



Original article

Psychological Abuse, Mental Health, and Acceptance of Dating Violence Among Adolescents

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A B S T R A C T

Purpose: Existing literature indicates that acceptance of dating violence is a significant and robust risk factor for psychological dating abuse perpetration. Past work also indicates a significant relationship between psychological dating abuse perpetration and poor mental health. However, no known research has examined the relationship between acceptance of dating violence, perpetration of dating abuse, and mental health. In addition to exploring this complex relationship, the present study examines whether psychological abuse perpetration mediates the relationship between acceptance of dating violence and mental health (i.e., internalizing symptoms of depression, anxiety, and hostility).

Methods: Three waves of longitudinal data were obtained from 1,042 ethnically diverse high school students in Texas. Participants completed assessments of psychological dating abuse perpetration, acceptance of dating violence, and internalizing symptoms (hostility and symptoms of anxiety and depression).

Results: As predicted, results indicated that perpetration of psychological abuse was significantly associated with acceptance of dating violence and all internalizing symptoms. Furthermore, psychological abuse mediated the relationship between acceptance of dating violence and internalizing symptoms.

Conclusions: Findings from the present study suggest that acceptance of dating violence is an important target for the prevention of dating violence and related emotional distress.

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IMPLICATIONS AND
CONTRIBUTION

Study findings indicate that perpetration of psychological abuse is significantly associated with acceptance of dating violence and select mental health variables (i.e., anxiety, depression, hostility). Moreover, psychological abuse perpetration mediated the relationship between acceptance of dating violence and internalizing symptoms. To be effective in preventing mental health problems, interventions may benefit from targeting acceptance and perpetration of dating violence.

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Teen dating violence (TDV), which includes acts of physical violence, psychological abuse, and sexual aggression occurring in the context of an adolescent romantic relationship, is a prevalent and serious problem. Of particular concern is that dating violence in adolescence may establish a maladaptive pattern of relating that persists into adulthood [1,2]. Extant research has estimated that TDV occurs in up to one third of adolescent relationships [3], with psychological abuse being more prevalent than physical

violence [4]. In addition, research has suggested that adolescents are more likely than adults to report mutual TDV, where both members of the couple perpetrate and are victims of violence [5,6]. Consequences associated with TDV are potentially severe [1], including suicidality [7], risky sexual behaviors [8], psychological distress [4], mental health symptomatology [5,6], and future intimate partner violence [1,4,9].

An extensive body of literature has explicated risk factors for TDV perpetration in an attempt to aid with prevention and reduce negative outcomes [9]. However, relatively little is known about the negative consequences of psychological abuse perpetration. Identifying negative outcomes of TDV perpetration is important, as the risk factors for and consequences of TDV are often the same. Thus, identifying and preventing these negative outcomes could ultimately reduce adolescents' future engagement in dating violence. Acceptance of dating violence and mental health are among the most commonly cited risk factors and consequences of TDV (e.g., see review by Dardis et al [10]). Thus, one potentially important relationship to examine is whether the perpetration of psychological aggression mediates the relationship between acceptance of dating violence (the risk factor) and mental health symptomatology (the outcome). Investigating psychological abuse perpetration is of particular importance as most existing research focuses on physical violence perpetration [11].

Acceptance of dating violence

Research has consistently supported a significant relationship between the acceptance and perpetration of TDV [2,12]. Indeed, acceptance of dating violence is an important mediator in the relationship between known risk factors (e.g., family violence) and TDV perpetration [2,12]. For instance, Reyes et al [12] found that adolescents who experienced family violence were more likely to develop attitudes accepting of dating violence, anger dysregulation, and depression, which ultimately led to an increased risk for perpetrating physical TDV over time. In addition, Foshee et al [13] demonstrated that acceptance of dating violence helped explain the association between specific demographic variables and moderate and severe physical TDV perpetration. Although this research generally focuses on physical TDV perpetration, it is likely that a significant relationship between acceptance of dating violence and perpetration of psychological abuse exists. This notion is strengthened by research demonstrating that psychological abuse often precedes and potentially contributes to physical TDV [2]. The present study addresses this proposed relationship.

Mental health

Mental health is a well-documented risk factor for and consequence of TDV perpetration [14]. Similar to research examining the relation between acceptance and perpetration of TDV, research examining the link between TDV perpetration and mental health primarily focuses on physical violence perpetration. In a recent meta-analysis, Birkley and Eckhardt [15] found that intimate partner violence perpetration was moderately related to hostility and internalizing symptoms (e.g., depression). Specific to TDV perpetration, research suggests that adolescents who have a history of child maltreatment, delinquency, violence, and violent crimes are more likely to have co-occurring depression and other internalizing symptoms and more likely to be

physically aggressive against dating partners and peers [16]. As an example, adolescents who witness their parents engage in marital violence are more likely to experience depression and ultimately perpetrate greater physical TDV than are adolescents who did not witness family violence [16]. Depressed affect in particular has been found to be both a consequence of and risk factor for TDV perpetration. Indeed, longitudinal studies and a review of the literature have demonstrated depressive symptoms to be associated with later perpetration of physical TDV [10,14,17].

With few exceptions [17], limited research directly examines the relationship between TDV perpetration and anxiety. One study found that adolescent female perpetrators of TDV were more likely to report higher global internalizing symptoms (i.e., a sum of symptoms of anxiety, depression, and withdrawal) [18]. In adult and college samples, research has supported a significant relation between anxiety and intimate partner violence perpetration [11].

Hostility has been found to differentiate perpetrators of TDV from nonperpetrators, such that the former report significantly more hostility [19]. It may be that adolescents who experience violence (e.g., child maltreatment, bullying, prior TDV) during early childhood might develop more hostile attitudes and views of the world, ultimately leading them to engage in aggressive acts (e.g., TDV perpetration) [20]. Boivin et al [21] examined the relations among prior TDV victimization, hostility, and future TDV perpetration. Results indicated that girls who experienced sustained TDV were more likely to report high levels of hostility and ultimately increased TDV perpetration. Results suggest that girls might develop more hostile attitudes in response to prior victimization, which is associated with future perpetration. For boys, on the other hand, the relationship between prior victimization and future perpetration was mediated by overall emotional distress (e.g., anxiety, depression, and hostility). That is, boys who experienced sustained violence victimization were more likely to experience increased emotional distress, which was associated with future violence perpetration. The present study, by considering internalizing symptoms associated with perpetrating TDV, addresses an important gap in the literature and acknowledges that poor mental health can be both a risk factor for and a consequence of TDV perpetration.

In sum, existing research has established a significant relationship between internalizing symptoms (e.g., depression, anxiety, and hostility) and physical TDV perpetration, with fewer studies examining the link between psychological abuse perpetration and psychopathology. Furthermore, these studies have primarily examined mental health as a risk factor for TDV perpetration rather than as a consequence of such. Examining internalizing symptoms as a consequence of TDV perpetration is of particular importance in adolescent samples, as research has demonstrated that partner violence emerges during adolescence and persists into adulthood. It is possible that emotional distress might be an important consequence of adolescent TDV perpetration, which might ultimately be a risk factor for continued partner violence perpetration.

Theory

Numerous interpersonal theories of violence have emerged, which posit that internal factors of the perpetrator (e.g., acceptance of dating violence) increase the risk of TDV [15]. Of particular note is social learning theory, which suggests that

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