Respectful	.49*	.63*	.45*	.52*	.35*	.69*	.51*	.63*	.41*	—				
11. A good listener	.30*	.53*	.52*	.55*	.23*	.49*	.65*	.56*	.30*	.64*	—			
12. Non-judgmental	.27*	.31*	.64*	.67*	.21*	.42*	.64*	.50*	.31*	.54*	.61*	—		
13. Able to set limits and follow through	.40*	.41*	.40*	.41*	.26*	.37*	.44*	.36*	.38*	.52*	.64*	.49*	—	
14. Able to relate well to young people	.19	.37*	.40*	.40*	.05	.28*	.44*	.31*	.17	.43*	.40*	.51*	.41*	—

Note. All are Pearson's correlations. Flexible^a: "e.g., able to modify or change interactions over time to suit my

Schedule." Empathic^b: "i.e., understanding." Range of $n = 131$ to 132 for each item.

* $p < .01$.

authenticity (i.e., “the process of acquiring knowledge of self and other and feeling free to be genuine in the context of the relationship”), and *empowerment/zest* (i.e., “the experience of feeling personally strengthened, encouraged, and inspired to take action”) (Liang et al., 2002, pgs. 25 to 26). Example items on the RHI-M include, “My mentor gives me emotional support and encouragement,” “I can be genuinely myself with my mentor,” and “I feel as though I know myself better because of my mentor.” Participants responded to each item on the RHI-M using a five-point Likert-type scale (1 = never; 5 = always). Higher scores indicate higher levels of relational health.

In this study, if there was only one item missing on the RHI-M scale, the average of the other items was used to derive a score for the missing item. Replacements were made for three participants who were missing one of the 11 items. One participant missed 6 items and she did not receive a total RHI-M score.

In a study with 850 female college students, Liang and colleagues (2002) reported that alpha coefficient for the 11 items to be .86. Frey, Beesley, and Newman (2005), in their study using the RHI with over 400 male and female college students, reported a Cronbach alpha for the total RHI-M score in their study of .91. The authors stated that the total RHI-M score “may be most appropriately used as a measure of overall quality of relationships” (p. 161). Similar reliability findings were found in this study. The internal consistency (Cronbach’s alpha) for the total RHI-M score was .87.

In this study, the possible range for the total score on the RHI-M was one to five, with higher numbers indicating better relational health. In this study, participants had high total scores on the RHI-M scale ($M = 4.21$, $SD = 0.56$, range of 1.89 to 5.00).⁶

A Principal Components Analysis with varimax rotation was conducted on the RHI-M scale to examine the underlying factor structure. A single factor accounted for 45.4% of the total variance. All communalities (h^2) were .44 or higher and the scree plot indicated that there was one factor that emerged from the 11 items. The PCA findings, along with the correlational matrix of the 11 items (see Appendix C) and the good internal consistency support using a total RHI-M score in the study.

Inventory of parent and peer attachment – revised: Mentoring (IPPA-R: M).

Attachment to one's mentor was assessed with a modified version of the Inventory of Parent and Peer Attachment – Revised (IPPA-R; Armsden & Greenberg, 1987). Armsden and Greenberg developed the IPPA to examine adolescents' perceptions of their relationships with their parents and close friends. The authors hypothesized that the “internal working model” of attachment (Bowlby, 1982) could be tapped into by assessing: “1) the positive affective/cognitive experiences of trust in the accessibility and responsiveness of the attachment figure,” and 2) “the negative affective/cognitive experiences of anger and/or hopelessness resulting from an inconsistent and unresponsive attachment figure” (Armsden & Greenberg, 1987, p. 431). Permission was granted by Dr. Greenberg for the modification of the IPPA-R to use with mentoring relationships. For the modification, the original 25 statements for parental figures were used but “mother” or “father” was replaced with “mentor” (see Appendix P).

On the IPPA-R: M, participants responded to 25 statements on a 5-point Likert-type scale, ranging from 1 (almost never or never true) to 5 (almost always or always true). There is a total attachment score that is comprised of three subscales: *Trust* (i.e., degree of mutual trust; 10 items), *Communication* (i.e., quality of communication; 9 items), and

Alienation (i.e., extent of anger and alienation; 6 items). According to Armsden and Greenberg (1987), higher total scores represent higher levels of attachment. Example items from the mentoring version of the scale include, “My mentor accepts me as I am” (Trust), “I tell my mentor about my problems and troubles” (Communication), and “Talking over my problems with my mentor makes me feel ashamed and foolish” (Alienation; to be reverse scored). Along with reverse scoring all alienation items for the total score, there were also two items on both the Trust and Communication subscales that were reverse scored.

The original IPPA (1987) did not separate mother and father attachment but assessed for both parents together. The participants in the original IPPA study included male and female adolescents 16 to 20 years of age. The internal consistency reliability (alpha coefficients) for parent Trust, Communication, and Alienation on this original measure were .91, .91, and .86, respectively, while the peer scale had coefficients of .87, .91, and .72 for the Trust, Communication, and Alienation subscales, respectively (Armsden & Greenberg, 1987). In her dissertation, Armsden (1986) revised the IPPA in order to separately assess quality of attachment to mothers and fathers. The revised measure was used in a study of over 400 college students and Armsden found support for having separate scales for mothers and fathers. For the revised version, internal reliabilities (Cronbach’s alpha) for the total attachment score were reported to be .87 for mother, .89 for father, and .92 for peer (Armsden, 1986).

Sternberg, Lamb, Guterman, Abbott, and Dawud-Noursi (2005) conducted a study assessing parent attachment using the IPPA-R. In their study of boys and girls ages 8 to 13 years, the authors found reliability coefficients for Total attachment to be .92 for both

mothers and fathers. The authors reported that mother and father total attachment scores were significantly correlated ($r = .39$).

The IPPA has been shown to have good test-retest reliability over a three-week interval, with a reliability coefficient of .93 for the parent attachment scale and .86 for peer attachment for a sample of 27 18-to 20-year-olds (Armsden & Greenberg, 1987). The IPPA has been shown to have good concurrent validity, with quality of attachment positively related to well-being (e.g., self-esteem and life satisfaction) and negatively related to depression and loneliness (Armsden & Greenberg, 1987; Fischer & Corcoran, 1994). Scores on the IPPA have been found to correlate with several measures of family functioning. For example, adolescents experiencing higher levels of mother and father attachment report less conflict between their parents and experience less loneliness (Armsden, 1986). For a further review on the reliability and validity of the IPPA, see articles by Armsden and Greenberg (1987) and Fischer and Corcoran (1994).

In this study, for participants with missing data on the IPPA-R: M scale, if there was only one item missing on a subscale, the average of the other items was used to derive a score for the missing item. Replacements were made for 7 participants who were missing one of the 25 items, giving a sample size of 131. One participant missed multiple items and therefore did not receive a score for any of the subscales. The score for each of the subscales on the IPPA-R: M is the total divided by the number of subscale items, with a possible range of 1 to 5. The total attachment score is the average of the three subscales (with all alienation items reverse scored), with a possible range of 1 to 5. The total attachment score is what was used in the analyses in this study.

In this study, the internal consistency (Cronbach's alpha) for the full scale (all 25 items) was .88. In examining the subscales, the internal consistency for Trust was .87, Communication was .84 and Alienation was .03.

As the internal consistency for the Alienation subscale was very poor, additional statistics were examined in the reliability analysis. The correlation matrix of the six alienation items revealed that one item number 23, "My mentor doesn't understand what I'm going through these days," was negatively related to the other five alienation items ($r = -.16$ to $-.44$) and item 23 was the only item that was negatively related to the others. Item-Total statistics showed that the Cronbach alpha of the alienation subscale with item 23 deleted would go from .03 to .61. Examining the frequencies for the six alienation items revealed item 23 was endorsed as "often true" or "almost always or always true" at a rate of 59% while the other five items had frequencies at much lower levels (ranging from 3.1% for "I feel angry with my mentor" to 14% for "I get upset a lot more than my mentor knows about"). Based on these results, it was decided to remove item 23 from the alienation subscale and the total attachment scale. The internal consistency (Cronbach's alpha) for the revised alienation subscale (5 items) was .61 and the revised total attachment scale (24 items) was .91.

In this study there was a range of responses for all items, but on average, participants had high levels of total attachment to their mentor ($M = 4.27$, $SD = 0.47$, range of 2.89 to 5.00). In examining the subscales, participants had high levels of mentor trust ($M = 4.49$, $SD = 0.48$; range of 2.80 to 5.00) and mentor communication ($M = 4.07$, $SD = 0.60$; range of 2.67 to 5.00), and low levels of mentor alienation ($M = 1.76$, $SD = 0.58$; range of 1.00 to 4.00).

In this study, higher levels of trust were found to be related to higher levels of communication ($r = .73, p < .01$) and lower levels of alienation ($r = -.60, p < .01$); higher levels of communication was also related to lower levels of alienation ($r = -.42, p < .01$). The high intercorrelations among the subscales, combined with good internal consistency for the total score, support using the IPPA-R: M total attachment score for participants.

Mentor Scales and Variables: Intercorrelations

There were many intercorrelations among the mentoring variables (see Table 11). The MCTQ scale, RHI-M, and the IPPA-R: M were all significantly correlated with each other at $r = .55$ or higher. Being satisfied with the mentoring relationship and finding the mentoring relationship beneficial were highly correlated ($r = .67$). Both variables also had significant correlations with all the other mentor variables except for mentor duration and mentor contact. For mentor duration and contact, they were each only correlated with one variable: relationship closeness.

Mentoring Comments.

Participants were asked to provide written comments regarding how their mentors positively influenced them. The open-ended subjective comments from the participants about their experiences and feelings regarding their mentors were included in order to contextualize the quantitative information on mentoring (Creswell, 2007). Qualitative studies on mentoring have been shown to provide rich data regarding the perceived importance of these relationships as well as demonstrating the support and guidance mentors may provide to their mentees (e.g., de Anda, 2001; Maldonado, Quarles, Lacey, & Thompson, 2008).

Table 11

Intercorrelations among Mentor Variables

Scale or Variable	1	2	3	4	5	6	7	8
1. MCTQ Scale: Total Score	—							
2. RHI-M: Total Score	.55*	—						
3. IPPA-R: M: Total Attachment	.63*	.61*	—					
4. Duration of the relationship	.06	.04	.00	—				
5. Contact	.02	.01	.04	-.01	—			
6. Closeness	.17	.32*	.22	.40*	.24*	—		
7. Satisfaction	.39*	.48*	.59*	.17	.06	.41 *	—	
8. Beneficial	.38*	.61*	.47*	.13	.22	.42 *	.67*	—

Note. N = 132. MCTQ Scale = Mentor Character Traits and Quality Scale.

RHI-M = Relational Health Indices-Mentor. IPPA-R: M = Inventory of Parent and Peer

Attachment-Revised: Mentor Version.

All are Pearson's correlations.

* $p < .01$

Of the 132 participants who had a mentor according to the study definition, 124 (94%) typed a comment regarding how their mentor influenced them (see Appendix P, question 17). All typed responses are listed in Appendix W. Included below are six responses from participants writing about how their mentor influenced their lives:

“My mentor acted as a second parent to my brother and I. She was always there when my mom (a single parent) couldn’t be. She brought me to sports, dance, watched my competitions, was at my graduation, and has come out to visit me in Victoria from my home town. She is a very good listener and always finds time for me regardless of having children of her own as well.” Mentor: Parent’s friend

“My mentor has calmed me down in stressful situations that could have led me down a bad path. My mentor has helped me heal from home situations by just listening.” Mentor: Doctor/Therapist

“My mentor guided me through my initiation into the Roman Catholic Church 4 years ago. She was a wonderful woman who taught me about a lot of things, shared experiences with me, and organized me to meet with wise people and to talk about my feelings. She is now a nun in France so I can’t talk to her as much as I would like but I think about her often. Almost everyday. She has a positive impact on my life.” Mentor: Religious/Spiritual Leader

“My mentor was my soccer coach. I was the captain of the team. We are both very competitive people and through our captain to coach relationship we got close. He is very caring about all of the other girls on the team. Our team was like a separate little family. He listened to me, talked with me, joked with me and always had great advice. I could talk to him with just about any of my troubles and he shared his often. He helped deal with the stressfulness of competitive soccer but also made me see how to relate this advice to my personal life.”

Mentor: Soccer Coach

“My mentor is my aunt and she was always being unconditionally loving and supportive through out my life not matter what my actions or mistakes have been. She is always available to talk and hang out. I am always welcome in her home without an invitation and she would do anything for me.” Mentor: Aunt

“Although my cousin and I live in different provinces and have very different familial situations, we share many common views and experiences in the realm of dating, romance, etc. I find it easier to understand what and why is going wrong in my romantic relationships because of the experiences shared by my mentor.”

Mentor: Older Cousin

Negative Interactions with Mentors

To assess for negative interactions that participants might have had with *any* non-parental mentoring relationship, participants answered six questions assessing physical, emotional, and sexual harm or exploitation, encouragement to try alcohol (before of legal drinking age), and encouragement to try drugs or engage in illegal activities (see Appendix Q). These questions were developed for this study. Participants were asked the mentor's role or relationship to them (e.g., teacher or aunt) if they responded affirmatively to one of the negative interactions. However, it was not known from their responses if they were answering about their most important mentor or about other mentoring relationships.

All 132 participants included in the mentoring section responded to the negative mentor interaction questions. Of this group, 104 participants (79%) indicated no negative interactions. Twenty-eight participants (21%) indicated having had a negative interaction with their mentor. The most frequently endorsed type of negative interaction was encouragement to try alcohol before the legal drinking age ($n = 19$), followed by being harmed in an emotional way (e.g., “yell at you, criticize you a lot, or humiliate you”; $n = 11$), encouragement to try drugs ($n = 6$), encouragement to engage in illegal activities ($n = 2$), being harmed in a sexual way (e.g., “engage you in unwanted sexual kissing or touching, or exploit you in a sexual way”; $n = 2$), and being harmed physically ($n = 1$). Due to the relatively low number of negative interactions endorsed, the type of interaction was split into two categories: 1) alcohol, drug use and/or illegal activities ($n = 21$) and 2) emotional harm, sexual harm, and/or physical harm ($n = 13$). There were six participants who met the criteria for both categories.

There were 39 mentors identified as being involved in negative interactions with the 28 participants, with 16 participants indicating one mentor, 6 participants indicating 2 mentors, 2 participants indicating 3 mentors, and 1 participant indicating 5 mentors. Two participants did not identify the mentor. Older siblings or cousins ($n = 8$) were the largest group indicated as the mentor involved in negative interactions, followed by older peers ($n = 7$), a friend's parent ($n = 6$), grandmother or grandfather ($n = 5$), coach ($n = 3$), aunt or uncle ($n = 3$), co-worker ($n = 3$), teacher or a guidance counsellor ($n = 1$), doctor or therapist ($n = 1$), camp counsellor ($n = 1$), and a boyfriend's mom ($n = 1$).

Romantic Relationships

Participants were asked questions about their current romantic relationships. Questions included the length of their relationship, relationship status, and sexual orientation. Participants were also asked four questions regarding previous dating behaviors and relationships (see Appendix R).

Current relationship. Relationship length ranged from 3 months to 6 years, with an average length of 18.37 months ($SD = 15.0$ months, see Appendix D). The majority of the participants indicated that their relationship status was “dating or in a relationship” (82.8%), while 42 participants (15.7%) were living with their partner, and 4 (1.5%) were married or in a common-law marriage. For the 46 participants living with their partner, the length of time they had lived together ranged from 1 month to 4 years ($M = 17.30$ months, $SD = 11.52$ months). Of the 4 married/common-law relationships, 3 participants responded to how long they have been married or common-law: 1 month, 8 months, and 15 months. The majority of the participants indicated they were heterosexual (95.1%), had a male romantic partner (98.9%), and their partners were heterosexual (98.1%).

Past dating behaviors and relationships. The average age of participants when they began to date was 16.01 years ($SD = 2.22$ years), with a reported range of 8 years to 24 years. The average age of participants when they had their first romantic relationship that lasted for at least three months was 15.90 years ($SD = 1.95$ years), with a range of 11 to 21 years. The average length of the “longest romantic relationship” for participants was 22.34 months ($SD = 15.01$ months), with a range of 3 months to 6 years. The average number of romantic relationships the participants had that lasted for three months or longer was 2.01 ($SD = 1.27$), with a range from 1 to 7 relationships. There were 125 (46.8%) participants who said they have only had one relationship and it was with their current partner.

Network of Relationships Inventory (NRI). The NRI (Furman & Buhrmester, 1985; 1992) assessed both positive and negative qualities of participants’ romantic relationships (see Appendix S). The NRI has been used in a number of different studies (e.g., Noack & Buhl, 2004; Seiffge-Krenke, 2000; Turner, 2000; Williams, Connolly, & Segal, 2001). On the NRI, researchers can choose to examine a large number of relationships (e.g., many family members and friends) or restrict the individuals to be rated to certain types of relationships (e.g., friendships or romantic relationships). Researchers can examine all the subscales or limit the number of subscales to make a shorter form.

In this study, participants were asked to respond to the full NRI (45 items) for their current romantic relationship. The NRI consists of three scales that are supported by factor analysis (Adler & Furman, 1988; Furman, 1996; Seiffge-Krenke 2000): perceptions of Social Support, perceptions of Negative Interactions, and Relative Power. There are nine subscales that form the scale of *Social Support*: Instrumental Aid,

Intimacy, Nurturance, Affection, Reliable Alliance, Admiration, Companionship, Support, and Satisfaction (each subscale consists of three items). There are five subscales that form the scale of *Negative Interactions*: Conflict, Punishment, Antagonism, Criticism, and Dominance (each subscale consists of three items). *Relative Power* is its own scale consisting of three items.

Participants responded to each item on the NRI using a 5-point Likert-type scale. For the first 42 items the scale anchors ranged from 1 (little or none) to 5 (the most or almost always). For the last three questions assessing relative power in the relationship the anchors were 1 (S/he always does) to 5 (I always do). Examples of social support questions on the NRI include: “How often do you turn to this person for support with personal problems?” and “How much does this person treat you like you’re admired and respected?” Examples of negative interaction questions on the NRI include: “How often does this person get his/her own way when you two do not agree about what to do?” and “How often does this person criticize you?” Examples of relative power questions include: “Who tells the other person what to do more often, you or this person?” and “Between you and this person, who tends to be the boss in the relationship?”

The NRI has been used with second grade through college age students (Buhrmester & Furman, 1987, Furman & Buhrmester 1992). Scores on the NRI have been found to be related to perceptions of global warmth and positive emotionality (Furman, 1987) and to acceptance by peers (Connolly & Konarski, 1994). Girls have been found to give higher ratings than boys on the various social support scales (Furman & Buhrmester, 1987).

The internal consistency of the NRI has been found to be good at .80 (Furman & Buhrmester, 1985). In a study assessing parental social support and negative interactions rated by adolescent girls in grades 7 to 12, Turner (1995) found reliability coefficients (Cronbach alpha) of .96 and .94 for support and .85 and .88 for negative interactions for mothers and fathers, respectively. Seiffge-Krenke (2000) used the NRI to assess the quality of relationships with close friends and romantic partners of the opposite sex. Turner found Cronbach alphas ranging from .67 for relative power in romantic relationships to .92 for companionship in friendships. Williams and colleagues (2001) examined two subscales on the NRI, intimacy and companionship, in adolescent girls' relationships with their best friend, boyfriend, mother and father. The authors used the mean score on each subscale to form an index of intimacy. In their study, the internal consistency for the index of intimacy was .82, .93, .90 and .90 for best friend, boyfriend, mother and father, respectively.

In the current study, the majority of the participants ($n = 259$; 97%) responded to all 45 items on the NRI. There were seven participants who were missing one item and one participant who missed two items on two different subscales. As recommended by the NRI's authors, Furman and Buhrmester (1985), if participants were missing only one item on a subscale, the mean of the other two items were used to derive a score for the missing item. After dealing with missing data, all 267 participants had scores for each subscale.

In this study, the internal consistency (Cronbach's alpha) for the full NRI was .89, social support was .92, negative interactions was .92 and relative power was .82. There was a range of responses for all items, but on average, participants indicated high levels

of social support from their romantic partner ($M = 11.79$, $SD = 1.85$) and low levels of negative interactions ($M = 5.30$, $SD = 1.75$). For the variable of relative power (i.e., who takes charge, decides what to do, is the boss), lower scores indicate the partner has more power (as perceived by the participant) and higher scores indicate the participant has more power. A score of 9 indicates shared power on all three items. In this study, participants indicated power being equally shared or with the participant having slightly more power ($M = 9.66$, $SD = 1.77$). See Appendix E for descriptive information for all NRI subscales.

In this study, relationship social support was found to related to lower levels of negative interactions ($r = -.25$, $p < .01$). Relative power was not found to be significantly related to social support ($r = .14$, ns) or to negative interactions ($r = -.00$, ns).

Intercorrelations among the NRI subscales are presented in Appendix F.

Psychological Maltreatment of Women Inventory- Short Form (PMWI – SF; Tolman 1989; 1999) The PMWI-SF assessed participants' experiences of psychological maltreatment from romantic partners in the last three months (see Appendix T). The 14-item PMWI-SF has two subscales each consisting of seven items, Dominance-Isolation and Emotional-Verbal. The two subscales are supported by factor analysis (Tolman, 1989).

The dominance-isolation scale on the PMWI measures behaviors related to monitoring and restricting a partner's movements and isolating a partner from social contacts and resources. For example, "My partner monitored my time and made me account for my whereabouts." The emotional-verbal scale measures behaviors related to

verbal attacks, attempts to demean the partner, and withholding emotional resources. For example, “My partner yelled and screamed at me.”

The PMWI has shown reliability in previous studies. For the full PMWI (29 items for each subscale), alpha coefficients for women in the development sample were .95 for the dominance-isolation scale and .93 for the emotional-verbal scale (Tolman, 1989). For the PMWI-SF, alpha coefficients were .88 for the dominance-isolation scale and .92 for the emotional-verbal scale (Tolman, 1989).

Tolman (1999) found that physically abused women scored significantly higher on the PMWI (either the long or short form) compared to a relationship distressed/nonabused group and to a relationship satisfied/nonabused group. Tolman (1999) reported that the subscales of both the long and short form PMWI were highly correlated with the physical abuse subscale of the Index of Spouse Abuse (Hudson & McIntosh, 1981) and the Conflict Tactics Scale (Straus, 1979).

For this study, participants responded to the 14 items regarding actions they might have experienced in their relationship with their partner in the last three months using a 5 point Likert-type scale, ranging from 1 (never) to 5 (very frequently). In addition, added to the scale for this study was another choice for participants called “Ever: Not in the past 3 months, but it did happen before in this relationship.”

The majority of the participants ($n = 265$, 99%) responded to all 14 items on the PMWI-SF. There was one participant who did not answer any of the items and one participant who missed one item. For the participant who missed one item, the mean of the other six items on the subscale were used to derive a score for the missing item. Therefore there were a total of 266 responses for the PMWI-SF.

In this study, the internal consistency reliability (Cronbach's alpha) for the PMWI-SF (14 items) was .88, dominance-isolation was .75, and emotional-verbal was .86. The possible range of scores for each subscale is 7 to 35, with higher scores indicating higher levels of psychological maltreatment. In this study the average dominance-isolation score was 9.09 ($SD = 2.98$, range of 7 to 25) and the average emotional-verbal score was 10.36 ($SD = 4.26$, range of 7 to 28).

In this study, higher levels of dominance-isolation from partners was found to be significantly related to higher levels of emotional-verbal maltreatment from partners ($r = .62$, $p < .01$). As the two subscales were highly correlated, participants received a total psychological maltreatment from partner score (in the last three months) by adding together all 14 items on the PMWI-SF. The average total score for participants was 19.45 ($SD = 6.53$) with a range of 14 to 52.

Table 12 shows the frequency of responses for each item on the PMWI-SF. Overall, there were 218 participants (81.6%) answering between rarely and very frequently on one or more of the 14 items. There were 33 participants (12.4%) who responded that one or more of the behaviors did not happen in the past three months but did happen before in the relationship. However, all of these 33 participants also indicated that one or more of the *other* behaviors had occurred within the last three months in this same relationship.

Abusive Behavior Inventory-Physical Abuse (ABI-PA; Shepard & Campbell, 1992). The ABI-PA scale assessed participants' experiences of physically assaultive behaviors from their romantic partners in the last three months (see Appendix U). There are 12 items on the ABI-PA scale. Items include: "slapped, hit, or punched you," "kicked you," and "physically forced you to have sex."

Table 12

Psychological Maltreatment by Partner: Frequency Table in Percentages

PMWI-SF Items <i>Answered for the last 3 months</i>	1 Never	2 Rarely	3 Occas- ionally	4 Freq.	5 Very Freq.	Ever ^a
Emotional-Verbal Items						
My partner called me names	62.4	22.6	9.0	1.5	1.5	3.0
My partner swore at me	53.8	29.3	11.3	3.4		2.3
My partner yelled and screamed at me	64.9	21.9	7.5	2.3	0.8	2.6
My partner treated me like an inferior	65.0	20.7	10.2	2.3		1.9
My partner told me my feelings were irrational or crazy	60.5	20.3	11.7	4.1	1.5	1.9
My partner blamed me for his/her problems	77.8	12.4	5.6	2.3	0.8	1.1
My partner tried to make me feel crazy	82.3	8.6	3.0	3.4	1.9	0.8
Dominance-Isolation Items						
My partner monitored my time and made me account for my whereabouts	66.2	21.1	6.8	3.4	0.8	1.9
My partner used our money or made important financial decisions without talking to me about it	93.2	4.1	1.5	0.4		0.7
My partner was jealous or suspicious of my friends	47.0	21.4	15.8	8.6	3.0	4.1
My partner accused me of having an affair with another man/woman	86.1	7.9	3.8	0.4	0.4	1.5
My partner interfered in my relationships with other family members	87.2	8.6	1.9	1.5		0.8
My partner tried to keep me from doing things to help myself	85.3	7.9	3.4	2.3	0.4	0.8
My partner restricted my use of the telephone	97.0	1.1	1.1	0.4		0.4

Note. $N = 266$ for all items.

Ever^a = "Not in the past 3 months, but it did happen before in this relationship."

For the ABI-PA scale, alpha coefficients in the scale development sample were .88 for women with no known history of abuse and .70 for women with a history of abuse (Shepard & Campbell, 1992). The ABI-PA scale has been shown to have good criterion-related validity as the scale score was able to distinguish between abusive and nonabusive relationships (Shepard & Campbell). The ABI-PA scale has been shown to have adequate construct validity as variables predicted to be related to an abusive relationship (e.g., clinician's assessment of abuse) had a stronger relationship to the ABI-PA scale than other variables predicted to be less strongly related to the ABI (e.g., age and household size).

Neufeld, McNamara, and Ertl (1999) used the ABI with a sample of over 600 college age women. When asking women to respond to experiences on the scale for the last six months, they found the percentage incidence rate for answering between rarely and very frequently (i.e., any endorsement) on the ABI-PA scale ranged from less than one percent for, "used a knife or gun against you" to 39% for "threw, hit, or smashed something." The authors found that the number of sexual partners was a significant predictor ($p < .01$) of experiencing physical abuse from a dating or a romantic partner in the last six months.

In this study, participants answered statements on the ABI-PA scale regarding behaviors they experienced in their relationship in the last three months from their partner using a 5-point Likert-type scale, ranging from 1 (never) to 5 (very frequently). In addition, added to this scale for this study was another choice for participants called "Ever: Not in the past 3 months, but it did happen before in this relationship." The majority of the participants ($n = 266, 99.6\%$) responded to all 12 items on the ABI-PA

scale. There was one participant who did not answer any of the items and her responses were not used in the analyses.

The possible range of scores for the ABI-PA scale is 12 to 60. In this study, the average ABI-PA score in the last three months was 12.61 ($SD = 1.46$, range of 12 to 25). Table 13 shows the frequency of responses to each item on the ABI-PA scale. Overall, there were 71 participants (26.6%) answering between rarely and very frequently on one or more of the 12 items, indicating that over one quarter of the women experienced at least some physically abusive treatment by their current partner. Some women also indicated that some behaviors not occurring in the past 3 months had occurred at a previous time ($n = 12$, 4.5%). For example, one woman endorsed her partner using a knife, gun, or other weapon against her previously, but not within the last three months.

The internal consistency (Cronbach's alpha) of the ABI-PA scale was found to be .60 in this study. An examination of the item-total statistics for the reliability analysis revealed that removal of any one of the items did not improve the alpha level. However, even with low rates of endorsement, higher rates of physical abuse by dating and romantic partners was found to be linked to higher levels of psychological maltreatment by partners ($r = .56$, $p < .01$), giving support to the ABI-PA scale.

Romantic Relationship Variables: Intercorrelations.

Table 14 presents the intercorrelations among the romantic relationship quality variables. Negative interactions, psychological maltreatment, and physical abuse were all found to be positively associated with each other. Social support was found to be negatively related to negative interactions, psychological maltreatment, and physical abuse. Relative power was not related to the other variables.

Table 13

Physically Abusive Behaviors by Partner: Frequency Table in Percentages

ABI-PA Items <i>In the last 3 months, how often has your partner:</i>	1 Never	2 Rarely	3 Occas- ionally	4 Freq.	5 Very Freq.	^a Ever
Threw, hit, kicked, or smashed something	82.7	9.0	3.8	1.1	0.4	3.0
Threatened to hit or throw something at you	96.6	1.5	0.8	0.4		0.8
Pushed, grabbed or shoved you	89.5	7.5	1.1			1.9
Slapped, hit, or punched you	98.1	0.4	0.8			0.8
Threatened you with a knife, gun, or other weapon	99.2		0.4			0.4
Pressured you to have sex in a way you didn't like or want	87.6	7.5	2.3	1.1	0.4	1.1
Kicked you	98.9	0.8				0.4
Physically forced you to have sex	97.0	1.1	0.8			1.1
Threw you around	98.1	1.5				0.4
Physically attacked the sexual parts of your body	98.9	0.8				0.4
Choked or strangled you	99.2	0.4				0.4
Used a knife, gun, or other weapon against you	99.6					0.4

Note. $N = 266$ for all items.

^aEver = "Not in the past 3 months, but it did happen before in this relationship." In total there were 12 participants who responded to the "Ever" category. These 12 participants also responded to one or more of the behaviors occurring within the last three months.

Table 14

Intercorrelations among Romantic Relationship Functioning Variables

	1	2	3	4	5
1. Social Support	—				
2. Negative Interactions	-.25*	—			
3. Relative Power	.14	.04	—		
4. Psych. Maltreatment	-.36*	.71*	.01	—	
5. Physical Abuse	-.27*	.45*	-.16	.56*	—

Note. All are Pearson's correlations.

* $p < .01$.

Results

To guard against Type I error due to multiple tests, a significance level of .01 was used for all analyses. Descriptive statistics (e.g., mean and SD) and reliability coefficients (Cronbach's alpha) are presented in the methods section.

Organization of the Results

Preliminary analyses are presented before the main analyses. Preliminary analyses examined the associations between questionnaire order, method of recruitment, demographic and family variables, and descriptive romantic relationship information (e.g., relationship length) with the relationship quality variables, child maltreatment variables, parental emotional support, and a number of the mentoring characteristics (i.e., relationship duration, frequency of contact, closeness, satisfaction, how beneficial the relationship was found to be, positive mentor traits and qualities, mentor relational health, and total attachment to mentor). Preliminary analyses also examined possible relationships between experiences of child maltreatment with having a mentor and the mentor characteristics.

The main analyses are presented in order of the hypotheses: 1) exploration of possible relationships between child maltreatment and current romantic relationship functioning (using correlations and multivariate multiple regression analysis); 2) exploration of possible relationships between having a mentoring relationship and current romantic relationship functioning (using t-tests, ANOVA, and correlations); 3) exploration of possible moderating effects of mentoring relationship functioning among young women who have experienced child maltreatment (using multiple regression

analyses); and 4) exploration of negative interactions with mentors (using correlations and t-tests).

Preliminary Analyses

Questionnaire Order

Participants were presented with the questionnaire in one of two orders: original order [sections A (childhood experiences), B (mentoring variables), C (relationship variables); $n = 128$] and reverse order (sections C, B, A; $n = 139$).

There were higher levels of child psychological maltreatment (CPM) by mothers among participants who responded to the reverse ordered questionnaire (where the child maltreatment variables came last); $t(262) = -2.93, p < .01, [M = 24.69 (SD = 24.95) \text{ vs. } M = 17.16 (SD = 15.23)]^7$.

However, no other child maltreatment variables were related to questionnaire order. Similarly, parental emotional support (ES) was not related to questionnaire order. Questionnaire order was not found to be related to the relationship quality measures, having a mentor, or any of the mentoring characteristics; therefore it was not used as a control variable in subsequent analyses.

Age

Participants who were older were more likely to be in relationships with higher reported levels of psychological maltreatment ($r = .16, p = .01$) and physically abusive behaviors ($r = .26, p < .01$) compared to younger participants. Therefore participant age was controlled for in the regression analyses predicting psychological maltreatment and physically abusive behaviors.

Age was not found to be related to the other relationship quality measures, to any of the child maltreatment variables, or to parental ES. Participant age was not related to having a mentor nor was it related to the mentor characteristics.

Method of Recruitment: Sona System vs. Poster Response

Participants who responded to the study posters and completed the questionnaires on their own time in their own location ($n = 37$) indicated higher levels of physically abusive behaviors in their romantic relationships compared to the participants who signed up via Sona Systems and did the study in a computer lab with the researcher ($n = 230$), $M = 13.22$ ($SD = 2.82$) for poster/own location vs. $M = 12.51$ ($SD = 1.08$) for Sona Systems/computer lab; $t(264) = 2.76, p < .01$.

Method of recruitment was also found to be significantly related to participant age [$t(265) = 6.41, p < .01$] and student year [$t(265) = 7.01, p < .01$]. Participants who signed up for the study via Sona Systems and did the study in a computer lab were younger on average ($M = 19.40$ years, $SD = 1.50$) and were in a more junior year of their studies ($M = 1.80$ for student year; $SD = 1.09$) than those who were recruited through the posters and did the questionnaire in their own location ($M = 21.16$ age in years, $SD = 1.88$; $M = 3.19$ for student year; $SD = 1.27$). The correlation between student year and age was very high ($r = .74$), showing an expected linear relationship between the two variables.

Because of the relationship between age and method of recruitment, it was decided to use participant age but not method of recruitment as a control variable in the regression analyses examining physically abusive behaviors in romantic relationships.

Method of recruitment was not found to be related to the other relationship quality measures, to any of the child maltreatment variables, or to parental ES. Method of recruitment was not related to having a mentor nor was it related to the mentor characteristics. Three other demographic variables were examined to see if they were related to method of recruitment: ethnicity, immigrant status, and if the participant was an international/exchange student. None of these variables were related to method of recruitment.

Ethnic Background

Participants were classified into three categories for group comparison on ethnic background (based on self-identification): 1) Caucasian (defined as “Caucasian, White, European Canadian, and European American,” $n = 208$; 77.9%), 2) Asian (defined as “Asian, Southeast Asian, South Asian, etc.,” $n = 37$; 13.9%), and 3) an “Other” group ($n = 22$; 8.2%) that included such ethnic backgrounds as First Nations, African Canadian, and Lebanese. ANOVA showed that participants’ ethnicity was significantly related to three of the relationship quality measures: negative interactions [$F(2, 264) = 10.24, p < .01$], psychological maltreatment [$F(2, 263) = 13.93, p < .01$], and physically abusive behaviors [$F(2, 263) = 4.90, p < .01$]. Ethnicity was not related to relationship social support and relative power.

Fisher’s LSD posthoc test indicated the following group differences: Caucasians had significantly lower scores ($p < .01$) than either Asians or the “other” group on negative interactions; $M = 5.05$ ($SD = 1.52$) for Caucasians vs. $M = 6.21$ ($SD = 2.01$) for Asians and $M = 6.11$ ($SD = 2.50$) for “other.” There were no significant differences between the Asian and the “other” group on negative interactions. For relationship

psychological maltreatment, the only significant group difference was between Caucasians and Asians ($p < .01$) with Caucasians having lower scores; $M = 18.47$ ($SD = 5.46$) vs. $M = 24.31$ ($SD = 9.66$). For physically abusive behaviors, the only significant group difference was between Caucasians and Asians ($p < .01$) with Caucasians having lower scores; $M = 12.50$ ($SD = 1.23$) vs. $M = 13.31$ ($SD = 2.47$). Therefore ethnicity was used as a control variable in the regression analyses examining negative interactions, psychological maltreatment, and physically abusive behaviors.

In addition to the associations between ethnicity and the relationship variables, ethnicity was found to be related to CPA by father [$F(2, 250) = 5.95, p < .01$] and to parental emotional support: ES by mother [$F(2, 261) = 29.28, p < .01$] and ES by father [$F(2, 253) = 26.90, p < .01$]. Ethnicity was not related to the other child maltreatment variables.

Fisher's LSD posthoc test indicated the following significant group differences ($p < .01$): Caucasians and the "other" group had significantly higher mother emotional support scores compared to Asians; $M = 51.87$ ($SD = 9.47$) for Caucasians, $M = 47.45$ ($SD = 15.13$) for "other" vs. $M = 36.13$ ($SD = 18.19$) for Asians. Caucasians and the "other" group also had significantly higher father emotional support scores compared to Asians; $M = 47.47$ ($SD = 12.14$) for Caucasians, $M = 46.84$ ($SD = 13.53$) for "other" vs. $M = 30.22$ ($SD = 17.14$) for Asians. As well, Caucasians and the "other" group had significantly lower CPA by father scores compared to Asians; $M = .21$ ($SD = 1.07$) for Caucasians, $M = .05$ ($SD = .22$) for "other" vs. $M = .89$ ($SD = 1.69$), $p < .01$ for Asians.

Ethnicity was not found to be related to having a mentor. Nor was ethnicity found to be related to the mentor characteristics.

Immigrant Status

Participants who identified as an immigrant to Canada ($n = 20$) had higher levels of CPA by mothers compared to non-immigrants ($n = 247$), $t(258) = -3.46, p < .01$, [$M = .80 (SD = 1.32)$ vs. $M = .18 (SD = .70)$]. Immigrants also had lower levels of emotional support from mothers, $t(262) = 2.73, p = .01$, [$M = 41.90 (SD = 18.20)$ vs. $M = 49.91 (SD = 12.07)$].

No other child maltreatment variables were related to immigrant status. Nor was father-ES related to immigrant status. There were no significant differences comparing immigrants to Canada and non-immigrants on the relationship quality measures. Immigrant status was not found to be related to having a mentor. Nor was it found to be related to the mentor characteristics.

International or Exchange Student

There were 15 participants who identified as an international or exchange student; none of the 15 also self-identified as an “immigrant” (i.e., this is a different group than the immigrant group mentioned above). There were three significant group differences on mean scores on the relationship quality measures for international/exchange student status: negative interactions [$t(265) = -3.27, p < .01$], psychological maltreatment [$t(264) = -4.90, p < .01$], and physically abusive behaviors [$t(264) = -3.35, p < .01$]. International/exchange students were higher on all three measures compared to non-international/exchange students: $M = 6.71 (SD = 2.14)$ vs. $M = 5.21 (SD = 1.69)$ for negative interactions; $M = 27.43 (SD = 9.54)$ vs. $M = 19.01 (SD = 6.05)$ for psychological maltreatment and $M = 13.86 (SD = 3.66)$ vs. $M = 12.54 (SD = 1.21)$ for physically

abusive behaviors. There were no group differences on the relationship quality measures of social support and relative power.

International/exchange students had higher levels of physical abuse by fathers compared to non-international/exchange students: $M = 1.43$ ($SD = 2.24$) vs. $M = .23$ ($SD = 1.03$), [$t(251) = -3.88, p < .01$] but they did not differ from others in regard to other forms of child maltreatment. However, international/exchange students reported lower levels of parental emotional support, ES by mother [$t(262) = 3.91, p < .01, M = 36.64$ ($SD = 17.43$) vs. $M = 50.01$ ($SD = 12.12$)] and ES by father [$t(254) = 4.61, p < .01, M = 28.50$ ($SD = 19.36$) vs. $M = 45.95$ ($SD = 13.41$)].

While international/exchange student status was not found to be related to having a mentor, it was related to two of the mentoring variables: positive mentor traits and qualities [$t(129) = 2.75, p < .01$] and mentor relational health [$t(129) = 1.78, p < .01$]. Participants who were international/exchange students rated lower levels of positive mentor character traits and qualities; $M = 56.33$ ($SD = 17.32$) vs. $M = 63.93$ ($SD = 5.78$) and lower relational health with their mentor; $M = 3.81$ ($SD = 1.28$) vs. $M = 4.23$ ($SD = .51$).

Of the 15 international or exchange students, 10 self-identified as Asian from Asian countries (e.g., China, Taiwan, Japan, and Korea), 4 identified as Caucasian from the USA, and one participant identified as Filipino/Black from the USA. Given that two thirds of the international/exchange students were Asian, it was decided to control for Ethnicity but not international/exchange student status in the regression analyses.

Main Parental Figure(s) in the Household

Participants were classified into five categories for group comparison on the people who “raised” them: 1) Mother and Father ($n = 224$; 84%); 2) Two parents, with one identified as a step-parent ($n = 11$; 4%); 3) Mother only ($n = 23$; 8.6%); 4) Father only ($n = 4$; 1.5%); and 5) “Other” ($n = 4$, 1.5%; participants did not specify who the “other” was). No participant endorsed the categories for being raised by a same-sex couple, foster parent(s), or grandparent(s).

Main parental figure(s) in the household was related to differences in levels of CPM by mother, [$F(4, 258) = 7.97, p < .01$]. Fisher’s LSD posthoc test indicated the following group differences ($p < .01$): The participants who were raised by only their father had significantly higher levels of CPM by mother scores ($M = 82.00, SD = 32.79$) compared to the other categories: Mother and Father ($M = 20.72, SD = 20.39$), Two-parents, with one as step-parent ($M = 29.18, SD = 24.92$), Mother only ($M = 15.00, SD = 14.18$), and Other ($M = 14.00, SD = 4.24$).

Main parental figure(s) in the household was also related to witnessing domestic violence, WDV [$F(4, 243) = 3.18, p = .01$]. Fisher’s LSD posthoc test indicated the following group differences ($p < .01$): The participants who were raised by only their father had significantly higher levels of WDV scores ($M = 10.00, SD = 2.00$) compared to Mother and Father ($M = 2.59, SD = 3.68$), Two-parents, one as step-parent ($M = 2.91, SD = 4.42$), Mother only ($M = 1.71, SD = 3.85$), and Other ($M = 2.67, SD = 4.62$).

Main parental figure(s) in the household was not related to the other child maltreatment measures. Nor was it related to parental ES, any of the relationship quality measures, having a mentor, or mentor characteristics.

Parental Divorce

Participants whose parents were divorced ($n = 70$) had lower levels of negative interactions in their romantic relationship compared to participants with non-divorced parents [$t(265) = 2.47, p = .01$], $M = 4.86$ ($SD = 1.57$) vs. $M = 5.45$ ($SD = 1.78$). Therefore parental divorce was used as a control variable in predicting negative interactions in the regression analyses. There were no other group differences on the relationship quality measures.

Parental divorce was not related to any of the child maltreatment variables or parental ES. Parental divorce was not found to be related to having a mentor or the mentor characteristics.

Parent Education

Participants identified the highest levels of education achieved by each parent (i.e., “parent 1” and “parent 2”). It was not known which parent they answered for in each category. Three parent education categories were created out of nine possible responses: 1) completed elementary or high school or attended technical school/received a trade diploma ($n = 66$ and $n = 104$), 2) completed some undergraduate courses but not a degree, or achieved an undergraduate degree, or did some graduate level courses ($n = 105$ and $n = 99$), and 3) completed a graduate degree or other professional degree ($n = 96$ and $n = 61$).

ANOVA results showed that parent education was related to one child maltreatment variable: CPA by father [$F(2, 249) = 5.37, p < .01$]. Fisher’s LSD posthoc test indicated the following group differences ($p < .01$): participants who indicated parent 2 had completed a graduate degree or other professional degree had higher levels of CPA by father ($M = .68, SD = 2.05$) compared to participants who indicated parent 2 completed elementary or high school or attended technical school/received a trade

diploma ($M = .06$, $SD = .34$). There were no differences between the other parent education groups on levels of CPA by father.

Parent education was not found to be related to the romantic relationship quality variables, the other child maltreatment variables, parental ES, having a mentor, or the mentor characteristics.

Income

Personal income. Participants' personal incomes were categorized into three groups for comparison: 1) less than \$10,000 per year ($n = 201$), 2) \$10,000 to \$19,999 per year ($n = 35$), and 3) \$20,000 or more per year ($n = 10$). There were 21 participants who did not answer this question. Personal income was only found to be related to one variable: attachment to mentor [$F(2, 117) = 5.64$, $p < .01$]. Fisher's LSD posthoc test indicated the following significant group difference ($p < .01$): participants with personal incomes \$10,000 to \$19,999 indicating higher levels of attachment to their mentor compared to participants who made more than \$20,000 per year: $M = 4.53$ ($SD = .32$) vs. $M = 3.83$ ($SD = .49$). There was no difference with the group that made less than \$10,000 per year $M = 4.27$ ($SD = .46$).

ANOVA demonstrated that participants' personal incomes were not related to any of the relationship quality measures, to any of the child maltreatment variables, to parental ES, to having a mentor, or to the other mentoring characteristics.

Family of origin income. Participants' family incomes when the participant was 17 years of age were categorized into three groups: less than \$40,000 per year ($n = 32$)⁷, \$40,000 to \$69,999 per year ($n = 78$), and \$70,000 or more per year ($n = 143$). There were 14 participants who did not answer this question. Family income was found to be

related to ES by father [$F(2, 240) = 6.07, p < .01$]. Fisher's LSD posthoc test indicated the following significant group difference ($p < .01$): participants with family incomes greater than \$70,000 reported higher levels of father emotional support than participants who made less than \$40,000 per year: $M = 47.30$ ($SD = 12.48$) vs. $M = 37.51$ ($SD = 16.30$). There was no significant difference with the middle income group: $M = 44.07$ ($SD = 15.88$).

ANOVA demonstrated that participants' family of origin incomes were not related to any of the relationship quality measures. Participants' family incomes were not related to any of the child maltreatment variables nor mother emotional support. Family income was not found to be related to having a mentor or to any of the mentoring characteristics.

Student Year

Student year was categorized into four groups for year of program at the university: first year ($n = 126$), second year ($n = 65$), third year ($n = 37$), and fourth year or higher ($n = 38$). One participant was not a student at the university and therefore was not included in this particular analysis. ANOVA demonstrated that student year was not related to any of the relationship measures. Student year was not related to any of the child maltreatment variables, nor parental emotional support. Student year was not found to be related to having a mentor or to any of the mentoring characteristics.

Romantic Relationship Variables

Relationship length. Participants in longer romantic relationships reported higher levels of relationship social support ($r = .23, p < .01$). Therefore relationship length was controlled for in the regression analyses predicting social support. Relationship length was not found to be related to the other relationship quality measures.

Relationship length was not found to be related to any of the child maltreatment variables, nor to parental emotional support. Relationship length was not found to be related to having a mentor or to any of the mentoring characteristics.

Relationship status. Participants were categorized into two groups for comparison on relationship status: those who stated their relationship status was “dating” ($n = 221$) and those who were living with their romantic partner and/or were married ($n = 46$). There was one significant difference on mean scores on the relationship measure of social support, $t(265) = 3.38, p < .01$. Participants who were living with their partner and/or were married had higher levels of relationship social support compared to those not living with their partner; $M = 12.61 (SD = 1.66)$ vs. $M = 11.62 (SD = 1.83)$. Relationship status was not related to the other relationship quality measures.

Relationship status was related to one child maltreatment variable, CPA by mother [$t(258) = 3.26, p < .01$]. Participants who were living with their partner and/or were married had higher levels of CPA by mothers compared to those not living with their partner; $M = .57 (SD = 1.38)$ vs. $M = .16 (SD = .56)$.

Relationship status was not found to be related to any of the other child maltreatment variables, nor was it related to parental emotional support. Relationship status was not found to be related to having a mentor or to any of the mentoring characteristics.

Of note is that relationship status was found to be related to relationship length, $t(265) = 7.48, p < .01$. Participants who were living with their partner and/or were married had longer relationships compared to those in “dating” status; $M = 32.11$ months ($SD = 16.66$ months) vs. $M = 15.52$ months ($SD = 12.99$ months). Due to the association

between relationship length and status it was decided to only control for relationship length in the regression analyses predicting social support.

Sexual orientation. Thirty-one percent of those who identified as non-heterosexual (i.e., lesbian or bisexual, $n = 13$) had a history of CSA ($n = 4$), while only 10% of those who identified as heterosexual ($n = 254$) had a history of CSA ($n = 25$), [$X^2(1) = 5.59, p = .02$]. There were no other significant relationships between sexual orientation and child maltreatment, nor was sexual orientation related to parental emotional support.

There were no significant differences on mean scores comparing participants who identified as heterosexual to participants who identified as non-heterosexual on the relationship quality measures. Nor was sexual orientation related to having a mentor or to any of the mentor characteristics.

Age of participant when first began to date. Those who started dating at a younger age reported having more frequent contact with their mentor ($r = -.21, p = .01$).

There were no other significant relationships between the participant's age at first date with the relationship quality measures, the child maltreatment variables, parental ES, having a mentor, or any of the mentoring characteristics.

Number of romantic relationships. Participants were asked how many relationships they had in total that lasted for three months or longer and included the current relationship. Results showed that the earlier the participants began to date, the more relationships they reported having ($r = -.24, p < .01$).

There were no significant relationships between the number of romantic relationships that participants had with the relationship quality measures, child

maltreatment variables, parental ES, having a mentor, or any of the mentoring characteristics.

Mentoring and Child Maltreatment

Child maltreatment experiences were not related to whether or not a participant had ever had a mentoring relationship. Nor was parental emotional support related to having a mentoring relationship.

Mentor role, mentor characteristics, and child maltreatment. Mentor role was categorized into four groups: older sibling/cousin, other family member, informal mentor, and professional mentor. Mentor role was not related to any of the child maltreatment experiences, nor was it related to parental emotional support. However, Table 15 shows four significant correlations between mentor characteristics and the child maltreatment variables. Witnessing domestic violence was related with lower levels of mentor relational health, lower levels of attachment to mentor, and longer duration of the mentor relationship. Attachment to the mentor was related to lower levels of psychological maltreatment by mothers.

Regarding parental support and mentoring relationship characteristics, there was only one significant correlation that emerged: emotional support by mothers was related to higher endorsements of positive qualities and characteristics of the mentor ($r = .24, p = .01$).

Main Analyses

Child Maltreatment Intercorrelations: Hypothesis 1

There were significant correlations among many of the child maltreatment variables, which demonstrate support for Hypothesis 1. The highest correlations were

Table 15

Correlations between Mentor Variables and Child Maltreatment Variables

Mentor Variables	Childhood Maltreatment Variables				
	CPM Mother	CPM Father	CPA Mother	CPA Father	WDV
MCTQ Scale: Total Score	-.06	-.06	.07	-.09	-.16
RHI-M: Total Score	-.05	.07	-.03	-.02	-.25*
IPPA-R: M: Total Attachment	-.25*	-.12	-.11	-.17	-.25*
Duration of the relationship	.01	-.02	.06	-.07	.23*
Contact	-.04	.02	-.13	-.04	-.10
Closeness	.20	.15	.05	-.10	.05
Satisfaction	-.10	.00	.01	-.10	-.02
Beneficial	.05	.12	.10	-.03	.01

Note. $N = 132$. MCTQ Scale = Mentor Character Traits and Quality Scale. RHI-M = Relational Health Indices- Mentor. IPPA-R: M = Inventory of Parent and Peer Attachment- Revised: Mentor Version.

All are Pearson's correlations.

* $p < .01$

between psychological maltreatment by mothers and by fathers, psychological and physical abuse by mothers, psychological and physical abuse by fathers, and between a lack of parental emotional support and the presence of CPM (see Table 16). Witnessing domestic violence was related to psychological maltreatment and physical abuse by mothers and fathers, with higher correlations between WDV and CPM compared to WDV and CPA.

Higher levels of emotional support by mothers were negatively related to CPM and physical abuse by mothers, as well as physical abuse by fathers. Higher levels of emotional support by fathers were negatively related with CPM and physical abuse by fathers. Childhood experiences of sexual abuse were not related to the other child maltreatment variables.

Child Maltreatment and Current Relationships: Hypotheses 2 and 3.

CPM, CPA, WDV. Correlations between child psychological maltreatment, child physical abuse, and witnessing domestic violence with the romantic relationship variables are presented in Table 17. Higher levels of psychological maltreatment by mothers were correlated with higher levels of psychological maltreatment by romantic partners. Higher levels of psychological maltreatment by fathers were correlated with higher levels of both psychological maltreatment and physical abuse by romantic partners. Higher levels of physical abuse by fathers were correlated with higher levels of psychological maltreatment and physical abuse by romantic partners. WDV and CPA by mother were not correlated with any of the relationship quality variables. None of the child maltreatment variables were significantly correlated with relative power in relationships.

Table 16

*Intercorrelations among Childhood Maltreatment Variables and Parental Emotional**Support*

Childhood Experiences	1	2	3	4	5	6	7	8
1. CPM-Mother	—							
2. CPM-Father	.56*	—						
3. CPA-Mother	.53*	.10	—					
4. CPA-Father	.23*	.37*	.18*	—				
5. WDV	.34*	.29*	.19*	.17*	—			
6. Child Sexual Abuse	.14	.11	.06	.13	.12	—		
7. Emotional Support-Mother	-.40*	-.12	-.35*	-.18*	-.07	.04	—	
8. Emotional Support-Father	-.14	-.43*	-.11	-.22*	-.14	.00	.64*	—

Note. CPM = Child Psychological Maltreatment (emotional abuse and emotional neglect), CPA = Child Physical Abuse, WDV = Witness Domestic Violence.

Child sexual abuse is a categorical variable; all other variables are continuous measures.

All are Pearson's correlations.

* $p < .01$.

Table 17

Correlations between Childhood Maltreatment Variables, Parental Emotional Support, and Romantic Relationship Functioning

Childhood Experiences	Relationship Functioning				
	Social Support	Negative Interactions	Relative Power	Psych. Maltreat	Physical Abuse
1. CPM-Mother	-.09	.14	-.07	.19*	.12
2. CPM-Father	-.12	.15	-.05	.27*	.17*
3. CPA-Mother	.08	.04	-.04	.05	.10
4. CPA-Father	-.13	.12	-.11	.19*	.29*
5. WDV	-.10	.03	.13	.06	.06
6. Emotional Support-Mother	.14	-.22*	-.12	-.25*	-.15
7. Emotional Support-Father	.18*	-.17*	-.15	-.28*	-.15

Note. CPM = Child Psychological Maltreatment (emotional abuse and emotional neglect), CPA = Child Physical Abuse, WDV = Witness Domestic Violence.

All are Pearson's correlations.

* $p < .01$.

CSA. There were no significant differences on mean scores comparing participants with CSA histories to those without such histories on the relationship quality measures of social support [$t(265) = .09, ns$], negative interactions [$t(265) = .03, ns$], relative power [$t(265) = .33, ns$], psychological maltreatment [$t(264) = -1.24, ns$], and physically abusive behaviors [$t(264) = -2.36, ns$]. This aspect of hypothesis 2 (i.e., that CSA would be related to relationship variables) was not supported.

Emotional Support. Emotional support by mothers was found to be correlated with lower levels of negative interactions and lower levels of psychological maltreatment in participants' romantic relationships. Emotional support by fathers was found to be related to higher levels of social support, lower levels of negative interactions, and lower levels of psychological maltreatment in romantic relationship (see Table 17).

Multivariate Multiple Regression. To further examine the relationships between child maltreatment and relationship functioning, a multivariate multiple regression analysis (MMRA) was conducted. MMRA examines the prediction of several criterion variables (in this case, relationship functioning) from a set of predictor variables (in this case, child maltreatment and emotional support).

Results of the MMRA indicated that the *overall* relationship between child maltreatment and romantic relationship functioning was significant, $R^2 = .31, df = 40, p < .001$. Table 18 provides information on the relationships between (a) each predictor variable (i.e., child maltreatment and emotional support) with the *set* of criterion variables (i.e., relationship functioning) and (b) the *unique* relationship between each variable in both sets. Results indicated that at the multivariate level, regression of the five relationship variables onto child physical abuse by fathers was significant.

Table 18

*Regression of Romantic Relationship Functioning on Child Maltreatment and Parental**Emotional Support*

Variable	R ²	F	df	B	β	t
Multivariate						
CPM-Mother	.02	.88	5, 233			
CPM-Father	.03	1.22	5, 233			
CPA-Mother	.04	1.67	5, 233			
CPA-Father	.07	3.27*	5, 233			
WDV	.04	2.12	5, 233			
CSA	.02	1.15	5, 233			
ES-Mother	.03	1.31	5, 233			
ES-Father	.02	1.14	5, 233			
Univariate						
DV = Social Support	.06	2.01	8, 237			
CPM-Mother				-.02	-.21	-1.72
CPM-Father				.01	.12	1.01
CPA-Mother				.46	.20	2.49*
CPA-Father				-.16	-.10	-1.43
WDV				-.03	-.07	-.99
CSA				.09	.02	.25
ES-Mother				-.01	-.09	-.79
ES-Father				.03	.23	1.98
DV = Neg Interactions	.05	1.59	8, 237			
CPM-Mother				-.00	-.02	-.13
CPM-Father				.01	.17	1.48
CPA-Mother				-.05	-.02	-.27
CPA-Father				.04	.03	.40
WDV				-.01	-.02	-.22
CSA				.02	.00	.04
ES-Mother				-.02	-.17	-1.48
ES-Father				.00	.03	.29
DV = Relative Power	.09	2.74*	8, 237			
CPM-Mother				-.01	-.15	-1.25
CPM-Father				-.00	-.00	-.00
CPA-Mother				-.10	-.04	-.55
CPA-Father				-.23	-.15	-2.14
WDV				.09	.19	2.77*
CSA				.00	.00	.00
ES-Mother				-.03	-.18	-1.66

Table 18 Continued

Variable	R ²	F	df	B	β	t
ES-Father				-.01	-.05	-.48
DV = Psych Maltreat.	.14	4.73*	8, 237			
CPM-Mother				.00	.01	.09
CPM-Father				.06	.19	1.73
CPA-Mother				-.47	-.06	-.73
CPA-Father				.50	.09	1.30
WDV				-.05	-.03	-.43
CSA				1.48	.07	1.13
ES-Mother				-.09	-.16	-1.52
ES-Father				-.04	-.09	-.78
DV = Physical Abuse	.11	3.73 *	8, 237			
CPM-Mother				-.00	-.02	-.19
CPM-Father				.00	.05	.42
CPA-Mother				.07	.04	.47
CPA-Father				.31	.24	3.53*
WDV				-.01	-.02	-.28
CSA				.57	.12	1.91
ES-Mother				-.01	-.07	-.63
ES-Father				-.00	-.04	-.38

Note. DV = Dependent Variable (or criterion variable). CPM = Child Psychological Maltreatment, CPA = Child Physical Abuse, WDV = Witness Domestic Violence, CSA = Child Sexual Abuse, ES = Emotional Support.

* $p < .01$.

Univariate regression analyses (Table 18) indicated that: 1) child physical abuse by mothers was a significant predictor of relationship social support, with higher levels of physical abuse predicting higher levels of relationship social support; 2) witnessing domestic violence was a significant predictor of relative power, with higher levels of WDV predicting the participants having more perceived power in their relationships; 3) child physical abuse by fathers was a significant predictor of relationship physical abuse, with higher levels of physical abuse predicting higher levels of relationship abuse.

The findings from the correlations and the MMRA give partial support to Hypotheses 2 and 3. When examining the correlations, a number of significant relations emerged between experiences of child maltreatment and poorer romantic relationship quality. As well, parental emotional support was associated with better romantic relationship quality. However, correlations do not take into account the inter-relatedness among the predictor variables and among the criterion variables. Use of MMRA demonstrated that only child physical abuse by fathers was a significant predictor of the set of romantic relationship variables. In particular, higher levels child physical abuse by fathers predicted higher levels of physical abuse in women's romantic relationships.

Mentoring and Romantic Relationships: Hypothesis 4

There were no significant differences on mean scores comparing participants who had a mentor to those without a mentor on the relationship quality measures of social support [$t(265) = -1.67, ns$], negative interactions [$t(265) = .23, ns$], relative power [$t(265) = -.93, ns$], psychological maltreatment [$t(264) = .89, ns$], and physically abusive behaviors [$t(264) = 1.93, ns$]. These findings demonstrate that Hypothesis 4 was not supported. That is, participants with mentoring relationships did not have higher quality

of romantic relationship functioning (i.e., higher social support and lower levels of negative interactions and abuse) compared to those participants without a mentor.

Mentor role and romantic relationships. Mentor role (i.e., older sibling/cousin, other family member, informal, or professional) was not related to any of the relationship quality variables: social support [$F(3, 128) = .69, ns$], negative interactions [$F(3, 128) = 2.92, ns$], relative power [$F(3, 128) = .90, ns$], psychological maltreatment [$F(3, 127) = 1.05, ns$], and physically abusive behaviors [$F(3, 127) = .63, ns$].

Mentor characteristics and romantic relationships: Hypothesis 5. Table 19 shows that there were three significant correlations between the mentor characteristics and relationship quality variables, giving limited support to Hypothesis 5. In this study, higher levels of positive mentor traits and qualities was associated with higher levels of relationship social support, higher levels of satisfaction with the mentoring relationship was associated with the participant endorsing higher levels of relative power in the romantic relationship, and longer duration of the mentoring relationship was associated with higher levels of negative interactions in the romantic relationship.

Mentoring relationships as a possible moderator: Hypothesis 6

Regression analyses were used to evaluate the main effects of child maltreatment, parental emotional support, and mentoring on the romantic relationship variables as well as the possible moderating role of mentoring. Moderator effects are also called interaction effects because the interacting third variable (in this case, mentoring) is an independent variable (IV) that affects the direction and/or strength of the relationship between another IV (the predictor) and the dependent variable (Baron & Kenny, 1986).

Table 19

Correlations between Mentor Variables and Romantic Relationship Functioning

Mentor Variables	Romantic Relationship Variables				
	Social Support	Negative Interactions	Relative Power	Psych. Maltreatment	Physical Abuse
MCTQ Scale: Total Score	.27*	-.09	.07	-.16	-.14
RHI-M: Total Score	.18	.06	.07	-.08	-.09
IPPA-R: M: Total Attachment	.17	-.15	.18	-.18	-.17
Duration of the relationship	-.07	.23*	.03	.22	.18
Contact	.08	-.07	.00	-.11	-.08
Closeness	.13	.01	.11	.02	-.07
Satisfaction	.08	-.09	.24*	-.13	-.08
Beneficial	.21	-.16	.04	-.07	-.08

Note. N = 132. MCTQ Scale = Mentor Character Traits and Quality Scale. RHI-M =

Relational Health Indices- Mentor. IPPA-R: M = Inventory of Parent and Peer

Attachment- Revised: Mentor Version.

All are Pearson's correlations.

* $p < .01$.

Control variables (i.e., age, ethnicity, parental divorce and relationship length) were entered in the *first step* for each regression analysis when that variable was previously found in the preliminary analyses to be related to the outcome variables of interest. Because ethnicity is a categorical variable with three levels (Caucasian, Asian, and Other), “dummy coding” was used to create separate dichotomous variables for the regressions (Stockburger, 2009).

The first set of regression analyses included the entire sample ($N = 267$) and examined the dichotomous moderator of ever having had a mentor (or never having had a mentor) with the child maltreatment and emotional support predictor variables entered together and each relationship variable examined separately.

Relationship social support was found to be predicted only by relationship length, with longer relationships predicting higher levels of support. Support in the current relationship was not predicted by either child maltreatment or parental emotional support and there were no significant interactions between either child maltreatment or emotional support and having a mentor (see Table 20).

Negative interactions in the relationship were predicted by ethnicity and parental divorce. Participants who were non-Caucasian (i.e., Asian or “other”) experienced higher levels of negative interactions in their current relationships. Participants whose parents were divorced experienced *fewer* negative interactions in their relationships compared to participants whose parents were not divorced. There were no significant main effects of child maltreatment and emotional support and no significant interactions between either child maltreatment or emotional support and having a mentor in relation to negative interactions in the current relationship (see Table 21).

Table 20

Regression of Relationship Social Support on Child Maltreatment and Parental Emotional Support: Examining the Moderating Role of Mentoring

Variables	B	SE B	β	t	R ²
<i>Step 1: Control Variables</i>					.05
Relationship Length	.03	.01	.23	3.66*	
<i>Step 2: Main Effects</i>					.11
CPM-Mother	-.31	.21	-.17	-1.45	
CPM-Father	.22	.20	.12	1.06	
CPA-Mother	.34	.19	.15	1.83	
CPA-Father	-.16	.11	-.10	-1.43	
WDV	-.11	.12	-.06	-.87	
CSA (yes/no)	-.11	.37	-.02	-.30	
ES-Mother	-.19	.21	-.10	-.92	
ES-Father	.43	.21	.23	2.08	
Mentor Relationship (yes/no)	.23	.23	.06	1.01	
<i>Step 3: Interactions</i>					.14
CPM-Mother x Mentor	.65	.44	.25	1.50	
CPM-Father x Mentor	-.56	.44	-.22	-1.29	
CPA-Mother x Mentor	-.05	.38	-.01	-.14	
CPA-Father x Mentor	.07	.26	.04	.27	
WDV x Mentor	-.14	.25	-.05	-.56	
CSA x Mentor	1.24	.75	.15	1.66	
ES-Mother x Mentor	.38	.43	.14	.90	
ES-Father x Mentor	-.70	.44	-.25	-1.59	

Note. CPM = child psychological maltreatment. CPA = child physical abuse.

WDV = witness domestic violence. CSA = childhood sexual abuse.

ES = emotional support.

* $p < .01$.

Table 21

Regression of Relationship Negative Interactions on Child Maltreatment and Parental Emotional Support: Examining the Moderating Role of Mentoring

Variables	B	SE B	β	t	R ²
<i>Step 1: Control Variables</i>					.09
Ethnicity – Asian	1.02	.32	.20	3.19*	
Ethnicity – Other ^a	1.01	.40	.16	2.55*	
Parental Divorce (yes/no)	-.61	.25	-.15	-2.38*	
Age	.11	.06	.10	1.66	
<i>Step 2: Main Effects</i>					.13
CPM-Mother	.02	.20	.01	.08	
CPM-Father	.29	.20	.17	1.49	
CPA-Mother	-.10	.17	-.04	-.56	
CPA-Father	.01	.11	.01	.11	
WDV	-.03	.12	-.02	-.25	
CSA (yes/no)	.05	.35	.01	.14	
ES-Mother	-.21	.20	-.12	-1.03	
ES-Father	.08	.21	.05	.39	
Mentor Relationship (yes/no)	.09	.22	.03	.42	
<i>Step 3: Interactions</i>					.16
CPM-Mother x Mentor	-.20	.42	-.08	-.48	
CPM-Father x Mentor	.36	.41	.15	.86	
CPA-Mother x Mentor	.71	.36	.20	1.95	
CPA-Father x Mentor	-.54	.24	-.31	-2.23	
WDV x Mentor	.06	.24	.02	.23	
CSA x Mentor	-.59	.71	-.08	-.84	
ES-Mother x Mentor	.42	.41	.16	1.03	
ES-Father x Mentor	-.10	.42	-.04	-.24	

Note. CPM = child psychological maltreatment. CPA = child physical abuse.

WDV = witness domestic violence. CSA = childhood sexual abuse.

ES = emotional support. Other^a = non-Caucasian and non-Asian

* $p < .01$.

Relative power in the relationship was predicted by witnessing domestic violence, with higher levels of WDV predicting the participants having more perceived power in their romantic relationships. Relative power in the current relationship was not predicted by any other child maltreatment variables nor by parental emotional support. There were no significant interactions between either child maltreatment or emotional support and having a mentor in relation to relative power in the current relationship (see Table 22).

Psychological maltreatment was predicted by Asian ethnicity and by CPM by one's father (see Table 23). Participants who were Asian reported higher levels of psychological maltreatment by their partners. Participants who experienced higher levels of CPM from their fathers also reported higher levels of psychological maltreatment by their partners. There were no interactions between either child maltreatment or emotional support and having a mentor in regard to psychological maltreatment in the relationship.

Physical abuse in the relationship was predicted by participant age, Asian ethnicity, and by CPA by one's father (see Table 24). Higher levels of physical abuse in the romantic relationship were found for participants who were older, Asian, and who experienced higher levels of CPA by their fathers. There was an interaction between CPA by one's father and having a mentor in the regression predicting relationship physical abuse. At higher levels of CPA by fathers, participants with a mentor had lower levels of relationship physical abuse compared to those without a mentor. Using the intercept and slope values from the regressions and putting them into a basic regression formula, slope lines were plotted for having a mentor or not (see Figure 2).

Exploring mentor characteristics: Hypothesis 7. It was hypothesized that the strength of the mentoring relationship as a moderator of relationship functioning would

Table 22

Regression of Relationship Relative Power on Child Maltreatment and Parental Emotional Support: Examining the Moderating Role of Mentoring

Variables	B	SE B	β	t	R ²
<i>Step 1: Main Effects</i>					.09
CPM-Mother	-.15	.12	-.16	-1.29	
CPM-Father	-.00	.11	-.00	-.02	
CPA-Mother	-.05	.10	-.04	-.47	
CPA-Father	-.14	.06	-.15	-2.21	
WDV	.20	.07	.19	2.82*	
CSA (yes/no)	.00	.21	.00	.02	
ES-Mother	-.19	.12	-.18	-1.67	
ES-Father	-.07	.12	-.06	-.56	
Mentor Relationship (yes/no)	.15	.13	.08	1.21	
<i>Step 2: Interactions</i>					.10
CPM-Mother x Mentor	-.01	.25	-.01	-.04	
CPM-Father x Mentor	.05	.25	.03	.20	
CPA-Mother x Mentor	-.04	.22	-.02	-.19	
CPA-Father x Mentor	.13	.14	.12	.89	
WDV x Mentor	.04	.14	.03	.29	
CSA x Mentor	.34	.42	.08	.82	
ES-Mother x Mentor	-.17	.24	-.11	-.70	
ES-Father x Mentor	.27	.25	.18	1.11	

Note. CPM = child psychological maltreatment. CPA = child physical abuse.

WDV = witness domestic violence. CSA = childhood sexual abuse.

ES = emotional support.

* $p < .01$.

Table 23

*Regression of Relationship Psychological Maltreatment on Child Maltreatment
and Parental Emotional Support: Examining the Moderating Role of Mentoring*

Variables	B	SE B	β	t	R ²
<i>Step 1: Control Variables</i>					.10
Ethnicity – Asian	5.61	1.18	.29	4.76*	
Age	.56	.24	.14	2.35	
<i>Step 2: Main Effects</i>					.19*
CPM-Mother	-.08	.74	-.01	-.11	
CPM-Father	1.59	.72	.24	2.21*	
CPA-Mother	-.54	.63	-.07	-.86	
CPA-Father	.29	.39	.05	.75	
WDV	-.06	.43	-.01	-.13	
CSA (yes/no)	1.33	1.30	.06	1.03	
ES-Mother	-1.05	.73	-.16	-1.45	
ES-Father	.23	.75	.03	.30	
Mentor Relationship (yes/no)	-.07	.81	-.01	-.08	
<i>Step 3: Interactions</i>					.24
CPM-Mother x Mentor	-2.86	1.50	-.30	-1.90	
CPM-Father x Mentor	3.34	1.48	.36	2.25	
CPA-Mother x Mentor	1.98	1.31	.14	1.52	
CPA-Father x Mentor	-2.19	.87	-.32	-2.52	
WDV x Mentor	1.35	.87	.13	1.56	
CSA x Mentor	-3.20	2.54	-.11	-1.26	
ES-Mother x Mentor	-.90	1.45	-.09	-.62	
ES-Father x Mentor	3.10	1.50	.31	2.07	

Note. CPM = child psychological maltreatment. CPA = child physical abuse.

WDV = witness domestic violence. CSA = childhood sexual abuse.

ES = emotional support.

R square change in Step 2 was significant, F change (9, 234) = 2.62, $p < .01$.

* $p < .01$.

Table 24

Regression of Relationship Physical Abuse on Child Maltreatment and Parental Emotional Support: Examining the Moderating Role of Mentoring

Variables	B	SE B	β	t	R ²
<i>Step 1: Control Variables</i>					.11
Ethnicity – Asian	.82	.27	.19	3.07*	
Age	.24	.05	.27	4.42*	
<i>Step 2: Main Effects</i>					.19*
CPM-Mother	-.06	.17	-.04	-.36	
CPM-Father	.17	.16	.12	1.05	
CPA-Mother	-.00	.14	-.00	-.01	
CPA-Father	.29	.09	.22	3.32*	
WDV	-.01	.10	-.01	-.13	
CSA (yes/no)	.43	.29	.09	1.46	
ES-Mother	-.17	.16	-.11	-1.04	
ES-Father	.16	.17	.11	.96	
Mentor Relationship (yes/no)	-.28	.18	-.09	-1.56	
<i>Step 3: Interactions</i>					.35*
CPM-Mother x Mentor	-.54	.32	-.25	-1.73	
CPM-Father x Mentor	.71	.31	.34	2.30	
CPA-Mother x Mentor	.43	.27	.14	1.56	
CPA-Father x Mentor	-1.43	.18	-.75	-6.30*	
WDV x Mentor	.34	.18	.15	1.87	
CSA x Mentor	-1.04	.53	-.16	-2.0	
ES-Mother x Mentor	.07	.30	.03	.22	
ES-Father x Mentor	.43	.31	.19	1.38	

Note. CPM = child psychological maltreatment. CPA = child physical abuse.

WDV = witness domestic violence. CSA = childhood sexual abuse.

ES = emotional support.

R square change in Step 2 was significant, F change (9, 234) = 2.74, $p < .01$.

R square change in Step 3 was significant, F change (8, 226) = 6.88, $p < .01$.

* $p < .01$.

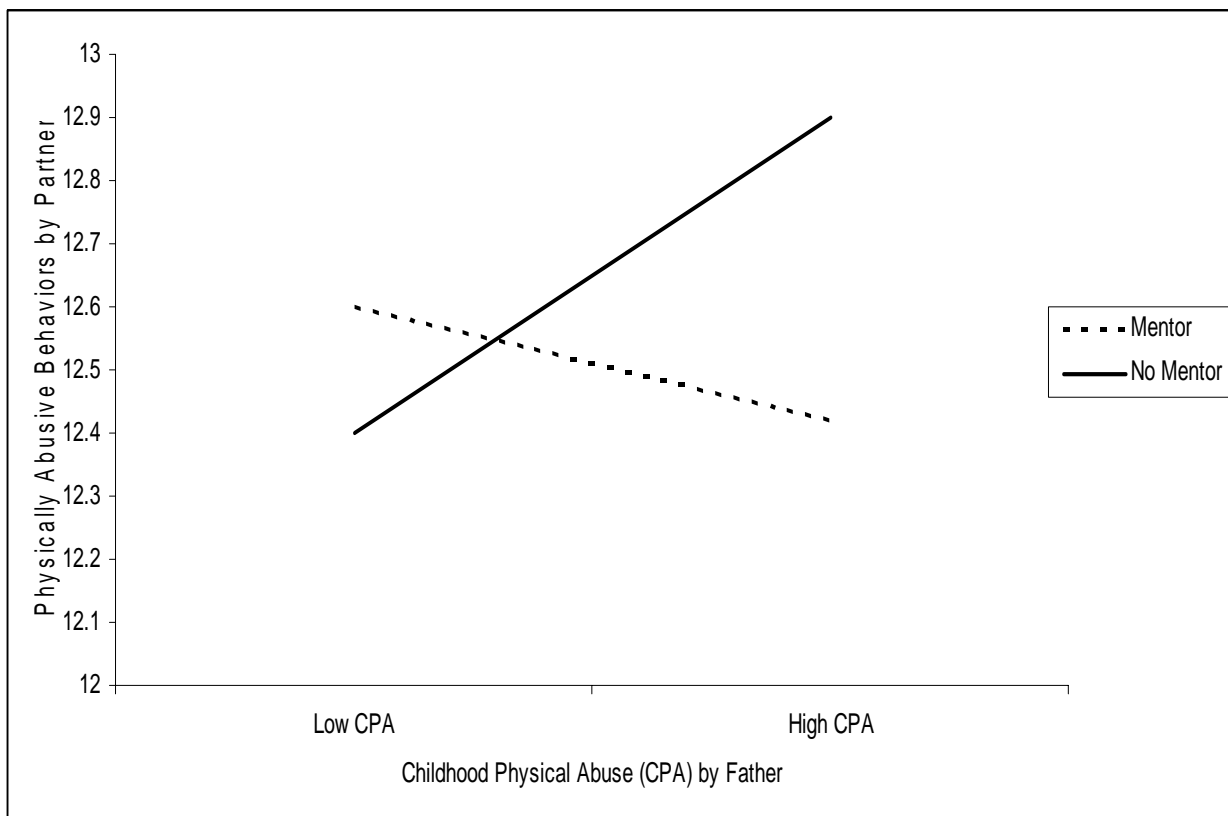


Figure 2. The moderating role of having a mentor on the relationship between paternal physical abuse in childhood and physically abusive behaviors by the current romantic partner.

be influenced by characteristics of the mentoring relationship. However, as only one significant interaction emerged in the regression analyses predicting relationship physical abuse (i.e., between CPA by father and mentoring), exploration of mentor characteristics were examined only for this interaction.

Five regression analyses were conducted to explore the nature of the interaction between CPA by father and mentoring by examining the characteristics of the mentor relationship in regard to the prediction of relationship physical abuse. These regressions only included those participants who had a mentor ($n = 132$). The regressions of relationship physical abuse on CPA by father on were done with the following mentoring variables: 1) mentor character traits and qualities; 2) relational health; 3) attachment; 4) closeness; and 5) beneficial nature of the mentoring relationship (for this variable, two questions related to satisfaction with the mentor and “how beneficial” was the mentor, were added together as they were highly correlated ($r = .67$)). Mentor relationship duration and contact were not examined. Both were found to only be correlated with closeness to the mentor.

For each regression the control variables of age and Asian ethnicity were entered on Step 1, CPA by father and the mentor variable were entered on Step 2, and the interaction term was entered on Step 3. None of the five regressions predicted variance in physical abuse at the level of $p < .01$; nor did any of the five regressions have coefficients significant at $p < .01$. However, the regression with the mentor attachment was significant at $p < .05$ (see Table 25).

To further investigate the possible influence of mentor attachment as a moderator in the relationship between CPA by father and relationship physical abuse, interactions were

Table 25

Regression of Relationship Physical Abuse on Child Physical Abuse by Father:

Examining the Moderating Role of Mentoring Attachment

Variables	B	SE B	β	t
<i>Step 1: Control Variables</i>				
Age	.04	.05	.06	.66
Ethnicity – Asian	.64	.31	.18	2.08
<i>Step 2: Main Effects</i>				
CPA-Father	.09	.06	.13	1.37
Mentor Attachment	-.29	.18	-.14	-1.57
<i>Step 3: Interactions</i>				
CPA-Father x Mentor Attachment	.42	.19	.32	2.16**

Note. Note. $R^2 = .01$ for Step 1. $R^2 = .05$ for Step 2. $R^2 = .08$ for Step 3.

R square change in Step 2: *F change* (2, 116) = 2.60, *ns*.

R square change in Step 3: *F change* (1, 115) = 4.66, $p = .03$.

** $p < .05$

probed at high and low levels of mentor attachment (i.e., one SD above and one SD below the average score). Participants were classified into low and high levels of CPA (i.e., one standard deviation above and one standard deviation below the average score).

For the regression examining high levels of mentor attachment, the slope for CPA by father was significant at $p = .01$ ($t = 2.50$), indicating that the slope differed from zero. That is, there was a significant association between CPA by father and relationship physical abuse when participants had high levels of mentor attachment. For the regression examining low levels of mentor attachment, the slope for CPA by father was non-significant ($t = .98$), indicating that the slope did not differ significantly from zero and that this path was non-significant. That is, there was no significant association between CPA by father and relationship physical abuse when participants had low levels of mentor attachment.

Using the intercept and slope values from the regressions and putting them into a basic regression formula, slope lines were plotted for high and low levels of mentor attachment. When CPA by father was low, participants with higher levels of attachment to mentors had lower relationship physical abuse scores compared to those participants with lower mentor attachment. However, when CPA by father was high, those with higher mentor attachment had higher physical abuse scores compared to those with lower mentor attachment (see Figure 3). Therefore, level of mentor attachment moderates the relation between CPA by fathers and later relationship physical abuse.

Exploring negative interactions with any mentors: Hypotheses 8 and 9

Participants answered six questions assessing physical, emotional, and sexual harm or exploitation, encouragement to try alcohol (before of legal drinking age), and

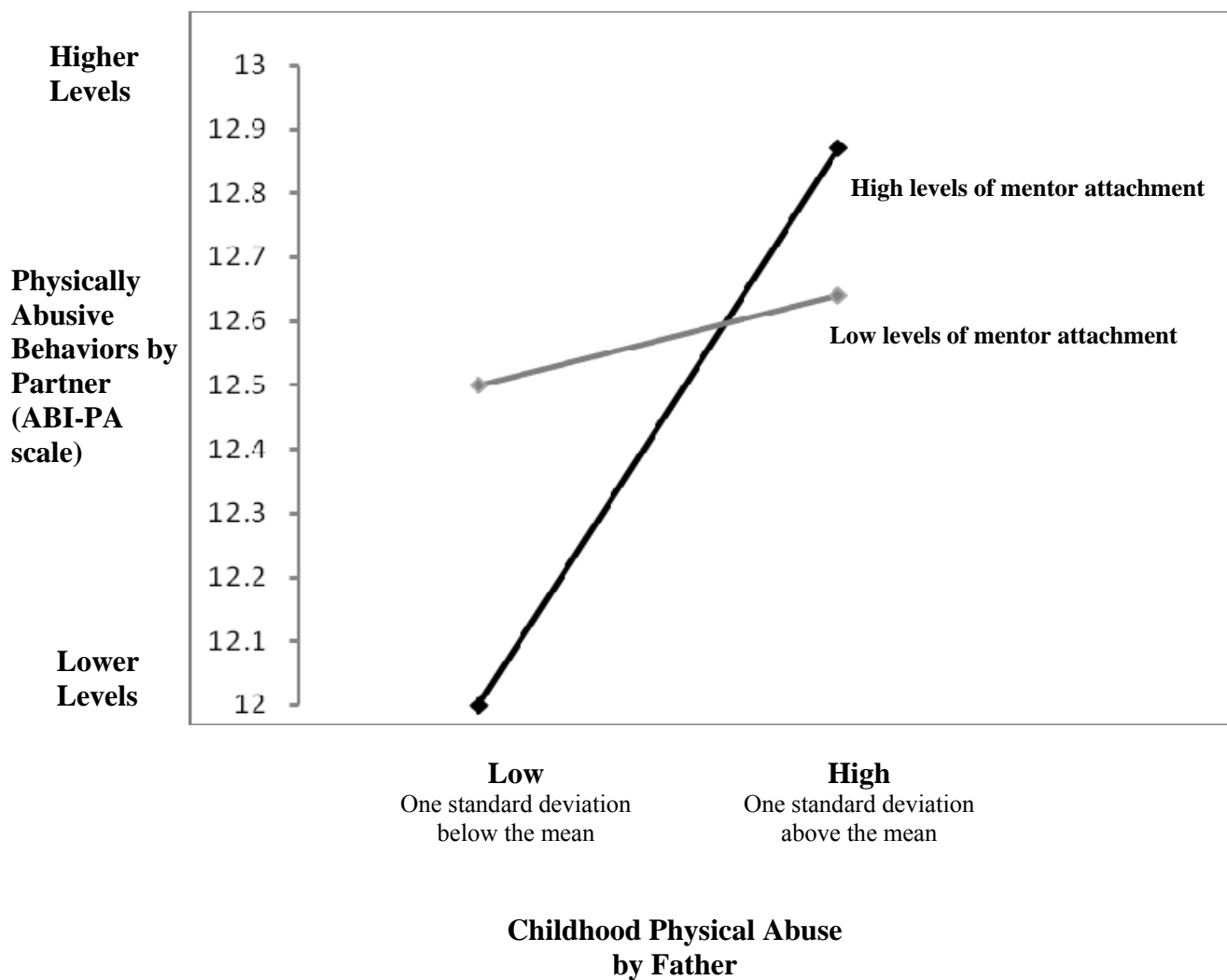


Figure 3. The moderating role of mentor attachment on the relationship between paternal physical abuse in childhood and physically abusive behaviors by the current romantic partner.

Note. Minimum score on the Abuse Behavior Inventory is 12.00. Participants with a mentoring relationship had a range of scores on the ABI from 12 to 17 ($M = 12.44$, $SD = 0.95$; $n = 131$).

encouragement to try drugs or engage in illegal activities within *any* non-parental mentoring relationship. All 132 participants included in the mentoring section responded to the negative mentor interaction questions. Of this group, 28 participants (21%) indicated negative interactions. Total number and type of interactions was explored.

Total number of negative interactions endorsed by participants for any mentoring relationship was not found to be significantly related to any of the relationship variables: social support ($r = -.11$), negative interactions ($r = .00$), relative power ($r = .01$), psychological maltreatment ($r = .03$), and physically abusive experiences ($r = .03$). Therefore, the hypothesis that cumulative negative experiences with mentors would be positively associated with poorer romantic relationship functioning was not supported.

The total number of negative interactions with a mentor was not significantly associated with any of the child maltreatment experiences: CPM by mother ($r = .12$), CPM by father ($r = .11$), CPA by mother ($r = .08$), CPA by father ($r = .14$), WDV ($r = -.01$), and CSA [$t(130) = -.86$].

The total number of negative interactions with a mentor was also not significantly related to parental emotional support: ES-Mother ($r = -.06$) and ES-Father ($r = -.16$). Therefore, the hypothesis that cumulative negative experiences with mentors would be positively associated with child maltreatment experiences was not supported.

The type of negative interaction was split into two categories (each scored yes/no) because of the relatively low number of interactions endorsed: 1) alcohol, drug use and/or illegal activities ($n = 21$) and 2) emotional harm, sexual harm, and/or physical harm by a mentor ($n = 13$). There were six participants who indicated “yes” to both categories.

For participants who indicated an experience of emotional harm, sexual harm, and/or physical harm by any mentor, there were no significant relationships found between this variable with any of the romantic relationship variables: social support [$t(130) = .48, ns$], negative interactions [$t(130) = -.53, ns$], relative power [$t(130) = .77, ns$], psychological maltreatment [$t(129) = -.40, ns$], and physically abusive experiences [$t(129) = -.56, ns$]. Nor were there any significant relationships with any of the child maltreatment experiences or parental emotional support: CPM by mother [$t(128) = -2.03, ns$], CPM by father [$t(122) = -2.04, ns$], CPA by mother [$t(125) = -1.23, ns$], CPA by father [$t(120) = -1.48, ns$], WDV [$t(119) = -.71, ns$], CSA $X^2(1) = .23, ns$, ES by mother [$t(128) = 1.45, ns$], and ES by father [$t(122) = 1.76, ns$]. These results therefore do not support the hypothesis that these particular negative experiences (emotional, sexual, and physical) with mentors would be associated with current relationship functioning and child maltreatment experiences.

For participants with experiences of alcohol use, drug use and/or illegal activities with a mentor, there were no significant relationships found between this variable with the romantic relationship variables: social support [$t(130) = .85, ns$], negative interactions [$t(130) = .60, ns$], relative power [$t(130) = -.29, ns$], psychological maltreatment [$t(129) = .26, ns$], and physically abusive experiences [$t(129) = -.84, ns$]. Nor were there any significant relationships between alcohol use, drug use and/or illegal activities with a mentor and child maltreatment or parental emotional support: CPM by mother [$t(128) = -.47, ns$], CPM by father [$t(122) = -.48, ns$], CPA by mother [$t(125) = -.52, ns$], CPA by father [$t(120) = -.96, ns$], WDV [$t(119) = -.23, ns$], CSA $X^2(1) = 3.84, p = .05, ns$, ES by mother [$t(128) = -.07, ns$], and ES by father [$t(122) = 2.26, ns$].

Discussion

This study emerged out of the desire to learn more about the positive role of mentoring relationships in the lives of young adult women. Almost half of the women in the study had a current or past mentoring relationship. The women provided rich detail regarding their relationship with their mentors and characteristics of their mentors, including relationship duration, how close they felt to their mentors, and levels of attachment to their mentors. Further, this study investigated the possible associations between mentoring relationships and current romantic relationship functioning. Certain aspects of the mentoring relationship (e.g., duration) and qualities of the mentor were found to be related to relationship functioning. Additionally, this study examined if having a mentor was found to be more helpful for women with histories of child maltreatment compared to those without such histories. Previous research had shown that positive connections with mentors contribute to resilience among youth with risk factors such as child maltreatment (Rhodes et al., 2007). Support was found for the role of mentors as a protective factor among women who had experienced physical abuse by their fathers. Attachment theory provided the theoretical framework for understanding how mentoring relationships may influence other interpersonal relationships, such as a dating or romantic relationship.

Relationships between childhood maltreatment experiences and current romantic relationship functioning were also examined. Women who experienced physical and psychological abuse by their fathers reported higher levels of romantic relationship physical and psychological violence. Women who witnessed domestic violence between their parents were more likely to report that they had more power than their romantic

partners. Ethnicity, the participants' age, relationship status (e.g., dating, common-law/married), and parental divorce emerged as important socio-demographic factors in relation to child maltreatment and relationship functioning.

Organization of the Discussion

The discussion section is organized in the following sequence to facilitate interpretation of the findings: 1) child maltreatment prevalence and co-occurrence, 2) romantic relationship functioning, 3) relationships between child maltreatment and romantic relationship functioning, 4) socio-demographic factors in relation to child maltreatment and relationship functioning, 5) information on mentors and the relationships between mentoring and child maltreatment and romantic relationship functioning, 6) attachment theory, 7) strengths of the study, 8) limitations and suggestions for future research, and 9) clinical relevance.

Child Maltreatment

Two hundred and sixty seven women in the age range of 18 to 25 years took part in the study. The women experienced rates of child maltreatment that were similar to or somewhat lower than previous studies (e.g., Higgins & McCabe, 2001; Meston et al., 1999; Putnam, 2003; Runtz & Roche, 1999; Van Bruggen et al., 2006; Wolfe et al., 1998). Twenty-one percent of the women indicated elevated levels (i.e., greater than one standard deviation above sample average) of child psychological maltreatment by their mothers and/or their fathers, 9% of the women indicated elevated levels of child physical abuse by their mothers and/or their fathers, 16% of the women indicated elevated levels of witnessing domestic violence between their parents, and 11% of the women experienced child sexual abuse.

Findings from this study support previous research regarding the coexistence of different types of child maltreatment (e.g., Briere & Runtz, 1988; Higgins & McCabe, 2000; 2001). In this study, particular types of child maltreatment were found to co-occur: physical abuse, psychological maltreatment, and witnessing parents being verbally and physically aggressive toward each other. Previous research has found that experiencing more than one type of child maltreatment is associated with greater adjustment problems compared to experiencing a single form of maltreatment (Higgins & McCabe, 2001). Given the finding that when women in this study experienced child maltreatment they often experienced multiple forms of maltreatment, they may also be experiencing difficulties in other areas of their lives not assessed by this study. Researchers have found that compared to those without child maltreatment experiences, individuals who have experienced child maltreatment have higher reported levels of trauma symptoms, higher alcohol and drug use, and higher rates of anxiety and depression (Ackerman et al., 1998; Dinwiddie et al., 2000; Neumann et al., 1996; Widom et al., 1999).

Sexual abuse was not related to the other child maltreatment types in this study. While not an unexpected finding, there are studies that have found child sexual abuse to co-occur with other forms of child maltreatment (e.g., Higgins & McCabe 2000; Meston et al., 1999; Van Bruggen et al., 2006). However, there are other studies that have not found sexual abuse to co-occur with other child maltreatment experiences (Higgins & McCabe, 2001). One possible explanation for the lack of a significant relationship in this study between sexual abuse and other forms of child maltreatment is that experiences of psychological maltreatment, physical abuse, and witnessing domestic violence were specific to actions by parents or parental figures, while the perpetrators of sexual abuse

included both family and non-family members. Of the identified sexual abuse perpetrators in this study, only two women indicated a parent, stepparent or guardian. Another possible explanation is that women who have experienced child sexual abuse alongside other types of child maltreatment might be less likely to be enrolled in a university program (e.g., due to severity of trauma-related symptoms), and therefore were not part of this sample. This explanation is partly supported by the finding of somewhat higher levels of sexual abuse experiences and posttraumatic symptoms in community samples compared to university samples (Bagley, 1991; Pilkington & Kremer, 1995; Putnam, 2003).

Romantic Relationships

All the women in this study were in romantic or dating relationships three months or longer in duration. The majority of the women were in relatively healthy romantic relationships. Healthy relationships were characterized by the presence of positive qualities such as intimacy, support, and nurturance, as well as lower levels or an absence of negative qualities such as criticism, dominance, psychological maltreatment, and physical violence. However, there were women whose romantic relationships were less healthy or even abusive. Within their romantic relationships, they experienced high levels of negative interactions, psychological maltreatment, and physical abuse.

Eighty-two percent of the women in this study endorsed one or more psychological maltreatment items by their romantic partners. This rate was three times higher than endorsement of any physical abuse items (27%) by partners. These findings are similar to other studies among female college and university students that have found rates as high as of 82% for psychological aggression and as high as 33% for physical

aggression in romantic and dating relationships (Harned, 2002; Hines & Saudino, 2003; Perry & Fromuth, 2005; Schwartz, 2003). The most common psychological maltreatment items that were endorsed by the women in this study were: the partner being jealous or suspicious of friends (53%), swearing at the woman or calling her names (46%), telling her that her feelings were irrational or crazy (39%), and the partner yelling and screaming at the woman (35%). However, while the majority of the women endorsed one or more of the items on the psychological abuse measure, this does not necessarily mean their relationship was psychologically abusive. This is because the quality of relationship functioning may be seen on a continuum, from healthy to less healthy to abusive. While the end points of the continuum may be clearer to recognize, it may be more difficult to assess the exact point when a healthy relationship becomes psychologically unhealthy or abusive. Researchers have found that it is important to take into account the frequency of the emotionally harmful behaviors (e.g., one instance of being yelled at versus a consistent pattern of negative behaviors), as higher frequency of such behaviors has been found to be associated with higher levels of psychological difficulties among young adults (Sonkin, 2009).

With regard to the physical abuse items in the study, endorsement of only one item may indicate that the relationship was abusive. This is because 11 of the 12 items in the study involved a violent action toward the women. Overall, the three most common physically aggressive items endorsed were the partner throwing, hitting or smashing something (17%), being pressured to have sex in a way the woman did not like or want (12%), and being pushed, grabbed or shoved (11%).

Another area assessed with regard to romantic relationship quality was "relative power." Power was defined in this study as the ability or capacity to influence the other and exercise control (e.g., who is the "boss" in the relationship?). Power was examined as other researchers have found power to be related to socio-emotional well-being (Cramer & Donachie, 1999; Galliher et al., 1999). The women indicated that on average, they held slightly more power than their partners. Of interest is that the women who held more power also reported receiving higher amounts of instrumental aid, nurturance, and affection from their partners. Higher levels of power were also found to be associated with higher amounts of conflict and antagonism with romantic partners. These findings may indicate that when the women held more power than their partners, they might be able to attain more positive things, such as aid, nurturance and affection. At the same time, there may be a power struggle between the women with their partners, resulting in higher levels of conflict and antagonism.

Similar to the co-occurrence of different types of child maltreatment, when the women had difficulties in one area of their romantic relationship, they tended to also have difficulties in other areas. This was particularly true for experiencing both negative interactions (e.g., such as conflict, punishment, and antagonism) and psychological maltreatment. Women who were physically abused by their partners also tended to experience psychological maltreatment and negative interactions. In addition, women with higher levels of negative interactions, psychological maltreatment, and physical abuse also experienced lower amounts of social support from their partner. Multiple types of violence occurring within intimate relationships has been reported by other researchers (e.g., Basile, Arias, Desai, & Thompson, 2004; Tjaden, & Thoennes, 2000). In their study

of women reporting violence by their current partner or spouse, Basile and colleagues (2004) found that psychological violence, physical violence, and stalking behaviours by partners were all significantly and positively inter-correlated.

For the women in this study experiencing multiple types of relationship difficulties, violence, and lack of support from their partners, they might also be more likely to have difficulties in other areas of their lives. For example, female victims of violence by male partners are significantly more likely than male victims of violence by female partners to have physical injuries, receive medical care, obtain counseling, and take time off from work (Tjaden & Thoennes, 2000). Romantic and dating relationships with high levels of violence are linked to posttraumatic stress symptoms, early parenthood, lower levels of academic achievement, drug and alcohol use, depression, emotional distress (e.g., anger, guilt, and self-blame), low self-esteem, distrust in future potential dating partners, feeling disengaged or distant in relationships, feeling self-discontent (e.g., questioning one's self-worth), feeling disempowered, and suicidal behavior (Amar & Alexy, 2005; Basile et al., 2004; Bossarte et al., 2008; Collins, 2003; Feiring & Furman, 2000; Pimlott-Kubiak & Cortina, 2003; Shen, 2009).

In a study of young adults, Gallaty and Zimmer-Gembeck (2008) found that those adults with higher levels of psychological maltreatment in their romantic relationships reported more hassles with partners and friends, more depressive symptoms, and a higher interpersonal sensitivity compared to those with lower levels of psychological maltreatment in their relationships. Katz and Myhr (2008) reported that young adult women who experienced higher levels of psychological abuse by their romantic partners had lower levels of relationship satisfaction and sexual satisfaction and were also more

likely to experience verbal sexual coercion by their partners. Basile and colleagues (2004) found that all forms of intimate partner violence were related to PTSD symptomatology and that there was a “dose response phenomenon” (p. 419), in which the more types of violence the woman experienced, the greater the increase in her PTSD symptoms. Although these areas of functioning were not assessed in this study, it is important to note that some of the women may have intra- and interpersonal difficulties that may be a result of their relationship violence or that may have preceded being in an unhealthy relationship.

Child Maltreatment and Relationship Functioning

Results from this study support previous research (e.g., DiLillo, Lewis & Loreto-Colgan, 2007; Wekerle & Wolfe, 1998) as well as add new information to our understanding of the complicated relationships between child maltreatment and relationship functioning among young adults. In this study, women who reported higher levels of child psychological maltreatment by their mothers reported higher levels of psychological maltreatment in their romantic relationships. In addition, higher reported levels of child psychological and physical abuse by fathers were related to higher levels of reported psychological and physical abuse in the women’s romantic relationships. As well, women who reported higher levels of parental emotional support reported better romantic relationship quality in the areas of increased social support, fewer negative interactions, and lower levels of psychological maltreatment.

Interestingly, use of multivariate multiple regression analysis revealed that only child physical abuse by fathers was a significant predictor of *overall* romantic relationship functioning. Further multiple regressions at a univariate level (and that

included mentoring and control variables) demonstrated that women who reported higher levels of childhood physical abuse by their fathers reported higher levels of physical violence in their relationships. As well, women who reported higher levels of childhood psychological maltreatment by their fathers reported higher levels of psychological maltreatment in their relationships. Last, women who reported higher levels of witnessing domestic violence between their parents reported higher levels of personal power compared to their romantic partners.

Differences in findings for correlations compared to multiple regressions were not unexpected. That is because multiple regressions examined the relative contribution of each of the child maltreatment and emotional support variables in predicting romantic relationship functioning (the criterion variables) while statistically taking into account the correlations among the predictor variables. Multiple regression was helpful in understanding what particular forms of child maltreatment were most strongly related to different aspects of romantic relationship functioning.

As demonstrated in this study, fathers play an important role in the lives of their daughters, including the potential to influence relationship functioning. Dubowitz (2009) states, “the roles and potential contributions of both fathers and father figures to children’s health, development, and safety cannot be ignored” (p. 291). Relationships with fathers (and mothers) influence many areas of a child’s development, including beliefs about self and others, self-esteem, identity formation, and expectations of what takes place in relationships, including dating and romantic relationships (Clark & Kanoy, 1998; Perosa, Perosa, & Tam, 1996; Regnerus & Luchies, 2006; Williamson, 2004). Research has found that women who rated their fathers as distant, cold, and inconsistent

in their parenting, who reported negative father-daughter communication styles, and who had lower levels of father support, were more likely to be in unhealthy dating relationships, have higher levels of fears of intimacy with others, show lower self-esteem, and demonstrate higher numbers of risky sexual behaviors (Collins & Read, 1990; Peterson, 2007; Scheffler & Naus, 1999).

The finding in this study of a link between child psychological maltreatment and child physical abuse, particularly by fathers, with poorer relationship functioning are consistent with results found by other researchers. Previous research has demonstrated that child maltreatment experiences are associated with future experiences of being a victim of verbal and physical aggression, showing increased levels of verbal and physical aggression toward others, and difficulties with social skills and increased interpersonal problems (Murphy & Blumenthal, 2000; Price, 1996; Wekerle & Wolfe, 1998).

A new contribution from this study is that women who witnessed higher levels of domestic violence between their parents reported higher levels of personal power in their romantic relationships (i.e., takes charge, decides what to do, is the boss). Previous research on distribution of power in relationships (e.g., Felmlee, 1994) found that both women and men tend to rate the female partner in a male-female relationship dyad as having *less* power than the male partner. The unexpected finding in this study between witnessing domestic violence with higher levels of perceived power may be accounted for by various reasons. For example, it may be that some of the women in this study who witnessed violence choose to be in romantic relationships where they had more power as this was safer and healthier for them compared to their partners having more power. It may also be that some women witnessed their parents verbally (or physically) arguing

with each other and repeated such interactions within their own relationships, thereby establishing a higher level of power. This reason is speculative as women's own aggression in their relationships was not measured. Another reason for the power difference may have to do with the age of the women. Given their age (average of 19 years), the cohort group the women in this study belonged to may have different expectations regarding their right to power in their relationships compared to older cohorts.

Women who experienced higher levels of childhood physical abuse by their mothers rated their romantic partners as providing them with higher levels of social support. While this association did not remain significant once relationship length was entered as a control variable in regression analyses, it is still important to explore this somewhat unexpected relationship. All aspects of the women's romantic relationship functioning were "perceived" by the women. That is, women were asked their perceptions regarding how much support (or negative interactions) their partner provided. Given the finding that higher levels of childhood physical abuse by mothers was associated with lower levels of emotional support from mothers, it may be that while women with a history of physical abuse by mothers perceived their partners as providing higher levels of emotional support, the actual levels of support (e.g., if measured objectively) may not be as high. Women who grew up in homes with low levels of support from parents may identify receiving high levels of support from their partners because to them, it feels higher than what they were used to receiving during their childhood.

The role of parental emotional support was found to be relevant to women's relationships in this study. Lower levels of emotional support from parents were found to be related to higher levels of negative interactions and psychological maltreatment in the women's romantic relationships as well as to previous experiences of psychological and physical child maltreatment by parents. Of note is that women with *higher* levels of emotional support from their fathers reported *higher* levels of social support in their romantic relationships. However, in the multiple regressions, emotional support by parents was no longer significantly associated with relationship functioning.

Although the role of parental emotional support was not supported in the regression analyses, there were significant correlations between emotional support and relationship functioning. These findings point to the potential role of emotional support for helping women deal with past maltreatment experiences as well as assisting with the development of healthy peer and dating relationships. Previous research has found social support (from parents as well as from others) to mediate between experiences of child maltreatment and better developmental outcomes and psychological adjustment in adolescence and adulthood (Pepin & Banyard, 2006; Runtz & Schallow, 1997). Meeus (2003) and Helsen, Vollebergh, and Meeus (2000) have found that parental support is an important predictor of emotional health during adolescence and that support and emotional health are both linked with identity development and separation-individuation in youth. Relevant to this study on romantic relationships, Yamashita and Sakata (2008) found that college students with multiple sources of support showed better recovery after the breakup of a romantic relationship compared to those students with limited sources of support. The findings

from this study as well as previous research on parental support show that future research could further explore the ways in which support is most helpful.

Theoretical models. There are a variety of theories that have been used to explain why individuals who have experienced child maltreatment have an increased vulnerability to experiencing similar difficulties in their dating and romantic relationships. Social learning theory (Bandura, 1977) is one such theory that has been used to help explain the intergenerational transmission of relational violence. For example, from observing parents fight or by directly experiencing maltreatment, the child or adolescent learns that physical and/or psychological violence is one way to deal with conflict. Further, there may be normalization of certain behaviors (e.g., the demeaning, controlling, or dominating behaviors occurring with psychological maltreatment and violence are seen as “normal”). For the women in this study who experienced maltreatment during childhood, they may have a higher tolerance for abusive behaviors directed from their partners toward them, such as being called names and being pushed around.

Researchers have recently explored meditational models to understand the complex relationship between child maltreatment and relationship functioning. From these studies empirical support has been demonstrated for a range of factors that may help explain the relationship between child maltreatment and dating/romantic relationship functioning. Such factors include: insecure attachment patterns, feelings of inadequacy and low self-esteem, difficulties with peer relationships, posttraumatic stress symptoms, and depression (Linder and Collins, 2005; Muller, Gragtmans, & Baker, 2008). Sanders & Moore, 1999; Taft, Schumm, Marshall, Panuzio, & Holtzworth-Munroe, 2008;

Wekerle & Wolfe, 1998; Wekerle et al., 2001; Wolfe et al., 1998). For example, women who experience child maltreatment and who are insecure in their attachment relationships with parents may also have low self-esteem, difficulties with their peer relationships, and mental health difficulties. These difficulties in turn may result in an increased vulnerability for being in romantic relationships in which there is psychological and physical violence.

Vézina and Hébert (2007) examined relationship and dating violence with an “ecological lens.” Their review of 61 studies illustrated that relationship violence has multiple determinants and child maltreatment is but one of many possible risk factors. Vézina and Hébert presented an ecological model and discussed risk factors for relationship violence within four categories: sociodemographic factors, individual factors (personal and interpersonal), environmental factors (family, peer group, community), and contextual factors (linked to the abusive romantic relationship). Reported sociodemographic risk factors for dating violence included not living with both parents, being less involved in religious activities, and living in a rural area. Reported individual risk factors included internalizing disorders (e.g., depressive symptoms and suicidal behavior), externalizing problems (e.g., conduct disorder and substance use), believing that violence is tolerable, pregnancy during adolescence, and dropping out of school. Environmental risk factors in their model included prior victimization (including child maltreatment and community violence), inadequate parenting practices (e.g., low level of supervision and harsh discipline), and having friends who display delinquent behaviours and who approve and experience violence in their own relationships. Contextual risk

factors in their model included mutual violence and a difference in power between the partners.

Many of the risk factors outlined in Vézina and Hébert's model were not examined in this study. However, demographic information was investigated and there were some important links between certain sociodemographic factors such as ethnicity, age, relationship status, and parental divorce with child maltreatment and poorer romantic relationship functioning.

Sociodemographic Factors, Child Maltreatment, and Relationship Functioning

Ethnicity. In this study, Asian women reported higher levels of physical abuse by their fathers compared to Caucasian women. Elevated physical abuse scores (i.e., greater than the sample mean plus one standard deviation) were 22% for Asian women versus 3% for Caucasian women. Asian women also reported lower levels of emotional support from both their mothers and fathers. Elevated levels for a *lack* of support for mothers (i.e., a score that was more than one standard deviation below the sample mean) were 41% for Asian women versus 9% for Caucasian women. Elevated levels for a *lack* of support for fathers were 49% for Asians women versus 12% for Caucasians women. These findings support research that has reported higher levels of child physical and psychological abuse among Asians compared to other ethnic groups (e.g., Meston et al., 1999; Rhee, Chang, Weaver, & Wong, 2008; Tang, 2006; Zhai, & Gao, 2009). Meston and colleagues (1999) reported rates of child physical abuse among a university sample to be 10% for non-Asian females compared to 19% for Asian females. The authors also found rates of "severe emotional abuse" among the same group to be 25% for non-Asian females compared to 39% for Asian females. Zhai and Gao (2009) found that the rate of

child physical abuse for Asian and Pacific Islanders in the United States was higher than the national average based on reports from the US National Child Abuse and Neglect Data System. However, other forms of maltreatment such as neglect, sexual abuse and experiencing multiple types of maltreatment were reported to be lower than the national average for these same ethnic groups (Zhai & Gao, 2009). The authors also reported that when Asian and Pacific Islander children were victims of child maltreatment, they were most likely to be maltreated by a male relative and to be living with both parents at the time of the maltreatment.

There are a number of individual, family, social, and linguistic factors that might increase certain ethnic groups' vulnerability to particular types of child maltreatment. Some of these factors include ethnic and cultural differences in the ways that parents view and use disciplinary strategies (e.g., corporal punishment), in parental expressions of warmth and affection, in parenting attributions, and in parents' personal views as to what constitutes abuse (Elliott & Urquiza, 2006). It has been noted that among Asian families, there may be a higher level of obedience to parents from children, higher levels of authoritarian parenting styles, and stronger beliefs in physical punishment to "ensure parental authority, express high expectations, and prevent the child from becoming a delinquent" (Zhai & Gao, 2009, p. 215). Within some Asian families, family matters are often kept quiet from outsiders, including incidents of family violence (Ho, 1990). Ho (1990) stated that keeping quiet may be related to the importance for some Asian families to maintain harmony and to minimize conflicts that might bring shame to their family. However, a possible result of keeping quiet is that maltreated children might not reveal

family violence to others or seek help and they may end up dealing with the impact of maltreatment mainly by themselves (Shen, 2009).

In addition to differences in experiences of child maltreatment, Asian women in this study reported poorer romantic relationship quality compared to Caucasian women, including higher levels of negative interactions, psychological maltreatment, and physical abuse. For example, 42% of Asian women versus 24% of Caucasian women experienced at least some physically abusive behaviors in their current relationship. Women who were classified in the “other” ethnic category (i.e., non-Caucasian, non-Asian) also reported higher levels of negative interactions in their romantic relationships compared to Caucasian women. In the regression analyses, Asian ethnicity emerged as a significant variable in predicting rates of negative interactions, psychological maltreatment, and physical violence within the romantic relationship, while the “other” ethnic group emerged as a significant variable in predicting rates of negative interactions.

The findings of ethnic group differences in relationship functioning are consistent with previous research. For example, in a national study of adolescents in the United States, Halpern and her colleagues found that male and female adolescents who identified as Asian/Pacific Islander or Black had higher levels of physical violence in their dating relationships compared to Caucasian adolescents (the overall rate of dating violence was 12% for both males and females; Halpern, Oslak, Young, Martin, & Kupper, 2001). While the authors did not report prevalence rates for the different ethnic groups, they did report odds ratios which showed that males who were Asian/Pacific Islander or Black were two times more likely to be victims of physical violence in their relationships compared to Caucasians. For females, the difference between the ethnic groups was not

as strong, and those women who were Asian/Pacific Islander or Black were around 1.5 times more likely than Caucasians to experience violence by a dating partner. Similarly, in a study that interviewed older adults in the United States, there were ethnic differences in rates of intimate partner violence (Caetano, Vaeth, & Ramisetty-Mikler, 2008).

Caetano and colleagues reported that among older married adults in the United States, rates of male-to-female violence were 11% for Caucasians, 17% for Hispanics, and 23% for Blacks. Another study showed high rates of emotional dating violence (58.3%) and high rates of being a victim of controlling behaviors (43.3%) among Asian American (Filipino, Japanese) and Pacific Islander (Native Hawaiian, Samoan) adolescent groups in Hawaii (Choi-Misailidis, Hishinuma, Nishimura, & Chesney-Lind, 2008).

There are different explanations to help understand why Asian women in this study reported poorer romantic relationship quality. For example, some of the women may have experienced higher amounts of child physical and psychological maltreatment, and lower amounts of emotional support from parents, which through different mechanisms (e.g., insecure attachment, social learning, and negative expectations of self and other) may have placed them at a higher risk for relationship violence. Other risk factors for increased vulnerability to relationship difficulties may include social separation from family and friends and linguistic barriers at university (Raj & Silverman, 2002). This may be particularly true for Asian women who were international or exchange students and who spoke English as a second language. This finding shows the importance of providing appropriate and helpful resources on relationship violence to women whose primary language is not English (e.g., using simple grammar and having

visual aids) as well as having information in places where the women may access them (e.g., international student office, residence on campus).

Age. Older women in this study (with a ceiling of 25 years of age) were more likely to report higher levels of psychological and physical abuse in their current romantic relationships compared to younger women. In the regression analyses examining relationship functioning, greater age was a significant predictor of relationship physical abuse. Age of the women was not found to be related to ethnicity.

Given that women who were older were also more likely to have responded to the posters advertising the study versus signing up through their psychology class, it might be that older women were particularly drawn to the study as they wanted to share their relationship experiences. Women who were older were also more likely to complete the study at a computer of their choosing (e.g., at home) versus filling it out at computer lab. It may be that filling out the questionnaire in their own private space contributed to them being more open about their relationship experiences.

Another possible explanation to help explain why older women reported more psychological and physical abuse in their current romantic relationships may be related to relationship duration. Women who were older in this study were in their relationships for a longer duration of time. It may be that longer relationships provide increased opportunities to have relationship difficulties and disagreements, and/or that women already invested in a longer relationship may be more likely to tolerate aggression and violence to maintain their relationship (Katz & Myhr, 2008). There is some empirical support for this explanation. Katz and Myhr (2008) found that for young women in dating relationships, relationship duration was associated with experiencing higher amounts of

verbal sexual coercion (i.e., continual arguments and pressure to have sex) by their partner. Another study by Chan, Tiwari, Leung, Ho, and Cerulli (2007) found that longer relationships were related to an increased risk of physical assaults occurring within romantic relationships.

While women's age was related to longer relationship duration, an examination of relationship duration also found longer duration to be associated with *higher* levels of partner social support in this study. In addition, relationship duration was not found to be related to any of the measured negative interactions in the romantic relationship. This finding suggests that age and perhaps responding to the posters (e.g., students with relationship problems may have been either more or less interested in the study because of their experiences) may be more predictive of relationship difficulties in this study compared to relationship length. Another possible explanation regarding age and relationship difficulties may be cohort differences. Although there was only a 7-year span between the youngest and oldest participants, it may be that the younger women were less accepting of relationship violence due to cohort differences in their exposure to violence prevention programs in school and more frequent discussions regarding dating relationships with their parents.

Relationship status. An intriguing finding was that relationship status (i.e., dating, living together, married, or common-law) was related to child physical abuse by mothers. That is, women who were currently living with their romantic partner and/or were married (17% of the sample) were more likely to have previously experienced child physical abuse by their mothers compared to those women who classified their relationship status as "dating." One possible explanation of this finding is that women

with childhood maltreatment experiences, such as maternal physical abuse, may have left home at a younger age and were therefore more independent and more able to make the decision to move in with their partners. Another possibility is that women with a history of child maltreatment might have a higher need for gaining social support from their partners as they may not have felt supported by their parents and therefore sought out this support by moving in with their partners or by marrying. An increased need for social support and for living with a partner may be partly linked to an anxious or insecure attachment style that itself may be related to inconsistent and unresponsive parenting experiences in childhood, such as physical abuse.

While there is not much published research on the relationship between marital status and child maltreatment, a study by Arata and Lindman (2002) found that women who were currently married or had ever been married (13% of their sample) had higher rates of sexual revictimization (i.e., experienced both child sexual abuse and adolescent/adult sexual assault) compared to those women who had never married. The authors hypothesized that some women who experience child maltreatment may marry in order to leave an abusive home life. However, for various reasons such as insecure attachment, poor mental health, low self-esteem, and posttraumatic stress symptoms, these women may be more vulnerable to re-experiencing violence within their marriage or within other romantic relationships.

Parental Divorce. Just over a quarter of the women in this study indicated that their parents were divorced. Women whose parents were divorced had *lower* levels of negative interactions in their present romantic relationships compared to women whose parents were not divorced. This is an interesting finding as one may expect parental

divorce to be related to poorer relationship quality. For example, Weigel (2007) found that young adults with divorced parents were more likely to report learning negative messages from their parents about relationships, such as relationships are not permanent and one must approach relationships with caution. Billingham and Notebaert (1993) found that experiencing the divorce of one's parents was associated with higher perpetration of violence toward one's romantic partner and higher levels of receiving verbal aggression and violence from partners.

Other researchers (e.g., Cui, Fincham, & Pasley, 2008; Kirk, 2002; Schick, 2002) reported that parental marital conflict is a more important predictor of adjustment and romantic relationship functioning among young adults than parental divorce. The only measure in this study that approaches the construct of "marital conflict" was witnessing parental verbal and physical aggression toward each other; however, this was only found to be related to relative power. It may be useful for future studies to examine additional parental relationship variables to assess for conflict and resolution of conflict (Cui et al., 2008) and their impact on adult children's later relationship quality.

One possible explanation of why parental divorce was associated with lower levels of relationship negative interactions may be linked with modeling. For example, mothers or fathers who modeled leaving an unhappy relationship may help their daughters feel more confident in their ability to do the same (i.e., to leave an unhappy, violent, or highly negative relationship). Another possible explanation is that the women in this study may have recovered from their parents' divorce sufficiently to show few (or no) negative effects in their intimate relationships. The average age at which the women in the current study experienced their parent's divorce was nine years, therefore they may

have had sufficient time to process and understand why their parents divorced. For example, the young women may have a greater understanding of why the divorce occurred due to the passage of time as well as their own intellectual and developmental changes as they got older (Clark & Kanoy, 1998).

Mentoring

Of the 267 women who participated in this study, almost half identified having had a mentor that fit the criteria set out in the questionnaire: “an adult who is often older than you, has more experience than you, and is willing to listen, share his or her own experiences, and guide you through some part or area of your life” (definition from Liang et al., 2002, p. 28). Through the women’s responses, a great deal was learned about the role of the mentoring relationships in their lives.

The women who had mentors characterized their mentor relationships as having high levels of trust and communication and the overall quality of the relationship was found to be "growth fostering" (Liang et al., 2002, p. 25). The women identified their mentors as individuals who modeled positive traits and qualities, such as being caring (98%), respectful (96%), trustworthy (96%), and friendly (94%). Many of the women indicated that their relationships with their mentors were satisfying (86%) and beneficial to them (84%) and that they had high levels of attachment to their mentors.

The women were given the opportunity to provide written descriptions of how they felt that their mentors had influenced them. Their statements demonstrated the many ways in which their mentors served as role models, with the mentors teaching skills, listening, and providing guidance. To demonstrate, one young woman wrote:

“My mentor positively influenced my life by being an active role model. He was intelligent, polite, respectful, generous and kind all of which I strive to be. We

didn't have too many opportunities to have in depth conversations about me, but I feel through the discussions we had I learned a lot about life in general and the type of person I would like to be." Mentor: Grandfather

Another young woman wrote about how her mentor was her "second mother," illustrating

Ainsworth's (1989) view that a mentor can serve as a parent surrogate:

"In a period when I was having a very negative relationship with my mother, and our family was having extreme financial difficulties, my mentor was someone who understood what I was going through. She is funny and uplifting and positive, whereas my mother was very down and negative during this period. She was my 'second mother' and she was a very important person in my life in such a difficult time of adolescence." Mentor: Friend's parent

Another woman wrote of her theatre director:

"My mentor was always aware of my problems through school and at home. Since he was my theatre director, we formed a true friendship sharing something that we both love (theatre.) When stressful situations arose, he would help me laugh about them or help me deal with them, changing the situation so I could feel better about it. He has influenced my life in many ways, one way is through theatre. Without his direction, I know I would not be the same person I am today."

The types of mentors that the women identified were similar to those found by Dubois and Silverthorn (2005). Thirty-nine percent of the mentors identified by the women were family members, such as a grandparent, aunt, uncle, older sibling, or older cousin. Thirty-five percent of the mentorships were characterized as informal relationships, such as associations with a neighbour, coach, or a friend's parent. The remaining 26% of the mentors were in a professional role such as a teacher or doctor. Dubois and Silverthorn found that having a mentor from outside the family was linked with a higher number of positive outcomes among adolescents (e.g., completing high school and decreased use of drugs and smoking) when compared to familial mentors. However, the type of mentor was not related to quality of romantic relationship functioning in the current study. This is an important finding as it demonstrates that it is

not as much *who* the mentor is as what the mentor provides that may be most important to the youth.

The majority of the women were most actively involved with their mentor during adolescence. This was even the case for those women who identified a family member as their mentor. For example, while a grandparent might have been in their life since birth, active involvement of the family member as a “mentor” might not have started until the girl became older. Developing a mentor relationship during the teen years corresponds with the adolescent developmental task of seeking more autonomy from parents. Also occurring during this developmental transition is the establishment of close relationships with peers and romantic partners (Erikson, 1950; Scott et al., 2005; Seiffge-Krenke, 2000). Of particular interest is that the women in the current study indicated that they first began to date and to have significant romantic relationships around age 16. That active involvement with their mentor was occurring at the same time as increased autonomy from parents and increased time with peers and dating partners demonstrates the potential for mentors to help support the transition of these young women into adolescence and to teach and role model healthy relationships.

The majority of the women specified that their parents or parental guardians were aware of their mentoring relationship and indicated there was some level of contact between their parents and their mentor. When there was involvement, the women stated that there were high levels of support from parents toward their mentors and from their mentors toward their parents. There was very little conflict noted between mentors and parents. This is an encouraging finding and indicates that a mentor could have the

potential to not only positively influence a mentee, but might also be a potential role model to parents and other family members (e.g., siblings).

In previous research, mentor relationship duration and closeness have both been found to be associated with positive academic, psychosocial, and behavioral outcomes for youth (Dubois & Silverthorn, 2005; Grossman & Rhodes, 2002). In this study, there was a wide range of mentor relationship lengths, ranging from 1 to 23 years with an average of almost seven years in length and a modal length of three years. Relationships with mentors who were family members were understandably longer in duration than those with non-familial mentors. A number of the women specified that the relationship with their mentor was still on-going although with less contact now compared to when they were most actively involved. In addition, while the majority of the women indicated feeling “quite close” or “very close” to their mentor during their time of their most active involvement, they were less close to their mentors at the current time. These findings likely reflect a few different things that may have occurred: a natural development for mentoring relationships to grow apart in young adulthood (e.g., spending more time with peers and romantic partner and working at a job); some mentors no longer involved because of the youth leaving high school (e.g., teachers and coaches who were mentors); and that some of the young women in the study were geographically living farther away from their mentors as they were presently studying at university (e.g., might have moved away from their hometown).

Longer mentor relationship duration was linked with increased feelings of closeness toward mentors. It could be that a longer relationship promotes feelings of closeness, or a closer relationship promotes the continuation of the relationship, or both

may occur. Interestingly, relationship duration was not found to be related to any of the other mentor characteristics (e.g., mentor attachment and perceived satisfaction).

However, there was a link between mentor duration, child maltreatment, and relationship functioning. Women who witnessed domestic violence between their parents as well as women who reported higher levels of negative interactions in their romantic relationships reported longer duration of their mentoring relationships. One possible explanation of this finding is that some women may have wanted to maintain contact with their mentor for a longer period of time because of the difficulties they were experiencing at home or within their relationships. For example, a lengthier relationship with their mentor may have provided the women with social and emotional support that they might not have been receiving from their parents or from romantic partners. Given the link between closeness and duration, it may be that some of the women in this study were very close to their mentor which may have partly been a result of not being as close with parents or partners.

Greater levels of contact with one's mentor were found to be related to increased closeness with the mentor. This supports the finding by Parra and colleagues (2002) who reported that amount of contact helped to predict mentor relationship closeness. Similar to relationship duration, more contact might promote closeness, or closeness might promote more contact. In addition to relationship duration and amount of contact, feelings of closeness was associated with the women endorsing higher levels of the overall health of their mentor relationship as well as overall satisfaction and perceived benefits of their mentoring relationship. Therefore, frequent contact, feelings of closeness, and longer mentor relationships all appear to be indicative of healthier and more satisfying mentoring relationships.

Women who reported being satisfied with their mentoring relationship also reported finding the mentoring relationship beneficial. This finding may partly be due to the similarity of these two constructs. However, it also makes sense that if a woman finds her mentor relationship satisfying she might also have found it to be helpful. Both of these aspects of the mentoring relationship also had significant associations with all mentor characteristics except for mentor duration and mentor contact. Women who were satisfied with their mentoring relationship reported higher personal levels of perceived power in their romantic relationship. This may reflect that women who perceive themselves as having power or influence in different types of relationships are more likely to maintain a mentoring relationship they find satisfying to them. For example, a perception of having power in a relationship may be related to such things as the women feeling comfortable contacting their mentor and making arrangements for getting together. Alternatively, within a satisfying mentoring relationship, the women may learn about the importance of equality with regard to decision making and the value of having some control. For example, a mentor might role model for the youth sharing of decisions and asking for her input (e.g., asking what the youth would like to do and letting the youth make decisions).

The positive role of empowerment in mentoring relationships has been demonstrated elsewhere. In a study examining perceptions of their mentoring relationships among youth ages 11 to 22 years, Liang, Spencer, Brogan, and Corral (2008) reported that the youth felt both tangibly and emotionally empowered in their mentoring relationships. For example, the youth discussed how their mentors empowered them through means such as providing instrumental support, practical advice, role-

modeling of appropriate behaviors, providing guidance, and giving verbal encouragement. This was found to be linked with outcomes such as increased confidence and goal setting for their education and career paths (Liang et al., 2008). For some youth who feel empowered in their relationships with others, this may translate into a higher level of confidence in interpersonal relationships and a lower likelihood of staying in romantic relationships in which there is violence, psychological maltreatment, or a lack of shared power.

A new measure called the Mentor Character Traits and Quality (MCTQ) scale was developed for this study to measure perceived traits and qualities of the mentors. The MCTQ scale demonstrated good reliability and validity. The total score on the MCTQ, which reflects higher endorsements of positive traits and qualities, was found to be related to higher levels of relational health and attachment in the mentoring relationship. Greater endorsement of positive traits and qualities in the mentor was found to be associated with higher levels of social support in the women's current romantic relationship as well as higher levels of childhood emotional support from mothers. Many of the positive traits on the MCTQ scale, such as being caring, friendly, respectful and trustworthy, are likely those seen in other relationships in which support is provided. It may be that for some women, having relationships with mentors, parents, and other adults who modeled positive traits and who provided emotional support helped them to expect or look for similar traits in their dating and romantic relationships and to make better choices in selecting dating partners.

Many of the women indicated good "relational health" (Liang et al., 2002) regarding their mentor relationship. Good relational health was defined by feeling

mutually involved in their relationship, feeling genuine, and feeling personally strengthened and inspired by the relationship. However, there were differences for some of the women with regard to mentor relational health when their child maltreatment experiences were considered. Women who reported higher levels of witnessing physical and verbal violence between their parents had lower relational health scores with their mentors. One explanation for this finding is that women who witnessed domestic violence as children may have higher levels of insecurity in their mentor relationships and it may be more difficult for them to be genuine and trusting or to feel mutually involved. Some support for this explanation was found when examining levels of attachment to mentors. Women with lower levels of attachment to their mentors were more likely to have witnessed domestic violence between their parents as well as to have reported higher levels of psychological maltreatment directed at them by their mothers. If one experiences psychological maltreatment and does not feel worthy of being in a healthy relationship, or if one witnesses verbal and physical abuse between parental figures, then it might be “safer” to not get too close to another adult figure for fear of getting hurt or rejected. Paradoxically, it is this same group for whom developing a positive relationship with an appropriate mentor may be most beneficial.

Negative interactions with mentors were thought to be an important area to assess as it is possible that some mentoring relationships might actually increase the risk for negative outcomes in youth (Zimmerman et al., 2005). Negative interactions included such things as encouragement to try drugs, or experiencing emotional, physical, or sexual harm by a mentor. In this study, 11% of the women said they had a mentor who encouraged them to try alcohol or drugs, or encouraged them to engage in illegal

activities, or who committed some level of emotional, sexual, or physical harm toward them. Encouragement to try alcohol before the legal drinking age was the most frequent type of negative interaction, with older siblings, cousins, and peers being the most likely mentors to pressure them to drink when under age. However, while some mentors did engage in negative interactions with their mentees, there were no associations between such interactions with child maltreatment experiences, parental emotional support, or quality of the women's current romantic relationships.

Is Having a Mentor a Protective Factor?

A primary question put forward in this study was whether having a mentor would be more helpful for women with a history of child maltreatment compared to those without a history of childhood maltreatment in regard to the quality of their romantic relationships. Mentoring relationships have been identified in the literature as a possible protective factor for at-risk youth and may contribute to resilience. Resilience is defined in the literature as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543), while protective factors refer to those factors that differentiate healthily adapted children from those less well adjusted (Luthar et al., 2000). In this study, partial support was found for the role of mentoring relationships as a protective factor in current romantic relationships.

Controlling for participant age and Asian ethnicity, women who experienced higher levels of physical abuse by their fathers were more likely to indicate experiencing higher levels of physical abuse in their current romantic relationship. However, when considering the role of mentors, this finding only held true for those women who did *not* have a mentoring relationship. That is, having a mentoring relationship appeared to be a

protective factor *only* for the women who had experienced child physical abuse by their fathers.

The finding in this study that having a mentor may be helpful to children and teens regarding learning about healthy relationships adds to previous resilience research. Mentoring relationships with non-parental adults have been identified as contributing to resiliency among youth with one or more risk factors, including child maltreatment and family violence (Masten, 2001; Rhodes, 1994; Werner, 2005a). Rhodes (1994) stated that mentors have the potential to modify the “developmental trajectories of at-risk youth” (p. 194). Written statements by two young women in this study who reported experiencing high levels of physical abuse by their fathers demonstrate how their mentors helped them. The following quotes were both written in relation to their teachers: “*Giving me a new, healthier perspective on life and giving me the tools to better myself,*” and “*He gave me the power to be myself and love myself no matter what.*”

There are different theories that may explain why mentoring relationships may be helpful for women who had experienced negative relationships with their fathers, including physical abuse. It has been hypothesized that a mentoring relationship might be able to modify some past negative experiences by providing corrective and positive relational experiences (Rhodes et al., 1996). For example, mentors may teach that healthy relationships do not have physical violence and model healthy ways of dealing with conflict and disagreements. Mentors may also provide social support in listening to the young women’s stories of their childhood experiences. Further, mentors may provide an important relational experience and help fulfill the women’s “need to belong” (Allen & Eby, 2007; Baumeister & Leary, 1995, p. 499). Belongingness and a positive relational

experience with others have been shown to have positive effects on both emotional and cognitive processes (Baumeister & Leary, 1995). For the women in this study, this may translate into healthier relationships with romantic partners.

Attachment theory. Attachment theory (Ainsworth, 1989; Bowlby, 1982), with its emphasis on how early close relationships create working models of how to act and what to expect in close relationships throughout life, is of particular significance with regard to mentoring relationships. As discussed in the literature review, attachment to mentors may offer the women opportunities for the “revision of working models” regarding beliefs of self and other (Rhodes et al., 2006, p. 693). For example, a woman with feelings of insecurity toward self and others might be able to become more secure by participating in relationships (e.g., with a mentor) that disconfirm her previous negative views (Hazan & Shaver, 1987). As Mary Ainsworth (1989; p. 711) noted, mentors can play the role of “parent surrogates” to youth who are having difficulty with secure attachment with their own parents. Mentors may provide a secure base from which youth can make important decisions, including participation in healthy relationships with others. The women may also be turning to their mentors for assistance to help them deal with difficulties and conflict in their romantic relationships.

Attachment to one’s mentor in this study was found to be beneficial for some of the women. Although mentor attachment was only examined for half of the sample (i.e., those with a mentor), attachment emerged as an important factor in the association between child physical abuse and relationship physical abuse. In this study, when there were low levels (or an absence) of physical abuse by fathers, women with higher levels of attachment to their mentors indicated lower levels of relationship physical abuse

compared to women with lower mentor attachment. Hence greater mentor attachment appears to act as a protective factor for women *without* a history of paternal physical abuse or with *lower* levels of CPA. Alternatively, it may be that the women were more likely to be attached to their mentor because they did not experience physical abuse by their father or physical abuse in their romantic relationship. However, when physical abuse by fathers was high, women with higher levels of mentor attachment indicated *more* physical abuse in their relationships compared to those with lower mentor attachment. This finding may indicate that some women who have experienced physical abuse by their fathers may have a higher need or a propensity for seeking attachment from someone outside of their family. It may also be that the mentor relationship is important but not sufficient to stop the violence in the relationship. This indicates a potential need for mentors to be able to identify and possibly intervene in dating violence.

The importance of women's relationships with others, such as mentors, is also related to *self-in-relation theory* (Jordan, 1991; 1997; Kaplan, Klein, & Gleason, 1990; Surrey, 1990). Self-in-relation theory is a perspective for understanding both women's and men's identity development. Self-in-relation theory conjectures that our identity is developed in the context of important relationships with others. Within this perspective it is believed that social and emotional growth occurs within relationships where there is mutual empathy, encouragement, authenticity, and relational flexibility. Some of the women in this study might have had individuals in their lives, including mentors, who provided such a relational experience. For example, one young woman wrote of her grandmother, "*My mentor helped me by spending time with me, doing things with me,*

helping me do things I want to do and made my goals a reality. She encouraged me, gave advice and support". Having a positive relationship with a caring older adult may have helped to shape the identity development of this young woman.

The finding that the influence of mentoring relationships on current romantic relationship functioning was not as extensive as expected does not take away from the fact that for many women in this study, their mentors have been very important to them. The women found their mentor relationships satisfying and beneficial, they listed many positive qualities about their mentors, the health of the mentoring relationship was considered quite high or "growth fostering," and there were high levels of attachment to their mentors. One woman writes of her rehabilitation counsellors, "*My mentor(s) literally saved my life. They are like family to me.*" Another woman writes of her mentor who is a friend of her mother, "*She was the first adult to build an adult relationship with me. I've learned a lot about how to be an adult woman from her. She's also someone I aspire to be like when I am older.*" It may be that for some of the women, their mentors influenced them in areas not assessed in the study, such as identity development, self-esteem, academic and work values, improvements in family relationships, and healthier peer relationships. These are areas that can be examined in future studies on mentoring relationships.

Strengths and Unique Contributions of the Study

Among the strengths of this study, one that stands out is the thoroughness of how mentoring relationships were examined. A series of descriptive questions were developed based on past research that assessed elements of the mentoring relationship such as duration, time period of involvement, frequency of contact, closeness, relationship

satisfaction, and mentor contact with parents. A new scale was also developed and validated for this study, the Mentor Character Traits and Qualities scale, which assessed perceived character traits and qualities of the mentor. Relational health and attachment to the mentor were two additional pieces of information assessed. This information gave a detailed picture of the important mentors in these young women's lives and the nature of their relationships with them. Additional written comments by the women complemented the quantitative information and made the stories of their relationships with their mentors "come alive." A new contribution of this study was the examination of potential negative interactions with mentors. Children and adolescents may experience a range of negative experiences with those they love and trust. While the expectation was that mentors would provide positive experiences for the mentees it was important to assess for possible harm.

Another contribution was the examination of the effectiveness of mentoring relationships for maltreated youth. Given a previous finding that having a mentor may be helpful to maltreated youth (Dubois et al., 2002) there was a need to further explore the particular ways in which mentors may be helpful or may serve as a protective factor for youth at-risk.

A further contribution of this study was the focus on both healthy and unhealthy features of romantic relationships among young adult women. It was important to assess various aspects of relationship functioning given the finding that early romantic relationships may affect individual development as well as form the basis for later long-term intimate relationships (Scott et al., 2005; Seiffge-Krenke, 2000). The inclusion of positive aspects of romantic relationship functioning among young adult women was an understudied area of research to which this study's results add.

Another contribution of this study was the examination of multiple forms of child maltreatment as well as parental support. Given the finding that different forms of child maltreatment are often associated with each other it is important for researchers to examine the many different forms of child maltreatment. This study also demonstrated further support for the important role of fathers in women's later romantic relationships. In particular, this study found physical violence in women's relationships was predicted by childhood experiences of physical abuse by their fathers.

Limitations and Suggestions for Future Research

While the findings from this study contribute new information to the research areas of child maltreatment, resilience, emerging romantic relationships, and mentoring relationships, there are some potential limitations to this study. Limits may emerge, for example, when a study is not able to include all potential variables of interests. For example, when examining romantic relationship functioning, an area that was excluded was perpetration of violence. However, it is imperative to acknowledge that some of the women may themselves be involved in aggressive acts and violence toward their partners. There are an increasing number of studies that have found that violence in dating relationships is often bidirectional (e.g., Bossarte, Simon, & Swahn, 2008; English et al., 2009; Harned, 2002; Sharpe & Taylor, 1999; Straus, 2008). In a multi-nation study, Straus (2008) reported that almost one-third of female and male university students physically assaulted their dating partner in the previous 12 months and that the most frequent pattern of physical aggression was bidirectional. Straus stated that assumptions individuals may hold regarding physical violence as a male dominated crime need to be revisited (Straus, 2008). Bossarte and his colleagues (2008) also found bidirectional

violence to be the norm when violence was present within a dating relationship. In their study of high school students, victims of physical violence or psychological abuse in dating relationships were often perpetrators of those same behaviors. This was the case for both men and women. In addition, those students with the highest levels of being victimized by partners and penetrating violence against their partner also reported the highest levels of violence with their same-sex peers (Bossarte et al., 2008). Future studies of romantic relationships should therefore include examination of bidirectional violence.

The use of a university sample may limit the generalizability of this study's findings to the general population. In part, this may be due to lower levels of child maltreatment as well as the prevalence of less severe forms of child maltreatment within university populations compared to community samples. University students might also have had greater access to resources that may promote recovery from child maltreatment experiences. The description of the study on the poster and on Sona Systems stated that there would be questions regarding unwanted sexual experiences in childhood. This disclosure may have led some survivors of childhood sexual abuse to not participate.

Another possible difference between a university sample and a community sample that may limit generalizability may be differences in the quality of their romantic relationships. Waton-Moss, Manganello, Frye, and Campbell (2005) reported that men who completed college were less likely to be violent toward their dating partners compared to men who did not complete college. Therefore, if the women in this study were dating men who were also enrolled in university and college studies it may be that their partners were less likely to be violent toward them. However, demographic information about their partners was not collected from the women in this study. It would

be useful for future studies of relationship functioning to collect partner demographic information. Another study found that women with a personal history of depression and/or whose mothers had been depressed were more likely to experience partner violence (Keenan-Miller, Hammen, & Brennan 2007). While mental health was not assessed in this study, it may be that the women who participated in this study had better mental health compared to a community sample of women of the same age.

Another possible limitation is related to how childhood sexual abuse was defined. In this study CSA was defined as unwanted or forced sexual contact. Some researchers include both contact and non-contact experiences and have reported childhood sexual abuse prevalence rates higher than 50 percent among young women (e.g., Priebe & Svedin, 2008). Other researchers (as in this study) only include contact sexual experiences and tend to report lower prevalence rates. Further, in examining child sexual abuse experiences, I decided not to include episodes of adolescent sexual assault. Adolescent sexual assault was not included because the focus of this study was on *childhood sexual abuse* as well as other types of childhood maltreatment and their associations with women's present romantic relationships. There was also a concern about including in the definition of CSA, a predictor of relationship functioning (i.e., adolescent sexual assault) that might overlap with a key outcome variable (i.e., assault in the romantic relationship) in the case where the adolescent relationship is also the current relationship. However, the decision to not include adolescent sexual assault may have led to a lower prevalence rate of unwanted childhood sexual experiences among the young women in this study. As well, by not including adolescent sexual assault, there may have been women in the non-CSA group who *did* experience sexual assault by a peer or a past

boyfriend. This may have attenuated the statistical association between child sexual abuse and relationship functioning.

Another possible limitation relates to ethnic and cultural diversity. Caution should be taken when generalizing the results of this study to women who have ethnic and cultural backgrounds not represented in this sample. However, except for under-representation from the Aboriginal population, the women in this study were adequately representative of the local community. The women in this study were predominantly Caucasian with the next largest self-identified ethnic group being Asian. Compared to the 2006 statistics for the Capital Regional District (CRD) in the province of British Columbia (which includes the area around the university where this study was conducted), rates for visible minority groups, excluding the Aboriginal population, were higher in this study (21% in this sample vs. 9.9% in the CRD). However, when examining the statistics for the entire province of British Columbia, the percentage of visible minority individuals in this study was only a little lower than that found throughout B.C. (i.e., 24.5%). While it seems that on a local and provincial level visible minorities were adequately represented, it should be noted that aboriginal women were under-represented in this study (1.1% in this sample vs. 3.3% in the CRD and 4.8% within the province). To address diversity issues, studies that use students to examine the phenomenon of child maltreatment and romantic relationship functioning would be complemented by additional studies that use community samples with more ethnically diverse participants.

The sample in this study consisted only of women, which means that any conclusions from this study are relevant only for women. This is important to consider as

the issue of gender may be particularly relevant with regard to mentors. Mentoring relationships may function quite differently for boys and men compared to girls and women (Bogat & Liang, 2005). While Dubois and colleagues' meta-analysis (2002) and Zimmerman and colleagues' (2002) study found gender of the youth (or mentee) to be unrelated to the effectiveness of the mentoring relationship, there is not enough research to state that gender of the youth does or does not influence the effectiveness of having a mentoring relationship. Darling and her colleagues (2006) hypothesized that the gender of the youth may shape the needs and characteristics of mentoring relationships and these different needs and characteristics might influence outcomes. For example, girls' mentoring relationships may be characterized by more talking, emotional closeness, and intimacy than for boys, whose relationships may be characterized as being more focused on activities and autonomy (Bogat & Liang, 2005; Darling et al., 2006; Scales & Gibbons, 1996). Rhodes, Lowe, Litchfield, and Walsh-Samp (2008) found that girls' mentoring relationships in the Big Brother/Big Sister program of America lasted significantly longer than those of boys. The authors characterized relationship lengths in their study as short (1 to 6 months), medium (7 to 12 months) and long (13 to 18 months). In addition to girls having longer relationship lengths, they also found that girls were more satisfied than boys in longer-term mentoring relationships. However, girls were less satisfied than boys in short- and medium-term mentoring relationships. In addition, girls in longer mentoring relationships rated their mentoring relationship as more helpful (e.g., with problem solving) than either the boys or the girls in the shorter-term relationship groups. Based on these findings, future studies examining the role of mentoring

relationships could look at how mentoring might have differential outcomes dependent on gender.

An area not addressed in this study but of value to examine in future studies regarding child maltreatment and relationship functioning is the potential influence of peer relationships on romantic relationship functioning. Collins and Sroufe (1999) stated that romantic relationships often emerge out of friendships and group associations. As individuals enter adolescence the portion of time they spend with their peers versus their parents increases dramatically (Kirk, 2002). There is increased sharing of personal matters with peers related to dating and sexuality (Kirk, 2002). Peer relationships may support the development of dating relationships by contributing to the development of affiliations outside of the immediate family context and teaching/providing interpersonal skill development such as conflict resolution, communication skills, and management of negative emotions (Collins & Srofe, 1999; Linder & Collins, 2005). Kirk (2002) reported that having intimate friendships was significantly and positively related to romantic relationship satisfaction and a lessened fear of intimacy among young adults. Other research has reported that difficulties with one's peer group, including peer-to-peer aggression and victimization, may place a youth at higher risk for relational aggression in dating relationships (Leadbeater et al., 2008; Wolfe et al., 1998). Linder and Collins (2005) found that peers contribute to the development of romantic aggression above and beyond the influence of parents. The authors hypothesized that individuals who have had negative experiences with peers (e.g., victimization) may expect similar interactions in their romantic relationships. The aforementioned studies on peer relationships demonstrate that there are many individuals who may influence romantic relationship

development and functioning. While mentors likely play an important role for some youth in learning about relationships, future studies may want to take a broader view and examine multiple influences, including that of peer relationships.

Clinical Relevance

Supporting previous research, the results from this study demonstrate that 1) child maltreatment continues to be a significant and prevalent problem in society; 2) aspects of psychological and physical violence are taking place within dating and romantic relationships among young adult women; 3) child psychological and physical maltreatment experiences, particularly by fathers, are linked to higher levels of romantic relationship difficulties (including physical and psychological victimization) for young adult women; and 4) mentoring relationships may be beneficial for some women who have experienced child maltreatment such as physical abuse by fathers.

This research demonstrates the continued need for public and professional education concerning child maltreatment and intimate partner violence. Education may be targeted at a variety of individuals (e.g., youth, parents, nurses, physicians, teachers, and counselors) by a variety of different media (e.g., internet, TV, print ads, and school curricula). Education may include identifying child maltreatment and intimate partner violence, what to do if maltreatment and violence is suspected, and which places or programs to refer children, adolescents and adults. Leadbeater and colleagues (2008) state that education should be targeted at multiple levels and that parents, practitioners, and others need to ask adolescents direct questions about dating aggression and violence.

Education may be particularly important for people in positions of trust and responsibility, like mentors. Within official mentoring programs such as Big Brothers/Big

Sisters of Canada, there is training for mentors regarding what to do if a mentor suspects child maltreatment (i.e., call police as well as the BB/BS mentoring coordinator). Part of the training includes recognizing the physical and emotional symptoms that may indicate child maltreatment is occurring (e.g., bruises, crying upon returning home). However, naturally occurring or informal mentors (e.g., aunt, sports coach) may not receive training on child maltreatment and interpersonal violence. It will therefore be important for violence prevention and intervention programs to have a universal approach (e.g., with TV and internet) as well as more specific training for individuals such as teachers who may often find themselves in the role of a mentor (e.g., offered during teacher training).

Historically, child abuse prevention programs in Canada have focused on reducing rates of physical abuse, neglect, and sexual abuse (MacMillan & Thomas 1993; MacMillan 2000). Future programs should include all known forms of maltreatment, including psychological maltreatment and witnessing parental violence as well as all forms of intimate partner violence. There is a particular a need for education on psychological maltreatment as this type of maltreatment has not always been included in prevention work. There is also a need for continued development and dissemination of dating violence prevention and treatment programs for adolescents and young adults. In the design of such programs, it is important to consider how to reach those youth who are most at risk and to address cultural and ethnic variables. As Leadbeater and colleagues (2008, p. 370) state, there is a need to “reach adolescents where they are.” For example, violence prevention programs on university and college campuses should consider how best to include international and exchange students, and/or those with English as a second language. Training for mentors may therefore need to include preparation in working

with a population that is sometimes harder to access, such as those with English as a second language. Part of the training may include recruitment of mentors with similar Ethnic backgrounds as the youth as well as finding mentors who speak languages other than English (e.g., Cantonese or Mandarin).

Positive mentoring relationships can be very important for youth and are associated with a wide range of favorable behavioral, attitudinal, health-related, relational, motivational, and career outcomes (Eby, Allen, Evans, Ng, & Dubois, 2008). This may be especially true for individuals who had poor relationships with their parents and other family members, including experiences of child maltreatment (Southwick, Morgan, Vythilingam, & Charney, 2005). In the current study, there was support for the protective role of mentoring relationships for young women who had experienced child physical abuse by their fathers. It was also the case that women with a history of physical abuse by their father in combination with physical abuse in their relationship tended to form more strong attachments to their mentor, perhaps indicating a higher need for attachment with a positive adult role model. A higher level of attachment to a mentor may be beneficial for young women who need to emotionally separate from past and current abusive relationships, have their value and self worth validated, and learn to feel more personally secure and more able to assert their needs in their interpersonal relationships.

In addition to their importance for youth who have experienced child maltreatment, mentoring relationships have been found to be beneficial for other at-risk groups such as pregnant and parenting adolescents (Bogat, Liang, & Rigol-Dahn, 2008). Mentoring relationships may also be helpful for individuals who had a positive childhood and good relationships with their parents. That is, having a positive mentoring

relationship may help *all* youth in developing the knowledge and skills they need in transitioning from adolescence to young adulthood. A recent study in which 75 young women from diverse backgrounds were interviewed to discuss their experiences of transitioning from adolescence to adulthood reported that: "First on the list of what youth need is a life mentor: someone who cares, guides, advises and celebrates successes. There is little doubt that all youth ages 19 to 25 need parents or parent substitutes to navigate the transition from high school and youth services toward adult opportunities for education and work" (The British Columbia Child and Youth Health Research Network, 2008, p. 20).

Skill development that mentors can assist with may include building the capacity for independence from parents, selecting healthy lifestyles, and establishing sources of support with romantic partners and work and peer relationships (BC Child and Youth Health Research Network, 2008). Mentors may help by providing reliable support and advice, communicating moral values, teaching information and skills, inspiring and motivating youth, enhancing interpersonal relatedness, and fostering self-esteem (Bogat et al., 2008; Southwick et al., 2005). Further, mentors may play an important role in guiding youth in their peer and intimate relationships, for example, teaching or role modeling how to give and receive social support, how to listen and talk with their romantic partner and friends, and how to deal with relationship stressors and conflicts.

The following examples written by the young women in this study illustrate some of the different ways in which their mentors helped them:

“Through listening and providing me with helpful advice, my mentor has definitely been a positive influence guiding me through troubles and transitions in life.”

Mentor: Teacher

“She played an important role in helping me decide the kind of lifestyle I would like to have and the kind of person I would like to be.” Mentor: Parent’s friend

“She helped me with the transition from high school to university, is interested in the same sorts of things that I am (school-wise: me with music, her with new media and arts) so we have things in common to talk about, takes me out for tea when it’s stressful exam time to relax and talk, understands what I’m going through, is helpful when I am upset over being apart from my boyfriend and family.”

Mentor: Older Sister

“My mentor was a science and math teacher I had during my last two years of high school, as well as a homeroom teacher in grade 12. I was a good math student but struggled with science somewhat. I was amazed at how generous he was with his time after school or during lunches, not only with me but with other students. He was able to help 5 different people at once and make them all feel as if his attention was completely undivided. It was because of him that I began to seriously consider becoming a high school math teacher - I saw what a difference he made for the kids who hated and struggled with math, and I wanted to be able to offer that as well...”

Mentor: Teacher

The results from studies on mentoring, including the present study, lead to specific ideas on research, policy, and programs for youth and mentors. For example, Eby and Allen (2008) note the importance of interdisciplinary dialogue among mentoring scholars in various disciplines (e.g., psychology, nursing, education, organizational behavior, and social work) and that an improved dialogue may help improve current mentoring programs through sharing of knowledge. Further, there is a need for researchers to take a developmental lifespan approach to the study and implementation of mentoring. While the role of mentors was examined for young adults in this study, there is a need to examine how the mentoring process evolves as youth move through early adolescence into early adulthood (Allen & Eby, 2007; Liang et al., 2008). Allen and Eby (2007) note that individuals may become involved in mentoring relationships at various life stages and during various developmental challenges with the potential for different outcomes based on when the mentoring relationship occurs.

Future studies on mentoring may also focus on hearing from youth about *how* they found their mentors to be helpful to them in specific situations, including violence with peers and in their intimate relationships. This includes research both with formal mentors and informal or naturally formed mentoring relationships. Use of both qualitative and quantitative information can be valuable as it may assist mentors and those planning mentoring programs regarding what youth find effective. For example, Liang and colleagues (2008) examined perceptions of mentoring relationships among youth ages 11 to 22 years. Based on youth responses, the authors described ways for mentors to be more effective with youth. Specifically, they stated that mentors should seek to have relationships with youth that are responsive, mutual, trustworthy, not overly directive, fun (e.g., with activities), and that provide a balance of emotional and practical support (Liang et al., 2008). The youth in their study also identified the importance for their mentors to have some common ground with them as well as feelings of mutual trust (Liang et al., 2008).

As clinicians, practitioners, teachers, parents, and friends, we may find ourselves in the role of being a mentor to youth. We might be able to help foster and support mentoring relationships in our communities. This might include support and distribution of literature regarding official mentoring programs such as Big Brothers Big Sisters or encouraging others to become involved in their communities and being mentors to youth (e.g., coaches and volunteering at youth agencies). Let us not underestimate the potential for growth in youth and how one or more positive adult mentoring relationships could help a young person make positive and healthy choices in his or her life.

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Appendix A

Demographic Information of Participants

Variable	<i>N</i>	<i>n</i>	%
Age	267		
18		79	29.6
19		81	30.3
20		37	13.9
21		31	11.6
22		15	5.6
23		15	5.6
24		8	3.0
25		1	0.4
Ethnic Background	267		
Caucasian/White/European Canadian/European American		208	77.9
Asian, Southeast Asian, South Asian		37	13.9
First Nations/Aboriginal/Native Canadian/Native American		3	1.1
Black/African Canadian/African American		1	0.4
Hispanic/Latino		1	0.4
Mixed (e.g., half Greek and half Lebanese)		15	5.6
Other (e.g., Filipino)		2	0.7
Immigrant	20		7.5
Immigrant Country			
United Kingdom		4	20
Taiwan		3	15
Hong Kong		2	10
Korea		2	10
Russia		2	10
South Africa		2	10
Other: Germany, India, Ireland, New Zealand, USA		5	25
Primary Language Spoken	267		
English		252	94.4
Cantonese		4	1.5
Mandarin		3	1.1
Korean		2	0.7
French		2	0.7
Other (Afrikaans, Chinese, Japanese, Korean)		4	1.5

Appendix A (continued)

Variable	<i>N</i>	<i>n</i>	%
Who Raised the Participant	266		
Mother and Father		224	84.2
Single Mother		23	8.6
Mother and Step-Father		8	3.0
Single Father		4	1.5
Father and Step-Mother		3	1.1
Adopted Parent(s)		1	0.4
Other		3	1.1
Parental Divorce	70		26.2
Age of participant when divorce occurred ($M = 8.94$ years, $SD = 5.54$, Range = 0 to 20 years)			
0 to 3 years		15	21.4
4 to 8 years		20	28.6
9 to 12 years		12	17.1
13 to 17 years		20	28.6
18+ years		3	4.3
Highest Level of Education obtained by Parent or Parental Figure #1	267		
Some primary school (K to Gr. 7; no secondary)		0	0
Some secondary school (high school, grades 8-12)		8	3.0
Completed secondary school or high school equiv.		31	11.6
Technical school or trade diploma		27	10.1
College/university: some und. courses completed		30	11.2
College/university: completed undergraduate degree (e.g., B.A.)		67	25.1
College/university: some graduate level courses		8	3.0
College/university: completed graduate degree (e.g., MA or Ph.D.)		73	27.3
College/university: other professional degree (e.g., M.D., LLB)		23	8.6
Highest Level of Education obtained by Parent or Parental Figure #2 (if applicable)	264		
Some primary school (K to Gr. 7; no secondary)		0	0
Some secondary school (high school, grades 8-12)		17	6.4
Completed secondary school or high school equiv.		47	17.8
Technical school or trade diploma		40	15.2
College/university: some und. courses completed		43	16.3

Appendix A (continued)

Variable	<i>N</i>	<i>n</i>	%
College/university: completed undergraduate degree (e.g., B.A.)		43	16.3
College/university: some graduate level courses		13	4.9
College/university: completed graduate degree (e.g., MA or Ph.D.)		50	18.9
College/university: other professional degree (e.g., M.D., LLB)		11	4.2
Current Personal Income before Taxes	245		
Less than \$10,000		201	83.3
\$10,000-\$19,999		35	14.3
\$20,000-\$29,999		3	1.2
\$30,000-\$39,999		4	1.6
\$40,000-\$49,999		1	0.4
\$80,000 or more		1	0.4
Current Personal Income combined with Partner or "other" before Taxes	51		
Less than \$10,000		30	58.9
\$10,000-\$19,999		7	13.7
\$20,000-\$29,999		2	3.9
\$30,000-\$39,999		4	7.8
\$40,000-\$49,999		2	3.9
\$50,000-\$59,999		4	7.8
\$70,000-\$79,999		1	2.0
\$80,000 or more		1	2.0
Annual Family of Origin Income (before taxes) when participant was 17 years of age	253		
Less than \$10,000		2	0.8
\$10,000-\$19,999		5	2.0
\$20,000-\$29,999		4	1.6
\$30,000-\$39,999		21	8.3
\$40,000-\$49,999		19	7.5
\$50,000-\$59,999		20	7.9
\$60,000-\$69,999		39	15.4
\$70,000-\$79,999		30	11.9
\$80,000-\$89,999		52	20.6
\$90,000-\$99,999		11	4.3
\$100,000 or more		50	19.8

Appendix B

Student Information

Variable	<i>N</i>	<i>n</i>	%
Currently a Student at the University of Victoria	267		
Yes		266	99.6
No		1	0.4
If a student, year of program	266		
First year undergraduate		126	47.4
Second year undergraduate		65	24.4
Third year undergraduate		37	13.9
Forth year undergraduate		25	9.4
Fifth+ year undergraduate		12	4.5
Graduate student		1	0.4
International or Exchange Student	15		5.6
Student Major at the University of Victoria	266		
Psychology		82	30.8
Other		139	52.3
No Response		25	9.4
Not known/unsure/undeclared		20	7.5
“Other” Major Specified			
Biology and Psychology Combined		12	4.5
Biology		10	3.7
Business/Commerce		9	3.3
Economics		7	2.6
Education		7	2.6
Science		6	2.2
Anthropology		6	2.2
Sociology		6	2.2
English		5	1.9
Kinesiology		5	1.9
Political Science		5	1.9
Visual Arts		5	1.9
Fine Arts		4	1.5
Microbiology		4	1.5
Chemistry		3	1.1
Humanities		3	1.1
Music		3	1.1
Social Sciences		3	1.1

Appendix B (continued)

Environmental Studies	2	<1%
Geography	2	
Health Information science	2	
History of Art	2	
Law	2	
Linguistics	2	
Physical Education	2	
Recreation and health education	2	
Social Work	2	
Anthropology and Environmental Studies	1	
Applied Linguistics	1	
Child and youth care	1	
Greek and Roman Studies	1	
Jazz studies	1	
Math and physics	1	
Mathematics	1	
Music Education	1	
Music: Piano Performance	1	
Philosophy	1	
Political Science/History	1	
Pre-Commerce	1	
Pre-Education	1	
Psychology/Anthropology	1	
Science Linguistics	1	
Sociology and Environmental Studies	1	
Woman's Studies	1	
Writing	1	

Appendix C

Intercorrelations among the Items in the Relational Health Indices – Mentoring Scale

RHI-M Scale	1	2	3	4	5	6	7	8	9	10	11
1. Genuinely myself	—										
2. Values me	.60*	—									
3. Commitment exceeds role ^a	.27*	.50*	—								
4. Shares stories	.17	.32*	.41*	—							
5. Know self better	.12	.26*	.30*	.49*	—						
6. Emotional support	.30*	.45*	.52*	.38*	.40*	—					
7. Try to copy mentor's values	.11	.20	.39*	.51*	.46*	.35*	—				
8. Uplifted and energized	.30*	.43*	.43*	.40*	.50*	.56*	.57*	—			
9. Mentor tries to understand	.22*	.37*	.48*	.39*	.36*	.64*	.36*	.61*	—		
10. Inspires me	.26*	.30*	.24	.40*	.41*	.31*	.62*	.52*	.30*	—	
11. Express concerns to mentor	.42*	.34*	.21	.35*	.40*	.47*	.25*	.45*	.42*	.27*	—

Note. ^aFor item 3, $n = 80$ or 81 (participants could choose “not applicable” for this question). For all other items, $n = 131$ to 132 . All are Pearson's correlations.

* $p < .01$

Appendix D

Relationship Information and Sexual Orientation

Variable	<i>N</i>	<i>n</i>	%
Length of Current Relationship	267		
3 to 6 months		72	27.0
7 to 12 months		50	18.7
13 to 18 months		45	16.9
19 to 23 months		15	5.6
2 years		30	11.2
3 years		35	13.1
4 years		12	4.5
5 years		4	1.5
6 years		4	1.5
Relationship Status	267		
Dating or in a relationship		221	82.8
Living with Romantic Partner		42	15.7
Married (legal or common-law marriage, incl. same sex marriage)		4	1.5
Separated or Divorced		0	0
Widowed		0	0
Participant Sexual Orientation	267		
Heterosexual		254	95.1
Bisexual		11	4.1
Lesbian		1	0.4
Gay		0	0
Other		1	0.4
Participant Partner's Gender	267		
Male		264	98.9
Female		3	1.1
Participant Partner's Sexual Orientation	267		
Heterosexual		262	98.1
Bisexual		3	1.1
Lesbian		2	0.7
Gay		0	0
Other		0	0

Appendix E

*Network of Relationship Inventory Scales and Subscales: Descriptive Information and**Alpha Levels*

NRI Scales	<i>Mean</i>	<i>SD</i>	Min	Max	Alpha
Social Support^a (<i>n</i> = 27 items)	11.79	1.85	4.56	15.00	.94
Companionship	11.43	2.23	5	15	
Instrumental Aid	10.21	2.34	3	15	
Intimacy	12.49	2.65	3	15	
Nurturance	11.44	2.45	4	15	
Affection	13.72	1.89	5	15	
Reliable Alliance	10.25	3.27	3	15	
Admiration	12.50	2.17	4	15	
Support	11.87	2.55	3	15	
Satisfaction	12.18	2.78	3	15	
Negative Interactions^a (<i>n</i> = 15 items)	5.30	1.75	3.00	12.20	.92
Conflict	5.97	2.76	3	15	
Punishment	3.85	1.62	3	15	
Antagonism	5.85	2.49	3	14	
Criticism	4.41	2.12	3	15	
Dominance	6.41	2.11	3	15	
Relative Power^b (<i>n</i> = 3 items)	9.66	1.77	4.00	15.00	.82

Note. *N* = 267 for all scales. Social Support is the average of 9 subscales and Negative Interactions is the average of 5 subscales. Possible range is 3 to 15 on all scales.

^aHigher scores represent higher levels of social support or negative interactions.

^bRelative Power: Lower scores indicate the *partner* has more power and higher scores indicate the *participant* has more power. A score of 9 indicates shared power on all 3 items.

Appendix F

Intercorrelations among the Network of Relationship Inventory Subscales

NRI Subscale	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Companionship	—														
2. Instrumental Aid	.52*	—													
3. Intimacy	.48*	.51*	—												
4. Nurturance	.40*	.49*	.57*	—											
5. Affection	.39*	.42*	.55*	.44*	—										
6. Reliable Alliance	.51*	.54*	.44*	.36*	.53*	—									
7. Admiration	.47*	.45*	.40*	.31*	.62*	.55*	—								
8. Support	.40*	.52*	.69*	.53*	.54*	.50*	.39*	—							
9. Satisfaction	.57*	.50*	.43*	.30*	.54*	.74*	.66*	.49*	—						
10. Conflict	-.14	-.14	.04	.15	-.08	-.29*	-.43*	-.05	-.50*	—					
11. Punishment	-.16*	-.06	-.07	.01	-.23*	-.15	-.37*	-.07	-.27*	.41*	—				
12. Antagonism	-.12	-.15	.04	.11	-.09	-.27*	-.43*	-.04	-.48*	.86*	.37*	—			
13. Criticism	-.19*	-.13	-.07	.07	-.26*	-.30*	-.51*	-.12	-.41*	.60*	.63*	.60*	—		
14. Dominance	.01	.08	.03	.09	-.07	-.04	-.23*	.05	-.15	.32*	.52*	.36*	.43*	—	
15. Relative Power	.10	.02	.18*	.21*	.22*	.05	.18	.12	.00	.21*	-.15	.19*	-.07	-.33*	—

Note. All subscales consist of 3 items. All correlations are Pearson's correlations.

* $p < .01$

Appendix G

Recruitment Listing on Sona Systems

Study Name	Relationships
Abstract	Participation will involve the completion of a questionnaire about relationships. Participants are invited to attend testing sessions held in small groups in a computer room.
Description	Participation will involve the completion of a questionnaire that will ask questions about experiences in the areas of childhood events (including unwanted sexual experiences), mentoring relationships, and your current dating/romantic relationship (including experiences of conflict and abuse). Contact: lkv@uvic.ca or 472-4177. For course credit (e.g., Psyc 100), the questionnaire MUST be filled out in the computer lab with the researcher present. You may do the study on-line, however, and be entered for a draw prize instead of credit (see website)
Website	http://web.uvic.ca/~tallen/vanbruggen/Introduction.php
Eligibility Requirements	1) You are a woman age 18 years to 25 years, AND 2) you are CURRENTLY in a romantic relationship THREE months or longer in duration, AND you have not responded to this questionnaire before.
Duration	45 minutes
Credits	2 Credits
Researcher	Lisa Van Bruggen Email: lkv@uvic.ca
Deadlines	Sign-Up: 1 hour(s) before the appointment
Cancellation	24 hour(s) before the appointment

Appendix H

Recruitment Poster on Campus

Mentoring and Romantic Relationships among Young Adults

An Invitation to Participate in Research

What is this the nature of this study? This is a study about people's current romantic relationships as well as their earlier family relationships and relationships with mentors. This study is being conducted by Ms. Lisa Van Bruggen, a Psychology graduate student under the supervision of Dr. Marsha Runtz, an Associate Professor in the Department of Psychology.

Why is this study important? This study will help us better understand the factors which might influence the development of healthy romantic relationships among young adult women. Understanding how experiences during childhood and adolescence might affect later romantic relationships will also provide important information to guide the development of counseling and therapy services.

What would I be asked to do? If you decide to participate you will be asked to read a consent form and fill out an on-line questionnaire. The questionnaire inquires about childhood experiences, your current romantic relationship and any mentoring relationships you might have had up to the present time. Questions include some personal or sensitive topics such as unwanted childhood sexual experiences, experiences of violence, conflict, or abuse within your romantic relationship, and general demographic information, including your sexual orientation. You do not have to answer any questions that make you feel uncomfortable.

Am I eligible to participate? You can participate in the study if you meet the following criteria:

- 1) You are a **woman age 18 years to 25 years**
- 2) are **currently in a romantic relationship** that
- 3) has lasted at least **three months or longer**
- 4) You have not already responded to this questionnaire.

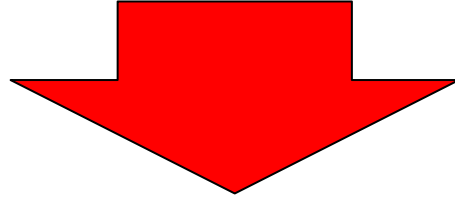
For this study, a **romantic relationship** is defined as a relationship between two people that includes romantic involvement, emotional involvement, and/or sexual involvement. For example, if you have been dating, are living together, or married, for longer than 3 months, you could participate in the study.

What if I have questions? Please contact Ms. Van Bruggen (472-4177 or lkv@uvic.ca) if you have any questions about this study. You may also contact Dr. Runtz (721-7546 or runtz@uvic.ca).

To participate in this study, or to find out more about it, please go to:

www.uvic.ca/psyc/vanbruggen

You will find the above URL address in the envelope below; please take one



Appendix I

*Introductory Statement on the Website***Mentoring and Romantic Relationships among Young Adults**

Hello, I would like to thank you for your participation in this study; my name is Lisa Van Bruggen, and I am a graduate student in the Psychology Department at the University of Victoria. I am conducting this study for my Doctoral Dissertation and it consists of two parts. First, you will be asked to read the Informed Consent Form which outlines your rights as a research participant. The second part is a Questionnaire that is described in more detail in the Informed Consent Form. After reading the Consent Form, if you decide to continue with the study please choose “Yes - I have read the consent form and I agree to participate in this study.”

Please remember to respond to all three parts of the questionnaire.

Please read the Debriefing Form when you are finished responding to the Questionnaire. This form will explain the purpose of this study. The Informed Consent form includes the phone number of my supervisor, Dr. Runtz, as well as a phone number where I can be reached. Please feel free to call me or my supervisor if you have any questions about this study.

Thank you very much for your participation. Please select “YES” below to continue.

 Yes, I wish to participate No, I am not interested in participating

Appendix J

*Consent Form****Mentoring and Romantic Relationships among Young Adults***

Introduction: You are being invited to participate in a study entitled “Mentoring and Romantic Relationships among Young Adults,” which is being conducted by Lisa Van Bruggen. Ms. Van Bruggen is conducting this research as part of the requirements for a Ph.D. in Clinical Psychology at the Department of Psychology in the University of Victoria. If you have any questions, you may contact her at (250) 472-4177 or lkv@uvic.ca. The research is being conducted under the supervision of Dr. Marsha Runtz (an Associate Professor in the Department of Psychology), who can be contacted at (250) 721-7546 or runtz@uvic.ca.

Purpose & Importance of the Study: The *purpose* of this research is to explore within young adult women different aspects of romantic and dating relationships and to examine the links between childhood experiences, mentoring relationships, and later romantic relationship quality. This study is *important* because there is a lack of research in this area and because the findings will provide important information about factors which might influence the development of healthy romantic relationships among young adult women. As well, understanding how experiences during childhood and adolescence might affect later romantic relationships among young adult women will also provide important information to guide the development of counselling and therapy services for people with similar childhood experiences.

Eligibility: You are eligible for participating in the research if:

- 1) You are a **woman age 18 years to 25 years**
- 2) are **currently in a romantic relationship** that
- 3) has lasted at least **three months or longer**
- 4) You have not already responded to this questionnaire.

A *romantic relationship* is defined (for this study) as a relationship between two people that includes romantic involvement, emotional involvement, and/or sexual involvement.

If you are not sure if you are eligible for participation but you would still like to fill out the questionnaire, you are free to do so unless you have already responded to the questionnaire.

What is involved: If you agree to voluntarily participate in this research your participation will include completing an on-line questionnaire that inquires about a range of experiences including childhood experiences, your current romantic relationship, and any mentoring relationships you might have had up to the present time. Questions include some personal or sensitive topics such as unwanted childhood sexual experiences, experiences of violence, conflict, or abuse within your romantic relationship, and general demographic information including your sexual orientation.

Inconvenience & Risks: Participation in this study may cause some inconveniences to you, including the time it will take to complete the questionnaire (approximately 30 to 40 minutes). A potential risk of participating in this research is that some people may feel some emotional discomfort as a result of answering questions of a sensitive nature (e.g., about childhood experiences and current romantic relationships). To deal with these risks, we want you to know that you do not have to answer any questions that make you feel uncomfortable, that you can withdraw your participation at any time, and that you can talk to the researcher (Ms. Van Bruggen) or her supervisor (Dr. Runtz) about any concerns you might have that have arisen as a result of participating in this research. In addition, phone numbers for university and community resources will be provided at the end of this letter, should these services be desired.

Benefits: In addition to the compensation as outlined below, the potential benefits of your participation include 1) experiencing psychological research methods first hand and 2) you will be helping us to better understand how certain experiences during childhood and adolescence affect later romantic relationships among young adult women.

Compensation: **For students in the Introductory to Psychology course:** To compensate you for your participation, you have the choice of either 1) receiving 2 course bonus points (only eligible if you come to a computer lab with the researcher present) or 2) you have the chance to be entered in a draw for one of three gift certificates of \$50 from the University of Victoria bookstore. **For all other participants,** to compensate you for your participation, you will receive the chance to be entered in a draw for one of three gift certificates of \$50 from the University of Victoria bookstore.

It is important for you to know that it is unethical to provide undue compensation to research participants, and if you agree to participate in this study, this form of compensation should not be coercive. If you would *not* participate if the compensation were not offered, then you should decline. If you want to be entered in the draw prize you will be asked to provide your email address (and in the event of winning the draw, your mailing address): your email address will be stored in a separate data bank so it can not be linked to your answers and any identifying information provided for the purpose of the draw will be destroyed following the draw and the successful delivery of the prizes to the winners.

Voluntary Participation: Your participation in this research must be completely voluntary. If you do decide to participate, **you may withdraw from the study at any time** and you may refuse to answer any question(s) without having to explain your reasons for doing so and without negative consequences. If you change your mind about having your responses used in this research, please indicate this by not submitting the online questionnaire and by closing the website. If you do withdraw from the study (before you submit your data) your data will not be used. As well, if you withdraw from the study by closing the website you will not be eligible to be entered in the draw prize for a gift certificate. **However, after submitting your data on-line it will be logistically impossible to withdraw (or to remove your data).**

For students in the Introductory to Psychology course: You will still receive your bonus point(s) for this study whether you complete the questionnaire or if you return a blank or incomplete questionnaire. Whether or not you participate will have no effect on

your grades or academic standing and your instructor will not have access to any of the information collected in this study.

Anonymity: All of the responses that you give in this study are completely anonymous and confidential; your name will not be linked to your responses in any way. Your answers will be kept in an anonymous data bank without the possibility of identifying you. All of the information collected will be used for group-based analyses; that is, questionnaires will *not* be analyzed individually but will be pooled together with a large number of responses from other participants. Please do *not* write in or submit your name in any place on the questionnaire and please do *not* provide the names of any other individuals that may have been involved in any of the events you disclose in this questionnaire. As well, if you are filling out the questionnaire in the computer lab, your anonymity is somewhat limited as other students are in the room with you and know you are participating. However, in the computer lab we will seat you at every other seat to increase privacy and to help ensure that your responses to the questionnaire are not seen by anyone.

We are limiting participation in this study to individuals who are 18 years of age or older. **If, however, we receive identifying information that leads us to believe that you or any individual who is under 19 years of age is at risk of harm, we would be obliged to inform the proper authorities.** That is, if you told us (e.g., in person or typed in a name) about a child who has been or is likely to be abused or neglected we have a legal duty to report the matter (*Child, Family and Community Service Act*). If you would like to report an incident of child maltreatment yourself or if you have concerns about a child at risk of maltreatment, please call 310-1234 (toll-free) or 1-800-663-9122.

Confidentiality: The confidentiality of your data will be further protected by keeping your responses and all data files and other research records secure (e.g., in password protected files and computers in locked offices). Only the researcher, her supervisor, and research assistants will have access to the data.

Results from the Study: You will receive a debriefing form that outlines the basic purpose of the research in more detail. If you would like a summary of the findings after the study is completed, you can contact Ms. Van Bruggen or Dr. Runtz directly, or check Dr. Runtz's website (www.uvic.ca/psyc/runtz/research.html) for summaries of papers prepared from this study. It is anticipated that the results of this study will be shared with others in the following ways: in presentations to other graduate students and faculty, in conference presentations, on the website, and in published articles.

Disposal of data: Only the anonymous data will be stored in electronic data files. The electronic data will be destroyed (by file deletion) after a period of time of at least 10 years following the date of the last publication arising from this research project. **For students in the Introductory to Psychology course:** Your name and student number are not associated with the electronic data. This information will be retained only within the Psychology 100 office for the purpose of assigning bonus points and will be discarded by the Psychology 100 staff/teaching assistants once the bonus points have been assigned (approximately May 2008 for the Winter courses and August 2008 for the summer courses).

Ethical Approval: In addition to being able to contact the researchers (see contact information at the beginning of the form), you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria at (250) 472-4545 or ethics@uvic.ca.

THANK YOU FOR YOUR INTEREST AND PARTICIPATION IN THIS STUDY.

If any of the questions in this study made you uncomfortable in any way, or if participating in this study brought up any issues that are distressing for you, some resources that might be of assistance are provided below:

- University of Victoria Counselling Services (UVic campus), (250) 721-8341, www.coun.uvic.ca
- NEED Crisis and Information Line (community agency), (250) 386-6323, www.needcrisis.bc.ca
- Help Line for Children, (250) 310-1234, can call this number for **Information on reporting child maltreatment** or go to www.mcf.gov.bc.ca/child_protection/ for more information
- British Columbia Psychological Association (BCPA) Referral Service, 1-800-730-0522, www.psychologists.bc.ca/referral.html
- Women's Sexual Assault Centre, (250) 383-3232, www.vwsac.com

Click here to print
this Consent form.

By completing and submitting the questionnaire, YOUR FREE AND INFORMED CONSENT IS IMPLIED and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

To participate at this study, please click “YES” below:

YES	I have read the Consent Form and I agree to participate in this study.
NO	I have read the Consent Form and I choose not to participate in this study.

Attention: If you are filling this questionnaire on your own (i.e., not in a computer lab with the researcher), please make sure that you are *alone* and in a place where you feel *comfortable* to answer personal questions.

Appendix K

Demographic Questions

Please tell us about yourself by answering the following demographic questions:

1. What is your gender?
 - Female
 - Male
 - Other: _____

2. How old were you on your last birthday? (*age in years*) _____

3. Which of the below best describes your ethnic background?
 - Caucasian/White/European Canadian/European American
 - First Nations/Aboriginal/Native Canadian/Native American
 - Asian, Southeast Asian, South Asian etc., (*Specify*): _____
 - Black/African Canadian/African American
 - Hispanic/Latino
 - Mixed (*Specify*): _____
 - Other (*Specify*): _____

4. Are you an immigrant? Yes No
 If yes, from what country: _____

5. Are you an international or exchange student? Yes No
 If yes, from what country: _____

6. What is your primary language (i.e. the language that you use the most or with which you feel the most comfortable)?
 - English
 - French
 - Other (*Specify*): _____

7. Which of the below best describes the people who raised you?

<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Single Mother
<input type="checkbox"/> Mother and Step-Father	<input type="checkbox"/> Single Father
<input type="checkbox"/> Father and Step-Mother	<input type="checkbox"/> Adopted Parent(s)
<input type="checkbox"/> Same-sex couple (two mothers)	<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Same-sex couple (two fathers)	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Other (<i>Specify</i>): _____	

8. Did your parents get separated or divorced? Yes No
 If yes, how old were you at the time? _____ years

9. What is the highest level of education obtained by parent or parental figure #1?
- some primary school (kindergarten to grade 7, but no secondary school)
 - some secondary school (high school, grades 8 to 12)
 - completed secondary school (or high school equivalent)

 - technical school or trade diploma
 - college/university: some undergraduate courses completed
 - college/university: completed undergraduate degree (e.g., B.A.)
 - college/university: some graduate level courses
 - college/university: completed graduate degree (e.g., MA or Ph.D.)
 - college/university: other professional degree (e.g., M.D., LLB)
10. What is the highest level of education obtained by parent or parental figure #2?
- not applicable
 - some primary school (kindergarten to grade 7, but no secondary school)
 - some secondary school (high school, grades 8 to 12)
 - completed secondary school (or high school equivalent)
 - technical school or trade diploma
 - college/university: some undergraduate courses completed
 - college/university: completed undergraduate degree (e.g., B.A.)
 - college/university: some graduate level courses
 - college/university: completed graduate degree (e.g., MA or Ph.D.)
 - college/university: other professional degree (e.g., M.D., LLB)
11. Do other people (e.g., partner, children) rely on your income? Yes No
 If *no*, what is your personal income before you pay taxes?
 [drop box, "select income"]
- Less than \$10,000
 - \$10,000-\$19,999
 - \$20,000-\$29,999
 - \$30,000-\$39,999
 - \$40,000-\$49,999
 - \$50,000-\$59,999
 - \$60,000-\$69,999
 - \$70,000-\$79,999
 - \$80,000 or more
 - \$90,000-\$99,999
 - \$100,000 or more

If *yes*, please indicate who relies on your income:

- Partner
- Child(ren)
- Other (*Specify*): _____

And what is your combined income with those people before any of you pay taxes?

[drop box, "select income"; same choices as above]

12. If you were living with your family when you were 17, how much money did your family members make (combined) at that time, before taxes? If you are unsure, please provide an estimate.

[drop box, "select income"; same choices as above]

13. Are you currently a student at the University of Victoria? Yes No

If yes, what year are you in?

[drop box, "select year"]

- First year undergraduate
- Second year undergraduate
- Third year undergraduate
- Forth year undergraduate
- Fifth+ year undergraduate
- Graduate student

What is your major at UVic (if applicable)?

- Psychology
- Other (*Specify*): _____

Did you sign up for this study on-line through the Psych 100 Research Participation System?

Yes No

Appendix L

Childhood Experiences

Children and adolescents can experience a wide range of events in their families and with others while growing up. Some of these may have been upsetting and some of them may have been less upsetting. In this part of the questionnaire is listed a number of things that you may have experienced when you were growing up. There are no right or wrong answers for any of these items as everyone's childhood experiences are unique.

When you were 17 or younger, how often did the following things happen to you in the average year? Answer separately for your *mother* (or other woman who lived with you when you were a child) and *father* (or other man who lived with you when you were a child). If you had different men and/or women living with you when you were a child, pick the person who was around the longest in your life.

Use the following scale to indicate how often this happened:

0	1	2	3	4	5	6
Never	Once a year	Twice a year	3-5 times a year	6-10 times a year	11-20 times a year	Over 20 times a year

If there wasn't a mother (or other woman who lived with you) or father (or other man who lived with you) in your life, leave that section blank (don't choose any numbers for that person).

1. Yelled at you.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

2. Insulted you.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

3. Criticized you.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

4. Said mean things about you.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

5. Called you names.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

6. Said you were stupid.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

7. Made fun of you.

Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

8. Tried to make you feel guilty.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
9. Ridiculed or humiliated you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
10. Embarrassed you in front of others.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
11. Left you along for long periods of time, when they shouldn't have.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
12. Acted like they didn't seem to care about you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
13. Ignored you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
14. Didn't do things for you that they should have.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
15. Acted like you weren't there, even though you were.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
16. Weren't around when you needed them.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
17. Didn't do things they said they would do for you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
18. Let you down.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
19. Didn't seem to love you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
20. Didn't take care of you when they should have.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
21. Were on your side when things were bad.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

22. Praised you when you did something good.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
23. Said they loved you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
24. Did things that let you know they loved you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
25. Hugged you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
26. Took you places or did things with you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
27. Encouraged you to have friends.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
28. Tried to make you feel better when you were upset or hurt.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
29. Talked to you.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
30. Helped you with homework or other things you had to do.							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
31. Hit, kick, or beat you?							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
32. Seriously threatened your life?							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
33. Hit, kick, or beat his/her romantic partner in front of you?							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6
34. Was verbally aggressive with his/her romantic partner in front of you (shouting, insulting etc.)?							
Your mother	0	1	2	3	4	5	6
Your father	0	1	2	3	4	5	6

35. Instructions: We know that some people have unwanted sexual experiences as children, adolescents, or adults. Some of these are with playmates or friends and some with relatives or acquaintances. These experiences may be so upsetting that they may not be discussed with anyone. Sometimes they are forgotten for long periods of time, and sometimes they are frequently brought to mind.

We would like you to help us understand these experiences that people may have. Please try to remember whether any of the following occurred to you:

Indicate "yes" or "no" for experiences occurring both as a child and as an adult:

	As a child (13 and younger)	As an adolescent or adult (14 and over)
1. Has anyone ever exposed the sex organs of their body to you when you did not want it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has anyone ever threatened to have sex with you when you did not want it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has anyone ever touched the sex organs of your body when you did not want this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has anyone ever made you touch the sex organs of their body when you did not want this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has anyone ever forced you to have oral sex when you did not want this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has anyone ever forced you to have intercourse (anal or vaginal) when you did not want this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you had any other unwanted sexual experiences not mentioned above? If yes, please specify: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Gender of the <i>other person</i>	male <input type="checkbox"/> female <input type="checkbox"/>	male <input type="checkbox"/> female <input type="checkbox"/>
9. Age of the <i>other person</i>	____ (age in years)	____ (age in years)
10. Relationship of the <i>other person</i> to you	<input type="checkbox"/> parent, stepparent, or guardian <input type="checkbox"/> brother or sister <input type="checkbox"/> grandparent <input type="checkbox"/> cousin <input type="checkbox"/> uncle or aunt <input type="checkbox"/> other <i>adult</i> relative <input type="checkbox"/> adult authority figure (e.g., teacher, minister) <input type="checkbox"/> your boyfriend or girlfriend <input type="checkbox"/> other known adult	<input type="checkbox"/> parent, stepparent, or guardian <input type="checkbox"/> brother or sister <input type="checkbox"/> grandparent <input type="checkbox"/> cousin <input type="checkbox"/> uncle or aunt <input type="checkbox"/> other <i>adult</i> relative <input type="checkbox"/> adult authority figure (e.g., teacher, minister) <input type="checkbox"/> your boyfriend or girlfriend <input type="checkbox"/> other known adult

	(<i>not family</i>) <input type="checkbox"/> stranger <input type="checkbox"/> other _____	(<i>not family</i>) <input type="checkbox"/> stranger <input type="checkbox"/> other _____
11. Was <i>physical force</i> ever used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Approximately how many times did it happen?	_____	_____
13. Your age the <i>first</i> time it occurred	_____	_____
14. Your age the <i>last</i> time it occurred	_____	_____

Appendix M

*Mentoring Relationships***In this section we are interested in learning about past and current Mentoring Relationships**

A Mentor can be described as:

“An adult who is often older than you, has more experience than you, and is willing to listen, share his or her own experiences, and guide you through some part or area of your life.”

Other than your parents or whoever raised you, is there a mentor in your life as described above?

- _____ YES, I have a mentor at the present time.
 _____ YES, I had a mentor in the past.
 _____ NO, I have never had a mentoring relationship as described above.

If you have never had a non-parental mentoring relationship please go on to Part C of the study.

How many people have been mentors to you? _____

Choose your *most important* non-parental mentoring relationship and answer the following questions:

1. What is the *most important* mentor's relationship to you (please choose one):

- | | | | | | |
|-----------------------------|------------------------------|-------------|-------------------|----------------------------|-----------------------|
| Older Sibling | Grandmother | Grandfather | Aunt | Uncle | Cousin |
| Neighbour | Friend's Parent | Coach | Employer | Big Brother/
Big Sister | Scout/Guide
Leader |
| Religious/ Spiritual Leader | Teacher/ Guidance Counsellor | | Doctor/ Therapist | | |

Other (*specify*): _____

2. Gender of the mentor _____ Male _____ Female
3. What age were *you* when you first developed a relationship with your mentor?
 _____ years
4. Approximate age of *your mentor* when you first developed a relationship _____ years
5. What age were you when the relationship with your mentor ended? _____ years
OR check here if the relationship is still on-going _____

6. Please identify the time period you were *most* actively involved with your mentor:

1	2	3	4	5
Before age 8 years	9-12 years of age	13-16 years of age	17-20 years of age	21-25 years of age

7. How often did you see your mentor during the time you were *most actively involved* with each other?

1	2	3	4	5	6	7
About once a year	Every few months	About once a month	About twice a month	About once a week	2 to 5 times a week	Almost every day or every day

8. How often do you *presently* see your mentor?

0	1	2	3	4	5	6	7
Never	About once a year	Every few months	About once a month	About twice a month	About once a week	2 to 5 times a week	Almost every day or every day

9. How close were you to your mentor during the time you were *most actively involved* with each other?

1	2	3	4	5
Not at all close	Only a little close	Somewhat close	Quite close	Very close

10. How close are you to your mentor at the *present time*?

1	2	3	4	5
Not at all close	Only a little close	Somewhat close	Quite close	Very close

11. Overall, how satisfied have you been with the mentoring relationship?

1	2	3	4	5
Not at all satisfied	Only a little satisfied	Neutral	Quite satisfied	Very satisfied

12. Overall, how beneficial (i.e., helpful) have you found the mentoring relationship to be

1	2	3	4	5
Not at all beneficial	Only a little beneficial	Neutral	Quite beneficial	Very beneficial

13. Were your parental guardian(s) aware of your relationship with your mentor?
 _____ YES _____ NO _____ Unsure

If yes, did your parental guardian(s) have contact with your mentor?
 _____ YES _____ NO

If yes, please indicate levels of *support* (e.g., encouragement, receiving help or advice) from your parental guardian(s) toward your mentor (choose a number):

1	2	3	4	5
Not at all supportive-----				Very supportive

Please indicate levels of *support* (e.g., encouragement, receiving help or advice) from your mentor toward your parental guardian(s) (choose a number):

1	2	3	4	5
Not at all supportive-----				Very supportive

Please indicate levels of *conflict* (e.g., get upset or mad at each other, have arguments) between your parental guardian(s) and your mentor (choose a number):

1	2	3	4	5
No conflict-----				A lot of conflict

Appendix N

Mentor Character Traits and Qualities scale (MCTQ)

14. Below are some character traits and qualities that might describe your most important mentor (whether past or present). Please rate all the items with the following scale:

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree

My mentor is:

15. Committed	1	2	3	4	5
16. Caring	1	2	3	4	5
17. Tolerant	1	2	3	4	5
18. Accepting	1	2	3	4	5
19. Flexible (e.g., able to modify or change interactions over time to suit my schedule)	1	2	3	4	5
20. Friendly	1	2	3	4	5
21. Empathic (i.e., understanding)	1	2	3	4	5
22. Trustworthy	1	2	3	4	5
23. Available	1	2	3	4	5
24. Respectful	1	2	3	4	5
25. A good listener	1	2	3	4	5
26. Non-judgmental	1	2	3	4	5
27. Able to set limits and follow through	1	2	3	4	5
28. Able to relate well to young people	1	2	3	4	5

Appendix O

Relational Health Indices-Mentoring Scale

15. Next to each statement below, please choose the one number that best applies to your relationship with your most important mentor (whether past or present).

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

Example items

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. I can be genuinely myself with my mentor | 1 | 2 | 3 | 4 | 5 |
| 2. I believe my mentor values me as a whole person (e.g., professionally/academically and personally). | 1 | 2 | 3 | 4 | 5 |
| 3. I feel as though I know myself better because of my mentor. | 1 | 2 | 3 | 4 | 5 |

Appendix P

Inventory of Parent and Peer Attachment – Revised: Mentoring

16. Next to each statement below, please choose the one number that tells how true the statement is for you with your most important mentor (whether past or present).

1	2	3	4	5
Almost never or never true	Not very often true	Sometimes true	Often true	Almost always or always true

Example items

1. My mentor respects my feelings.	1	2	3	4	5
2. I feel my mentor does a good job as my mentor.	1	2	3	4	5
3. I wish I had a different mentor.	1	2	3	4	5
4. My mentor accepts me as I am.	1	2	3	4	5
5. I like to get my mentor's point of view on things I'm concerned about.	1	2	3	4	5

17. Please comment on HOW your mentor positively influenced your life (e.g., listening to you, role modeling, helping you deal with stressful events, etc.):

(The form will expand to fit the length of response)

Appendix Q

Negative Interactions in Mentoring Relationships

The following are questions about **ANY** non-parental mentoring relationship that you have had (not restricted to your most important mentor):

1. Did any of the people who were mentors to you ever harm you physically (e.g., hit or push you on purpose)?
 YES NO
2. Did any of the people who were mentors to you ever harm you in an emotional way (e.g., yell at you, criticize you a lot, or humiliate you)?
 YES NO
3. Did any of the people who were mentors to you ever harm you in a sexual way (e.g., engage you in unwanted sexual kissing or touching, or exploit you in a sexual way)?
 YES NO
4. Did any of the people who were mentors to you ever encourage you to try alcohol before you were of legal age for drinking?
 YES NO
5. Did any of the people who were mentors to you ever encourage you to try drugs?
 YES NO
6. Did any of the people who were mentors to you encourage you to engage in illegal activities (e.g., shoplifting)?
 YES NO

If you answered YES to any of the above questions, please indicate the mentor(s)' relationship to you:

Older Sibling	Grandmother	Grandfather	Aunt	Uncle	Cousin
Neighbour	Peer	Coach	Co-worker	Employer	Friend's Parent
Religious/ Spiritual Leader	Teacher/ Guidance Counsellor		Doctor/ Therapist		

Other: _____

Appendix R

Romantic and Dating Relationship Questions

The following questions ask about you, your romantic relationship, your current partner in this relationship, and past dating relationships.

1. For the purposes of this study, a **romantic relationship** is defined as a relationship that includes romantic involvement, emotional involvement, and/or sexual involvement with another person (e.g. dating relationship, living together or common-law, marriage, etc). Are you currently in a romantic relationship?
 - Yes: If yes, how long have you been in the relationship? _____ months
(Or _____ years, if 2 yrs or more)
 - No
 - Unsure

2. What is your current relationship status?
 - Single with no romantic partner
 - Dating or in a relationship
 - Living with romantic partner
 - Married (legal or common-law marriage, including same-sex marriage)
 - Separated or divorced
 - Widowed

3. If you are currently living with your romantic partner, how long have you been living together? _____ months (Or _____ years, if 2 yrs or more).

4. If you are currently married, how long have you been married? _____ months (Or _____ years, if 2 yrs or more)

5. What is your sexual orientation?
 - Heterosexual
 - Bisexual
 - Lesbian
 - Gay
 - Other: _____

6. What is your partner's gender?
 - Female
 - Male
 - Other: _____

7. What is your partner's sexual orientation?
- Heterosexual
 - Bisexual
 - Lesbian
 - Gay
 - Other: _____
 - Don't know

Questions about your previous romantic and dating relationships:

8. What age were you when you first began to date? _____ years
9. What age were you when you had your first boy/girlfriend or romantic relationship that lasted for at least 3 months? _____ years
10. What is the length of the *longest* romantic relationship that you have been in? _____ months (Or _____ years, if 2 yrs or more)
11. How many boy/girlfriends or romantic relationships have you had that have lasted at least 3 months? _____
_____(check here if the answer is "1" and this is the relationship you are currently in)

Appendix S

Network of Relationships Inventory

Now we would like you to answer the following questions for your current romantic relationship. (If you are not in a current relationship, please indicate here ____ and *DO NOT* answer the following questions).

Next to each statement below, please choose the one number that best applies to your relationship.

1	2	3	4	5
Little or None	Somewhat (Not often)	Very Much	Extremely Much (A great deal)	The Most (Almost Always)

Example Items

1. How much free time do you spend with this person?	1	2	3	4	5
2. How much do you and this person get upset with or mad at each other?	1	2	3	4	5
3. How much does this person teach you how to do things that you don't know?	1	2	3	4	5
4. How much do you and this person get on each other's nerves?	1	2	3	4	5
5. How much do you talk about everything with this person?	1	2	3	4	5
6. How much do you help this person with things she/he can't do by her/himself?	1	2	3	4	5

Appendix T

Psychological Maltreatment of Women Inventory-Short Form

This questionnaire asks about actions you may have experienced in your relationship with your romantic partner. Answer each item as carefully as you can by **choosing a number** next to each statement according to the following scale:

1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Very Frequently	Ever Not in the past 3 months, but it did happen before in this relationship
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IN THE PAST 3 MONTHS:

Example Items

1. My partner called me names.	1	2	3	4	5	E
2. My partner swore at me.	1	2	3	4	5	E
3. My partner yelled and screamed at me.	1	2	3	4	5	E
4. My partner treated me like an inferior.	1	2	3	4	5	E
5. My partner monitored my time and made me account for my whereabouts.	1	2	3	4	5	E

Appendix U

Abusive Behavior Inventory

Answer each item as carefully as you can by **choosing a number** next to each statement according to the following scale:

1	2	3	4	5	Ever
Never	Rarely	Occasionally	Frequently	Very Frequently	Not in the past 3 months, but it did happen before in this relationship

IN THE PAST 3 MONTHS, how often has your partner:

Example Items:

1. Threw, hit, kicked, or smashed something.	1	2	3	4	5	E
2. Threatened to hit or throw something at you.	1	2	3	4	5	E
3. Pushed, grabbed or shoved you.	1	2	3	4	5	E
4. Slapped, hit, or punched you.	1	2	3	4	5	E

Appendix V

Debriefing Form

Purpose of the Study

Thank you for your interest and your participation in the study. Your responses are greatly appreciated because we realize that many of these questions were personal and perhaps not easy to answer. Please be assured that your responses will remain anonymous and confidential.

As mentioned in the informed consent letter that you accepted, one of the main purposes of this research project is to assess different aspects of romantic and dating relationships among young adult women and to examine the links between childhood experiences, mentoring relationships, and later romantic relationship quality. This study will allow us to have a better idea about 1) how childhood experiences might affect later romantic relationships, and 2) how positive mentoring relationships might affect later romantic relationships. There is some evidence to suggest that individuals who experienced stressful events during childhood (such as child maltreatment) experience more difficulties in their romantic and dating relationships compared to those who did not have such childhood experiences. However, there are some protective factors that may prove to be helpful, for example, we are exploring how having a positive mentoring relationship might be helpful for some young women who experienced stressful childhood experiences.

Results from studies such as this one will be of benefit to psychologists and others in similar professions who work to assist those who experience the various life stressors included in this study. It will also be a benefit to those who are involved with research on and management of mentoring programs.

We appreciate your participation in this study and hope that it has been an educational experience for you. If you have any questions about this study please contact Ms. Van Bruggen (250) 472-4177 or lkv@uvic.ca or Dr. Runtz (250) 721-7546 or runtz@uvic.ca. We will be happy to respond to any questions that you may have about this research. You may also contact the Human Research Ethics Office at the University of Victoria (250) 472-4545 or ethics@uvic.ca if you have any questions or concerns about this study.

Now that you have completed the study, you are eligible to enter a draw to win one of three gift certificates of \$50 from the University of Victoria bookstore, or, if you are in the Introductory to Psychology course, you may receive course bonus points. Odds of winning a draw prize depend of the number of participants. To enter the draw, please type your email address in the box below, and then click the "submit" key. You cannot obtain both the bonus points and enter the draw, so please select one option only if you are eligible for either. Your email address will not be associated with your responses in this study (i.e., your data will remain anonymous). We will make no use of your email address other than to (a) enter it into the draw and (b) use it to contact you if you happen to win the draw. Once the draw is completed, the list of email addresses of participants

will be destroyed. If you prefer not to enter the draw, do not enter your email address and close your browser.

For students in the Introductory to Psychology course: If you are completing this questionnaire in a computer lab with the researcher, you have a choice of either 1) receiving 2 course bonus points for participating in this study or you have the choice to be entered in the draw. If you wish to receive the bonus points, do not enter your email address in the box below, but see the researcher about receiving your points. For students in Psychology who complete this study outside of a research lab, you only have the choice of being entered in the draw.

Thanks again for completing the study!

Email Address:

*[Click here to print
this debriefing form](#)*

Appendix W

Ways in which Mentors Positively Influenced Participants:

Responses to the Comment Section

1. My mentor helped me to better understand who I am as a person, and how to deal with conflict and problems in a more constructive manner. She is always there to listen and talk to and often provides very helpful advice and is hardly ever judgemental. She helps me to step back from a problem and look at many more solutions than I would have thought of originally.
2. Sharing life experiences and giving advice, particularly for relationship or social problems.
3. role model
4. She listens to me whenever I need someone. I can call her or talk to her at almost anytime day or night. We share a lot together and are closer for it. In a way we are both role models for each other, but she is more so a role model to me. We help each other out when we get stressed. We can laugh and joke around together. Its a good relationship.
5. She helped me with the transition from high school to university, is interested in the same sorts of things that I am (school-wise: me with music, her with new media and arts) so we have things in common to talk about, takes me out for tea when it's stressful exam time to relax and talk, understands what I'm going through, is helpful when I am upset over being apart from my boyfriend and family.
6. She was my Big sister. So when I was in high school I felt like she could really relate to me, because we were in the same family and went to the same school. When she gave me advice, I felt I could trust her because she had already been in the same or similar situation and when it came to parents she was good at predicting reactions based on past experiences. She was my big sister, I was young I thought she was the coolest person, I wanted to be just like her. I still love her very much of course, and think she is cool and we still have a really close relationship, I just Know myself better now and have my own perspectives on things.
7. My mentor is always there for me. I can call her up and she will stop anything she's going to listen to me if something is bothering me. She'll listen and reflect what I have said and help me deal with things.
8. My Grandma has helped me by modeling the type of person I want to be and by always being there when I need her.

9. Listening to me as well as giving me advice. Also because this is my grandmother-in-law it is helpful to get to know her to understand my husbands background and why he reacts to things a certain way.
10. She helped me to become a better person overall.
11. My grandmother was a great role model when I was a teenager. She taught me how important family is, and how wonderful life can be. I have always been a very quiet person, not able to fully express myself with a lot of people, so our relationship did not often include very personal subjects (like personal problems I was having). Some of the questions above therefore don't really apply to my situation since I didn't go to her, or anyone, with any problems I was having. Simply by being herself she taught me many life lessons - through interactions with her family, myself included, she taught me about love, support, and commitment to those people who are important to you. She was always surrounded by family and friends, and would do anything just to make them be happy and smile. She taught me how to be a happy person.
12. My grandmother spent a great deal of time with me as a younger child, such as having me go over to or sleep over at her house, taking me to church, and taking me for summer vacations. She took a lot of the parenting pressure off of my parents. She financially supported me through such things as putting me through swimming lessons and helping out with expenses such as clothing and toys. She was very supportive of all of my achievements and regularly attended concerts, sporting events and award ceremonies. She has been a very strong female role model in my life. She has regularly offered advice whenever I needed, even if it may not have always been appropriate or fitting.
13. My mentor has always helped me in situations where I had no one else to. My grandmother was always there to give me rides when I needed them the most to ensure that I was there on time and able to complete what I needed to.
14. My mentor helped me by spending time with me, doing things with me, helping me do things I want to do and make my goals a reality. She encouraged me, gave advice and support.
15. She was my escape from home. I could go to her house to either just relax or rant about my problems and she'd listen or find something fun for us to do. She still does in fact.
16. My mentor has been a very positive influence on how I go about life. I see her strength and will power and hope that one day I would possess those as well.
17. encouraged me in a positive way to reach a solution in every aspect of my problems and has never doubted my own judgement.

18. My mentor does not judge me when I am upset over an issue that in the long run is something that should not be worried over. My mentor may not always be happy with something I have done but will be there for me no matter what.
19. My mentor is a good role model. She is 84 and still participating in many activities and has a positive attitude.
20. My grandma has always been someone I could turn to. We used to talk on the phone for at least an hour everyday about meaningless things or important things. I always feel comfortable talking to her and I feel sad when I haven't talked to her for a while. I usually just call to chat because she and my grandpa think they are "interrupting" when they call. When I talk to them I always feel better after.
21. Although he died last year, my mentor continues to enhance my life because of the influence he had on me in my younger years.
22. My mentor has positively influenced my life by being a great role model and teaching me important life skills.
23. My Grandpa helps me financially through university, and he allows me to talk to him about my life plans and goals. He is a doctor, and I would some day love to practice as a physician. He encourages me in my everyday goals and activities.
24. My mentor positively influenced my life by being an active role model. He was intelligent, polite, respectful, generous and kind all of which I strive to be. We didn't have too many opportunities to have in depth conversations about me, but I feel through the discussions we had I learned a lot about life in general and the type of person I would like to be.
25. has always been there for me -will always be there to talk about anything -is trustworthy and loyal
26. My mentor is my grandfather, but also my grandmother. They have both always been there for me, and provided a safe place for me if I ever needed it. Since I grew up with my mom being a single parent, my grandparents were always there for my mother and I and helped greatly. I wouldn't be the person I am today without the help, support, security, and constant love that I got from my grandparents!
27. always there when I needed someone to talk to
28. My mentor was there throughout my entire childhood, and she played a very important role at that time. She was my fun, single Aunt who I could always turn to hang out with, go on adventures with, and talk to about things that I couldn't talk to with my parents. I look up to her in many ways. She inspired me to take the leap to go travelling through Southeast Asia by myself for a year.

29. My mentor have always helped me get through the difficulties in life. She helped me deal with my parents and stressful situation. Sometimes, when I get into an argument with my parents, she becomes the mediator.
30. Being a role model and helping me through hard times throughout my childhood. supporting and encouraging me to make my own choices and do what I feel is right.
31. My mentor is my aunt and she was always being unconditionally loving and supportive through out my life not matter what my actions or mistakes have been. She is always available to talk and hang out. I am always welcome in her home without an invitation and she would do anything for me.
32. Has helped me to choose better choices. Has given me guidance and has shared their life experiences with me to help me get through mine.
33. She's my aunt so I've known her for a long time- being in University away from my parent's town and in hers she's helped to guide me through the experience and help me with any adjustment problems I may be having.
34. My aunt is a very caring person who understands how hard it is to grow up, she is there when I need her and although I don't tell her everything that does on if ever she sees that I'm upset she will always try and help.
35. My relationship with my dad is very up and down. My mentor is always there to listen to how I feel about his actions and things he does that upset me. She helps me put things in perspective and points out when I am over reacting.
36. helps me with her past experiences and tells me what she wishes she had differently.
37. Role-model, listening, played with me at a young age and developed a close relationship
38. She listens to me regardless of the problem and always has an optimistic view.
39. Has encouraged me to remain in post-secondary and to put more effort in to obtaining a degree of use and interest.
40. She listens to me when ever I need her to, and she always tells me that she is always there for me if I ever need it. That way I know that I can count on her all the time.
41. Although my cousin and I live in different provinces and have very different familial situations, we share many common views and experiences in the realm of dating, romance, etc. I find it easier to understand what and why is going wrong in my romantic relationships because of the experiences shared by my mentor.

42. When I moved away from home and when I was preparing to my mentor helped me prepare myself for the changes that were coming and she has been a part of my life for a long time so was able to tell me exactly what I wanted to know. She has been able to help me with relationships and school as well as university experiences. She also encourages me to travel and experience new things. She thinks it's important for individuals to experience and will always support anything I do.
43. My cousin, who is my mentor, has been through a lot of relationships in her past. If I am ever feeling emotional or just want to talk, she helps me figure out myself based on her experiences which makes me feel extremely uplifted.
44. I am happier because I am able to get things off my chest quickly
45. Giving advice, helping me understand medical events happening to loved ones, talking me through it, etc.
46. -Listening to me -Helping with stressful situations -Great for advice -role modeling -there for me when upset
47. Gained my trust overtime and is always supportive.
48. My mentor is wise and non-judgmental. Therefore, she makes me more sure of my opinions and I know she will tell me the truth whether or not it is the answer I would like to hear. I know that our relationship isn't artificial, like a lot of relationships I have with people my own age. She also takes care of me in a motherly way, which helps me relax when I am stressed or anxious. She has been through a lot of things I am going through, and therefore I trust her advice, and I know she is down to earth and realistic, which is very important to me.
49. My mentor positively influenced my life by listening to my concerns and giving me good advice about what I should do about situations I am worrying about. She also shared her personal experiences with me to help advise me on what to do in certain situations.
50. All of the above listed influences are true for my mentor. She is a very smart woman so I trust her judgement on things and also rely on her to be supportive in things like school. she is also very worldly but she does not brag about either of these things and her humbleness and pursuit of happiness for herself inspires me to be happy and strive for more. I have always gone to her when I am stressed out and I feel that she has helped talk me thorough a lot. I have never had such a major crisis that I wasn't able to talk to her about it. she is also very kind, I feel like her home is welcoming and she is always there for me. I can also be a friend with her and she is not always expecting to deal with problems that I might have. Even so she is always there with advice. I have talked to her about EVERYTHING. Even when she disapproves of me she does not belittle me and I can tell her anything and she will give me kind advice or suggestions for coping.

51. My mentor was one of my friend's mom and she helped me deal with a really big problem I had in high school. she listened to me and supported me and helped me through it.
52. In a period when I was having a very negative relationship with my mother, and our family was having extreme financial difficulties, my mentor was someone who understood what I was going through. She is funny and uplifting and positive, whereas my mother was very down and negative during this period. She was my "second mother" and she was a very important person in my life in such a difficult time of adolescence.
53. My mentor helped advise me and give me different points of views towards my problems that I was having. She was great at listening and understanding.
54. motivated and inspired me to work hard, do things I am passionate about and be 100% committed to everything I do.
55. helping me deal with stressful situations role modeling help me with difficult choices revealed new dynamics of my personality inspired me gave me new hope helped me with goal setting listened made me feel genuine cared extremely for me
56. My mentor is my swim coach. He has helped me overcome difficult times in my life and understands the sport very well, therefore is able to relate to it. He motivates me when I have motivation troubles and tries to keep me thinking positive. After a competition he tells me the positive and negative outcomes and usually tries to get me to think ahead.
57. My mentor is a very good listener and is always there when I need to get something off of my chest. She is understanding and gives her input when needed, and often knows how to go about a situation to make me feel better. She reminds me of my own responsibilities as an individual and guides me in the right direction, without forcing values on me.
58. My mentor was my basketball coach all three years of high school. We had formed a relationship much deeper then coach and athlete. Everyday before practice he would tape my ankle, and during that time we would talk about things that were on my mind, not only about basketball, but in other aspects of my life. He taught me to be a better athlete and the showed me that it is okay to be myself around everyone, and not to be afraid if someone judged me, or didn't like me.
59. My mentor was my biking coach for 3 years. He coached me about 3 times a week and made me become a better biker my giving me tips and stories of his own personal experiences. He was there at all my races. He taught me a lot about being a better biker as well as being a better human being.
60. My mentor was very encouraging, she listened to what I had to say and always said she believed in me, she helped me deal with stressful events and work through them.

61. My mentor was my soccer coach for four years. He worked my team and myself hard but in our final season we got gold in both cities and provincials, had an undefeated season and in the summer traveled together to train in Germany. While there he became like an older brother to me, he has helped me become a stronger, more open, dedicated and healthier person.
62. My mentor coached me for up to twenty two hours a week for over three years. Through these years I went through several adjustment periods. I changed schools twice, experienced health issues, and was competing in national level sports, which is to say the least taxing on someone as young as I had been. She was always there to help me, a pillar of strength. We didn't talk about my problems openly, usually, but she always had a knack for knowing when I was upset about something, and knowing when was the right time for what type of encouragement (i.e.: a hug, an easier/harder workout, praise)
63. My mentor is a very positive role model & is almost always ready to listen if I have a problem that I need to talk about. She offers her advice (from dealing with similar instances/relationship problems in her life) & she is not quick to judge. The reason I go to this person is because she is not one to spread gossip or tell other people my problems. She is extremely trustworthy & respects my privacy.
64. my mentor listened to my problems and gave his advice according to things he had gone through before.
65. My soccer coach had always listened and gave advice on every topic! If it is not relationship advice my mentor is giving me she is giving me advice on how to be a better individual.
66. My mentor was my soccer coach. I was the captain of the team. We are both very competitive people and through our captain to coach relationship we got close. He is very caring about all of the other girls on the team. Our team was like a separate little family. He listened to me, talked with me, joked with me and always had great advice. I could talk to him with just about any of my troubles and he shared his often. He helped deal with the stressfulness of competitive soccer but also made me see how to relate this advice to my personal life.
67. My mentor was my soccer coach. He was amazingly understanding and motivating, and truly inspired me to reach for athletic greatness. I thank him today for everything he enabled me to accomplish, and I hope that I will be able to pass all his expectations of me in the future.
68. When I needed somebody to talk to about anything my mentor made herself available. She would give me advice or just listen.
69. helped through high school, encourage positive influences in life, encourage sports as a means to gain friendships and learn teamwork and valuable skills.

70. She was someone away from my family and school relationships who could give me a nonobjective opinion and listen when things got tough.
71. My mentor will actively listen to my problems and will also show empathy. She is often available to meet with me and she helps me find the "answers" that I need for myself.
72. My mentor has been my role model for many years. Their attitude and charisma gives me a positive outlook and like and makes me want to encompass that same trait into my personality.
73. spiritual guidance and relational advice
74. My mentor was very helpful in my high school days when I was going through some really hard times. She was friends with my brother but she went to the same high school I did when she was my age so she understood how that school worked and how hard it is to find your real identity there. She got me back on track with my life and my faith and we had some great talks and good times together. Currently she has moved to Ontario to be with her boyfriend so we don't talk very much anymore but she will always be there for me if I need her.
75. My mentor was always very good at listening to me. Even though I have no contact with her now, since she has moved away, I still am thankful for the guidance that she had shown me at least 6 -7 years ago.
76. My mentor guided me through my initiation into the Roman Catholic Church 4 years ago. She was a wonderful woman who taught me about a lot of things, shared experiences with me, organized me to meet with wise people and to talk about my feelings. She is now a nun in France so I can't talk to her as much as I would like but I think about her often. Almost everyday. She has a positive impact on my life.
77. He listened to me when I had a problem and gave me non judgemental advice. He was always patient but straight forward. He easily got to the point to help me see the problem more clearly.
78. Mostly, he just helped me learn about myself, and how to express the way I feel, and how deal with those feelings in a productive way.
79. listening to me, offering advice when he has been in a previous situation in the past, sharing common experiences and how we both deal with them
80. It was good to know someone was there to like me for who I am and encourage me to do my best and challenge me when needed.
81. Listens to me, allows me to trust myself more, always makes time and makes it clear that I can call or come by if I ever need to talk no matter what.

82. My mentor encouraged me to pursue my strengths and goals in life, and taught me to appreciate family and friends. He also taught me the value of seeing the world with your own eyes, not just the tourist places, but the places that you can see for yourself where change can be made. you can be the change you see in the world.
83. My mentor was constantly there for me when I was struggling through a relationship in high school, and I'm not sure I would be as strong as I am today without him. He was an open minded person to talk to and was always looking out for my best interests.
84. My mentor introduced me to the subject which is now a huge focus of my life, and which I am studying. His passion and excitement about this subject inspired me to pursue it. He went to great lengths to open doors for me and connect me to people and resources within the field. I felt at the time that when no one else understood my frustrations or concerns regarding the subject, that he did.
85. He taught me everything I know about jazz and talked to me like I was his own age.
86. My mentor helped me through many difficult times while growing up. She was there to listen to my problems and ordeals I had with friends, school and life in general. She was always an inspiration to me and helped me understand myself better.
87. My mentor helped me coped with stressful events in my life related to being a teenager.
88. Showed me that anything is possible, things will come in time, and its ok to make mistakes. always have an open mind and remember those who helped you get to where you are.
89. a calm, warm presence in my school, leadership with extra-curricular events, quietly taking time to understand, appreciate and if necessary help young adults.
90. My mentor helped me get through high school when I was struggling with depression and a great deal of teenage anger, by encouraging me to go to class, to get over my frustration, letting me leave classes to rant and be angry and cope with my emotions. It was a rather professional affair, but quite helpful. She often went out on a limb to get me to pass courses I didn't want to do.
91. My mentor has significantly influenced my self- esteem, and has been extremely supportive of me. She has helped me realize my potential and has always supported and encouraged me to think anything is possible. She has always believed in me, and been there for me when I needed it the most.
92. listen to me all the time
93. Giving me a new, healthier perspective on life and giving me the tools to better myself.

94. Through listening and providing me with helpful advice, my mentor has definitely been a positive influence guiding me through troubles and transitions in life.
95. Listened to me, discussed future career goals and how to achieve them, helped me work through stressful times (i.e. excess school work, difficulties with parents etc).
96. My mentor was a science and math teacher I had during my last two years of high school, as well as a homeroom teacher in grade 12. I was a good math student but struggled with science somewhat. I was amazed at how generous he was with his time after school or during lunches, not only with me but with other students. He was able to help 5 different people at once and make them all feel as if his attention was completely undivided. It was because of him that I began to seriously consider becoming a high school math teacher - I saw what a difference he made for the kids who hated and struggled with math, and I wanted to be able to offer that as well. We spoke of his experience at university and he encouraged me that I could do it as well. as a homeroom teacher he shared with the class about his life, his family (he was married, and we'd all met his wife several times - it was a small, very family and community oriented Christian school) and he encouraged us to share our problems and encourage each other and emphasize the good and triumphant moments in our life as well. He went above and beyond just teaching us his subjects but lent to us his life experience and many words of wisdom. I only occasionally see him now but it's always nice when I do and we catch up. He always asks how the math is going, and other questions that show he remembers and is still interested in many of the things we talked about years ago. such a great guy, a great influence for me and so supportive just when I needed it.
97. My mentor was always aware of my problems through school and at home. Since he was my theatre director, we formed a true friendship sharing something that we both love (theatre.) When stressful situations arose, he would help me laugh about them or help me deal with them, changing the situation so I could feel better about it. He has influenced my life in many ways, one way is through theatre. Without his direction, I know I would not be the same person I am today.
98. Helped me to really decide what I wanted to do after high school.
99. He was my teacher, and in grade 12 I would have had an extremely difficult time getting through it emotionally if he wasn't there to sit me down and talk to.
100. He gave me the power to be myself and love myself no matter what.
101. listens to me, aids me to deal with stressful events, is there for me, gives me advice and tells me his personal opinion.
102. My mentor helped me deal with a series of difficult/stressful events throughout my high school years, as well as got me involved in a lot of things (volunteering, school programs) that really helped. He is a very good listener

103. My mentor was my professional counselor during a really hard time in my life. She was really easy to talk to, so I was comfortable working through my issues with her. In many ways she changed my life.
104. My mentor has calmed me down in stressful situations that could have led me down a bad path. My mentor has helped me heal from home situations by just listening.
105. My mentor has helped me get through hard times recently with a death in my family, loss of a relationship, and other personal problems
106. listening, and just being there, providing advice when I am feeling down etc.
107. She made me feel artistic, spontaneous and outgoing, which are characteristics I don't normally show. She valued my judgment and trusted me a great deal with her past and current personal experiences by telling me about them in detail. She was extremely proud of all my accomplishments and could relate to most of what I told her because she had experienced something similar before or knew someone who did.
108. My mentor listens to me, and asks me how things are going in a non judgemental way, as well as not taking any sides to the story. She also gives me information on her own past experiences.
109. My mentor is my acupuncturist who treats my whole family. He often times provides an objective view of the troubles I might be encountering with my Mom or Dad because he understands all points of view. Also he helps me deal with anxiety and stress by talking to me, sharing his own experiences and encouraging me to be true to myself.
110. She often has practical and applicable advice.
111. I became close to her while dating my previous boyfriend, who ended up serving overseas in Afghanistan. Her and I became very close during the lead-up and went to meetings with other army families together, got together lots while he was away, emailed each other, phoned each other, etc. I was very supportive of her and she was very supportive of me, and we said "I love you" to each other- she was like a second mom in many ways; more patient and understanding as well. Today we still chat quite a bit and try to get together whenever I visit home; we've even had talks about my current boyfriend although my last one was her son, and she is very interested in how I'm doing regardless and how things are going with my current relationship. She is wonderful and gets busy sometimes but usually is around to talk to. Very caring woman.
112. Took on a mothering role which I needed when I moved out really early
113. Listened to me, spent time with me on a regular basis.

114. She was the first adult to build an adult relationship with me. I've learned a lot about how to be an adult woman from her. She's also someone I aspire to be like when I am older.
115. I've not had just one mentor, I've had many over the years as a camper, and now a counsellor, at a camp in Alberta. It is just a normal horse camp, but the bonds I have created there over the years have helped shape who I am today. There are 3 or 4 really influential people from when I was a camper there, and many now that I am a counsellor there myself.
116. My mentor has not only listened to me, but also aided me in finding stability in many aspects of my life. In particular, she has always provided a safe environment for me when I need an escape. Moreover, although I met her at my original job, in the summer when she finds better paying work she has on various occasions offered, and followed through with, providing me a second or third job. Additionally, she allows me to work on my schedule because she knows that my greatest constraint is not ability, but time. Therefore, if I need to adjust work or any other thing she will accommodate as best as possible.
117. My mentor is beginning to become almost like a second mother as I get to know her better. When I can't talk to my parent's about something I can go to her. She always provides a different prospective than my family and listens to me.
118. encouraging and listening and just forgiving
119. She was available to me to listen and provide an objective position. She encourages my goals and often tells me that I am a beautiful and worthwhile person.
120. Similar interest/gave confidence that I could succeed if I wanted, and gave me the reality of the writing business and that it isn't a field for people who don't want to work at it.
121. She played an important role in helping me decide the kind of lifestyle I would like to have and the kind of person I would like to be.
122. My mentor has shared her experiences with me and is easy to relate to, as she has gone through a lot of the stuff that I have/am going through. She always tries to be a great role model, in every aspect of her life, for people of all ages.
123. My mentor(s) literally saved my life. They are like family to me.
124. My mentor acted as a second parent to my brother and I. She was always there when my mom (a single parent) couldn't be. She brought me to sports, dance, watched my competitions, was at my graduation, and has come out to visit me in Victoria from my home town. She is a very good listener- and always finds time for me regardless of having children of her own as well.

Endnotes

1. There are no set criteria in the research literature as to an appropriate length of relationship when studying romantic relationships. For example, Duemmler and Kobak (2001) did not set a minimum relationship length time in their study of college students. The authors reported dating relationship lengths ranging from 1 to 65 months, with an average length of 17 months ($SD = 13.4$ months). Markey and Markey (2006), however, set a criterion of at least a one-year relationship duration for their university sample. In their study, the average relationship length was 3.13 years ($SD = 2.07$ years). Sengsouvanh (2003) used the criterion of 3 months or longer in her study of romantic relationships among university students and she reported an average relationship length of 19.2 months ($SD = 18.8$ months) with a range of 3 months to 11 years. These three different studies demonstrate the range of relationship lengths in studies examining dating and romantic relationships. While relationships of longer duration (e.g., over one year) may be qualitatively different from those of shorter ones (e.g., relationship length has been found to predict attachment security and relationship stability, Duemmler & Kobak, 2001), it was important to capture a variability of relationship lengths in this study of young adult women. Therefore, for this study, I decided to set the criterion of relationship length at three months or longer. I decided to not make the duration less than three months as I wanted to ensure enough time had been spent together in the relationship to assess for relationship functioning and quality (e.g., affection and companionship).
2. Researchers (e.g., Kaltman, Krupnick, & Stockton, 2005) have found that CSA experiences are qualitatively different than experiences of adolescent sexual assault

- (ASA) in terms of the risk factors for the abuse experience, perpetrators, and the outcomes associated with the experiences. In this study, as the focus was on childhood experiences of abuse and maltreatment (especially those by parental figures), it was decided to exclude ASA experiences. Therefore, for unwanted sexual experiences between ages 14 to 17 years, close-in-age perpetrators and boyfriends were not included (ASA may be examined in a future paper).
3. There was one exception to the age rule. For one participant, she identified her camp counsellor as her mentor. The participant was 9 years old when the relationship began with the camp counselor's age being 16 years. However, given that the participant stated that the time period of most active involvement with her mentor was when she (the participant) was 13 to 16 years of age, and the counselor was 20 to 23 years, it was decided to retain this mentoring relationship for analyses in this study.
 4. The 42 excluded cases were siblings ($n = 29$), older cousins ($n = 3$), close-in-age friends ($n = 3$), romantic partners ($n = 3$), nanny ($n = 1$), family friend ($n = 1$), sister-in-law ($n = 1$), and did not identify ($n = 1$).
 5. For the participant missing items on the MCTQ scale she indicated in the demographics section that her first language was Mandarin and that she was an international student from China. Given this information, the missed items may be due to difficulty with some of the adjectives and phrases on the scale (e.g., "empathic").
 6. None of the three known articles using the RHI (LaBrie et al., 2008; Liang et al., 2002; Frey et al., 2005) reported the RHI-M means, standard deviations, and ranges.

Therefore it is not known how this study's results differ from or are similar to other studies.

7. In exploring the significant relationship between questionnaire order and level of CPM by mothers, what emerged was that there were three participants with scores over 100 on the reverse order questionnaire, while no participants had a score above 86 on the original. The analysis between questionnaire order and level of CPM by mothers was redone removing these three outlier cases and there was no longer an order effect, $t(259) = -2.40, ns$. Therefore questionnaire order did not need to be controlled for in the analyses.
8. The first income group of less than \$40,000 per year before taxes was chosen based on Statistics Canada criteria for Before-Tax Low-Income Cut-Offs (LICOs) for 2006 (see http://www.ccsd.ca/factsheets/economic_security/poverty/lico_06.htm).