

Suicidality Among College Women in Correlation with Intimate Partner Violence

Jessica Duke, Julia Mitchel, and Katie Saunders

Old Dominion University

Introduction

Intimate partner violence is most prevalent within college campuses, from rates of 10% to 50% (Kaukinen, 2014), and yet the definition of intimate partner violence varies across disciplines (Anasuri, 2016). However, within all variations the common denominator is violence, and according to Minnesota Advocates for Human Rights (2003), violent relationships often become more violent over time. A clear, agreed-upon definition is necessary in order to generate an effective form of prevention and/or awareness. For the purpose of this paper, the definition of intimate partner violence will be defined in the context of behaviors enacted, within a consensually initiated romantic relationship, towards a partner that causes emotional, physical, sexual, and/or psychological harm. To further expand, harm will be defined as the consequences that may result from exposure to the perpetrators behavior such as, reduction in self confidence/esteem, personal restrictions, social isolation, maladaptive coping strategies, diminished mental health, and suicidal behavior (Murphy & Smith, 2009). It has been found that one in ten college students have heavily contemplated suicide while 1.4% have actually made an attempt on their life (Leone & Carroll, 2016) and when controlled explicitly for those who have experienced intimate partner violence, it has been found - in multiple studies discussed in this paper - that the rate of suicidal behavior is positively correlated with being victimized by intimate partner violence.

As it stands, the purpose of this paper is to provide adequate knowledge on the subject of the suicidality of college age women who have or are experiencing intimate partner violence (i.e., verbal, mental, and physical abuse) through a review of basic suicide statistics within the specified population, as well as outlining identifying common warning signs associated with women experiencing intimate partner violence (IPV), in the hopes of promoting awareness. This paper will also make mention of types of treatment and how to ascertain and ask for help from friends,

family, and professionals (i.e., police, teachers and other college staff members, school or personal nurse or physician, and school or personal psychologist).

Risk Factors and Warning Signs

College women are more susceptible to IPV because, for many, this may be their first serious romantically, emotionally, and sexually involved partner. This heightens the risk of IPV due to the possibility of limited resources regarding proper communication and relationship skills considering their lack of experience (Kaukinen, 2014). Sadguna Anasuri (2016) presents another three possible explanations for the culmination of IPV: drug and alcohol use, attachment insecurity as a result of prior personal experience, and post-breakup status. Kaukinen (2014) also profiled many risk and protective factors associated with intimate partner violence, much of which overlap with the perceived risk factors correlated with suicide. The article highlights the importance of gender differences, exposure to violence in childhood, mental health state, the use and abuse of substances (e.g., alcohol and drugs), risks taken during sexual activity, the nature of the relationship, and academic engagement. To provide additional clarification on gender differences and the explicit focus on women, this literature review would like to note the understanding that IPV is prevalent amongst men and women, but - for the purpose of this paper - importance is placed on women due to the fact that violence perpetrated by men against women is far more severe and life threatening than that perpetration against men (Kaukinen, 2014).

When defining the basis of mental health state, substance use and abuse, and academic engagement there is more than just the obvious risk associated: mental health state refers to an already existing mental health condition (e.g., depression, anxiety, and/or anger) and as the consequential outcomes that come from being victimized by intimate partner violence. The use and abuse of drugs is related to how the use of substances can reduce a female's ability to reject

unwanted advances and/or misinterpret warning signs; alternately, this can also produce coping mechanisms that fail to serve an adjustive or adaptive purpose. Lastly, academic engagement – in association with IPV – increases the risk of negative academic outcomes as well as leaving the victimized at risk of disengagement (e.g, dropping classes or social withdrawal) (Kaukenin, 2014). In support of the evidence accumulated by Kaukenin (2014) and Anasuri (2016), specific signs that one may be involved in an abusive romantic relationship includes a series of behavioral patterns, such as gender disparaging, personal degradation (particularly in a public setting), physical or verbal aggression, dominating jealousy, and irrational attempts to control or restrict one's social life (Murphy & Smith, 2009). From these dominating abusive behaviors come the many negative side effects, such as academic and social disengagement. Not only do these warning signs correlate, but combined with inexperience in romantic dating skills, it is reasonable to suspect that these women will believe this is considered normal behavior within a relationship. When these unhealthy and negative behaviors become normalized and as the endurance of abuse becomes habitual in nature, women form a sense of powerlessness that is often attributed to underlying depression (i. e., learned helplessness) (Stein, et al. 2009). This can also be explained in that when women endure constant abuse, their self-confidence and self-esteem decrease so drastically they refuse to speak up for themselves in fear of disrupting the relationship, even if it's highly abusive (Craver, 2000). In support of this reasoning, research suggests that women who experience IPV victimization are more susceptible than others in their demographic to experience recurring abuse in future relationships. Those who experienced IPV in adolescence have been observed to be more likely to experience later relationship abuse in their undergraduate freshman year, and this pattern continues to persist throughout college (Leone & Carroll, 2016). These findings were not limited

to heterosexual couples; same-sex relationships reported some type of victimization as well with 10% being physical violence (Kaukenin, 2014)

With access to the Fall 2015 American College Health Association National College Health Assessment, a study by Artime, Buchholz, and Jakupak (2019) assessed the existence and nature of IPV as well as mental health symptoms and service utilization within a sample of 19,861 students. The mean age was approximately 22.4, the majority of participants were women, and the majority racially identified as white. The study found that participants who reported exposure to trauma suffered from greater mental health problems, including more diagnoses and higher rates of stress, anxiety, and depression. Students who used mental health services reported lower rates of using campus related counseling services than any other kind of service, which the researchers attributed to the possibility of perceived inaccessibility, and lack of knowledge, among other factors (Artime, Buchholz, and Jakupcak, 2019).

Warning sign education can also be a significant way to reduce intimate partner violence and may serve as a way to provide early intervention before those who are inexperienced commit to a serious relationship. Research indicates that transgressors of IPV struggle to control their tendencies towards anger leading to high levels of anger expression; concurrently these individuals also display high levels of impulsivity and irrational behaviors and beliefs. It is believed that these irrational behaviors are an extremely important variable when distinguishing violent and nonviolent college students (Kaukenin, 2014). In conjunction with anger, irrational behavior, and impulsivity, prior engagement in verbal, physical, and/or sexual aggression was related to enacting these behaviors within future intimate relationships; more significantly, those who had a history of intimate partner violence were at a risk of being 13 times more likely - than those who had never

engaged in IPV behaviors - to commit the same behaviors in any romantic relationship (Kaukenin, 2014).

Effects of Interpersonal Violence in Romantic Relationships

Depression, anxiety, posttraumatic stress disorder, and attachment disorders are possible outcomes of IPV (Anasuri, 2016). If these conditions are left unresolved, they can lead to serious, life-threatening consequences. Not only are these results of intimate partner violence victimization, but they are also risk factors associated with suicidal behaviors. Further review of the literature has proven that much research has been done in terms of potential mental health consequences related to IPV victimization; evidence has found that many women victimized by IPV are also suffering from comorbidity of the the psychiatric disorders listed above (Hien & Ruglass, 2009). Additionally, it has been theorized that possessing symptomatic mental health may be an antecedent to IPV victimization. IPV not only accounts for young women's risky behavior (e.g., sadness, early and risky alcohol consumption, and drug use), but according to the CDC, these risk factors are significantly associated with death and disability among this specific population. Not only can we assume that the death is a result of risk activity, but with death by suicide as well since these risk factors correlate with suicidal risk factors respectively (Kaukenin, 2014).

Intimate partner violence appears to be prevalent anywhere from 37% (in terms of physical assault) to 90% (in terms of psychological aggression) of college relationships (Wolford-Clevenger et al., 2016). Significant statistical data from a study by Craver (200) expressed that 92% of women that disclosed that they were in abusive relationships, had more than 10 incidents of aggression with their partner within the year. When considering sexual assault in particular, it appears that 19% of undergraduate women experience a completed or attempted assault by their first year in college (Leone & Carroll, 2016). Exposure to intimate partner violence may also lead

to thwarted interpersonal needs and feelings of burdensomeness. Compared to the percentage of women who report being in an abusive relationship, those that go unreported vary significantly from 47% through 72%. Instances like this are due to fear of seeking help and learned helplessness. It is also highly likely that these women who do not report their abuse are suffering from mental health disorders that are the result of their victimization; these disorders can make it harder to take action in reaching out for psychological and social support (Hien & Ruglass, 2009). The interactions between these risk factors have been supported in clinical and nonclinical trials when predicting suicidal ideation and death by suicide (Wolford-Clevenger et al., 2016). This posits that being exposed and/or victimized by IPV may, in itself, lead to thoughts and/or acts of suicide.

The population of those who have been victimized by intimate partner violence experience a higher rate of suicidal ideation than the general population (Wolford-Clevenger et al., 2016). Suicide is one of the leading causes of death among young adults, especially those in college. One study by Wolford-Clevenger et al. (2016) found that 10% of college students experienced suicidal ideation in a given month in 2016, whereas 3.7% of the general population experienced suicidal ideation annually. Women who have experienced IPV are, additionally, 2.5 times more likely to attempt suicide than those who have not (Leone & Carroll, 2016). The risk factors that correlate with the highest risk of suicidal ideation and attempts are that of rape/sexual assault and physical battery. At least 43% of adolescents that have reported incidents of rape also report suicidal ideation anywhere from one to five years after the incident occurred (Leone & Carroll, 2016). The risk of suicidality increases in women even more if the woman has or is experiencing more than one form of IPV violence (e.g., sexual assault, physical violence, and emotional abuse (Leone & Carroll, 2016). Based on these statistics, one can surmise that college women are not receiving the adequate and comprehensive assistance necessary to recover from IPV.

Protective Factors, Interventions, and Treatments

There are components of personality which can be built upon and developed in order to overcome or cope with having been a victim of IPV. Self-esteem, and particularly the sense of one's competence, has the ability to buffer one against trauma (Kaukenin, 2014). Similarly, capitalizing on help-seeking behavior may encourage the autonomy needed to do so. It has been suggested that perceived availability of support may mitigate the psychological effects associated with IPV victimization. In addition to availability of help, actually seeking and receiving social support is assumed to stifle the negative effects that are affiliated with stressful life events and lead to more positive outcomes. Concurrently, greater levels of familial support – especially those with strong mother daughter attachments - are significantly related to a lower risk of becoming victimized by instances of intimate partner violence. (Kaukenin, 2014)

Bystander intervention programs have been implemented on university campuses, but most focus on the aspect of sexual abuse (Anasuri, 2016). Because sexual violence is one of the most commonly observed and reported forms of IPV on college campuses, it has become the main focus of many prevention efforts. This approach neglects other aspects of IPV, such as manipulation, grooming, and other forms of emotional abuse. Acknowledging these facets of IPV may be essential to prevention. Similarly, during his presidency Barack Obama implemented the “Its On Us” sexual assault initiative. It stood as a prevention program and an intervention initiative; however, like many programs before it, it fell flat in coveting the multifaceted issue that is intimate partner violence (Leone & Carroll, 2016).

Expansion and Application of Current Literature

Areas for improvement include the development, implementation, and expansion of awareness campaigns to both male and female audiences, execution of encompassing, consistent

strategies, and placing an emphasis on the possible psychological maladaptation which may proceed after one experiences IPV (Anasuri, 2016). Recent research places prominence on the development and implementation of these programs on college campuses with attention directly on improvement of psychological well-being by placing importance on self-compassion and building student resilience to inevitably produce positive outcomes (Leone & Carroll, 2014). It is the combination of these facets that play an essential role in the formation of healthy coping mechanisms in the hopes to decrease the risk of suicidal behavior (Leone & Carroll, 2014). Should young college girls become more educated on this topic, it will prove overall helpful especially within the professional setting, such as, counselors within the school that will be able to provide ample support, services, and more programs (Craver, 2000). By publicizing and distributing an awareness campaign, we intend to capitalize on the common experiences and traits of college aged women who have endured IPV and educate them on the various ways to recognize, cope with, and resolve abusive romantic relationships.

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