

Differences in Symptoms of Depression, Anxiety and Stress between Victims and Perpetrators of Intimate Partner Violence

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Abstract

Purpose - To examine differences in symptoms of depression, anxiety and stress between victims and perpetrators of intimate partner violence and to examine the relationship between psychological difficulties and the role of victim and perpetrator of IPV, taking into account the form of violent behaviour. **Design** - A total of 347 participants formed three groups of subjects: victims, perpetrators and two control groups of participants. The Revised Conflict Tactics Scale was used intimate partner violence. Negative emotional states were assessed with The Depression Anxiety and Stress Scale. **Findings** - The results of the analyses showed that victims of IPV had higher scores on depression and anxiety compared to the perpetrators of IPV. Victims and perpetrators of IPV had significantly higher level of depression, anxiety and stress in comparison to the control group. Statistically significant correlations were found between depression, anxiety and stress and perpetration as well as victimization for all examined type of IPV. **Research implication** - The results of this study point out the importance of focusing the attention on examining the mental health of the perpetrators, not only on victims.

Keywords: intimate partner violence, anxiety, depression, stress

Introduction

Intimate partner violence (IPV) represents a serious public health issue all around the world. It is defined as psychological, physical or sexual violence done by a current or former partner or husband (Saltzman et al., 1999). The results of some transversal studies (Straus, 2008; Teten, Schumacher & Bailey, 2009) show that there is a symmetry in the violent behaviour considering the gender, while, according to some other studies, men are the more often perpetrators of IPV (Tjadens & Thoennes, 2000). Unlike the before mentioned results, in the studies of Roberts et al. (2011) it was found that women are more frequent perpetrators of violence against their partners when compared to men, and the frequency of more serious forms of violent behaviours against their partner is higher.

Data analysis on the prevalence of different forms of IPV shows the highest prevalence of emotional violence, for both genders (Coleman et al., 2007). On the other hand, men are less exposed to multiple forms of violent behavior (Rice, 2001). The consequences of involvement in IPV may be immediate or long-term, and depend on the form of violent behaviours which the victims were exposed to. The study confirms wide range of psychological consequences of exposure to IPV, particularly high prevalence of stress (Golding 1999), depression (Gleason, 1993) and anxiety (Ruiz-Perez & Plazaola-Castano, 2005). Depression is one of the most frequent consequences of IPV (Rodriguez et al., 2008; [Schneider](#) et al., 2009).

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A small number of studies have focused on examining the consequences of IPV in men. According to studies of Rhodes et al. (2009) level of depressive symptoms was significantly higher in men who reported that they were involved in IPV, either as victims or/and perpetrators, than men who were not involved in IPV. The study of Grandin, Lupri & Brinkerhoff (1988) confirmed the relationship between committing the psychological and/or physical abuse with increased levels of depression. In contrast to the results of the before mentioned studies, Singh et al. (2014) did not find correlation between the acts of violence done by men and depression. Furthermore, the research results show that the risk of developing depression also depends on the form of violent behaviour which the victims of IPV are exposed to. According to some research findings, physical and sexual abuse present the strongest predictors of depression (Ali et al., 2009), while other studies state that the psychological abuse is a stronger predictor for the development of depression among abused women, as compared to other forms of abuse (Pico-Alfonso et al., 2006; Wong et al., 2011). When the frequency of abuse was taken into account, the results showed that the psychological abuse is significantly related to depression, while physical and sexual abuse is not. The results of other studies also confirm a higher probability of developing emotional disorders if violent behaviours last for a longer period of time (Lindhorst & Beadnell, 2011; Rodriguez et al., 2008).

Anxiety is also a very common consequence of exposure to IPV (Mechanic, Weaver, & Resick, 2008; Ruiz-Perez & Plazaola-Castaño, 2005). Pico Alfonso et al. (2006) found that women who were exposed to physical and psychological abuse have a higher incidence and severity of anxiety symptoms compared to women in the control group. Meekers, Pallin & Hutchinson (2013) conducted a study on 10 119 women in partner relationship, aged 15-49. They found that women who were exposed to physical abuse, sexual, as well as the psychological abuse in the previous year were more likely to develop anxiety disorders. Studies have shown that the frequency of anxiety symptoms is increasing with higher intensity and frequency of violent behaviours (Ferrari et al., 2014). So far conducted studies have mainly focused on the mental health of IPV victims, and rarely on the mental health of perpetrators, especially when it comes to men as perpetrators of IPV.

Stress as a reaction to IPV has most frequently been studied as a post-traumatic stress disorder (PTSD), actually, as one form of the anxiety disorders. Grandin et al. (1998) explored the connection between IPV and psychological consequences and he found that both men and women, victims of psychological and physical abuse, report high levels of psychological distress in comparison to the control group subjects. According to the research results of Ferrari et al. (2014) symptoms of PTSD were found in women exposed to violent behaviours by their partners, with the fact that the symptomatology worsened as the intensity and frequency of symptoms increased. The level of symptoms increased with the intensity and frequency of symptoms.

In short, what we can notice on the basis of previous findings is the fact that there are many studies focused on examining the mental health of women who were the victims of IPV (Blasco-Ros, Sánchez-Lorente & Martínez, 2010; Meekers et al., 2013) but at the same time research findings that concern the mental health of IPV perpetrators (Danielson et al., 1998), especially men, are quite insufficient. Furthermore, conducted studies have mainly focused on examining the consequences of physical IPV, while a smaller number of them examined consequences of psychological and sexual IPV (Bennice et al., 2003) or psychological abuse separately (O'Leary, 1999), neglecting other forms of violent behaviour in partner relationships and their impact on the mental health of IPV participants. The aim of this study was to examine whether the victims, perpetrators and participants of the comparison group differ in psychological difficulties that manifest as anxiety, depression and stress, and to examine the relationship between psychological difficulties and the role of victim and perpetrator of IPV, taking into account the form of violent behaviour.

2. Material and Methods

2.1. Participants

A total of 347 participants took part in the study. The sample was formed on the basis of officially reported cases of intimate partner violence in the Federation of Bosnia and Herzegovina. For all cities, where the study was conducted, the number of participants was proportional to the number of registered cases of IPV. For the purpose of the study, three groups of subjects were formed: participants exposed to partner violence (N=100 female subjects), perpetrators of partner violence (N=47 male subjects) and two control groups of participants (100 men and 100 women), who were not registered at the Centre for Social Service as victims or perpetrators of IPV.

2. 2. Instruments

The Revised Conflict Tactics Scale (CTS2): Partner to- Partner (Straus et al., 1996; Straus, Hamby & Warren, 2003) was used for determining intimate partner violence. It consists of 78 items divided into five subscales: negotiation, psychological aggression, physical assault, sexual coercion and injury. The respondents estimate the frequency with which acts were used during conflict with their partner during the past year and give their answers on a 6-point scale ranging from "never" to "20 or more times". Straus et al. (2003) reports internal consistency reliabilities ranging from the .79 to .95 for all CTS2 subscales. In our study Cronbach's coefficient alpha are also acceptable (from the .80 to .94).

For the control group of participants, exposure to IPV was determined using three items. On the basis of "yes" answers to one or more items, respondents were categorized as perpetrators of IPV or a person exposed to IPV. For the categorization of committing violence, the following items were used: *I intimidate a partner to hit, push or throw something at him/ her, which would/ could hurt him/ her. I slapped, kicked or pushed him/ her. I forced a partner to have sex with me when he/ she did not want to.* For the categorization of exposure to partner violence the following items were used: *My partner had intimidated me by hitting, pushing or throwing something at me, which would/ could hurt me. My partner slapped, kicked or pushed me. My partner forced me to have sex when I did not want to.*

The Depression Anxiety and Stress Scale (DASS) by Lovibond & Lovibond (1995) is a 42-items questionnaire which designed to determine the depression, anxiety and stress. The Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Reliabilities are 0.71 for Depression scale, 0.79 for Anxiety scale and 0.81 for Stress Scale (Lovibond & Lovibond, 1995). In our study, the Cronbach alpha coefficients ranged from 0.93 for Anxiety and Stress scales to 0.95 for Depression scale.

2. 3. Procedure

The research was conducted in the Centres for Social Service. The first identified perpetrator or individual exposed to partner violence that had been referred to the Centre for Social Service during ongoing research was asked to participate in research. If a person declined to give consent for participation, the following person would be included according to the same criteria. The control group was consisted of people who were not registered as perpetrators or exposed to partner violence. It was also confirmed by the CTS2 application. They came to Centre for Social Service due to the realization of their social rights.

3. Results

The average age of the total sample is 38 (sd=11.88). The average age for perpetrators of partner violence is 41.89 (sd=10.10) while for of participants exposed to partner violence is 37.14 (sd=11.48). Furthermore, the average age of the control group which compared to the perpetrators of IPV is 39.79 (sd=12.17), while the second control group is the mean age 38.30 (sd=12.55). The preliminary analysis showed no statistically significant difference in the ages between the perpetrators of IPV and the control group ($t=1.029$, $df=145$, $p=0.305$), as well as between those who had been exposed to IPV and their control group ($t=0.682$, $df=198$, $p=0.496$). It follows that the comparisons of the results of different groups in the primary part of the study are allowed.

Significance of differences in the level of depression, anxiety and stress between the participants categorized as victims and perpetrators of IPV were tested by t-tests for independent samples (Table 1). The results showed statistically significant differences in levels of depression and anxiety. Participants exposed to violence had higher levels of depression ($t = -2959$ $df = 144$, $p = 0.0036$) and anxiety ($t = -3706$ $df = 145$, $p = 0.0002$) compared to the perpetrators of IPV. No significant difference in the stress symptoms between the two groups ($t = -1847$ $df = 145$, $p = 0.066$) were also found.

Table 1: Differences between victims and perpetrators of IPV in negative emotional states (DASS)

Negative emotional states	M Perpetrators	M Victims	t-values	df	p
Depression	6.2127	11.3939	-2.9595	144	0.0036
Anxiety	6.6383	12.8100	-3.7064	145	0.0002
Stress	12.8723	16.1800	-1.8475	145	0.0667

The following analysis included testing the significance of differences between IPV victims and the control group. The results of t-tests showed statistically significant differences for all tested negative emotional states (Table 2). Categorized as victims had significantly higher levels of depressive symptoms ($t = 6,100$ $df = 197$, $p = 0.000$), anxiety ($t = 6,882$ $df = 197$, $p = 0.000$) and stress ($t = 6,230$ $df = 198$, $p = 0.000$) compared to participants in the control group.

Table 2: Differences between victims of IPV and controls in negative emotional states (DASS)

Negative emotional states	M Victims	M Control	t-values	df	p
Depression	11.394	3.920	6.100	197	0.0000
Anxiety	12.810	5.030	6.882	197	0.0000
Stress	16.180	8.570	6.230	198	0.0000

Similar results were obtained by testing the significance of differences between IPV perpetrators and participants in the comparison group (Table 3). Perpetrators of violence had significantly higher levels of depression ($t = 2.984$ $df = 145$, $p = 0.003$), anxiety ($t = 3.051$ $df = 145$, $p = 0.0027$) and stress ($t = 4.144$ $df = 145$, $p = 0.0001$) in comparison to the control group.

Table 3: Differences between perpetrators of IPV and controls in negative emotional states (DASS)

Negative emotional states	M Perpetrators	M Controls	t-values	df	p
Depression	6.213	2.800	2.984	145	0.0033
Anxiety	6.638	3.190	3.051	145	0.0027
Stress	12.872	6.450	4.144	145	0.0001

Afterwards, Pearson's correlation coefficients were calculated between the scores of depression, anxiety and stress and exposure to partner violence i.e. abusive behavior toward a partner (Table 4). Low, but statistically significant correlations between depression, anxiety and stress, and violent behavior towards a partner, in the form of psychological, physical and sexual abuse, as well as injury were found. The highest correlations between stress and psychological ($r = .37$, $p < 0.05$) and physical aggression ($r = .32$, $p < 0.05$) were also found.

Further, depression was highly correlated with psychological aggression ($r = .37$, $p < 0.05$) and injury ($r = .31$, $p < 0.05$), and anxiety too with psychological aggression ($r = .29$, $p < 0.05$) and injury ($r = .35$, $p < 0.05$). Additionally, in participants exposed to IPV statistically significant correlations between exposure to all forms of violent behavior and depression, anxiety and stress were found. Moderate correlation was found between depression and psychological ($r = .42$, $p < 0.05$) and physical aggression ($r = .38$, $p < 0.05$), and between anxiety and psychological ($r = .42$, $p < 0.05$) and physical aggression ($r = .43$, $p < 0.05$). Stress is in the highest correlation with exposure to psychological aggression ($r = .40$, $p < 0.05$).

Table 4: Correlation between negative emotional states and range of tactics used in response to conflict with the partner

Negative emotional states	Violent behaviors toward partner					Exposure to violent behaviors from partner				
	Negotiation	Psychological aggression	Physical assault	Sexual coercion	Injury	Negotiation	Psychological aggression	Physical assault	Sexual coercion	Injury
Depression	0.10	0.32*	0.25*	0.23*	0.31*	-0.04	0.42*	0.38*	0.28*	0.22*
Anxiety	0.13*	0.29*	0.22*	0.13*	0.35*	-0.04	0.42*	0.43*	0.30*	0.16*
Stress	0.14*	0.37*	0.32*	0.21*	0.27*	-0.01	0.40*	0.34*	0.23*	0.19*

*p<0,05

4. Discussion

The results of our studies are consistent with the results of other surveys conducted so far ([Beydoun et al., 2012](#); [Lagdon, Armour & Stringer, 2014](#)) which indicate that the exposure to IPV has a negative impact on mental health of victims, increasing the frequency of symptoms of depression, anxiety and stress. In our study, victims of IPV had a higher level of symptoms of depression, anxiety and stress compared to the participants in the control group. The results are consistent with other studies conducted in this field ([Lagdon et al., 2014](#)). In the study of [Lagdon et al. \(2014\)](#) depression was also higher in victims of IPV compared to the control group participants.

According to the results of [Paul, Smith & Long \(2006\)](#) studies conducted on women and men who were victims of IPV, 8% of women and 9% of men were identified with symptoms of depression, while 28% of women and 25% of men were identified with clinically significant symptoms of anxiety. Mentioning anxiety as a result of exposure to IPV ([Lagdon et al., 2014](#)), it was found that people who are exposed to IPV have more severe symptoms of anxiety compared to the symptoms in the control group. Previous studies have not explored chronic, nonspecific arousal that manifests itself as an inability to relax, arousal, preference to rapid disturbance, agitation, irritability, excessive reactivity and impatience, but they studied PTSD as a result of exposure to violent behaviour. Since the nonspecific arousal is the part of the clinical picture of PTSD, the results of this study can be compared with the before mentioned results. According to [Lagdon et al. \(2014\)](#), a person exposed to some form of partner violence is more likely to have symptoms of PTSD, compared to subjects from the control group. In the research of [Ferrari et al., \(2014\)](#), more than $\frac{3}{4}$ of IPV victims also had the symptoms of PTSD during the research. The relationship was also established in the studies of [Howarth & Feder \(2013\)](#).

Significant correlation between the PTSD and victimization is a very important finding for clinicians who often fail to notice the symptoms of PTSD in the context of IPV ([Duxbury, 2006](#)). One thing that clinicians and researchers should take into account when examining the relationship between IPV and symptoms of PTSD is whether or not the victims are still living with the abusive partner at the time of the research. One can assume that the life with the IPV perpetrator will represent an everyday stress. In the study of [Pico-Alfonso \(2005\)](#), 48% of abused women were still living with their partners, while 52% of them left their partners in the last 12 months. What turned out to be interesting in this study is the fact that there was no statistically significant association between separation from partners and the presence of PTSD symptoms. However, there is evidence that abused women can still be exposed to serious forms of violence from their partners, even if they leave them. Due to the fact that abandoning the partner does not automatically eliminate the exposure to violence, professionals in clinical practice should always check if the women who have left their partners are still exposed to the IPV.

Testing the differences in negative emotional states between perpetrators and participants of the control group showed that the perpetrators of violence had significantly higher levels of depression, anxiety and stress compared to the control group.

Although the depression is an important variable in understanding the violence in partner relationships, the studies which deal with the examination of depression among perpetrators are rare. Boyle & Vivian (1996) found a statistically significant relationship between self-assessed anger and symptoms of depression in men who have been involved in marital therapy (most of whom have been violent towards their partner). And according to the results of some recent studies, mental illnesses, including depression and PTSD, are associated with the perpetration of violence in partner relationships (Rhodes et al., 2009; Taft et al., 2009).

The results of the statistical analysis in this study indicate that the victims of IPV have higher levels of depression and anxiety compared to the participants categorized as perpetrators of violence. Rare are the studies which compared psychological difficulties of the victims and perpetrators. One of the studies which explored this issue is the study of Zacarias et al. (2012) among women, both victims and perpetrators of IPV. The authors found symptoms of depression and anxiety in women who were victims and perpetrators of IPV. Significantly higher levels of difficulties were found in victims of violence compared to perpetrators of violence. The results were consistent with previous research results related to the victims (Jankey, Próspero, & Fawson, 2011) as well as the perpetrators of partner violence (Henning, Renauer & Holdford, 2006).

The last analyses in our study were related to testing the relationship between specific forms of violence in partner relationships and negative emotional states. The results show that there is a correlation between the anxiety, depression and stress and all forms of violent behaviour in partner relationships for both, victims and perpetrators of the IPV. In accordance with the research results (Blasco-Ros, Sánchez-Lorente & Martinez, 2010; Lagdon et al., 2014; Meekers et al., 2013) psychological and physical abuse are forms of partner violence which are most correlated with all of the tested psychological difficulties. Pico-Alfonso et al. (2006), compared women exposed to physical/psychological abuse with women from the control group. They found that women exposed to physical/psychological abuse have a higher incidence and severity of depressive symptoms and symptoms of anxiety and PTSD than women from the control group. This study showed no difference in the level of symptoms between two groups of abused women.

Although the results of earlier studies (Lagdon et al., 2014) show that the psychological abuse is the most significant predictor of PTSD in victims of violent behaviour in relation to other psychological difficulties, it was not confirmed in our study. This may be due to the fact that we did not study PTSD in our research, but the general level of stress which also presents a serious form of psychological distress. By analyzing the results, it can be assumed that a person exposed to the psychological abuse develops feelings of self-doubt and fear that lead to staying in an abusive relationship. Abused person loses their identity and control which leads to feelings of helplessness and inability to leave the abusive relationship (Sackett & Saunders, 1999). The consequences of such state are increased risk of developing PTSD symptoms and psychological distress (Norwood & Murphy, 2012). Furthermore, persons who are exposed to psychological abuse can lose social support in their environment (Escriba-Aguir et al., 2010) which is just another one in a row of all possible explanations regarding psychological abuse and PTSD symptoms, because it is known that the social support is one of the protective factors in individuals exposed to traumatization (Karstoft et al., 2013).

The results of this research suggest the importance of recognizing the negative impact of psychological abuse on the victims of IPV, and they are in contradiction with the results of some previous studies (Lawrence et al., 2009) which state that psychological abuse has a smaller impact on one's mental health, compared with other forms of abuse. For researchers, it is difficult to separate psychological abuse from other forms of violent behaviour in partner relationship, because, in many cases, psychological violence appears in the presence of other forms of violent behaviours (Sabina & Straus, 2008). One of the reasons for smaller focus on this kind of research related to form of abuse and its impact on mental health could be a lack of valid measures for assessment of the exposure to psychological abuse (Lawrence et al., 2009).

Correlation between depression and the exposure to physical and psychological abuse in this research can be explained by the results of the studies which explored the cognitive factors that may moderate the impact of violence on the psychological adjustment of women who were the victims of IPV. O'Neil & Kerig (2000) found that the high attribution of self-guilt and low perception of self-control explain the relation between physical violence and psychological problems. Furthermore, stressful events trigger negative basic beliefs about themselves and others which can lead to development of depression (Young, 1999).

According to studies of Meekers et al., (2013) conducted in Bolivia on 10 119 women aged 15 to 49, whose aim was to examine the relationship between IPV and mental health, it was found that women exposed to sexual violence have a higher number of psychological problems compared to those exposed to other forms of violence. Although our study showed statistically significant relationship between sexual abuse and negative emotional states, the relationship was lower compared to correlation between negative emotional states and exposure to psychological and/or physical abuse. It is possible that the psychological form of abuse, which is long-term, daily present and very often coexists with physical abuse, has serious consequences on mental health of victims. The reasons of differences in this study, in relation to the results of previous studies, could be clarified in future studies in which not only the exposure to violent behaviours throughout the year would be assessed, but the length of the violent behaviour would also be examined. It can be expected that the length of the violent behaviour will be a significant factor in explaining the form and intensity of psychological consequences of IPV. The results of our study showed a low, but statistically significant correlation between depression, anxiety and stress with all forms of violent behaviours against the partner in intimate relationships.

Depression has the greatest statistically significant correlation with psychological abuse and harm of the partner. Correlation between depression and violent behaviour was found in studies conducted so far (Kessler et al., 2001). Feldbau-Kohn, Heyman & O'Leary (1998) examined the relation between depressive symptomatology in men and the frequency of physical aggression against their wives. The study included 89% of physically aggressive men, 27% of which had a moderate level of depressive symptoms, while 9% had a serious level of depression according to BDI. And in research of Vivian & Malone (1997) the correlation between depression and violence in partner relationship was found. The research was conducted among 327 persons included in the marital therapy. The sample was divided in three groups: verbal abuse, moderate physical abuse and severe physical abuse. Depression was measured by the BDI. The results showed that the severe forms of physical aggression are related with the increase of depressive symptomatology. Correlation between depression and anxiety with the perpetration of violence in partner relationships was confirmed in research of Kessler et al., (2001) as well. The authors note that the established relationship can be explained with the sense of inferiority which can be due to mood disorders and perceived loss of control in the context of anxiety disorder which then predisposes men to commit violent behaviour.

Stress is, according to the results of our research, in the greatest statistically significant correlation with psychological and physical abuse of the partner, and to a lesser extent with the harm. PTSD was consistently confirmed as a risk factor for aggressive behaviour in studies conducted so far (Taft et al., 2007). PTSD symptoms are statistically significant predictors of the aggression by the partner even when the other risk factors are controlled, such as stressors, traumatic experiences in adulthood, depression and personality disorders (Taft et al., 2008).

5. Conclusion

The results of the conducted study are consistent with the results of the studies conducted so far which show that violence in partner relationships has a negative impact on the mental health of IPV victims, and that it is related to the symptoms of depression, anxiety and stress. Besides focusing the attention on the victims of the abuse, the results of this study point out the importance of focusing the attention on examining the mental health of the perpetrators, who, according to the results, have more expressed psychological symptoms of depression, anxiety and stress, compared to the experimental control group.

The results of this study emphasize that each form of partner violence has a smaller or greater effect on mental health of victims. Obtained results showed equal or greater influence of psychological abuse, compared with physical abuse, on mental health of victims, which should also be considered in future studies.

6. References

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