

**Abusive Romantic Relationships
among Adolescent and Young Adult Mothers**

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Running head: ABUSIVE ROMANTIC RELATIONSHIPS

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Abstract

The associations between intimate partner violence (IPV) and mental health among adolescents and young adults were compared in the current study. The connections among marriage status, Latino heritage and abusive experiences were also analyzed. 672 women including 282 adolescents between the ages of 14 and 19 and 390 young adults aged 20 or 21 participated in the study. Significant correlations were discovered between anxiety and depression symptoms among adolescents while anxiety and IPV, anxiety and depression, depression and IPV were all significantly correlated among young adults. In addition, IPV and marriage status as well as marriage status and Latina heritage were significantly correlated among young adults. No significant findings came from linear or logistic regressions conducted with the adolescent data but, among young adults, linear regressions with IPV as the dependent variable led to significant relationships between IPV and marital status. In addition, logistic regressions indicated significant links in the young adult data between IPV and depression and anxiety symptoms. IPV during adolescence may be a different phenomenon than adult IPV or mental health symptoms may be latent variables that are reported later in life. Prevention programs for adolescents as well as young adults are encouraged.

Abusive Romantic Relationships Among Adolescent and Young Adult Mothers

Research on intimate partner violence (IPV) has greatly increased over the past several decades. Most of the research has been dedicated to domestic violence with a predominant focus on adult women in abusive relationships (O'Leary, 2001; Stein & Kennedy, 2001). Recently, interest has broadened to intimate partner violence in adolescent dating relationships. In 1993, 600 teenage girls were murdered by their partners and as many as one in five girls will be involved in an abusive relationship during adolescence (Silverman, Raj, & Clements, 2004). Even though dating violence among adolescents is a widespread crisis with potentially fatal consequences, there is a paucity of research in this area. Researchers have started to understand the risk factors, characteristics, and mental health correlates of the phenomenon but there are still many gaps as well as contradictory findings in the literature. Moreover, few investigators have compared adolescent and young adults in the same study. By gaining a more comprehensive and thorough understanding of adolescent dating violence and the differences between experiences of IPV during adolescence and young adulthood, useful programs could be developed to support and educate women in order to prevent abusive relationships.

Even though there is an abundance of research on adult domestic violence, the findings cannot simply be applied to adolescent dating relationships. Researchers have provided evidence supporting a variety of differences between adolescent and adult relationships. Bernard and Bernard (1983) stipulated that dating violence is the stepping stone between one's experience of domestic violence as a child and then subsequent violence in married adult relationships. However, this idea is questionable for several reasons. First, research has found that not all who use physical force in dating relationships become batterers once married and not all spouses who batter used force in dating relationships (Follingstad, Bradley, Laughlin, & Burke, 1999). Second, Parker and colleagues (1993) discovered that adolescent girls

experienced dating violence at a significantly higher rate than adult women. Their findings were supported by Hamberger and Ambuel (1998) who found violence among dating adolescents to be more common than among married couples.

Several characteristics of adolescents differentiate their experiences of IPV from adults. Adolescents are inexperienced in relationships and may, therefore, overlook obvious signs of abuse as well as misinterpret abuse as love. Adolescents are also highly susceptible to peer pressure which often makes them believe their self-worth is dependent on having a boyfriend or girlfriend. Girls may pursue a relationship before they are ready in order to be accepted by their peers (Smith & Donnelly, 2001). All of the differences between adults and adolescents indicate that it is important to understand dating violence as a unique phenomenon in adolescence and not just a precursor to domestic violence.

Date-related physical abuse may be as high as 39% during adolescents (Bergman, 1992; Foshee, 1996; Silverman, Raj, Mucci, & Hathaway, 2001). However, when the rates are examined more closely, the research is inconsistent regarding the rates of victimization of males and females. Among high school students, Avery-Leaf, Cascardi, O'Leary and Cano (1997) found victimization rates slightly higher for male students (38.8%) than for female students (36.8%). In contrast, Makepeace (1983) found victimization rates to be 10.6% for women and 9.8% for men in high school. Other studies have reported that girls experience significantly higher rates of sexual victimization, injuries and dating violence than boys (Bergman, 1992; Foshee, 1996). In addition, girls have been shown to experience more severe and frequent IPV than boys (Callahan, Tolman & Saunders, 2003). Bergman (1992) found prevalence rates for sexual assault in a dating relationship to range from 3% to 23% in girls and 2% to 4% in boys. Regardless of the discrepancies, developmental theory has suggested that girls form their identities through relationships while boys form their identities through

independence from others which indicates that abusive relationships could have a greater impact on a girl's self-esteem and self concept (Miller, 1991). Therefore, the current study will focus on females.

In adult IPV literature, men are most often reported to be the perpetrators of domestic violence while women are more commonly identified as the victims. Among adolescents, victimization rates of IPV have been more closely researched than perpetration rates even though initial research has indicated the unique finding that male and female adolescents are both commonly perpetrators of IPV (Avery-Leaf et al., 1997). For example, Callahan, Tolman & Saunders (2003) reported that, in their sample of 190 high school students, 51.6% of the participants were perpetrators of violence. However, they did not provide a gender breakdown in their statistics, so one cannot determine the rates of gender differences in perpetration of violence. Among adolescents, patterns of violence and abuse may be less differentiated by gender, indicating that the abusive behavior may not have acquired an adult-like pattern in which males are almost exclusively the perpetrators. Adolescent perpetrators and victims have been found to have equally violent profiles with both partners perpetrating and sustaining physical, sexual and emotional aggression. This indicates a possibility that there is a coercive and violent mutual relationship during adolescence that is distinct from the perpetrator-only or victim-only roles found in adulthood (Avery-Leaf et al.).

Adolescent dating violence is believed to emerge between ages 15 and 16 (Bethke & Dejoy, 1993). At that age, adolescents lack dating experiences and are inexperienced with normal expectations and boundaries of intimate relationships. Research has demonstrated that many adolescents accept physical and sexual aggression as normal in dating and partner relationships (Hamberger & Ambuel, 1998). As a result, they may not perceive physically aggressive behavior as wrong or destructive. They may have difficulty identifying physical or

sexual abuse and then deciding how to act on it. Instead they may view pushing, hitting and similar behaviors as expressions of love and commitment, indicating a strong connection and long-term relationship (Henton, Cate, Koval, Lloyd & Christopher, 1983). Furthermore, they may perceive controlling and jealous behavior as love (Levy, 1990). In a study conducted by Bethke and Dejoy (1993) only about one half of adolescents indicated that they would end a relationship following a violent act.

Pregnancy

Pregnant women have been identified as a vulnerable group that experiences high rates of IPV (Gelles, 1988). Johnson, Haider, Ellis, Hay and Lindow (2003) reported that the increased stress and responsibility of caring and providing for an infant may be fueling higher rates of IPV during the postpartum period. Furthermore, they discovered that younger women reported the most violence and boyfriends, as opposed to husbands, were the most common perpetrators. Parker, McFarlane and Socken (1993) found a significantly higher rate of abuse during pregnancy among adolescents compared to adult women. Women under 25 years of age are more likely to be pregnant and more likely to be abused by a partner than older women. Moreover, girls in abusive relationships are less likely to require partners to use condoms and more likely to become pregnant (Silverman et al., 2004). Prevalence rates of abusive relationships among adolescents have also been found to increase during the postpartum period. In a study of 275 adult and adolescent women, 19% reported IPV during pregnancy while 25% reported postpartum IPV (Gielen, O'Campo, & Faden, 1994). Gazamararian, Adam and Saltzman (1995) revealed that women with unintended pregnancies had four times the odds of experiencing domestic violence than women with planned pregnancies. As a result of their young age, unlikelihood of being married, unplanned pregnancies, and increased postpartum stress, adolescent mothers may be at an increased risk of partner violence.

The findings that abuse increases during pregnancy and post-partum are especially alarming when one considers the circumstances surrounding adolescent mothers. Pregnant adolescent mothers also suffer from societal standards which regard teen pregnancies as wrong, unfortunate, and harmful. Furthermore, people often regard adolescent mothers with disdain and disrespect. They often lack critical social support (Sussex & Corcoran, 2005) and become even more reliant on their partners and persist in harmful relationships. In addition, children of violent parents will most likely suffer from the abusive environment. Children who witness IPV and become traumatized often exhibit sleep problems, thought suppression, developmental regressions or delays and psychological disturbances. Moreover, these children may suffer from diminished parenting skills due to the psychopathology of depression and anxiety often found in abused women (Terr, 1991). In addition, women experiencing IPV have been found to abuse their own children, thereby putting the child at more risk of cognitive, behavioral and psychological harm (Bland & Orn, 1986; Kerouac, Taggart, Lescop & Fortin, 1983). Among the few studies on adolescent intimate partner violence, only a small number investigated pregnant and parenting adolescents even though they are a vulnerable and high risk population (Gielen et al., 1994; Parker et al., 1993; Silverman et al., 2004).

Adolescent IPV and Mental Health

It is essential to explore the impact of dating violence on adolescent psychological well-being because adolescents are progressing through a developmental stage that may place them at even greater risk than adults for physical and psychological harm. Abusive experiences during dating relationships may disrupt normal developmental processes, including the development of a stable self-concept, emotional well-being and integrated body image during adolescence. There are multiple developmental challenges and milestones during adolescence including body changes, psychological growth, emotional expressions and social milestones

such as dating. Adolescents are still developing their self-esteem which makes it difficult for them to deal with abuse. They may not have a strong enough psychological sense of self or self-confidence to verbally defend themselves or leave a relationship (Smith & Donnelly, 2001). An abuser can assert a more dominant role in a relationship where his or her partner has extremely low self-esteem and may, thereby, control the partner and the relationship.

Traumatic experiences, such as dating violence, exacerbate the difficulties of developmental milestones and can lead to impairments in behaviors, thoughts and feelings (Ackard & Neumark-Sztainer, 2002).

Both IPV perpetration and victimization have been linked to suicide, eating disorders, substance abuse and low self-esteem. Coker, McKeown, Sanderson, et al. (2000) found victimization of dating violence to be associated with suicide ideation and suicide attempts among males and females. Ackard and Neumark-Sztainer (2002) found dating violence was associated with lower scores on measures of emotional well-being and self-esteem as well as higher rates of suicidal behaviors and disordered eating behaviors such as bingeing, vomiting or diet pill use. Over 50% of the youth in their sample who reported dating violence and rape also reported suicide attempts. Since adolescents in violent relationships are coping with abuse as well as body changes, they may blur the line and start abusing their own bodies through disordered eating behaviors. The direction of causality in the relationship between eating disorders and IPV has not been established whereas most research has discovered that IPV predicts the mental health outcomes of depression and anxiety (Kilpatrick et al., 2003; Wise, Sierler, Krieger & Harlow, 2001). Silverman et al. (2001) found similar results in their study of female high school students. Approximately 20% of the girls in their sample reported abusive dating experiences and dating violence was associated with increased risk of substance abuse, unhealthy weight control behaviors, sexual risk behaviors and suicide.

In research on adult domestic violence, researchers have focused primarily on the mental health issues of depression and anxiety. The link between symptoms of these disorders and domestic violence has been well-established. In a recent survey, Stein and Kennedy (2001) found that, among women who had experienced domestic violence, 75% of them experienced Major Depression as well as Posttraumatic Stress Disorder (PTSD). Hamberger, Saunders and Hovey (1993) also reported the primary health responses of women in violent relationships to be depression and PTSD. Similarly, O'Leary (2001) discovered high incidences of depressive symptoms and poor self-esteem among battered women. As the frequency and severity of the physically aggressive acts increased, the self-esteem and depressive symptoms among women worsened.

Among abusive adult romantic relationships, research has firmly linked symptoms of anxiety and depression to IPV (Hamberger et al., 1993; O'Leary, 2001; Stein & Kennedy, 2001). While it is important to understand and investigate the differences between adolescent IPV and adult IPV, it is equally critical to document the similarities between the two phenomena. Since symptoms of depression and anxiety have been so strongly and consistently related to adult IPV, it is imperative that these mental health problems be investigated in adolescents who are in abusive relationships.

Research has examined the relationship between IPV and the broad concepts of self-esteem and emotional well-being but less often have researchers specifically investigated anxiety and depression. The studies that have addressed the disorders have reported contradictory results. Callahan et al. (2003) discovered that girls experiencing dating violence displayed posttraumatic stress and dissociation but not depression. Conversely, Boney-McCoy and Finkelhor (1996) found an increased risk of depression in females in their sample of 10-16 year olds after incidents of interpersonal violence. Kilpatrick et al. (2003) discovered that IPV

increased the risk of depressive and anxious symptoms among adolescent females after controlling for demographic variables and familial substance abuse. The definition of interpersonal violence in the last two studies, however, was not limited to intimate relationships and included sexual assault, physical assault or witnessed violence.

Overall, it appears as though abused adolescent females report more mental health complications such as depression and anxiety than boys. Epidemiological studies have demonstrated that rates of major depression increase when children become adolescents with a 25% increase in lifetime prevalence at the end of adolescence. At the same time that this increase occurs, adolescents may start dating and become involved in abusive relationships (Kessler, Avenoli & Merikangas, 2001). Therefore, it is important to examine the possible relationship between depression and adolescent dating violence. Similarly, more results are needed to understand the mental health consequences of IPV among vulnerable populations such as pregnant and post-partum adolescent mothers.

Ethnicity and IPV

Researchers investigating mental health and adolescent IPV have rarely gathered an ethnically diverse and representative sample. Coker, McKeown, Sanderson, et al., (2000) collected one of the largest population based samples of adolescents to address severe dating violence with 5,414 participants of whom 647 had experienced IPV. Of the participants in the total sample, 50% were Caucasian, 44% were African-American, 1.8% were Hispanic, 1.1% were Asian, 0.9% were Native American and 2.6% were Other. They reported that 9% of Caucasians were experiencing IPV and similarly 8% of Hispanics and African-Americans reported IPV. They discovered that 40% of the participants in the “Other” category reported IPV while 35% of the Native Americans had experienced IPV. Since the percentage of Hispanic participants was very small, it is difficult to generalize their findings. Furthermore,

they do not provide a description of the “Other” category, so we do not know which races were represented in the category of participants who reported extremely high rates of IPV. In their investigation of adolescent IPV, Callahan and colleagues (Callahan et al., 2003) did not provide a comparison of the different psychological responses across ethnic groups. Very few studies have adequately researched adolescent dating violence among Latinos even though rates of adult domestic violence have been found to be higher among Latinos and African Americans than Caucasians (Campbell, 1989; Kessler, Molnar, Feurer & Appelbaum, 2001). Researchers have not determined whether income, socioeconomic status, acculturation or ethnic identity account for these differences in adults.

One extremely large study was able to capture a few differences in adolescent IPV among ethnic groups. Ackard and Neumark-Sztainer (2002) used the Minnesota Student Survey to sample 81,247 boys and girls in ninth and twelfth grades in order to examine date rape and violence. In their sample, 90.3% of the girls were Caucasian and 89.3% of the boys were Caucasian. However, since their sample was so large, they were able to acquire large numbers in other ethnic groups, collecting data from 352 American Indian, 902 African American, 494 Mexican American, 179 Puerto Rican and 1,328 Asian American high school students. They discovered that Caucasian, Puerto Rican and Mexican American males and females reported the highest rates of dating violence and rape. This is somewhat different from previous research which has indicated that adult IPV occurs most frequently among African Americans and Latinos. Adolescent males may be socialized differently from their adult counterparts within their culture which may lead to different IPV rates. In addition, different cultural groups may be more willing to reveal IPV experiences than other groups.

Research exploring dating violence among Latino youth has been highly inconsistent which may be due to the unknown and, often ignored, impact of acculturation. Acculturation

has been defined as the process whereby immigrants change their behavior and attitudes toward those of the host society (Rogler, Cotes & Malgady, 1991). Some studies have suggested that youth who are less acculturated hold more pro-violent attitudes with regard to dating relationships. Among adults, research has demonstrated that Latina women are as much as 50% more likely to experience domestic violence than Caucasians and African Americans (Kessler et al., 2001). However, other studies have found domestic violence rates to be almost equivalent across ethnic groups (e.g. Carlson, McNutt & Choi, 2003). Torres speculated that these discrepant results may be due, in part, to Latina women's tendency to underreport domestic violence. Therefore, reported rates of spousal abuse may depend on the willingness of women to disclose the information. Moreover, Torres (1991) found that Caucasian women view more types of behavior as abusive and are less tolerant of spousal abuse than the Latina women. This study suggested that in order to accurately study domestic violence among Latinos, it is critical to first understand the role of cultural factors. Culture clearly plays a critical role in Latina women's experiences in violent relationships. Among Latino immigrants, the level of acculturation may play an important role in their mental health response to domestic violence.

Summary

Dating violence among adolescents has received little research attention but is prevalent and potentially dangerous. While it is important to investigate adolescent dating violence as a unique phenomenon, it is helpful to compare the experiences of adolescents and young adults to discover whether extensive research on adult IPV can be applied to adolescents. Depression and anxiety have been firmly linked to abusive relationships among adults and higher rates have been found among Latina women (Hamberger et al., 1993; O'Leary, 2001; Stein & Kennedy, 2001). Moreover, Latina women generally marry younger, have larger families, are

more economically dependent, have been victims of violence for longer periods of time and stay longer in relationships than Caucasians or African-American battered women (Torres, 1991; West, Kantor, Kaufman & Jasinski, 1998). Therefore, the mental health outcomes of abuse could be substantial among Latina abused women. Since IPV rates have been shown to increase in the postpartum period (Gelles, 1988) especially among adolescents (Gielen et al., 1994), and decrease among married couples (Hamberger & Ambuel, 1998), the vulnerable Latina unwed adolescents may be particularly at risk for abuse and poor mental health after giving birth.

Current Study

Research and understanding of adolescent IPV has grown over the years, but there are still many questions which have not been answered and there is a preponderance of contradictory results. The clearest finding of the research is that adolescent dating violence is a very real problem which has been relatively unaddressed. The current study attempts to fill gaps in research, address contradictions and broaden knowledge of adolescent IPV as compared to young adult IPV, primarily in the area of mental health.

Using a sample at high risk for IPV, the following hypotheses were examined. (1) IPV will be significantly linked to symptoms of depression and anxiety. (2) Women with Latina heritage, as opposed to those without Latina heritage, will have higher rates of IPV. (3) Married women would report lower levels of IPV.

In addition, rates of IPV were compared with depression and anxiety between young adults and adolescents on an exploratory basis since reported associations between mental health and IPV have been contradictory. Moreover, earlier studies have not compared mental health correlates to IPV between young adults and adolescents.

Method

Procedure

Data were obtained from the Fragile Families and Child Wellbeing Study (McLanahan, Garfinkel, Brooks-Gunn & Tienda, 1998), a nationally representative survey of births to parents in twenty American cities including Austin, Pittsburgh, Boston, New York City, Jacksonville, San Jose, Chicago, Toledo, Norfolk, Nashville, Baltimore, Detroit and Oakland. Cities were chosen that had a population of at least 200,000 with varied welfare policies, child support enforcement laws and labor market conditions. Participants were initially recruited at birthing hospitals which were selected because they had the highest number of non-marital births in the city. Mothers were chosen at random until quotas of marital and non-marital births were filled with unmarried parents being oversampled. Mothers were recruited in hospitals and gave their first interview within 48 hours of the birth of their child (McLanahan et al., 1998).

The study started with a birth cohort of 4,898 children born in twenty U.S. cities with at least the mothers, and when possible the fathers, completing questionnaires. From the original sample, 4,365 mothers completed the follow-up interview approximately one year after the baseline questionnaire. Eligibility guidelines were established based on the goals of the Fragile Families study which required mothers and fathers with a baby to be accessible and agreeable to interviews over a five year period. Therefore, mothers were ineligible if they were giving their baby up for adoption or reported that the baby's father was deceased. In addition, there were logistical causes for ineligibility such as mothers discharging from the hospital prior to screening for the study or women unable to answer questions in Spanish or English. Furthermore, mothers screened for the study after quotas were filled became ineligible and some minors were ineligible due to individual hospital rules.

The mothers gave their second interview 12-18 months after their child's birth with the data collection occurring between June 1999 and March 2002. Approximately one-third of the

follow-up interviews were conducted by phone and the rest were carried out in person. Data gathered from this second interview were used for the current study. Fathers were also interviewed at each time point but their data were not used in the present study. Each participant was compensated with 20 dollars at the end of their separate interviews.

Participants

The present study used data from the one year follow-up interview and consisted of 672 mothers. In order to compare young adult women to adolescent females, two groups were created. A large percentage of the women were ages 19 and 20 which made it ideal to divide the groups between these two ages, thereby creating two similarly sized groups. The two groups which were chosen created the most even split. Arnett and Taber (1994) argued that the age at which one is considered a young adult is socially defined and varies among cultures. In our multicultural sample, it is difficult to identify the exact age of transition. However, because 20 years old is one of the possible transition ages into young adulthood and this fits with the data needs, I decided to split the age groups in this manner. In the sample, 282 adolescent mothers were between the ages of 14 and 19 and 390 young adult mothers were between the ages of 20 and 21. The mean age of the whole sample was 19.48 years ($SD = 1.14$, $N=672$).

Among all the mothers, 10.5% were married at the time of the follow-up interview and 34.7% had received welfare or TANF in the past 12 months. The majority (65.8%) of the women had only one child while most (26.1%) of the other mothers had two children. A large percentage (66.3%) of the women was not attending school or other training classes but most (75.6%) women had worked in the last 12 months. Of the women who had worked, many (33.9%) of them earned a yearly income of \$10,000 and below or (40.1%) made between \$10,000 and \$40,000. In the sample, 24.5% described themselves as Hispanic or Latino considering their descent to be Mexican (41.3%), Puerto Rican (19.8%), Cuban (1.2%), Central

American/Caribbean (3.5%), South American (1.8%), Spanish (1.2%) or Other (21.5%). There were no substantial demographic differences between the two sub-samples.

Measures

Depressive symptoms. Questions that assessed levels of depression were derived from the Composite International Diagnostic Interview-Short Form (CIDI-SF) (Kessler, Andrews, Mroczek, Ustun & Wittchen, 1998). The CIDI questions are based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The CIDI is a standardized instrument used for assessing mental disorders that can be used in cross-cultural research studies.

Participants were asked whether they had feelings of depression or sadness in the past year that lasted for two weeks or more. Then they were asked whether there was a time lasting two weeks or longer when they lost interest in activities which usually give them pleasure. Each question yielded a “yes” or “no” answer which were coded with the values “1” (yes) and “0” (no). A total depression score was calculated for each participant as a categorical variable indicating whether they reported symptoms of depression. The two items are criteria for diagnosing Major Depressive Disorder according to the DSM-IV which were used as screening items for the current study. If participants did not endorse either question, they were not asked additional questions about their symptoms. Therefore, these two items best captured depressive symptoms among participants and we only used the initial two items of the CIDI which provided answers from all participants. The same format was used for anxiety symptoms.

Anxiety symptoms. Presence of anxiety was assessed from questions which also derived from the Composite International Diagnostic Interview-Short Form (CIDI-SF). Participants were asked to consider the previous six months and report whether during that time they had felt excessive worry or anxiety about more than one thing, for more days than not. They were also asked if they had difficulty controlling their concerns or anxiety. These two items were

also screening items for the current study. Participants only answered more questions on anxiety symptoms if they endorsed either of these items.

Each question yielded a “yes” or “no” answer which were coded with the values “1” (yes) and “0” (no). A total anxiety score was calculated for each participant as a categorical variable indicating whether they reported symptoms of anxiety.

Abuse. IPV was measured from questions that were derived from questionnaires created for the Effects of Violence on Work and Family Project (Lloyd, 1997). These measures were based on the Conflict Tactics Scale (Straus, 1979) but included additional questions which incorporated a broader range of physical and emotional means by which men coercively control women. Participants were asked questions such as “He slaps or kicks you,” “He tries to prevent you from going to work or school,” “He insults or criticizes you or your ideas” and “He hits you with his fist or an object that could hurt you.”

The abuse questions were responded to using a three-point Likert scale (3=often, 2=sometimes, 1=never). In calculating a total composite score of abuse for each participant, the numbers were summed with high scores indicating greater levels of abuse. Summed scores ranged from seven to twenty-one with a mean score of 8.3 for the total sample. The same mean of 8.3 was found for each of the sub-samples as well. The scale demonstrated reasonable internal consistency in the sample ($\alpha=0.60$).¹

Demographics. Latina heritage and marital status were assessed through demographic measures. The participants were asked if they were married at the one-year follow up time point and if they were of Hispanic or Latino origin or descent.

Results

Logistic and linear regressions, correlations and descriptive analyses were conducted on the data. The adolescent and young adult data were statistically analyzed separately and then

comparison analyses were conducted between the two groups. All continuous variables were tested using centered data.

Analysis of variables with adolescents

The hypotheses were first tested with the adolescent data. When analyzing the first hypothesis, that IPV will be significantly associated with symptoms of depression and anxiety among adolescents, depression and anxiety were significantly correlated to each other ($r=0.26$) but not IPV (see Table 1). The second hypothesis that women with Latina heritage, as opposed to those without Latino heritage, will have higher rates of IPV was not supported. However, there was a significant correlation between Latino heritage and marriage ($r=-0.17$). It appears as though more non-Latinas than Latinas were married. Although there was also no support for the third hypothesis that married women would report lower levels of IPV, there was a significant correlation between marriage and anxiety symptoms ($r=-0.16$) indicating that more anxiety symptoms were reported among the non-married adolescents. Logistic regressions were run with IPV as the dependent variable and anxiety and depression as independent variables (see Table 2). In addition, linear regressions were conducted using Latina heritage and marriage status as independent variables and IPV as the dependent variable (see Table 3). No significant relationships were found between the variables in any of the regressions.

Analysis of variables with young adults

When examining the first hypothesis, that IPV will be significantly linked to symptoms of depression and anxiety among young adults, significant moderate correlations were obtained between anxiety and depression symptoms ($r=0.41$), anxiety symptoms and IPV ($r=0.14$), depressive symptoms and IPV ($r=0.15$) (see Table 1). Logistic regressions were conducted with depression and anxiety as dependent variables and IPV as the independent variable (see Table 4). Significant associations were discovered between IPV and depressive symptoms as

well as between IPV and anxiety symptoms. IPV predicted depression and anxiety among the young adults. No support existed for the second hypothesis (women with Latina heritage will have higher rates of IPV) but the third hypothesis (married women would report lower levels of IPV) was supported (see Table 5). A linear regression was conducted with IPV as the dependent variable and Latina heritage as the independent variables but no significant relationships was discovered. However, a significant association was discovered when a linear regression was conducted with IPV as the dependent variable and marital status as the independent variable. Marital status was associated with IPV such that those who were married were less likely to report IPV. Significant correlations were discovered between marital status and IPV ($r=-0.11$) as well as Latino heritage and marriage ($r=-0.17$); Latina heritage was associated with marital status and marital status was also correlated with IPV.

Comparison of adolescents and young adults

The mean of IPV was the same among adolescents ($\mu=8.27$, $SD=2.28$) and young adults ($\mu=8.27$, $SD=2.23$). Table 4 shows descriptive information for both age groups. Chi square analyses were conducted and revealed a significant difference in the same direction for reports of anxiety ($p=0.001$, $\chi^2=11.61$) and reports of depression ($p=0.003$, $\chi^2=8.69$) such that young adults reported symptoms with greater frequency. Among the young adults, more symptoms of anxiety were reported than symptoms of depression. In an exploratory comparison of the two sub-samples, anxiety was reported with much greater frequency among the young adults (32% of the young adults) than the adolescents (19% of the adolescents). Depression was reported more frequently among the young adults (25%) than the adolescents (13%). The same was true of marriage (young adults 11%, adolescents 8%). Alternatively, the rates of IPV were very similar across the groups.

Finally, a post-hoc analysis examined differences in IPV based on cohabitation status. Women who live with their partners may experience higher rates of IPV. Since they are in close proximity to their partner more often than partners who did not live together, there are more opportunities for abuse and violence to occur. Among the young adults, approximately equal numbers lived with their partners 201 (49%) and separate from their partners 195 (51%). Similarly in the adolescent sample, 129 (40%) participants lived with their partners and 190 (60%) adolescents did not live with their partners. The rates of IPV between those who were cohabitating to those who were not cohabitating for both groups and statistically significant differences were found.

Discussion

The results partially supported the proposed hypotheses. Consistent with previous research, the young adult women in our sample who were experiencing IPV reported more symptoms of depression and anxiety than their counterparts who were not experiencing IPV (e.g., Stein & Kennedy, 2001). However, these associations were not significant in the adolescent sample. Previous researchers on mental health among adolescents experiencing IPV have reported mixed findings, so the results are consistent with those that did not link IPV to depression or anxiety (Callahan et al., 2003). Contrary to the second hypothesis, reports of IPV were not higher among Latina adolescents or young adults as compared to their non-Latina peers. The third hypothesis was supported in the young adult sample in which marriage was associated with lower levels of reported IPV. While marriage and IPV were not linked in the adolescent sample, marriage was related to lower levels of anxiety in the group. The exploratory comparison between young adults and adolescents yielded interesting findings such as similar rates of IPV across groups but fewer reports of IPV in combination with depressive symptoms among the adolescents than the young adults.

IPV was related to symptoms of depression and anxiety among young adults, but not adolescents, which partially supports the proposed hypothesis. However, these results do support the theory that adolescent IPV is a unique phenomenon (e.g., Follingstad, Bradley, Laughlin, & Burke, 1999) and research on adult IPV and mental health correlates should not be blindly applied to adolescents. Adolescents are inexperienced in relationships and have been found to interpret abuse as love (Levy, 1990) as well as to consider violence as normal in relationships (Hamberger & Ambuel, 1998). Furthermore, both males and females have been found to be perpetrators and victims in abusive adolescent relationships. This is distinct from the perpetrator-only or victim-only roles found in adulthood (Avery-Leaf et al., 1997). Possibly, adolescent women deal with their abusive experiences by hitting back instead of becoming depressed or anxious. Male and female adolescents have previously reported humiliating experiences as reasons for perpetrating abuse (Sets, 1991). Abuse could be humiliating to people which may result in depression. Instead, adolescents might be expressing their response to IPV through aggressive revenge toward their partners and, thereby, protecting their mental health. Adolescent perpetrators and victims have been found to have equally violent profiles with both partners perpetrating and sustaining physical, sexual and emotional aggression. This indicates a possibility that there is a coercive and violent mutual relationship during adolescence that is distinct from the perpetrator-only or victim-only roles found in adulthood (Avery-Leaf et al.). Future research focusing on mutual abuse, reasons for abuse and coping strategies for abuse among adolescents is needed. Furthermore, research should investigate the overlap of victim and perpetrator roles.

During adolescence, acceptance by peers is of utmost importance. Girls may feel accepted by peers because they are in relationships (Smith & Donnelly, 2001). If girls are developing depressed or anxious symptoms after abuse, the boost to self-esteem that they

receive from peers who support their relationship may temporarily hide the mental health impact of the abuse. However, as people age, peer acceptance becomes less important, so the benefits which come from it are also reduced. The protective quality of peer influence may disappear after adolescence leaving young adults highly depressed or anxious. Therefore, during adolescence the abuse may have impacted self-concept, emotional well-being and body image, but the effect does not become apparent until young adulthood. The unique characteristics of adolescent relationships may be some of the reasons that more symptoms of depression were reported in the young adults as opposed to the adolescents in our sample. Longitudinal studies are needed to examine these issues.

As opposed to temporarily subdued depressed or anxious symptoms, the adolescents may have had a mental health response to IPV that did not present as depression or general anxiety. These adolescents may have coped with their experience through dissociation and numbness, which was not captured in the current study. This is consistent with research reported by Callahan, Tolman and Saunders (2003) but inconsistent with other investigators (Boney-McCoy & Finkelhor, 1996; Kilpatrick et al., 2003). Possibly certain adolescents have a response similar to PTSD symptoms while others respond more with depressed or anxious symptoms. Research that examines unique symptoms of other anxiety disorders such as PTSD will be helpful in understanding the current results.

Surprisingly, Latina heritage was not linked to IPV among the adolescents or young adults in our sample. Latina women have tended to underreport IPV in past research (Torres, 1991). They often accept the abuse and believe that they deserved it and, therefore, they may protect their partner by refraining to report the abuse. Perhaps the women underreport because they are aware of the consequences or fear the consequences of reporting abuse. In general, many women report IPV because they want the abuse to end, but Latina women may not be

motivated by this because they do not believe it should end. In addition, Latina women tend to be more tolerant of abuse and not perceive aggressive actions as abusive (Vandello & Cohen, 2003). The Latina women may have viewed the abuse questions in the current survey as negative, so they refrained from endorsing many of the items.

Acculturation levels may have been suppressing a statistical association between IPV and Latina heritage. The present sample might not be acculturated and may therefore endorse traditional beliefs about IPV and, thus, underreported coercive behaviors in the survey. However, previous research on abusive relationships among Latino youth has been inconsistent when comparing acculturated to less acculturated adolescents (Ackard & Neumark-Sztainer, 2002; Coker, McKeown, Sanderson, et al., 2000). The mean rates of IPV were slightly elevated, but not statistically significant; in the Latino group ($\mu=8.6$) as opposed to the non-Latino group ($\mu=8.2$). Unfortunately, acculturation level was not able to be assessed in the present study, so we can only conjecture about its impact on IPV².

Based on previous research (Hamberger & Ambuel, 1998), it was conjectured that those who were married would have lower rates of IPV which was discovered in the present study. Second, Parker and colleagues (1993) discovered that adolescent girls experienced dating violence at a significantly higher rate than adult women. Their findings were supported by Hamberger and Ambuel who found violence among dating adolescents to be more common than among married couples. It seems that marriage may serve as a protective factor for some couples but it could also be that married women are more reluctant to report IPV than unmarried women. Married women may feel a stronger need to keep IPV experiences secretive. More research is needed in the future to understand the relationship between IPV and marital status.

In the adolescent sample, IPV was not related to marriage but marriage was correlated to lower rates of anxiety. These mothers may be anxious because they are juggling the roles of wife, mother and adolescent. They also suffer from the negative opinion of others because of their teenage mother status of which society tends to disapprove (Watt, 2001). This may impact young mothers more than other adolescents because they may have less familial social support to buffer the impact of other's critical opinions. People may view them as irresponsible, wild or careless because they became pregnant as teenagers. However, as mothers and wives, they have a partner to provide support which may reduce feelings of isolation and worry about judgment. Therefore, they may develop low levels of anxiety as they discover the role of wife to be meaningful and supported.

In the exploratory comparison of the two groups, anxiety was reported with much greater frequency among the young adults than the adolescents. The rates of IPV and depressive symptoms were similar across groups but IPV experiences were reported in combination with depression in greater frequency among the young adults. This indicates that the rate at which IPV was reported in conjunction with depression increased with age. This again supports the idea that there is a unique adolescent pattern of IPV (e.g., Follingstad et al., 1999). The same percentage of women was abused among adolescents and young adults, but the young adults may be victims-only while the adolescents are victims and perpetrators which may be impacting the difference in IPV combined with depression rates.

Overall, even though adolescents and young adults appeared to experience IPV at the same rate, the results indicate that depression and anxiety do not appear until young adulthood when women experience IPV. It seems that abused adolescents are somehow buffered from the mental health correlates of depression and anxiety which are relatively common among young women. It is unclear as to what is preventing them from reporting depression and anxiety

symptoms. More research is needed to understand the complex IPV experiences of adolescents.

There were several limitations to the current study. First, depression and anxiety were measured as categorical variables instead of continuous variables. As a result, variation in the degree of psychological distress was not captured. Mental health correlates with IPV among adolescents may have been discovered if continuous variables had been used. In addition, while the questions were necessary for diagnostic purposes, they were a very limited number of questions was used to detect symptoms of depression and anxiety. However, there are many different manifestations of anxiety and depression as well as a variety of symptoms which describe the two disorders. In addition, there are many different ways that various cultures express anxiety and depression. For example, researchers have discovered that African Americans and Latinas are more likely to report somatic complaints than Caucasians when they are experiencing depression (Escobar, Rubio-Stipec, Canino & Karno, 1989; Wohl, Lesser & Smith, 1997). In addition, the tendency to somatize distress is often associated with lower SES, female gender, immigrants and low-aculturated individuals (Kolody, Vega, Meinhart & Bensussen, 1986; Swenson, Baxter, Shetterly, Scarbro & Hamman, 2000). Therefore, some participants may have been depressed or anxious but did not endorse the specific items used because they did not exactly match their symptoms.

Another drawback to the present analyses was that a minimal number of questions addressed IPV. A continuous variable was used to represent degree of abuse but only seven items contributed to the variable. While seven items could be sufficient to measure IPV, it is possible that these seven questions did not fully capture participants' abusive experiences. As a result, they did not endorse any of these items even though they may have been in a violent relationship. Moreover, previous research has demonstrated that adolescents may interpret

abuse differently from young adults (e.g. Levy, 1990) which indicates that they may describe the abuse differently than was presented in the questionnaire. Furthermore, since adolescents may perceive abuse to be love, they may refrain from endorsing items in the questionnaire which appear negative when referring to IPV. A disconnect may exist between their personal “positive” experiences and the “negative” descriptions in the questionnaire even though both are describing the same objective event.

The present study was not able to assess several variables which may have been important in interpreting the results. For example, perceptions of IPV behaviors and PTSD symptoms were not measured in the current research. Future studies should include these variables in analyses of adolescent dating violence. In addition, I was not able to assess acculturation level which may be an important factor in the association between IPV and Latina heritage.

McGee (1997) performed a brief meta-analysis on literature addressing cultural values and domestic violence. He found that Latino cultures highly value family and Catholicism which together emphasize traditional gender roles and rationalize a power differential between men and women. He concluded that women endure the abuse as part of their subordinate role and often suffer from low self-esteem. Therefore, they often think they deserve the abuse and accept it as part of their role. Perilla (1999) completed an extensive meta-analysis on domestic violence among immigrant Latinos and reiterated that family is of utmost importance and members share extremely strong feelings of loyalty, reciprocity and solidarity. In families, boys and girls are socialized differently and their gender roles are dictated and embedded early in life. Girls are taught that marriage is of high importance and essential to their identity; a submissive wife is greatly respected. In marriage, men become more independent while women become more restricted to the home and dependent on their husbands. Among Latino

immigrants, traditional roles become flexible as a family acculturates but the patriarchal quality of the family does not change. For example, the mother may start to work outside of the home or make daily choices but the father is always the ultimate decision-maker of the household. Domestic violence is a frequent way men exert power over their families and remain the head of their households. The dependent and submissive wife must accept the abuse. However, acculturation destabilizes gender roles and more acculturated Latina women report finding more social support for legal protection from physical abuse.

Another key theme to understanding domestic violence, according to Perilla (1999), is machismo. A review of the literature resulted in her definition of machismo as the expression of the exaggeration of maleness, the physical superiority of men and men's supremacy over women. It emphasizes honor, respect, courage, strength, control and responsibility as a good provider for one's family. These traits endorse and justify physical violence as a way for men to establish machismo. Domestic violence is widely accepted in Latino countries where many men batter because they have learned, through examples in their own families, that it is a successful way to control their wives and receive both respect and honor. At the same time, Latina women learn through example that they should be kept in their place and role through physical violence. Many male Latino immigrants are very surprised that there are laws in the United States against domestic violence. Perilla came to the same conclusion as McGee (1997) that the women routinely blame themselves for attacks and rarely seek help or sympathy. In addition, Latina women usually marry younger, have larger families, are more economically dependent, have been victims of violence for longer periods of time and stay longer in relationships than Caucasians or African-American battered women. These circumstances have all been found to be related to women not seeking help and not leaving abusive relationship as well as poor mental health outcomes (Torres, 1991; West, Kantor, Kaufman & Jasinski, 1998).

In addition to investigating the experience of abusive relationships for Latina adolescents, there are many other directions for future research in the area of adolescent IPV. Research would benefit from an in-depth analysis of interpersonally violent relationships. The methods which adult perpetrators use, such as socially isolating their victim and profusely apologizing after abuse, are well-known. Potential victims can be educated and results of studies can be interpreted in light of the knowledge about the intimate relationship of a perpetrator and his victim. Such information, specific to adolescents and IPV, is not available for the average teenager. Moreover, researchers are only recently beginning to acknowledge that such research needs to be conducted. In-depth interviews and qualitative studies detailing the experiences of those involved in abusive relationships would be extremely helpful. With such knowledge, large studies with hundreds of participants, such as the current one, could be interpreted more accurately. Research needs to understand the relationship itself before trying to connect the relationship to other outcomes. The current study has presented evidence that adult studies of IPV cannot be generalized to adolescents and that, instead, adolescent IPV needs to be uniquely understood.

A paucity of research also exists in the area of acculturation of Latino youth and its impact on relationships. Most previous research on machismo and other elements of the Latino culture, which views violence in romantic relationships normal and, at times, necessary, has been done with adults (McGee, 1997). Future research could investigate the extent to which Latino youth who immigrated to the United States at a young age endorse traditional ideas of aggression in relationships. In addition, it is important to compare their level of acculturation with their beliefs. Traditional beliefs among second-generation Latino youth should also be investigated. Furthermore, community effects should be researched with this population. Some Latinos live in communities where they are the only Latinos while others live in

exclusively Latino communities. In the non-diverse communities, many people only speak Spanish and the acculturation process may be slower. In these communities, the acceptance of domestic violence which exists in many Latino counties (Perilla, 1999) is most likely perpetuated. Therefore, acculturation, community effects and recency of immigrating to the United States should be included in research on IPV among Latino adolescents.

Despite these limitations, the current study provides unique contributions to the field of IPV. By comparing IPV experiences between young adults and adolescents, the present study has yielded information on an area which suffers from a dearth of research and a lack of understanding. The results are intriguing and against intuition thereby strongly supporting the need for additional research in this area. The findings of this study contribute to knowledge regarding the unique experiences of abused adolescents, as well as the differences between young adults and adolescents in the same situation.

Implications

The current study has implications for interventions. For example, in light of the increasing frequency of depression and anxiety with increasing age, interventions aimed at ending violent relationships and preventing mental health problems should be available for young women during the end of high school or beginning of college. During the beginning of high school, a different type of prevention program could be implemented to educate both male and female adolescents in preventing violent relationships. It appears as though a transition occurs during late adolescence and early adulthood when abusive experiences start to be jointly reported with poor mental health symptoms, so the dynamics of romantic relationships might qualitatively change during this period. Therefore, the components of adolescent and young adult programs may need to be distinct since the experiences of the two groups may be extremely different. Furthermore, the interventions need to be designed for the appropriate

developmental level of the participants. As more researchers investigate abusive adolescent relationships, intervention programs for different age groups can be altered based on results of analyses.

In addition to educational settings, interventions should be implemented in hospitals, churches or other community centers since many young mothers are not in school. Since IPV occurs with greater frequency among unmarried young adults, it would be important to provide intervention support for young unmarried women. Further, more Latina than non-Latina women were unmarried, so this group also should be targeted for interventions. Future research should explore protective factors which prevent adolescents from experiencing depression and anxiety with IPV as well as investigate the risk factors which relate IPV to depression and anxiety among young women.

The implication of the current study that adolescent IPV is a unique phenomenon is very exciting. With this new framework, future research can investigate adolescent IPV with more accuracy. In turn, intervention and prevention programs can be better designed and, therefore, be more effective. Dating violence can have many negative outcomes, including murder, so the problem desperately needs attention. With more research and successful education programs, hopefully relationships can be improved, mental health can be kept intact and lives can be saved.

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Footnotes

¹ Analyzing psychological and emotional items separately was considered since 3 items addressed physical abuse and 4 items addressed emotional/psychological abuse. However, the alpha levels dropped below 0.4 when the items were separately examined, so results of the separated items would not be statistically valid. Therefore, only all the items together were used representing the measure of total IPV.

² Using rough proxies (i.e. participating in cultural practices, identifying with cultural heritage) that were available in the data, acculturation level was compared to IPV. No significant results were found.

Table 1.

Correlation coefficients

Variable	IPV	Depressive Symptoms	Anxiety Symptoms	Latina Heritage	Marriage Status
IPV		.15**	.14**	.07	-.11**
Depressive Symptoms	0.06		.41**	-.02	.03
Anxiety Symptoms	.10	.26**		-.01	.03
Latina Heritage	-.03	.02	.03		-.16**
Marriage Status	-.10	-.11	-.16**	-.17**	

Notes. Above the diagonal are data for young adults (age 20-21), below the diagonal are data for adolescents (age 12-19)

** $p < .01$ (2-tailed)

Table 2.

Logistic regression results for adolescents (age 12-19) with IPV as dependent variable

Variable	Coefficient	B	Wald	Odds Ratio	Exp (B)	χ^2
Anxiety Symptoms	.16	.10	2.00	1.11		1.89
Depression Symptoms	.45	.06	0.58	1.06		0.54

Note. For all variables 0=no and 1=yes.

** p < .01 (2-tailed)

* p < .05 level (2-tailed)

Table 3.

Linear regression results for adolescents (age 12-19) with IPV as dependent variable

Variable	Coefficient	B	B	Standard Error B
Latina Heritage	-.73	-.27	-.05	.36
Marriage Status	-1.58*	-.81	-.11	.51

Note. For the model, $F=1.34$. For all variables 0=no and 1=yes.

** $p < .01$ (2-tailed)

* $p < .05$ (2-tailed)

Table 4.

Logistic regression results for young adults (age 20-21) with IPV as independent variable

Variable	Coefficient	B	Wald	Odds Ratio Exp (B)	χ^2
Anxiety Symptoms	.01**	.13	6.70	1.14	7.00**
Depression Symptoms	.01**	.14	6.78	1.15	6.76**

Note. For all variables 0=no and 1=yes.

** $p < .01$ (2-tailed)

* $p < .05$ (2-tailed)

Table 5.

Linear regression results for young adults (age 20-21) with IPV as dependent variable

Variable	Coefficient	B	β	Standard Error B
Latina Heritage	-1.51	-.42	-.08	.28
Marriage Status	-2.21*	-.79	-.12	.36

Notes. For the model, $F=3.15^*$. For all variables 0=no and 1=yes.

** $p < .01$ (2-tailed)

* $p < .05$ level (2-tailed)

Table 6.
Comparison of the two groups

Variable	Endorsement of Variable	Endorsement of Variable
	Among Adolescents (n=282)	Among Young Adults (n=390)
Depressive Symptoms	Symptoms: 58 (13%)	Symptoms: 101 (25%)
Anxiety Symptoms	Symptoms: 45 (19%)	Symptoms: 129 (32%)
Latina Heritage	Yes: 68 (25%)	Yes: 99 (25%)
Marriage Status	Yes: 23 (8%)	Yes: 46 (11%)