



B.Sc. in psychology

Effects of intimate relationship abuse on mental health
among Icelanders

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EFFECTS OF INTIMATE RELATIONSHIP ABUSE ON MENTAL HEALTH

Foreword

Submitted in partial fulfillment of the requirements of the B.Sc. Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

Abstract- English

Abuse in intimate relationships and marriages is a serious health concern in the world. Researches have shown that abuse can cause serious harm to those who experience it and is a big risk factor for mental health problems such as anxiety, and depression and the effects seem to be greater for those who experience abuse in intimate relationships.

The purpose of this study was to find out if those who have experienced abuse in their intimate relationships or marriages were more likely to suffer from mental health symptoms than those who had experienced abuse from a different kind of relationship such as from a family member, friend or a stranger. The purpose was also to find out if those who scored higher on well-being scale were less likely to suffer from these mental health symptoms after abuse in their intimate relationships than those who scored lower on well-being scale.

The data used in this study was collected by Directorate of health and is called "Health and wellbeing among Icelandic citizens". Participants were 6776 in total.

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Results showed that those who had experienced abuse in their intimate relationships or marriages were more likely to suffer from both, depression symptoms and anxiety symptoms than those who had experienced abuse by someone else in their life.

It was also found that those who scored high on well-being were less likely to suffer both anxiety and depression after the abuse in their intimate relationships and there was interaction between intimate relation abuse*well-being.

According to these results we can conclude that abuse in intimate relationships has a greater effect on anxiety and depression symptoms than abuse in other kinds of relationships. We can also conclude that well-being is a protective factor in intimate relationship abuse.

Keywords: Abuse, intimate relationships, marriages, well-being, mental health, depression, anxiety.

Abstract- Icelandic

Ofbeldi í nánum samböndum og hjónaböndum er stórt heilsufars vandamál í heiminum í dag. Rannsóknir hafa sýnt fram á að ofbeldi getur vadið gríðarlegum skaða hjá þeim sem það upplifa og er það stór áhættuvaldur þegar kemur að geðrænum sjúkdómum eins og þunglyndi og kvíða. Áhrifin virðast vera meiri fyrir þá sem upplifa ofbeldi í nánum samböndum eða hjónaböndum. Tilgangur þessarar rannsóknar var að komast að því hvort að þeir sem hefðu orðið fyrir ofbeldi í nánum samböndum og hjónaböndum væri líklegri til þess að þráð með sér geðræna kvilla, eins og kvíða og þunglyndi en þeir sem höfðu upplifað ofbeldi í annars konar samböndum, til dæmis að hálfu fjölskyldu eða vina.

Tilgangurinn var einnig að komast að því hvaða áhrif vellíðan hefði á áhrif ofbeldis í nánum samböndum, ef að þeir sem skora hátt á vellíðan eru ólíklegri til að koma illa

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út úr ofbeldi í nánum samböndum en þeir sem skora lágt á vellíðan.

Gögnin sem notuð voru í þessari rannsókn voru fengin frá Embætti landlæknis úr könnuninni “Heilsa og líðan Íslendinga 2017”. Þátttakendur voru 6776 talsins.

Niðurstöður rannsæoknarinnar voru þær að þeir sem verða fyrir ofbeldi í nánum samböndum og hjónaböndum eru líklegri til að þráð með sér kvíða- og þunglyndiseinkenni en þeir sem verða fyrir ofbeldi í örðum samböndum. Eins virðist vellíðan hafa vendandi áhrif á þá sem verða fyrir ofbeldi í nánum samböndum, það er að segja að þeir sem skora hátt á vellíðan eru ólíklegri til að þjást af kvíða og þunglyndi eftir ofbeldið, þar sem það var samvirkni milli vellíðan*ofbeldi í nánu sambandi. Samkvæmt þessum niðurstöðum er hægt að álykta að ofbeldi í nánum samböndum og hjónaböndum hafi sterkari áhrif á kvíða- og þunglyndiseinkenni en ofbeldi í öðrum samböndum, til dæmis að hálfu fjölskyldu eða vina. Eins má álykta að vellíðan sé verndandi þáttur þegar kemur að ofbeldi nánum samböndum og hjónaböndum.

Lykilord: Ofbeldi, náin sambönd, hjónabönd, vellíðan, geðheilsa, þunglyndi, kvíði.

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Abusive behavior in intimate relationships and marriages is a serious problem in our society as we know it today and is therefore an important health promotion target (Niolon et al, 2015; Wekerle & Wolfe, 1999). Abuse in intimate relationships has been found to be one of the most common forms of violence that women experience and it seems to have more serious effect on mental health than other types of abuse (Devries et al., 2013).

Abuse in intimate relationships needs to be studied further as it can threaten the well being of the victims and can be a risk factor for many mental health issues such as anxiety and depression (Teten et al., 2009). The long-term impact of dating abuse among the younger generation is also a concern as it can be linked to many problematic behaviors later in life, such as abuse in romantic relationships in adulthood (Ackard, Eisenberg & Sztainer, 2007; Giordano, Soto, Manning & Longmore, 2010).

Intimate relationship abuse

Intimate relationship abuse is a general term that is used to describe three types of abusive and aggressive behavior that may be present in intimate relationships. These three forms of abusive behavior are emotional/psychological abuse, sexual abuse and physical abuse. Emotional abuse refers to acts that may cause emotional harm such as controlling behavior, threats, verbal abuse or isolation from loved ones. Sexual abuse refers to sexual contact or harassment without approval. Physical abuse refers to when physical force is intentionally used to cause physical harm or to kill (Teten et al., 2009).

Studies have shown that intimate relationship abuse victimization can lead to a lot of negative consequences and is a threat to the health and well being of the survivor

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(Teten et al., 2009). Depression, suicidal thoughts, anxiety and school problems are all examples of consequences studies in this field have found to be correlated to adolescent intimate relationship abuse (Dillon, Hussain, Loxton & Rahman, 2012; Teten et al., 2009).

Prevalence

Prevalence rates of intimate relationship/marital abuse do fluctuate in the literature since not everyone defines intimate relationship abuse in the exact same way (Ismail, Berman & Ward-Griffin, 2007; Lewis & Fremouw, 2001). It is also difficult to compare studies due to different samples and methods which delivers different results. However, most studies do find that 10–30 % of young women in United States are victims of abuse in their intimate relationships (Teten et al., 2009). Overall it has been found that 35% of women, worldwide have experienced abuse in their intimate relationship or sexual abuse by other than their intimate partner (Garcia-Moreno et al., 2013). Most of the violence that women suffer from seems to be by their intimate relationship partner or spouse and almost 30% of women worldwide have experienced violence in their intimate relationships, in some countries the number goes up to 38% of women who have experienced intimate relationship abuse (Garcia-Moreno et al., 2013). Intimate relationship abuse seems to be fairly more common than abuse by others, for example 7% of women worldwide have experienced sexual violence by someone other than their intimate partner (Garcia-Moreno et al., 2013).

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Gender differences

Gender seems to be a critical factor in violent behavior in intimate relationships and marriages (Baker & Stith, 2014; Lewis & Fremouw, 2001; Sears, Byers, Whelan & Saint-Pierre, 2006). It has been found that men seem to be more likely to be abusers in intimate relationships than women. Some suggest that it is due to social construction of masculinity or to regain and maintain power in the relationship (Dardis, Dixon, Edwards & Turchik, 2015; Sears et al., 2006). It has also been suggested that it might be due to the fact that men are not encouraged to expose and talk about their feelings so that they keep building up inside until they explode leading to abuse in their relationships (Sears et al., 2006). However, the literature does show that girls tend to be more severely abused than boys and although boys also report suffering from negative consequences of the abuse the girls tend to live in greater fear of their abuse partner (Foshee et al., 2007).

Mental health

Abuse in other kinds of relationships is also a big health concern. Studies have shown that women who experience sexual abuse in other kinds of relationships are 2.6 times more likely than others to suffer from mental disorders such as depression and anxiety (Garcia-Moreno et al., 2013).

Studies have shown that intimate relationship abuse victimization can lead to a lot of negative consequences and is a threat to the health and well being of the survivor (Goodman, Smyth, Borges & Singer, 2009; Teten et al., 2009). Depression post-traumatic stress disorder, suicidal thoughts, anxiety are all examples of consequences studies in this field have found to be correlated to intimate relationship abuse, especially for women (Afifi et al., 2009; Dillon et al., 2012; Teten et al., 2009). Prior

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studies do suggest that women who have been abused in their intimate relationships report higher rates of many serious health issues (Garcia-Moreno et al., 2013). Women who have been abused in their intimate relationships seem to be around twice as more likely to suffer from depression than others (Garcia-Moreno et al., 2013). Abuse in other kinds of relationships is also a big health concern. Studies have shown that women who experience sexual abuse in other kinds of relationships are 2.6 times more likely than others to suffer from mental disorders such as depression and anxiety (Garcia-Moreno et al., 2013).

Studies do also suggest that women who have been psychologically abused in their relationships may be at high risk for PTSD, especially if they had experienced physical abuse in addition of the psychological abuse (Banyard & Cross, 2008; Street & Arias, 2001). It seems to be that post traumatic stress disorder and depression are most commonly identified mental health disorders among victims of intimate relationship abuse (Mechanic, Weaver & Resick, 2008).

Well-being

Studies have documented the impact that abuse in intimate relationship can have on both psychological and physical well-being of the victim (Goodkind, Gillum, Bybee & Sullivan, 2003; Tolman & Rosen, 2001). Intimate-relationship abuse seems to be a threat and have negative impact on well-being, especially if people have weak support system (Goodkind et al., 2003; Teten et al., 2009).

Abused women seem to be more likely to rate their health as poor and are more likely to report health problems and suffer from poor psychological well-being (Tolman & Rosen, 2001). Studies have also shown that high well-being, for example having a positive outlook and positive self regard seems to be a protective factor for the

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negative impact that intimate relationship abuse can have (Carlson, McNutt, Choi, & Rose, 2002).

The current study

The purpose of this study was to research if abuse in intimate relationships and marriages has a greater effect on mental health such as anxiety and depression than abuse in other kinds of relationships such as by a family member, friends or a stranger. The purpose was also to find out if well-being played a part in the mental health issues caused by intimate relationship abuse, if those who scored high on well-being were less likely to be negatively affected by the intimate relationship abuse than those who scored low on well being

The hypotheses of this study were:

- 1) Those who experience abuse in their intimate relationships are more likely to suffer from anxiety symptoms than those who experience abuse from another kind of relationship such as family member or a friend.
- 2) Those who experience abuse in their intimate relationships are more likely to suffer from depression symptoms than those who experience abuse from another kind of relationship such as family member or a friend.
- 3) Those who score low on well-being are more likely to suffer from anxiety symptoms after abusive intimate relationship than those who score high on well being.
- 4) Those who score low on well-being are more likely to suffer from depression symptoms after abusive intimate relationship than those who score high on well-being

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Method

Participants

The study was based on data from survey called health and well being among Icelanders in 2017. The data was pre collected. The survey was anonymous self-reported conducted by Directorate of health.

The study was based on three main samples. All the samples were stratified random sample. The first sample contained Icelandic citizens, with residence in Iceland who had participated in previous study in 2007. The first sample contained 2903 Icelandic citizens. The second sample contained Icelandic citizens, with residence in Iceland who had participated in previous study in 2012. The second sample contained 2996 Icelandic citizens. The third sample were Icelandic citizens with residence in Iceland 15.september 2017. The third sample contained 3988 Icelandic citizens. All the samples were layered by age and dual residence, the capital and outside of the capital. The participants who answered this study were 6778 in total. All Icelandic citizens aged 18–79 years old. The participants were 45.4% males (N= 3061) males and 54.5% females (N=3675).

The reported age of the participants ranged from 18–79 years old with the mean being 58.67 years old (SD=16.5). The overall response rate in this survey was 68.5 %.

Instruments and measures

The questionnaire that was used in this survey was made by Directorate of health. It addresses various aspects of everyday life of people over 18 years old. Such as hobbies, lifestyle, physical health, mental health, drug and alcohol use and abuse. The questionnaire contained 95 questions and was a total of 43 pages. There were four questions used in this research. The questions concerned the mental

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health symptoms (anxiety and depression) participants were experiencing, their well-being and if they had been abused, what kind of abuse they had experienced and who had abused them.

Mental health. Two questions were used to measure mental health. The questions used were “Read each statement below and answer how well it applied to you for the last seven days?”, both questions had the same caption but had different symptoms listed, the symptoms were either typical for anxiety or depression and the participant had to tell if the symptom statement did not apply to them at all, did apply to them on some level, did apply to them for a big part of the week or did apply very well to them for the most part of the week. The questions were combined and the symptoms of both questions were recoded into two variables, one for those who had anxiety symptoms and other for those who had depression symptoms.

A examples of a depression symptom were “I felt like life was meaningless” and “I did not seem to feel any good feelings at all. Examples for anxiety symptoms were “I felt shaky (for example in my hands” and “I felt almost caught up in terror”.

Abuse. One question was used to measure abuse. “Have you been abused, by who?” The answer options were what kind of abuse they had experience (physical, psychological or sexual) and who had abused them (spouse or significant other, an ex spouse or significant other, a friend, family member, a stranger or someone else .The questions were recoded. The responses that contained abuse (all three types by a spouse or significant other or ex spouse or significant other or someone else were recoded into one variable. Those who had been abused by a spouse or significant other or ex spouse or significant other got the value 1 and those who had experienced different kind of abuse got the value 0.

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Well-being. One question was used to measure well-being. The question was “Next are statements about thoughts and feelings. Please check the box that best describes your experience for the last two weeks. The question had 7 sub questions (the thoughts and feelings), for example “I have had clear thoughts” and the participant had to tell if the statement described their experience never, rarely, sometimes, often, always.

Procedure

The survey was conducted in 2007, 2009, 2012 and 2017. The data used in this study was collected in October 2017. 50% of the participants answered the survey on paper form and the other 50% answered on digital form.

The data used in this study was conducted in October 2017. The conduction was randomized in a way that half of the first two samples answered on paper form and half on digital form and the same applied to the third sample. This was the first step towards moving the survey on digital form.

On 2 October 2017 promotional letters were sent to 9887 Icelandic citizens. There were four kinds of letters firstly depending on whether the participant had to answer the survey in paper form or digital form and secondly depending if participants were participating for the first time or had participated the previous years. A week later on 9 October 2017, the questionnaire as well as a letter describing the survey was mailed to the participants which had to answer on paper form. The same day a letter was mailed to the participants who had to answer the survey on digital form with a link on the survey on the internet and a private password.

Thank you notes were sent on 19 October 2017 to every participant. The note was dual. Firstly, thanks to those who had already answered the questionnaire and

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secondly a kind reminder to those who had not answered. Those who had to answer on a digital note got the link on the survey and their private password sent again.

On 13 November 2017 was a new copy of the questionnaire and a reminder sent to 1839 participants who had to answer on paper form and had not yet responded. The participants who were supposed to answer on digital form received a phone call with a reminder if they had not responded to the survey. The phone reminders were performed from 1 to 12 November. 2645 phone numbers were looked up, 2190 were found. 1933 were called and 257 had already participated or did not want to answer the call. The digital part of the survey was closed on 22 December 2017. The questionnaires on paper form were collected a little longer. The last questionnaire who was registered in data was turned in on 6 February 2018. A few questionnaires arrived later but they were not registered in the data. The overall response rate in the survey was 68.5 % (N=6776).

Research design and data analyses.

SPSS version 25 was used to analyze the data in this study. Linear regression was used to find out if intimate relationship abuse had a greater effect on anxiety and depression than other kind of abuse. Linear regression was also used to find out if well-being had an effect on those who had experienced intimate relationship abuse and to evaluate interaction between well-being and intimate relationship abuse.

The dependent variables were anxiety symptoms and depression symptoms and the independent variable was if the participant had experienced abuse in their intimate relationship or other kind of relationship, well-being and the interaction variable well-being*intimate relationship abuse.

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Results

12.8% (N=866) of the participants had been abused in their intimate relationship. The scale for depression symptoms ranged from 5-20, with 5 being the lowest possible score on the questionnaire and 20 being the highest possible score ($M=7.4$, $SD=2.6$)

The scale for anxiety symptoms ranged from 8-32, 8 being the lowest possible score on the questionnaire and 32 being the highest score ($M=10.8$, $SD=3.0$)

The scale for well-being ranged from 7-35, with 7 being the lowest possible score on the questionnaire and 35 being the highest score ($M= 28.3$, $SD=4.2$).

A linear regression estimating the effect of intimate relationship abuse compared to others and well-being and the interaction term between the intimate relationship abuse and well-being on anxiety was performed. The distribution in the independent variables explained 29.2% of the distribution of the dependent variable ($R^2 = .292$, $F(2, 6067) = 1259.256$, $p < .001$). Results are shown in table 1.

Table 1

*The effect of intimate relationship abuse (IRA) compared to others on anxiety symptoms and interaction between well-being*intimate relationship abuse*

	B	SE	Beta	t	p
(Constant)	21.075	.223		94.530	< .001
Intimate relationship abuse	.673	.096	.077	6.980	< .001
Well-being	-.367	.008	-.522	-47.601	< .001
Interaction (IRA*Well-being)	-.110	.021	-.336	-5.236	< .001

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Experiencing intimate relationship abuse was associated with an increase of 0.673 in anxiety symptom score compared to others. That means that hypothesis 1 which stated that intimate relationship abuse had greater effect on anxiety symptoms than other kinds of abuse was supported.

Furthermore the interaction term between IRA and well-being was significant ($p < .001$), meaning that well-being had a decreasing effect on the relationship between anxiety and intimate relationship abuse. That means that hypothesis 2 that stated that those who score low on well-being are more likely to suffer from anxiety after abuse in their relationship than those who score high on well being was supported.

A linear regression estimating the effect of intimate relationship abuse compared to others, well-being and the interaction term between the intimate relationship abuse and well-being on depression was performed. The distribution in the independent variables explained 39.4% of the distribution of the dependent variable ($R^2 = .394$, $F(2, 6123) = 1993.763$, $p < .001$). Results are shown in table 2.

Table 2

*The effect of intimate relationship abuse (IRA) compared to others on depression symptoms and interaction between well-being*intimate relationship abuse*

	B	SE	Beta	t	p
(Constant)	17.963	.179		100.082	< .001
Intimate relationship abuse	.558	.078	.072	7.162	< .001
Well-being	-.376	.006	-.612	-60.599	< .001
Interaction(IRA*Well-being)	-.120	.017	-.418	-7.083	< .001

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Experiencing intimate relationship abuse was associated with an increase of 0.558 in depression score compared to others. That means that the hypothesis 3 which stated that intimate relationship abuse had greater effect on depression than other kinds abuse was supported.

Furthermore the interaction term between IRA and well-being was significant ($p < .001$), meaning that well-being had decreasing effect on the relationship between depression and intimate relationship abuse. That means that hypothesis 4 that stated that those who score low on well-being are more likely to suffer from depression after abusive intimate relationship than those who score high on well-being was supported.

Discussion

Prior studies have suggested both intimate relationship abuse and abuse in other kinds of relationships has a negative effect on both mental and physical health (Garcia-Moreno et al., 2013; Niolon et al, 2015; Wekerle & Wolfe, 1999). In this study intimate relationship abuse had significantly more effect on the mental health symptoms used in this study , anxiety and depression. This study found that anxiety symptoms are greater for those who have experienced abuse in their intimate relationships than for those who have experienced abuse in other kinds of relationships. The same goes for depression symptoms, those who have experienced intimate relationships abuse are more likely to suffer from symptoms of depression than those who have experienced abuse in other kind of relationship. That means that hypothesis one and two, which predicted that intimate relationship abuse had a greater effect on anxiety and depression than other kinds of abuse, is supported. Studies have found that intimate relationship abuse can be a threat to well-being of the victims (Teten et al., 2009). Prior studies have also found that well-being is a big factor in

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abuse in intimate relationships and how much people suffer after being victimized in intimate relationship abuse (Tolman & Rosen, 2001). This study found that well-being is in fact a big factor in intimate relationship abuse. Those who scored low in the well being question were significantly more likely to suffer from both anxiety and depression symptoms after being abused in their intimate relationships. That means that hypothesis number three and four which stated that those who score low on well being are more likely to suffer from depression and anxiety after being abused in their intimate relationships than those who score high on well being, the interaction term between IRA and well-being was significant.

This study had notable strengths, one of them is the number of participants and that it had participants from different parts of the country making the study a population study. The participants were also a wide selection of different ages (18–79 years old). This means that the sample consists of variety of individuals from all over the country, with different backgrounds and values, which can therefore be transferred to represent Icelandic citizens as a whole.

This study also had some limitations. One of them being that although these findings do show that there is a correlation between intimated intimate relationship abuse, mental health and well-being, we do not know for a fact if the abuse did cause these issues or if they were present before the abuse occurred since we do not have measures from before the abuse occurred. With that being said, future research could focus on longitudinal studies to find out if these mental health issues are present before the abuse takes place or if it is in fact a result of the abuse. It could also give us better insight in what the long-term impact of the abuse is. Further studies on those who are abusers in intimate relationships are also important. Studies on personality

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traits and characteristics of the abusers and predictors. It might give us insight in why abusers are violent in their relationships and what can be done to help those who are perpetrators in their abusive relationships and hopefully minimize the problem. Lastly it is important to research protective factors. If good support base and being raised where parents show good example of a healthy relationship, can be a protective factors.

In conclusion, these findings seem to confirm that intimate relationship abuse is a serious problem in the world today and it is an important health promotion target. It may threaten mental health and well being of the victims and may have serious consequences such as depression, lower well being and anxiety. Well-being seems to be a protective factor in intimate relationship abuse, those who score high on well-being are less likely to be negatively affected by abuse in their intimate relationships.

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