

## **Role of Dating Violence victimization in depressive symptoms and PTSD among young females: A multivariate Approach**

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### **Abstract**

The present study aims to find the effect of dating violence victimization on depressive symptoms and PTSD symptoms among young females. A sample of females with age range 19 – 26 years from various universities of Punjab was selected using purposive sampling. Dating Violence Questionnaire, Beck Depression Inventory and Impact of Events Revised Scale were applied to this sample and only 194 females who scored at least 1 to dating violence questionnaire were included in sample. Using median split, two groups (high/low) were formed based on dating violence. Results showed positive correlation among dating violence, depression and PTSD symptoms. Further MANOVA results indicate that females higher on dating violence victimization have more depressive symptoms and PTSD symptoms as compared to low dating victimization. Limitations and further suggestions were discussed regarding present study.

**Key words:** Dating Violence, Victims, Depressive Symptoms and PTSD symptoms.

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### **Introduction**

The development of romantic relationships through dating is an exciting part of young adults. Dating is a prominent topic of conversation among them, and as they grow older, they increasingly report spending more time with their romantic partners than with their parents or friends. Through dating, young adults can learn about loyalty, trust, respect, and cooperation and they can learn skills for interacting with others, including communication and conflict-resolution skills. Dating experiences can promote developmentally appropriate

changes in family and peer relationships as well as opportunities for establishing autonomy and independence. They can also influence the development of secure attachments, intimacy, and identity.

Sometimes this type of relationship is not going smoothly rather it is filled with controversies and conflicts or maladjustment can be seen among the partners. As results, various types of health problems (depression and emotional problems) can be seen in either partner. Centers for Disease Control (2014) defined Dating violence as any physically, sexually, or psychologically

violent behavior, including stalking, directed toward a current or former dating partner. Adolescents' developmental tasks can be hampered by experiencing violence and abuse in dating relationships, which can also distort perceptions of normative behaviour, serve as inappropriate yardsticks for judging future relationships, and have detrimental psychological and physical effects (Lewis & Fremouw, 2001).

The prevalence of dating violence is common worldwide. Dating violence affect as many as 20 percent to 50 percent of college students (Nabors, 2010; Straus & Ramirez, 2007). Recent studies estimated out that women experience more dating violence (IPV) at some point during their lives than men (Tjaden & Thoennes, 2000). Also in India, Dating violence is increased and girls are more likely to face dating violence (Mukati, 2020).

It's very common for people to be very happy and energetic and at a time and sad and low mood at another time. Every one of us has experience these mood fluctuations. It is normal when it does not affect our daily life functions. It becomes a problematic when it impairs our daily normal functioning. ICD-10 provides three varieties mild (F32.0), moderate (F32.1) and severe (F32.2 and F32.3). In depressive episode the individual suffers from loss of interest and enjoyment which he or she found interesting and joyful previously, decreased energy and fatigue. Depression is explored as sequelae of dating violence. Among adults, depression has been associated with greater frequency and severity of abuse (Campbell &

Lewandowski, 1997; Cascardi & O'Leary, 1992; Mitchell & Hodson, 1983; Orava et al., 1996). Pimlott Kubiak and Cortina (2003) showed that both male and female victims of partner violence scored higher on measures of depression than nonvictims did. Using data from the National Survey of Families and Households, Anderson (2002) reported that depression was significantly linked to perpetration and victimization for both male and females. Moreover, in another national probability sample, Kar and O'Leary (2010) showed that both male and female victims of physical violence scored higher in depression than nonvictims did.

Higher dating violence scores among dating couples were positively associated with depressive symptoms, physical health, and drug abuse and negatively associated with social support and communal mastery (Schultz et al., 2019). The physical and mental health sequelae of dating violence directed towards women include increased mortality, injury and disability, worse general health, chronic pain, reproductive disorders, depression, PTSD, alcohol abuse and drug abuse (Golding, 1999; Plichta, 2004). Increased rates of depression and depressive symptoms, chronic mental illness, and posttraumatic stress disorder have been noted among women and men who report experiencing dating violence (Bonomi et al., 2006; Campbell, 2002; Coker et al., 2002). In a report by WHO (2017) "*Depression in India Let's Talk*", depression may caused by biological, psychological, cultural, economic and social factors. In social factors, intimate partner violence and domestic violence may cause

depression in women. Some studies were also conducted on survivors of IPV and have a high comorbidity of PTSD and depression. A recent study found that 49% of women who are survivors of IPV met the criteria for both PTSD and depression (Nixon, Resick & Nishith, 2004; Taft, Resick, Watkins & Panuzio, 2009).

People at risk for PTSD have not only been exposed to a severely stressful event but must also exhibit a pattern of symptoms embedded within four symptom “clusters”: intrusion, avoidance, negative mood and cognitions, and arousal and reactivity (Friedman, 2015). Researchers documented effects of dating violence including physical, psychological, and sexual violence (Hsiu & Sun, 2003). Posttraumatic is one of them. Posttraumatic stress disorder (PTSD) is one of the most prevalent and documented mental-health consequences of dating partner violence. Prevalence rates of PTSD in survivors of intimate partner violence can range from 31% to 84% (Golding, 1999; Jones, Hughes, & Unterstaller, 2001). Everyone experiences stressful situations throughout their lifetime, including failure, disappointment, rejection, and loss. Most of the time, most of us have the psychological ability to deal with such events successfully and hold on with our lives largely as before. Sometimes we experience terrifying, disastrous, or extremely stressful (i.e., "traumatic") events where there is a genuine risk of death, serious injury, or sexual assault for us or a loved one.

When experienced singly or in combination with one another, all types of

intimate partner violence (e.g., physical, psychological, and sexual violence) have been found to be associated with PTSD (Basile, Arias, Desai, & Thompson, 2004). Some research studies have demonstrated that psychological abuse has *at least* as strong a relationship to PTSD as physical abuse does among help-seeking women (Arias & Pape, 1999; Mechanic, Weaver, & Resick, 2008). According to earlier research, the effects of IPV on women's psychological distress are either entirely direct or indirectly caused by the mediating factors of passive coping behaviours among women who are seeking help (Lee, Pomeroy, & Bohman, 2007). Although PTSD is well-documented in Western literature, Asian populations' experiences have received insufficient attention. (Chan et al., 2010).

## **Present Study**

Most studies in the past have confirmed the adverse effects of dating violence such as depression PTSD. But multivariate approach on this relationship has rarely found in previous studies. In present study, we explore the mean differences of depressive symptoms and PTSD among females who have experienced high/low dating violence victimization. By considering the following studies, we adopt multivariate approach that is higher dating violence victimization would affect depressive symptoms and post traumatic stress symptoms simultaneously.

## **Method**

### **Sample**

A sample of 194 young adult females aged 19 to 26 years, who are currently in a dating relationship, from various cities of

Punjab employing purposive sampling was taken. Afterwards, the selected participant females will be screened for dating violence victimization experiences using the 'Dating Violence Questionnaire'(DVQ) given by Rodríguez-Díaz, Herrero, Rodríguez-Franco, Bringas-Molleda, Paíno-Quesada, & Pérez, (2017) to obtain dating violence victims. Only those participants who will at least score 1 on the DVQ will be included in the sample whereas the participants with a zero score on DVQ will be excluded from the sample.

### Measures

**Dating Violence Questionnaire (DVQ)** Rodríguez-Díaz, Herrero, Rodríguez-Franco, Bringas-Molleda, Paíno-Quesada, & Pérez (2017). This scale provides information to researchers and professionals regarding victimization in dating relationships, with adequate psychometric properties. This scale has 42 items with eight subscales viz. Emotional Punishment, Coercion, Detachment, Physical, Gender-Based, Humiliation, Instrumental and Sexual. Participants will check five point Likert scale (0-4) according to their experiences. The scale can be applied to both sexes with age range of 15 to 26. The coefficient alpha of this scale is 0.932.

**The Impact of Events Scale-Revised (IES-R; Weiss & Marmar, 1996).** This is a 22-item scale that assesses posttraumatic stress symptomatology. The IES-R includes three subscales, consistent with the diagnostic criteria of posttraumatic stress

disorder: hyperarousal ("I was jumpy and easily startled), avoidance (e.g., "I tried to remove it from my memory"), and numbing symptoms (e.g., "My feelings about it were kind of numb"). When completing this measure, participants will be instructed to answer with regard to how they have been feeling during the past 7 days about their most severe, upsetting, or both, dating experience. The scale showed high internal consistency alpha 0.96. In terms of construct validity, the IES-R correlated reasonably well with a measure more closely tied to PTSD symptoms.

**Beck Depression Inventory-II (Beck, A. T., Steer, R. A., & Brown, G. K., 1996).** This is self report inventory containing 21 items each item has four statements. Candidates have to tick one of the four statements. When we talk about its psychometric properties, this inventory is highly reliable with coefficient alpha of 0.92 for outpatients and 0.93 for college students. Test re-test reliability of the inventory is 0.93.

### Results

#### Descriptive statistics

All analysis was conducted in R version 1.4.17 (R core team). Table 1 showing the mean and SD of depressive symptoms and PTSD of dating violence victims. Dating violence scores were split by using median. Upper half scores were considered as "high" and lower half considered as "low". According to this split we calculate mean and SD of PTSD and depressive symptoms as shown in Table 1

Table 1. Mean and SD of depressive symptoms and PTSD of dating violence victims.

Dating Violence	PTSD	depression
Low	30.6 (10.9)	11.1 (4.44)
High	40.2 (10.7)	13.6 (5.07)

The correlation (Table 2) between dating violence and depressive symptoms was found significant ( $r = .31$ ,  $p < .01$ ). This suggests that higher dating violence associated with more depressive symptoms. 9% of variance was shared by both dating violence and depressive symptoms among young females. Similarly dating violence was also correlated with post traumatic stress symptoms among young females ( $r = .492$ ,  $p < .01$ ). 24% of variance was shared by both dating violence and post traumatic stress among young females.

Table 2. Zero order correlation among the variables.

	PTSD	Depression	Dating Violence
PTSD	—		
Depression	0.307 **	—	
Dating Violence	0.492 **	0.45 **	—

Note. \*  $p < .05$ , \*\*  $p < .01$

### Multivariate Analysis

The multivariate analysis of variance (MANOVA) was conducted with depressive symptoms and post traumatic stress symptoms as dependent variables and dating violence as factor (high/low). Prior to analysis Preliminary tests of statistical assumptions was conducted. Assumption of multivariate homogeneity of variance and co-variance did not significant ( $\chi^2 = 3.11$ ,  $p = 0.375$ ). Test of multivariate normality was also non significant which again satisfy assumption of multivariate normality ( $W = 0.99$ ,  $p = 0.192$ ). Results showed significant differences between high and low groups on the combined depressive symptoms and post traumatic stress symptoms [ $F(2, 191) = 22.1$ ,  $p < .01$ ,  $\eta_p^2 = .19$ ] Pillai Trace = .187; Wilks'  $\lambda = .812$ . while examining the individual dependent variables, using the tests of between-subjects effects, significant differences were found for all both dependent variables: post traumatic stress symptoms [ $F(1, 192) = 38.9$ ,  $p < .01$ ,  $\eta_p^2 = .17$ ] and depressive symptoms [ $F(1, 192) = 13.6$ ,  $p < .01$ ,  $\eta_p^2 = .07$ ].

Table 3. Multivariate Analysis of Variance

		value	F	df1	df2	p
Dating Violence	Pillai's Trace	0.188	22.1	2	191	< .001
	Wilks' Lambda	0.812	22.1	2	191	< .001
	Hotelling's Trace	0.231	22.1	2	191	< .001
	Roy's Largest Root	0.231	22.1	2	191	< .001

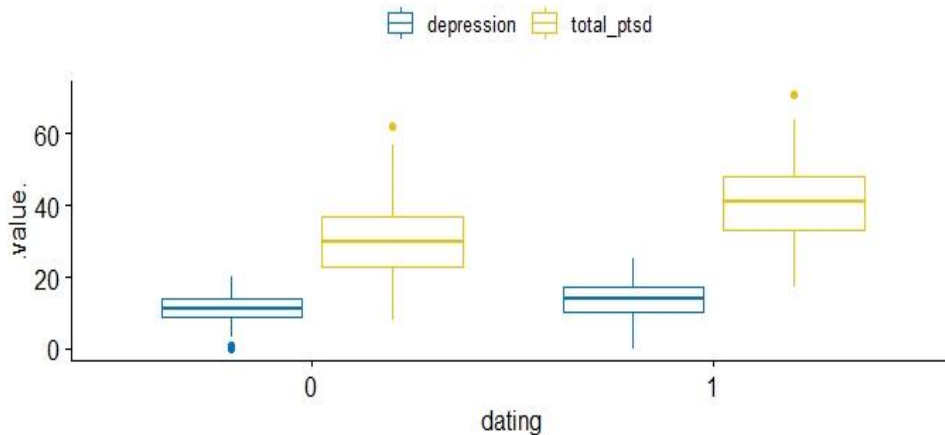


Figure 1 Boxplot for the depressive symptoms and post traumatic stress symptoms

Note: 0 = low dating violence, 1 = high dating violence

## Discussion

The aim of the present study was to check the mean differences of depression and post traumatic stress symptoms among young females experienced dating violence in Punjab region. This study is different from previous studies in the sense that it involves depressive symptoms and PTSD symptoms simultaneously. Also the reason

for adopting multivariate analysis was the comorbidity of depression and PTSD (Nixon et al., 2004; Taft et al., 2009).

In review of literature there is a lack of studies where depression and PTSD scores used with multivariate approach. As we can see in table 2, the correlation among these variables was found significant. Females

having experience violence in their relationships, more the post traumatic stress symptoms and depression they have. As in Craparo, Gori, Petruccelli, Cannella & Simonelli (2014). Further studies also found that adolescent victims of violence have many psychological problems (Dubé, Gagné, Clément, & Chamberland, 2018). These researchers conduct multivariate analysis of variance and conclude that anger, depression and post traumatic stress symptoms were higher among adolescents. Similarly, Kelly (2010) found that PTSD, depressive symptoms were correlated to partner violence among females who have experienced intimate partner violence. In a sample of 413, Mechanic, Weaver, and Anderson, K. L. (2002). Perpetrator or victim? Resick (2008) found that battered and help-seeking women had PTSD symptoms, 71% percent of that same sample have moderate or severe symptoms of depression. Evidence found from Ronconi, Shiner & Watts (2015) suggest that treatment for PTSD was also effective for depressive symptoms. A similar study was conducted by Eshelman, & Astin, Levendosky, (2012), and the confirmed that the severity of abuse increased among early adults, they have more depression and PTSD symptoms. Stalking, harassment, and continued threats pose a very real danger and can intimidate and incite distress in the survivor. Other studies also confirmed that dating violence is related with severity rates of PTSD (Astin et al., 1993; Houskamp & Foy, 1991). Similarly Wolitzky-Taylor et al. (2008) studied the correlates of dating violence and found dating violence is associated with PTSD and major depressive episode after holding constant for

demographic variables and other stressful life events. Dutton, Goodman, & Bennett, (2001) have found psychological abuse is good predictor of PTSD. In study by Fedovskiy, Higgins, & Paranjape (2008) on Latina women who reported partner violence, had both symptoms of PTSD and depression (45.7 and 19 percent respectively). The limitation of present is that we take sample only females and Punjab region only. This limited the generalizability of present study. We suggest future researchers to use large and use longitudinal sample to establish more reliable evidence.

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