

Examining the Effects of Intimate Partner Violence on Psychological Distress Between Genders

Jade Turner¹, Chloe Johnson², Peter Gleason Ph.D.³

¹Jade Turner, Walla Walla University, United States, jade.turner@wallawalla.edu

²Chloe Johnson, Walla Walla University, United States, chloe.johnson@wallawalla.edu

³Peter Gleason Ph.D., Walla Walla University, United States, peter.gleason@wallawalla.edu

ABSTRACT: The purpose of this project is to evaluate the association of intimate partner violence (IPV) on psychological variables including feelings of hopelessness, suicidal ideation, suicide planning, and past suicide attempts. Research on adult populations suggests a positive correlation between IPV and psychological distress; however, adolescent IPV and its relation to psychological distress remain an understudied correlation. Using the 2017 CDC Youth Risk Behavior Survey data analyses was conducted on responses obtained from anonymous questionnaires from a sample of adolescents ages 12-18 (n=14,765). Analysis of victims of IPV showed that males were more likely to report planned suicide and suicide attempts, while a higher percentage of females than males were more likely to report feeling sad or hopeless and suicidal ideation. Our findings confirm the inverse relationship between intimate partner violence and psychological distress. There is a surprising connection between IPV and psychological distress in men. Future research is needed to clarify the nature of these associations.

KEYWORDS: mental health, intimate partner violence, psychological distress, adolescent

Introduction

Intimate partner violence (IPV) is an important public health issue that crosses all age, social, racial, and economic lines. Intimate partner violence includes emotional, sexual, and physical abuse and controlling behavior (World Health Organization, 2014). An estimated 10% of high school students in the United States have been victims of sexual or physical violence and 25% have experienced emotional IPV in the past 12 months (Karsberg et al. 2019, 574). Approximately 4% to 20% of adolescent females and 2% to 9% of adolescent males in the United States have been victims of sexual or physical abuse inflicted by their dating partner (Ackard et al. 2007, 476). Intimate Partner Violence has been shown to be associated with high-risk behaviors such as drug and alcohol use, depression, sexual health risks, suicidal thoughts and attempts, and disordered eating behaviors (Ackard et al. 2007, 476).

The present study examines adolescent gender differences in intimate partner violence (IPV) and psychological distress. Psychological distress describes unpleasant emotions or feelings that impact daily functioning at different levels. Research on adult populations suggests a positive correlation between IPV and psychological distress; however, adolescent IPV and its relation to psychological distress remain an understudied correlation. Female adolescents are more often victims of IPV, being one of the most common forms of violence against females (World Health Organization 2014, 1). Little is known about the difference between adolescent males and females exposed to high levels of IPV and levels of psychological distress.

This study is designed to better understand how adolescent IPV is related to psychological distress for girls and boys. Because of this we sought out to answer three research questions on intimate partner violence and psychological effects on adolescents. First, do people with higher levels of IPV have more serious levels of psychological distress? Second, are there differences between adolescent male and female IPV and self-reported depressive symptoms, and suicidal thoughts and behaviors? Finally, were girls who experienced IPV more likely than boys to experience psychological distress?

Purpose

Using the 2017 YRBS, we examined whether adolescents who reported dating and sexual violence were at higher risk of psychological distress in the form of feelings of sadness or hopelessness, suicidal ideation, suicide planning, or suicide attempts.

Methods

This study uses the United States Youth Risk Behavior Survey (YRBS) which was developed by the CDC. This survey is conducted every two years by the State Department of Education and collects school-based, nationally representative data in the U.S. This survey is used by a variety of organizations to secure funding and assess trends over time. The information included is designed to assist educators to meet students' needs and to help students develop, problem-solving, impulse control, and self-awareness skills. The survey focuses on six different behavioral categories including; unhealthy dietary behaviors, tobacco use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, inadequate physical activity, behaviors that contribute to unintentional injuries and intentional injuries, and alcohol and other drug use (CDC, 2012). In 1999 they assessed the test-retest of the survey and found that their health risk behaviors were reported reliable over time.

The YRBS questions that assess suicidal behaviors and thoughts were determined to have both convergent and discriminant validity (May & Klonsky 2011, 379). Questions 25 through 28 measure sadness, suicidal ideation, suicide planning, and attempted suicide. Questions 21 and 22 focus on sexual and physical dating violence. Question 21 asked, "During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)" Question 22 asked, "During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)" (CDC, 2017).

Participants in this study included 14,765 students between the ages of 12 to 18 from public high schools across the United States. Both males and females were asked to participate in the study. The response rate resulted in about 75% of schools and 81% of student participation (U.S. Department of Health and Human Services 2018, 6). The study was voluntary, and each participant was given a self-administered questionnaire in their classrooms during a regular class period. Sociodemographic characteristics included gender and age.

Procedure

In this study, we examined the relationship between the extent of self-reported IPV and self-reported psychological distress symptoms. The research design of this study was non-experimental as it focused on the relationship between intimate partner violence and psychological distress in adolescents. With the YRBS database the data was run using the SPSS for statistical analysis. The YRBS uses a multi-stage cluster sample design. Using a logistic regression model the dichotomous variables from the data were run. See table 1 for variable definitions and coding.

Table 1. Study Variable Operational Definitions and Coding Rules

Variable Name	Operational Definition	Coding
Dating Violence*		
Sexual Dating Violence	During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	0 times = 0 1 or more times = 1
Physical Dating Violence	During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	0 times = 0 1 or more times = 1
Psychological distress**		
Sad or Hopeless	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	No = 0 Yes = 1
Suicidal Ideation	During the past 12 months, did you ever seriously consider attempting suicide?	No = 0 Yes = 1
Suicide Plan	During the past 12 months, did you make a plan about how you would attempt suicide?	No = 0 Yes = 1
Suicide Attempts	During the past 12 months, how many times did you actually attempt suicide?	No previous attempts = 0 1 or more attempts = 1

*independent variable; **dependent variable

Data were analyzed using SPSS 26 software (SPSS Inc., IL). The level of significance was set at .05. First, we conducted frequency analysis, described the sample and evaluated the sociodemographic. Second, we used cross tabulations to examine bivariate associations of physical and sexual violence and psychological distress by gender. Finally, we used binary logistic regression analysis to examine the relationship between physical and sexual violence and psychological distress by gender.

Results

Table 2 presents the sociodemographic characteristics of participants. Gender was found to be nearly split in half. The age of the participants predominantly ranged between 15 and 17 years of age (74%).

Table 2. Weighted Descriptive Statistics of United States Youth

Total participants	% of total
Gender	
Female	51
Male	49
Age	
12-14	14
15	24
16	25
17	25
18+	12

Table 3 presents bivariate associations between physical and sexual violence and four indicators of psychological distress. Both forms of violence were consistently associated with increased likelihood of psychological distress across all measures, including feeling sad or hopeless, thoughts of suicide, suicide plans, and suicide attempts. The majority of the indicators of psychological distress were found to have higher increased likelihood associated with sexual violence. However, suicide attempt was found to have higher increased likelihood associated with physical violence.

Table 3. Physical or Sexual Violence Related to Prevalence of Psychological Distress

	Sad or Hopeless	Suicidal Ideation	Suicide Plan	Suicide Attempt
	Chi-square	Chi-square	Chi-square	Chi-square
Physical Violence	384.79 ***	390.63 ***	423.87 ***	536.35 ***
Sexual Violence	457.26 ***	464.37 ***	439.67 ***	442.97 ***

All measures are for the past 12 months.

*** $p \leq .000$ for association between physical and sexual violence and indicator of psychological distress.

Table 4 displays logistic regressions modeling the relationship between physical and sexual violence and psychological distress. Consistent with the bivariate associations, there were strong relationships between physical and sexual violence and psychological distress across all levels of distress for both males and females. Males with past suicide attempts were almost 5 ½ times more likely to report being a victim of sexual violence (OR=5.61; 99% CI=2.94-10.71), compared to females who are 70% more likely (OR=1.79; 99% CI=1.28-2.51). Males with higher physical violence were also at higher risk than peers for suicide attempts (OR=5.01; 99% CI=3.12-8.06).

Table 4. Odds Ratio and Confidence Interval

		Physical Violence		Sexual Violence	
		OR	CI	OR	CI
Sad or Hopeless last 12 months	Overall	2.58	2.10-3.18	3.55	2.79-4.53
	Females	2.81	2.12-3.72	3.19	2.42-4.22
	Males	2.12	1.51-2.97	1.83	1.06-3.15
Suicidal Ideation last 12 months	Overall	1.00	0.75-1.34	1.35	1.00-1.82
	Females	1.09	0.77-1.54	1.38	1.00-1.91
	Males	0.86	0.52-1.43	1.06	0.50-2.26
Planned Suicide last 12 months	Overall	1.45	1.10-1.92	1.59	1.19-2.13
	Females	1.34	0.95-1.88	1.38	0.99-1.91
	Males	1.72	1.06-2.79	3.11	1.54-6.28
Suicide Attempts last 12 months	Overall	3.58	2.71-4.72	2.31	1.72-3.09
	Females	2.93	2.08-4.12	1.79	1.28-2.51
	Males	5.01	3.12-8.06	5.61	2.94-10.71

Discussion

Our findings are consistent with previous studies that report findings of associations between IPV and psychological distress. We can now infer that people with higher levels of IPV have more serious levels of psychological distress. The data showed both males and females who have experienced sexual or physical violence were significantly more likely to feel sad or hopeless, have suicidal thoughts, plan a suicide, or have suicide attempts, compared to non-IPV exposed peers. This warrants concern for the psychological wellbeing of adolescents who have experienced some form of sexual or physical abuse. The data further suggests differences between adolescent male and female IPV and self-reported depressive symptoms, and suicidal thoughts and behaviors. According to our results, the potential impact of sexual and physical violence on feeling sad or hopeless and suicidal ideation is greater for females than males. Although, the potential impact on planned suicide and suicide attempts is greater for males than females. Our findings show that males are almost 5 ½ time as likely to attempt suicide when they have been victim to sexual and physical violence. Girls who experienced IPV were not more likely than boys to experience psychological distress. However, there were differences in the types of

psychological distress reported. Our findings are consistent with other cross-sectional studies that found that IPV is associated with greater likelihood of psychological distress (Ackard et al. 2007, 476; Buttar et al. 2013, 101).

It is concerning that IPV was found to have increased likelihood of psychological distress. Individuals in caring roles for adolescents should be attentive to the warning signs of IPV. Although uncomfortable, discussions on this sensitive topic are associated with lower rates of health risks (Ackard et al. 2001, 479). Intervention is critical in reducing the psychological consequences of IPV. Some ways to combat these consequences are peer support groups, primary or secondary intervention programs, and providing resources and opportunities for adolescents to talk. Resources may include internet support groups, pamphlets in guidance counselors and doctors' offices, or small-group discussions in the classroom.

This study consists several limitations. First, the YRBS relies on self-reported data that is constrained by the levels of participant introspection, honesty, and understanding. Furthermore, analysis was constrained by our limited dependent variable which consisted of just two items, physical and sexual violence. These are two very broad categories of violence that could include a multitude of forms of violence. We know that the lack of specific measurements limited analyses of possible confounding factors, such as type of physical and sexual violence. Additionally, psychological distress indicators were measured using self-report items that are unable to provide a diagnosis. It must be known that casualty cannot be attributed to sexual and physical violence and psychological distress. Finally, the results of this study are localized in the United States and cannot be generalized to other populations.

Despite these limitations, our study has several strengths. First, access to YRBS data allowed for a large sample size. This permitted us to study multiple forms of psychological distress in both boys and girls. Additionally, since the anonymous surveys were handed out to students present in the classroom, response rates were high. Finally, the YRBS questions have shown to have strong test-retest reliability (Brener et al. 2002, 336).

Conclusions

In conclusion, there is a relatively high percentage of adolescents who have been victim of either sexual or physical violence (4.3% reported being victims of sexual violence and 5.7% reported being victims of physical violence). The psychological consequences of these acts of violence are significant and must be addressed. It is important that people are aware of the consequences of sexual and physical violence towards adolescents in order for interventions to take place.

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