



**Facultad de Psicología**

**Departamento de Psicología Social**

# **Understanding Dating Violence Against Young Women.**

**The role of power im-balance.**

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# INTRODUCCIÓN



# INTRODUCCIÓN

“Nothing in life is to be feared, it is only to be understood.  
Now is the time to understand more, so that we may fear less”

-Marie Curie-

Las relaciones de pareja durante la juventud pueden ser una fuente de intimidad, y apoyo, pueden ayudar a los y las adolescentes a desarrollar un sentido positivo de identidad y contribuir a su bienestar. Sin embargo, las primeras relaciones de noviazgo también pueden ser problemáticas, frustrantes y a veces violentas (Orpinas et al., 2012). La violencia en la pareja íntima se ha definido como un tipo de violencia interpersonal (Straus, 2011) pero también se ha definido como un tipo de violencia basada en el género, y un factor de riesgo para padecerla es ser mujer (Heise & Kotsadam, 2015; ONU, 2021; Walker, 1989). En esta tesis la violencia en la pareja se enmarca como un problema que afecta a todas las mujeres puesto que, a lo largo de su vida, 1 de cada 3 mujeres, sufren de violencia física o sexual por parte de una pareja íntima, y se centra en la violencia en la pareja que sufren las mujeres adolescentes y jóvenes (Adolescents Girls and Young Women; Vyas, 2021). Esta violencia comienza a temprana edad, de hecho 1 de cada 4 mujeres jóvenes (de entre 15 a 24 años) que ha tenido alguna relación de pareja, habrá experimentado violencia de su novio o pareja alrededor de los 20 años y tendrá un riesgo significativo de padecer malestar psicológico (ONU, 2021). Estas cifras dan cuenta de la magnitud del problema, a nivel global, y de la relevancia de estudiar la violencia en la pareja que ocurre durante la adolescencia y juventud, en las primeras relaciones amorosas y de noviazgo, en nuestro contexto.

Esta tesis estudia específicamente la Violencia en el Noviazgo (VN) o *Dating Violence* (DV) que se ha definido como actos o abusos de carácter sexual, físico o psicológico por parte de uno de los miembros de una pareja hacia el otro (Jennings et al., 2017). Este tipo de violencia se caracteriza porque se produce dentro de una relación de noviazgo/romántica con diferentes grados de formalidad (Vagi et al.,

2013), entre jóvenes que no viven juntos, no tienen hijos ni vínculos legales en común (Shorey et al., 2008; Viejo, 2014). La VN afecta especialmente a las mujeres (Jennings et al., 2017) y puede ocurrir cara a cara (*en persona*) y también a través de Internet y las redes sociales (*online*). Las redes sociales han proporcionado nuevas oportunidades para la VN *online* que no había ocurrido antes del desarrollo de Internet (Stonard, 2021) y sus efectos aún se están explorando.

Con el objetivo de prevenir la VN *en persona* y sus consecuencias, la Psicología lleva cuatro décadas analizando los factores de riesgo para sufrir y perpetrar VN y tratando de comprender cómo impactan estas experiencias en el bienestar de las jóvenes. En especial, la literatura ha puesto el foco de estudio en el entorno social y familiar de las jóvenes, y en cómo estos pueden incidir en la aparición de este problema. En menor medida se ha avanzado en comprender ¿cómo los padres (madre/padre) y los pares pueden ayudar a mitigar los efectos de la VN en las mujeres adolescentes y jóvenes?, y en explorar ¿qué efecto tienen las desigualdades de poder en las relaciones de noviazgo heterosexuales en las jóvenes? o ¿qué estrategias de afrontamiento usan las víctimas ante la VN?

Estas preguntas siguen en debate en la investigación académica sobre la VN. Durante la última década nuevas preguntas se han abierto y los estudios sobre la VN *online* se han incrementado intentado conocer ¿cuál es la relación de la VN *online* con la VN *en persona*?, y ¿cuáles son factores de riesgo y consecuencias específicas de la VN *online*? En un reciente estudio con adolescentes, Stonard (2021) encontró que dos tercios de quienes sufrieron experiencias de VN *online* no habían tenido experiencias de VN *en persona* (de control o física) en el último año, indicando que, aunque son fenómenos relacionados, se puede dar de manera independiente. Por tanto, de cara a la prevención de este problema resulta interesante analizar las variables antecedentes y consecuentes de ambos tipos de VN (*en persona* y *online*).

Esta tesis pretende aportar evidencias empíricas para intentar responder parcialmente estas preguntas relacionadas con los factores de riesgo y protección asociados a la VN (*en persona* y *online*) en adolescentes y jóvenes en una relación de noviazgo heterosexual, y específicamente analiza los factores relacionados con las experiencias de victimización de VN (*en persona* y *online*) en mujeres adolescentes y jóvenes en España y Colombia.

El **primer capítulo** se centra en una revisión meta analítica realizada durante el año 2017 (hasta el 2018) de los factores de riesgo de la VN asociados tanto a las experiencias de perpetración (persona que agrede a su pareja) como a las experiencias de victimización (persona que es receptora de violencia de su pareja) (Archer, 2000) en población joven (hombres y mujeres). Se categorizan según el modelo socio ecológico (Dutton, 1995; Puente-Martínez, 2017) permitiendo hacer una comparación de los resultados. Este capítulo concluye que las variables de mayor peso encontradas fueron las de nivel exosistema, frente al nivel macro, individual y micro, respectivamente.

En los tres capítulos siguientes se analizan empíricamente factores de riesgo y protectores de la VN (*en persona y online*) en mujeres adolescentes y jóvenes heterosexuales. En los Capítulos 2 y 3 se incluye una muestra de mujeres adolescentes y jóvenes que viven en España, y en el Capítulo 4 se comparan dos muestras de mujeres jóvenes de España y Colombia. A lo largo de los tres capítulos se analizan las prevalencias de VN (*en persona y online*) y su relación con variables individuales (edad, estrategias de afrontamiento emocional y riesgo de suicidio) y variables interpersonales (poder en la relación y apego percibido de padres y pares).

Como indica Reed et al. (2010), la prevención de la violencia en la pareja basada en el género es un problema social profundo, complejo y requiere considerar las desigualdades de género desde el nivel micro al macro. Sin embargo, el debate de la Psicología Social en este ámbito se ha desarrollado generalmente aislado de las desigualdades estructurales de género más amplias en las que están inmersas las relaciones de pareja (Ferrer, 2019; Reed et al., 2010). Cómo abordar teóricamente la VN sigue siendo un tema de debate actual al interior de la psicología. Específicamente una gran parte de los estudios sobre VN en Psicología Social tienden a ser neutros al género o “*gender blindness*” generando un sesgo (Ferrer, 2019; Reed et al., 2010). En esta tesis se decidió estudiar este problema desde una perspectiva que incluya el género en los modelos teóricos y explicativos (Connell, 1987; Pulerwitz et al., 2000, 2010), como viene sugiriendo una línea de estudios de la violencia en parejas jóvenes con enfoque de género en España (Ferrer, 2019; Sánchez López, 2013) y en revisiones internacionales que respaldan la asociación entre ser mujer y sufrir VN (Jennings et al., 2017; Vezina & Herbert, 2007).

Teniendo en cuenta estas consideraciones, así como la importancia de la edad en las experiencias de VN (factor relevante en la revisión de meta-análisis sobre VN del primer estudio), en el **segundo capítulo** se analiza la relación entre la asimetría de poder percibida en las relaciones de pareja heterosexuales y la VN *en persona* y *online* en mujeres de diferentes edades. También se realiza la validación de la Escala de Poder en las Relaciones Sexuales (SRPS-M) que mide el nivel de poder en la relación y que ha sido ampliamente utilizada en países anglosajones. Primero se analizó la estructura de la escala SPPS-M y se confirmó la validez estructural. Luego, se aplicó la Teoría del Género y Poder que supone que el desbalance de poder a favor de los hombres a nivel social y estructural influye en las dinámicas de poder en las relaciones de pareja, especialmente al momento de negociar los conflictos de pareja (Campbell, 2012; Connell, 1987; Pulerwitz et al., 2010). Tras los análisis se concluye que la mayoría de las mujeres informaron de niveles relativamente altos de poder en sus relaciones de noviazgo y que la VN *en persona* como *online* se incrementan cuando las jóvenes reportan menor poder en la relación de pareja (más asimetría).

En el **capítulo 3** se estudia el efecto de sufrir VN en *persona*, *online* y ambos tipos juntas (*en persona* y *online*) sobre el riesgo de suicidio (RS) y el intento de suicidio en mujeres jóvenes. Este estudio nace de dos resultados de la síntesis de meta-análisis sobre VN (capítulo 1) que relacionan sufrir VN con las tentativas de suicidio en mujeres y también con un bajo apoyo de los padres y de los pares. Este capítulo se basa en la Teoría Interpersonal del Suicidio (Joinier & Van Orden, 2008) que supone que la pertenencia frustrada y la carga percibida podrían aumentar los pensamientos suicidas, y se aplica a las experiencias de VN *en persona* y *online*. Además, se explora el rol protector del apego percibido de los padres y de los pares a partir de la Teoría del Apego (Bowlby & Ainsworth, 2013; Kobak et al., 2007). Este capítulo concluye con un análisis de los efectos de la VN sobre el RS, considerando los diferentes niveles de apego percibido de los padres y los pares. Se detalla cómo niveles bajos de apego se relacionan con una mayor ideación e intento de suicidio de las jóvenes.

En el **capítulo 4** se examina un modelo de senderos o path analysis en el cual se incluyen la asimetría de poder en la relación, tres estrategias de afrontamiento emocional que usan las mujeres jóvenes ante la VN (*en persona* y *online*) y el RS. Se considera la Teoría de Regulación Emocional (RE) de Gross (2015) y la Teoría Interpersonal del Suicidio mencionada anteriormente, y se explora el modelo de

senderos en dos países: España y Colombia. La teoría de RE plantea que las personas son activas en el proceso de gestión de las emociones cuando estas aparecen y en cómo se experimentan, y se ha aplicado especialmente a la perpetración de violencia en la pareja íntima (en adultos) y en jóvenes. Sin embargo, pocos estudios se han centrado en la evaluación de las estrategias de afrontamiento y regulación emocional en mujeres que han sufrido VN. Aunque existen algunos estudios transculturales sobre VN en los dos países, no conocemos estudios que integren el análisis de la VN *en persona* y *online*, y su relación estrategias de afrontamiento y el RS. Este capítulo identifica las experiencias de VN y las estrategias de afrontamiento de aislamiento social, rumiación psicológica y supresión de emociones como mediadores entre el desequilibrio de poder y el RS en mujeres de Colombia y España. A continuación, se realizará una breve revisión de cada capítulo.

## **CAPÍTULO 1. DATING VIOLENCE: A SYSTEMATIC META-ANALYSIS REVIEW**

En este capítulo se realiza una revisión bibliográfica llevada a cabo durante el año 2017 (hasta el 2018) que sintetiza los resultados de estudios meta-analíticos sobre factores de riesgo y protección asociados a la VN.

Los estudios previos entregan una síntesis descriptiva de las variables asociadas a la VN (revisiones sistemáticas) o bien incluyen muestras de VN y de violencia en la pareja íntima en adultos (IPV) de forma conjunta en la definición de las variables que se asocian con más riesgo de victimización y perpetración (meta-análisis). No existen modelos aplicados que expliquen el peso relativo de los factores que se asocian a la victimización y perpetración únicamente de VN. Se decidió utilizar el Modelo Socio-ecológico (Dutton, 1995) que se ha confirmado como un modelo adecuado de análisis para la violencia en la pareja por su utilidad en organizar los factores asociados a esta problemática. Siguiendo el modelo de Dutton, se aplicó la estructura que organiza los factores de riesgo y protección en cuatro niveles (individual, microsistema, exosistema y macrosistema), considerando las variables asociadas a perpetración y victimización de VN en adolescentes y jóvenes (hombres y mujeres). Como criterios de búsqueda se consideraron estudios meta-analíticos de VN, tanto de perpetración y/o victimización de VN que únicamente incluyeran adolescentes o jóvenes que no vivan con su pareja, sin hijos en común y que no estén

casados. Las preguntas de investigación que guiaron este estudio fueron:

- 1.- ¿Qué variables se han identificado en estudios meta analíticos asociados a la perpetración y victimización de VN?, ¿Cuál es el tamaño del efecto de cada variable?, y,
- 2.- ¿El modelo socio-ecológico es adecuado para clasificar los factores de riesgo y protección asociados a la VN y comparar el tamaño del efecto de los 4 niveles?

Se plantearon dos hipótesis:

Hipótesis 1. Se espera realizar una clasificación en base al modelo socio-ecológico, de factores de riesgo y protectores considerando perpetración y victimización de VN.

Hipótesis 2. Se considera establecer una comparación entre los tamaños del efecto de los niveles de clasificación de los factores de riesgo y protectores considerando perpetración y victimización de VN.

Este estudio representa la primera síntesis de estudios meta analíticos sobre VN hasta el 2018. Se encontró que los tamaños del efecto eran mayores para el nivel exosistema, seguido del macrosistema, individual y microsistema cuyos efectos eran similares. Se encontraron diferencias estadísticamente significativas entre los tamaños del efecto total del nivel exosistema y los de los otros tres niveles. De este estudio se derivan implicaciones para la prevención y la intervención de VN.

Esta revisión meta-analítica (capítulo 1) indica que tanto hombres como mujeres pueden experimentar y perpetrar diferentes tipos de VN, lo que se ha llamado bidireccionalidad de la VN (Palmetto et al., 2013; Renner & Whitney, 2012; Straus, 2008, 2011). También encuentra que respecto a la victimización de VN, sufrir violencia no tiene el mismo efecto en la salud en los hombres y mujeres jóvenes en cuanto a severidad y consecuencias. Coincidiendo con la literatura previa (Callahan et al., 2003; Catalano et al., 2009; Cooper & Smith, 2011; Makepeace, 1986; Rubio-Garay et al., 2015). Además, la revisión revela que la asociación entre victimización de VN y RS se ha confirmado solo en las mujeres (Miranda-Mendizábal et al., 2019).

Como ya se ha mencionado, la perspectiva de género dentro de la Psicología Social se ha establecido como un marco válido para estudiar la violencia en las



relaciones íntimas, y se aplica en los siguientes tres estudios empíricos al análisis de la VN. Esta perspectiva considera la asimetría estructural de poder según género (Connell, 1987) en el análisis la violencia en la pareja y en el estudio de las consecuencias negativas específicas en la salud de las mujeres (Ferrer-Pérez & Bosch-Fiol, 2019; Larsen & Hamberger, 2015; Vezina & Herbert 2007; Who, 2013).

La revisión presentada en el primer capítulo también indica que los factores de riesgo asociados a la familia y a los pares en la VN han sido ampliamente estudiados. Por el contrario, los factores de protección han sido poco estudiados y constituyen una línea de investigación prometedora para la prevención de VN (Herbert, 2017).

Todos los estudios meta analíticos incluidos en este primer capítulo analizaron la VN *en persona*. Cabe señalar que no se incluyeron dos meta-análisis sobre el poder y el control en la pareja (variables objeto de estudio de esta tesis) y la perpetración de VN (Love, 2020; Spencer, 2019) puesto que fueron publicados posterior a las fechas delimitadas en la revisión. Tampoco, se incluyó ningún meta análisis de VN *online*, puesto que hasta la fecha de la revisión (2018) no existían. Recientemente, Caridade y Braga (2020) publicaron un meta análisis de VN *online* con 16 estudios con adolescentes y jóvenes entre 10 y 26 años de edad en el cual concluyen que: (a) la VN *online* es un área de estudio reciente en la cual se han estudiado principalmente los factores de riesgo y no los factores protectores asociados a este problema, (b) hay más estudios sobre la perpetración de VN *online* que respecto de la victimización de este tipo de violencia (c) faltan estudios sobre factores protectores de VN *online* de nivel relacional (microsistema familiar y de pares), (d) los factores sociodemográficos no se asocian significativamente a victimización de VN *online*, (e) los/as jóvenes con problemas de salud mental, que han sufrido violencia en la familia o que han sufrido o perpetrado VN *en persona*, tienen mayor riesgo de sufrir y/o perpetrar VN *online*. Además, encontraron que las tasas de prevalencia de la VN *online* variaron considerablemente, así como los constructos y los métodos de medición (Caridade et al., 2019). Con estos resultados y considerando que las redes sociales son uno de los principales medios de socialización de los y las jóvenes, se incluyó en los siguientes capítulos el estudio de la VN *online* con la idea de obtener una perspectiva más amplia de este problema. Esto permitirá conocer si los factores de riesgo asociados a sufrir VN *online* son similares a los hallados en la VN *en persona*.

## CAPÍTULO 2. IN-PERSON AND ONLINE DATING VIOLENCE AND LINKS TO RELATIONSHIP POWER AMONG ADOLESCENT GIRLS/YOUNG WOMEN IN SPAIN

La asimetría de poder en la relación de pareja es uno de los factores de riesgo asociados a sufrir VN reseñado en dos revisiones sistemáticas (Jennings et al., 2017; Vezina & Herbert 2007). La Teoría del Género y el Poder considera que las desigualdades de poder estructurales y sociales basadas en el género a favor de los hombres, sustentan las normas tradicionales de género e influyen en las dinámicas de poder en la pareja (Connell, 1987). Las dinámicas de poder pueden tener importantes consecuencias a la hora de negociar los conflictos en la pareja. De hecho, se ha encontrado que estas desigualdades de poder en relaciones amorosas ponen a las adolescentes y mujeres adultas en riesgo de sufrir violencia en la pareja (Wingood & DiClemente, 2000). El poder en una relación romántica se define como el control y dominio interpersonal que se expresa en la toma de decisiones y en la capacidad de ajustar los comportamientos en contra de los deseos de la pareja (Pulerwitz et al., 2010). Estudios empíricos en diferentes países han utilizado la Escala de Poder en las Relaciones Sexuales (SPRS-M) y encuentran que la asimetría poder a favor de los hombres en una relación de pareja (heterosexual) se relaciona sistemáticamente con resultados de salud adversos para las mujeres, entre ellos sufrir violencia de su pareja (Pulerwitz et al., 2000; 2018). Sin embargo, aún se sabe poco del efecto del poder en la relación en la victimización de VN *en persona* y *online*, ya que esta relación apenas ha sido explorada en mujeres adolescentes y jóvenes en España. Además, la escala (SPRS-M) no ha sido validada en el contexto español. Por ello en este capítulo interesa (1) estudiar las propiedades psicométricas e idoneidad del uso de la Escala de Poder en las Relaciones Sexuales (SPRS-M) en España y, (2) examinar la asociación entre VN *en persona* y *online* y el poder en mujeres de diferentes grupos de edad (13-16, 17-19 y 20-26 años). Las preguntas que guiaron esta investigación fueron:

1. ¿Es la Escala de Poder en las Relaciones Sexuales (SPRS-M) válida y fiable para ser aplicada en mujeres adolescentes y jóvenes heterosexuales españolas?
2. ¿Hay una asociación entre la asimetría de poder en la relación y ser víctima de VN *en persona* y *online* en mujeres adolescentes y jóvenes?

3. ¿El poder en la relación incrementa el riesgo de victimización de VN *en persona* y *online* en mujeres adolescentes y jóvenes?

Las siguientes hipótesis fueron propuestas:

Hipótesis 1. Esperamos confirmar la estructura factorial original de la SPRS-M entre mujeres adolescentes y jóvenes en España de acuerdo a lo propuesto por Pulerwitz et al. (2010).

Hipótesis 2. Esperamos que la VN (*en persona* y *online*) y el desequilibrio de poder aumenten con la edad.

Hipótesis 3. Las adolescentes y jóvenes con mayor poder en su relación informarán menos VN que las mujeres con bajo/medio poder.

Los principales resultados del estudio fueron la validación de la escala de poder (SPRS-M) al contexto español y conocer el impacto de la asimetría de poder en la relación de noviazgo en el incremento de distintos tipos de VN que experimentan las mujeres adolescentes y jóvenes en diferentes edades en nuestro contexto.

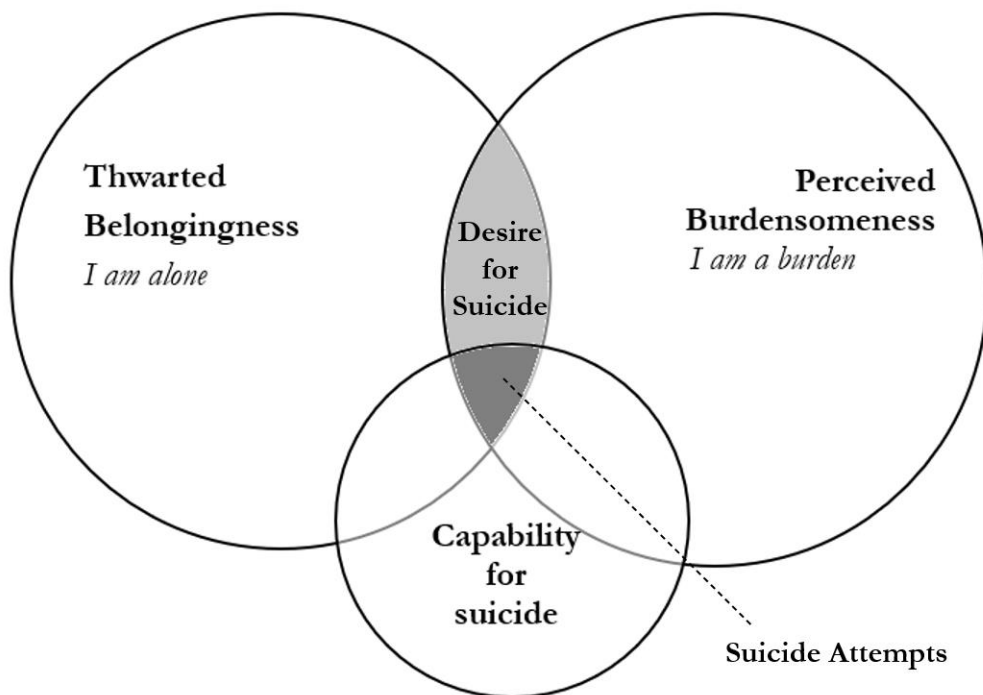
### **CAPÍTULO 3. IN-PERSON AND ONLINE DATING VIOLENCE, PERCEIVED ATTACHMENT TO PARENTS AND PEERS AND SUICIDE RISK IN YOUNG WOMEN**

A partir de la revisión meta-analítica de los factores de riesgo de VN asociados a perpetración y victimización de violencia (capítulo 1) se encontró que el RS es una de las variables individuales que se ha analizado principalmente como consecuente de la victimización de VN y que afecta gravemente a la salud de las víctimas, principalmente, mujeres. Además, el rol de los padres y los pares es un factor protector consistente que puede mitigar la victimización de VN y las consecuencias negativas asociadas a la misma. Considerando esos hallazgos meta analíticos este capítulo estudia la victimización de VN (*en persona*, *online* y *en persona/online de forma conjunta*), el RS, y el apoyo percibido de los padres y amigos en mujeres jóvenes españolas.

Este estudio se basa conceptualmente en la Teoría Interpersonal del Suicidio (Joinier & Van Orden, 2008) y la aplica la VN. Esta teoría supone que tanto la pertenencia frustrada como la carga percibida podrían aumentar los pensamientos suicidas, y estas dos dimensiones más la capacidad adquirida de suicidio, podrían

aumentar la ideación y los intentos de suicidio (véase Fig. 1). La pertenencia frustrada se define como un estado cognitivo-afectivo de desconexión de los demás, que está influenciado por factores tanto interpersonales como intrapersonales. El grado de pertenencia de una persona es dinámico, varía con el tiempo y las circunstancias. La carga percibida se relaciona con percibirse a sí mismo/a como prescindible, como una persona no deseada y una carga para los demás y se ha asociado con ideación suicida. La carga percibida incluye sentirse insuficiente y cogniciones cargadas afectivamente de desprecio a sí mismo/a. Tanto percibirse una carga para varias personas o bien, percibirse una carga extrema solo para una persona significativa es relevante. La capacidad adquirida de suicidio refiere a una mayor tolerancia al dolor físico y una disminución del miedo a la muerte. Por medio de la exposición reiterada al dolor una persona puede habituarse a aspectos físicamente dolorosos lo que le permitiría realizar formas de autolesión dolorosas, físicamente dañinas y/o letales.

**Figura 1.** *Supuestos de la Teoría Interpersonal del Suicidio*



*Fuente:* Van Orden et al., 2010.

En base a las consideraciones teóricas previamente explicadas, este estudio investiga el rol mediador y moderador del apego percibido de los padres y pares, y el RS entre las víctimas de VN *en persona*, *online* y ambos (*en persona/online*). Las preguntas que guiaron este estudio fueron:

1. ¿Sufrir VN *en persona* y *online* incrementa el RS y el intento de suicidio en las adolescentes y jóvenes en comparación con las jóvenes que no han sufrido VN?
2. ¿Cómo es la relación entre la VN, el apego percibido a los padres y pares y el RS?
3. ¿El alto nivel de apego percibido de padres y pares tiene un efecto protector en el RS en mujeres adolescentes y jóvenes que sufren VN *en persona*, *online* y *en persona/online*, es decir disminuye el efecto negativo del RS en mujeres que viven experiencias de VN?

Basándonos en estas preguntas y en la literatura revisada, las hipótesis planteadas fueron:

Hipótesis 1. Se espera que las adolescentes y jóvenes que han sufrido VN *en persona* y *online*, y *en persona/online* presenten más ideación e intento de suicidio que las que no la han sufrido. Siendo mayores estos efectos en el caso de la VN *en persona*.

Hipótesis 2. Se espera que las experiencias de VN (*en persona* y *online*, y *en persona/online*) se asocien negativamente al apego percibido de padres y pares, y se asocien positivamente al riesgo e intento de suicidio.

Hipótesis 3. El alto nivel de apego percibido de los padres y pares reducirá el efecto de la VN *en persona*, *online* y *en persona/online* en el RS.

Este capítulo concluye que diferentes niveles de apego percibido de padres y pares son factores protectores para disminuir el impacto negativo que tiene sufrir experiencias de VN (*en persona* y *online*, y *en persona/online*) en la ideación e intento de suicidio de las adolescentes y jóvenes que residen en España.

#### **CAPITULO 4. POWER IMBALANCE IN DATING RELATIONSHIPS AND ITS EFFECT ON SUICIDE RISK AMONG YOUNG COLOMBIAN AND SPANISH WOMEN: THE MEDIATING ROLE OF IN-PERSON AND ONLINE DATING VIOLENCE AND COPING STRATEGIES**

En este capítulo se incluyen aspectos analizados en los capítulos anteriores como son el poder en la relación (Teoría del Género y Poder), la VN *en persona y online*, el RS (Teoría Interpersonal del Suicidio) y, además, se examinan tres estrategias de afrontamiento y regulación emocional (Teoría de Regulación Emocional) y se integran en un modelo aplicado a dos países; Colombia y España. De acuerdo a Heise y Kotsadam (2015) aunque la violencia afecta a la vida de muchas mujeres, lo hace de forma desigual; hay factores relacionados con el género a nivel de país que ayudan a predecir la prevalencia de la violencia de pareja en distintos contextos.

Respecto a la regulación emocional (“*emotional regulation*” - ER) se define como el proceso de gestión de las emociones (positivas y negativas) cuando aparecen y cómo se experimentan o expresan (Gross, 2015). Este proceso consiste en ciclos que comienzan cuando se experimenta una emoción (en una situación determinada), seguida de una posible modificación de la situación y de cómo se percibe (despliegue atencional) y se evalúa la situación (cambio cognitivo) y con la posterior modulación de la respuesta emocional ante la situación (Gross et al., 2019). En este modelo, las estrategias de afrontamiento se definen como los esfuerzos realizados por las personas para controlar y manejar las situaciones que parecen ser peligrosas y estresantes (Lazarus & Folkman, 1984). Las estrategias de afrontamiento pueden facilitar el manejo de las situaciones estresantes o impactar negativamente en la salud mental (Bakermans-Kranenburg, 2015). De hecho, sentirse privado de estrategias emocionales para responder y recuperarse de los problemas emocionales se ha relacionado con la ideación/intentos de suicidio (Pisani et al., 2013). Sin embargo, los hallazgos de la ER (Gross, 2015) y la VN son limitados y se han centrado más en las experiencias de perpetración que en la victimización de VN.

Específicamente en este capítulo se examinan las asociaciones entre el poder, la VN (*en persona y online*), el RS y tres estrategias de afrontamiento y regulación emocional, una estrategia relativa a la modificación de la situación (aislamiento social), otra relacionada con la percepción de la situación (rumiación psicológica), y finalmente una estrategia de regulación de la respuesta emocional (supresión emocional), que

podrían utilizar las adolescentes y jóvenes ante la violencia. Se puso a prueba un modelo de senderos (path analysis) para estudiar si las experiencias de VN y el uso de estas tres estrategias de afrontamiento y regulación emocional mediaban la asociación entre el poder en la relación y el RS en mujeres adolescentes y jóvenes de España y Colombia. Por tanto, las preguntas de investigación fueron las siguientes:

1. ¿Hay diferencias en los niveles de poder en la relación, VN *en persona* y *online*, las estrategias de afrontamiento y el RS entre las adolescentes y jóvenes de España y Colombia?
2. ¿Hasta qué punto el uso de estas tres estrategias (aislamiento social, rumiación psicológica y supresión emocional) inciden en el RS en mujeres adolescentes y jóvenes con experiencias de VN y desbalance de poder en su relación?
3. ¿Las relaciones encontradas entre el poder, la VN *en persona* y *online*, las estrategias de afrontamiento y el RS son similares en ambos países?

Las hipótesis derivadas de la literatura científica revisada fueron:

Hipótesis 1a. Esperamos que las adolescentes y jóvenes de los países con mayores índices de desigualdad y violencia contra las mujeres, como Colombia, tengan tasas de VN (*en persona* y *online*) más elevadas que los países más igualitarios, como España.

Hipótesis 1b. Esperamos que las adolescentes y jóvenes de Colombia reporten menos poder en una relación de noviazgo y más RS que las mujeres españolas, ya que la sociedad colombiana tiene más valores colectivistas, más masculinidad, más distancia al poder y menos evitación de la incertidumbre que la sociedad española.

En segundo lugar, se presentan las hipótesis de los efectos directos e indirectos del poder sobre la RS.

Habrà un efecto directo del poder en las relaciones sobre la VN *en persona* y *online* (Hipótesis 2a), sobre el RS (Hipótesis 2b), y sobre las estrategias de afrontamiento emocional (Hipótesis 2c). Habrà un efecto directo de la VN *en persona* y *online* sobre las estrategias de afrontamiento emocional (Hipótesis 2d),

y sobre el RS (Hipótesis 2e). Habrá un efecto directo de las estrategias de afrontamiento emocional sobre el RS (Hipótesis 2f).

Hipótesis 2g. Esperamos encontrar un efecto indirecto del poder sobre el RS a través de la VN *en persona* y *online*. Esperamos que el efecto indirecto de la VN *en persona* sea mayor que el de la VN *online*, y que el efecto indirecto de la VN sea mayor en España que en Colombia.

Hipótesis 2h. Esperamos encontrar un efecto indirecto del poder sobre el RS a través de la VN *en persona* y *online* y el uso de estrategias de afrontamiento emocional. Es decir, la relación entre el bajo poder en las relaciones y el RS aumentará cuando las mujeres jóvenes sufran VN *en persona* y *online* y utilicen más estas estrategias de afrontamiento emocional (aislamiento social, rumiación psicológica y supresión emocional). Esperamos que el efecto indirecto de la VN *en persona* y las tres estrategias de afrontamiento emocional sea mayor que el de la VN *online* y en España mayor que en Colombia.

Hipótesis 2i. Esperaremos no encontrar diferencias entre las participantes de Colombia y España, en la asociación entre el bajo poder en la relación y el RS en las mujeres que utilizan estas estrategias de afrontamiento emocional para hacer frente a la VN *en persona* y *online* (análisis de caminos del modelo de invarianza).

Este capítulo concluye que el bajo poder en la relación de noviazgo se asoció a experiencias de VN en los dos países, Colombia y España. La VN estaba asociada a un mayor uso de estrategias de afrontamiento, que a su vez se vinculaban a un mayor RS en ambos países. Estas estrategias pueden ser un mecanismo a través del cual las experiencias de VN (*en persona* y *online*) influyen negativamente en la salud mental de las mujeres jóvenes y son un importante predictor transcultural.



**Tabla 1.** *Capítulos de la Tesis: Preguntas, Hipótesis y Método*

Pregunta de investigación	Hipótesis	Método
<b>CAPÍTULO 1. DATING VIOLENCE (DV): A SYSTEMATIC META-ANALYSIS REVIEW</b>		
¿Qué variables se han identificado en estudios meta analíticos asociados a la perpetración y victimización de VN?, ¿Cuál es el tamaño del efecto de cada variable?	H1. Se espera realizar una clasificación en base al modelo socio-ecológico, de factores de riesgo y protectores considerando perpetración y victimización de VN.	Diseño: Revisión sistemática de la literatura hasta el 2018. Bases de datos en inglés y castellano. Meta síntesis de los meta análisis sobre VN según perpetración y victimización y modelo ecológico.
¿El modelo socio-ecológico es adecuado para clasificar los factores de riesgo y protección asociados a la VN y comparar el tamaño del efecto de los 4 niveles?	H2. Se considera establecer una comparación entre los tamaños del efecto de los niveles de clasificación de los factores de riesgo y protectores considerando perpetración y victimización de VN.	
<b>CAPÍTULO 2. IN-PERSON AND ONLINE DATING VIOLENCE AND LINKS TO RELATIONSHIP POWER AMONG ADOLESCENT GIRLS/YOUNG WOMEN IN SPAIN</b>		
¿Es la Escala de Poder en las Relaciones Sexuales (SPRS-M) válida y fiable para ser aplicada en mujeres adolescentes y jóvenes heterosexuales españolas?	H1. Esperamos confirmar la estructura factorial original de la SPRS-M entre mujeres adolescentes y jóvenes en España de acuerdo a lo propuesto por Pulerwitz et al. (2010).	Diseño: Transversal. Análisis: Regresión Logística
¿Hay una asociación entre la asimetría de poder en la relación y ser víctima de VN ( <i>en persona y online</i> ) en mujeres adolescentes y jóvenes?	H2. Esperamos que la VN ( <i>en persona y online</i> ) y el desequilibrio de poder aumenten con la edad.	Muestreo de conveniencia. N = 1224 mujeres entre 13 a 26 años (M = 18.75, DS = 2.81)
¿El poder en la relación incrementa el riesgo de victimización de VN <i>en persona y online</i> en mujeres adolescentes y jóvenes?	H3. Las adolescentes y jóvenes con mayor poder en su relación informaran menos VN que las mujeres con bajo/medio poder.	
<b>CAPÍTULO 3. IN-PERSON AND ONLINE DATING VIOLENCE, PERCEIVED ATTACHMENT TO PARENTS AND PEERS AND SUICIDE RISK IN YOUNG WOMEN</b>		
¿Sufrir VN <i>en persona y online</i> incrementa el RS y el intento de suicidio en las adolescentes y jóvenes en comparación con las jóvenes que no han sufrido VN?	H1. Se espera que las adolescentes y jóvenes que han sufrido VN <i>en persona y online</i> , y <i>en persona/online</i> , presenten más ideación e intento de suicidio que las no víctimas. Siendo mayores estos efectos en el caso de la VN <i>en persona</i> .	Diseño: Transversal, y Correlacional. Análisis de Mediación y Moderación
¿Cómo es la relación entre la VN, el apego percibido a los padres y pares y RS?	H2. Se espera que las experiencias de VN ( <i>en persona y online</i> , y <i>en persona/online</i> ) se asocien negativamente al apego percibido de padres y pares, y se asocien positivamente al riesgo e intento de suicidio	Muestreo de conveniencia. N = 1227 mujeres (Medad = 19, DS = 2.82; rango = 13–28)
¿El alto nivel de apego percibido de padres y amigos tiene un efecto protector en el RS en víctimas de VN <i>en persona, online y en persona /online</i> ?	H3. El alto nivel de apego percibido de los padres y pares reducirá el efecto de la VN <i>en persona, online y en persona/online</i> en el RS.	

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**CAPÍTULO 4. POWER IMBALANCE IN DATING RELATIONSHIPS AND ITS EFFECT ON SUICIDE RISK AMONG COLOMBIAN AND SPANISH WOMEN: THE MEDIATING ROLE OF IN-PERSON AND ONLINE DATING VIOLENCE AND COPING STRATEGIES.**

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¿Hay diferencias en los niveles de poder en la relación, VN *en persona* y *online*, las estrategias de afrontamiento y el RS entre las adolescentes y jóvenes de España y Colombia?

H1a. Esperamos que las adolescentes y jóvenes de los países con mayores índices de desigualdad y violencia contra las mujeres, como Colombia, informen más VN (*en persona* y *online*) que los países más igualitarios, como España.

H1b. Esperamos que las adolescentes y jóvenes de Colombia reporten menos poder en una relación de noviazgo y más RS que las mujeres españolas, ya que la sociedad colombiana tiene mayores valores colectivistas, más masculinidad, más distancia al poder y menos evitación de la incertidumbre que la sociedad española.

¿Hasta qué punto el uso de estas estrategias (aislamiento social, rumiación psicológica y supresión emocional) inciden en el RS en mujeres adolescentes y jóvenes con experiencias de VN y desbalance de poder en su relación?

Habrà un efecto directo del poder en las relaciones sobre la VN *en persona* y *online* (H2a), sobre el RS (H2b) y sobre las estrategias de afrontamiento emocional (H2c). Habrà un efecto directo de la VN *en persona* y *online* sobre las estrategias de afrontamiento emocional (H2d), y sobre el RS (H 2e). Habrà un efecto directo de las estrategias de afrontamiento emocional sobre el RS (H2f).

H2g. Esperamos encontrar un efecto indirecto del poder sobre el RS a través de la VN *en persona* y *online*. Esperamos que el efecto indirecto de la VN *en persona* sea mayor que el de la VN *online*, y que el efecto indirecto de la VN sea mayor en España que en Colombia.

H2h. Esperamos encontrar un efecto indirecto del poder sobre el RS a través de la VN *en persona* y *online* y el uso de estrategias de afrontamiento emocional. Esperamos que el efecto indirecto de la VN *en persona* y las tres estrategias de afrontamiento emocional sea mayor que el de la VN *online*. También esperamos que el efecto indirecto mencionado sea mayor en España que en Colombia

Diseño:  
Transcultural,  
Transversal.  
Análisis de Vías o  
Path Analysis  
Muestreo de  
conveniencia.  
N = 1216 mujeres. n  
= 461 (M = 20.82,  
DS = 2.55) de  
Colombia y n = 755  
(M = 20.53, DS =  
2.03) de España.

¿Las relaciones encontradas entre el poder, la VN *en persona* y *online*, las estrategias de afrontamiento y el RS son similares en ambos países?

H2i: Esperaremos no encontrar diferencias entre las participantes de Colombia y España, en la asociación entre el bajo poder en la relación y el RS en las mujeres que utilizan estas estrategias de afrontamiento emocional para hacer frente a la VN *en persona* y *online* (análisis de caminos del modelo de invarianza).

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# CHAPTER 1

## Dating Violence: A Systematic Meta-Analysis Review



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# CHAPTER 1

## Dating Violence: A Systematic Meta-Analysis Review

### Introduction

Dating violence (DV) is a widespread problem during adolescence (Wincentak et al., 2016) which involves intentional sexual, physical or psychological acts or abuse by one member of a dating couple towards the other (Jennings et al., 2017; Public Health Agency of Canada, 2012). DV occurs within the context of an intimate romantic and/or sexual relationship between young people, with differing degrees of formality (Vagi et al., 2013), who do not live together and have neither children nor any binding legal or economic ties (Shorey et al., 2008; Viejo, 2014).

According to a systematic review carried out by Jennings et al. (2017), in general the prevalence rate of DV is between 6% and 21% among men, and between 9% and 37% among women. However, the study did not analyze differences between the two sexes as regards perpetration and victimization. Other international studies have found similar prevalence rates for physical DV, reporting that between 10% and 25% of both men and women have suffered this kind of violence (Viejo et al., 2016; Wincentak et al., 2016). Studies measuring both sexual and physical violence have found that 1 out of every 5 adolescents (18%-20%) claim to have been subjected to DV by their partner (Silverman et al., 2001). International studies measuring only sexual violence report prevalence rates among women of between 9% and 13% (Kliem et al., 2018; Lau et al., 2018). In general, psychological DV rates are higher than those for physical violence, although studies report varying results, with rates ranging between 30% and 92% (Fernández-González et al., 2014; Orpinas et al., 2013; Ybarra et al., 2016).

In Spain, the prevalence of DV among the youth population has risen ( $n = 5634$ ) (Ministry of Health, Social Services and Equality, 2015). According to the Macro-survey of Violence Against Women carried out in 2015, 11.7% of female

adolescents and young women claim to have been victims of physical or sexual violence (Hernández Oliver & Doménech del Río, 2017). Some authors have linked DV to violence suffered by women during adulthood. For example, studies carried out among the adult clinical population have found that IPV, perpetrated by men against women, had been present since courtship (Amor et al., 2001; Black et al., 2011).

As regards the consequences of DV, female adolescent victims have been found to have lower self-esteem and a higher level of emotional dependency than non-victims (Moral et al., 2017). Other studies have found that DV is linked to adverse long-term health outcomes among women (Howard et al., 2013). DV is associated with increased feelings of guilt, rage, pain and anxiety (Cornelius & Resseguie, 2007), as well as with other negative effects such as reduced psychosocial wellbeing and poor academic performance (Zaha et al., 2013). Moreover, some studies have also found that DV is linked to higher rates of suicidal ideation and depression (Silverman et al., 2001; Singh et al., 2014).

Many studies have attempted to identify the risk factors associated with DV victimization and perpetration and to develop prevention methods aimed at minimizing its consequences. Some of the individual factors that have been identified include low frustration tolerance, externalizing problems and sexism, all of which have been linked specifically to the perpetration of DV (Pazos et al., 2014). Alcohol misuse during adolescence and early sex initiation (age 12 to 14) predict DV perpetration among men (Niolon et al., 2015). As regards the interpersonal factors associated with DV, aggression in peer relations has been found to positively predict DV perpetration and victimization (Ellis et al., 2013). Moreover, sexual abuse during childhood has been linked to both physical DV victimization and psychological violence perpetration (Cyr et al., 2006). One of the most controversial sociodemographic factors associated with DV is sex differences in both perpetration and victimization rates (Muñoz-Rivas et al., 2015; Rubio-Garay et al., 2015). Most studies identify women as being more at risk of suffering severe violence at the hands of their intimate partners (Hirigoyen, 2005; Shorey et al., 2008), and female adolescents as being more at risk of suffering violence in general than their male counterparts (Reidy et al., 2016; Singh et al., 2014). Moreover, it has been found that, among women, when individual risk factors (being pregnant or having children, suffering from mental illness and being in trouble with

the law) combine with contextual risk factors (living on the streets or being in care), the DV victimization (34%) and perpetration (45%) rates are higher than for the general population (Joly & Conolly, 2016). Nevertheless, other studies on DV have failed to find any significant sex differences in relation to victimization (Sebastián et al., 2014), and when higher levels of violence have been recorded among women, most studies conclude that the statistical magnitude of this difference is small. One possible explanation for this is that these studies do not take into account women's tendency to underestimate violence (Fernández-Fuertes & Fuertes, 2010; Pazos et al., 2014). According to different studies (Bosch Fiol & Ferrer-Pérez, 2012, 2013; Ferrer-Pérez & Bosch Fiol, 2005), the bidirectional nature of DV suggested by some authors (Reidy et al., 2016; Viejo et al., 2016) can be linked to biases in the instruments. These measures assume that intimate partner abuse occurs in equal and symmetrical conditions, disassociating it from the violence perpetrated in the social environment in which it takes place and ignoring the macro level of analysis, including gender inequality.

In over three decades of research into DV, the principal systematic reviews have identified between 20 and 50 variables associated with aggression and victimization (Jennings et al., 2017; Lewis & Fremouw 2001; Vagi et al., 2013; Vezina & Hebert, 2007), thus confirming the complex, multi-causal nature of the problem. Recent meta-analyses have summed up the most commonly-studied risk factors associated with DV (Hérbert et al., 2017; Park & Kim, 2018). Nevertheless, the results have never yet been integrated into a global, structured analysis model, as have those pertaining to IPV in adult couples (Puente-Martínez et al., 2016).

From a theoretical perspective, Dutton (1995) proposes the social-ecological model as a means of understanding IPV within a system with different levels of analysis: ontogenetic, microsystem, exosystem and macrosystem. The ontogenetic level refers to each person's individual characteristics, attitudes, beliefs and behaviors. The microsystem level refers to the immediate environment in which the relationship takes place, i.e., the aspects or groups that influence the transmission of violence. The exosystem is made up of the formal and informal social structures that connect an individual to their family and broader context. And finally, the social or structural macrosystem encompasses the cultural values present in the region in which the couple lives, along with the political and economic landscape. Dutton (1995) explains

that all of these factors combine to determine the likelihood of abuse taking place, although he also points out that no single factor is enough, or even necessary, to guarantee the occurrence of violence. Nevertheless, this author only applied the model to the analysis of the variables associated with aggression and violence among adult couples. Subsequently, Heise (1998) used the ecological model to conduct an analysis encompassing the gender perspective, taking into account also other risk factors linked to aggression and violence against women. Similarly, and again using the ecological model as their basis, other studies broadened the search for risk factors to include the field of violence victimization between intimate partners. The study by Stith et al. (2004) analyzed the factors associated with violence victimization among adult intimate partners, and that conducted by Vezina and Hebert (2007) explored those linked to DV victimization among young women. No new reviews were then carried out until 2016, when the most recent results regarding IPV were integrated systematically into the ecological model by Puente-Martínez et al. (2016). However, although the social-ecological model has thus been confirmed as the most suitable model for analyzing IPV, there are as yet no applied models to determine the relative weight of the factors associated with victimization and perpetration of DV among young people and adolescents.

### ***The Present Study***

In light of the above, the aim of this study was to conduct a bibliographic review and offer an updated synthesis of the results reported by meta-analyses regarding risk and protective factors of DV, in accordance with the proposed social-ecological model. A second aim was to draw comparisons between different analysis levels in order to determine the relative weight of each factor in relation to DV. Following the suggestions made in previous studies, different variable types and the perpetration and victimization dimensions were analyzed separately.

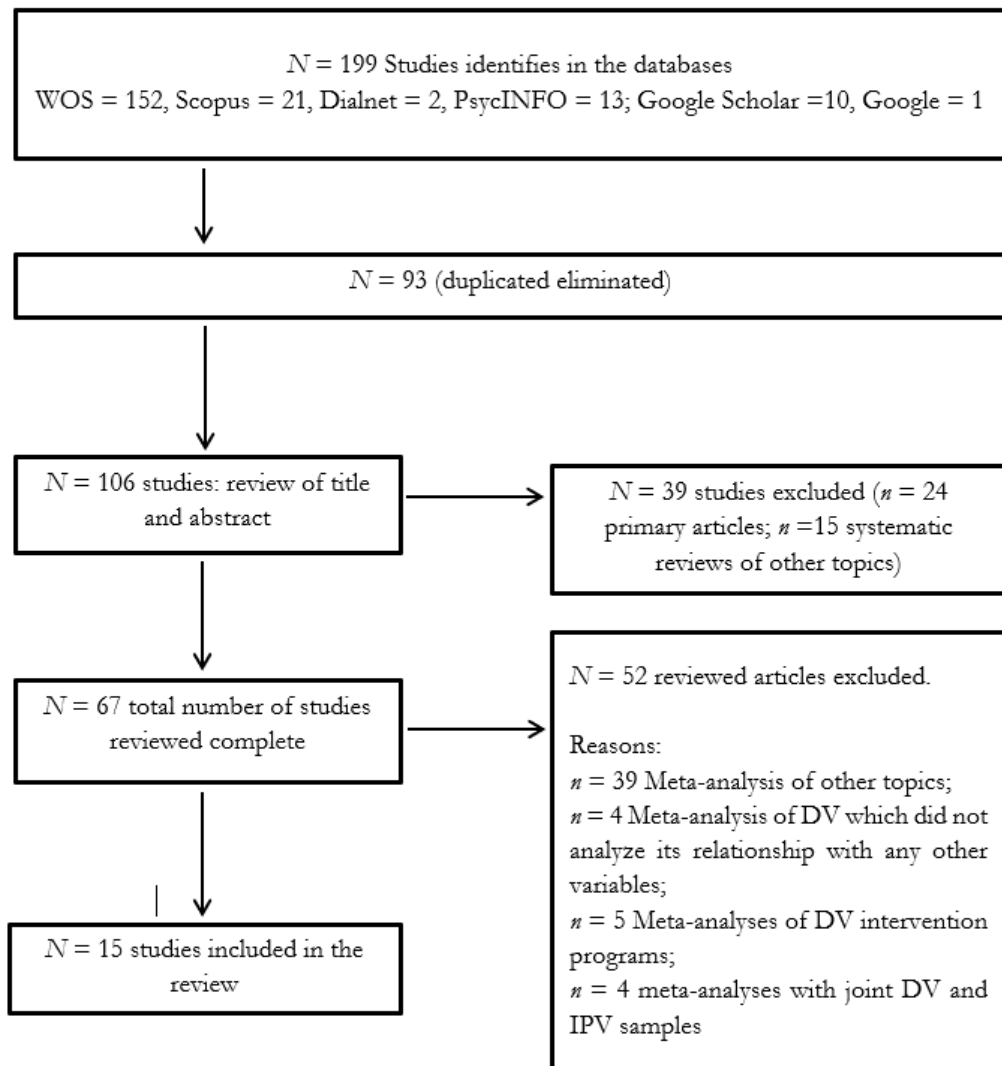
## **Materials and Methods**

First of all, a review was conducted of all available meta-analyses focusing on DV, in both Spanish and English, in accordance with the PRISMA model (Urrútia & Bonfill, 2010). The data search was carried out in the following databases: Web of



Science, Scopus, Dialnet, PsycInfo and Google Scholar. The search chains in the English databases were constrained to the following terms, in relation to topic, abstract or title: *Dating violence and meta-analysis*, *Dating violence and meta-analytic*, *Teen Dating Violence and meta-analysis*, *Teen Dating Violence and meta-analytic*, *Courtship and meta-analysis*, *Courtship and meta-analytic*, *Dating abuse and meta-analysis*, *Dating abuse and meta-analytic*. The same criterion was used for the search conducted in Spanish.

**Figure 2.** Flow Chart: Identification Phases and Selection Process (Urrútia & Bonfill, 2010)



The review includes those studies that: a) were meta-analyses on DV; b) analyzed the relationship between DV and another variable; and c) featured quantitative measures of DV perpetration and/or victimization. After eliminating duplicates ( $N = 93$ ), a total of 106 studies were identified.  $N = 91$  were eliminated on the basis of the following criteria: a) they were meta-analyses which did not include DV samples (only married couples or cases of conjugal or domestic violence); b) they included DV and IPV samples together, with no separate analysis; c) they were meta-analyses aimed at analyzing the effectiveness of intervention programs; d) they were primary articles or systematic reviews of DV; or e) they were qualitative studies of DV.  $N = 15$  studies were finally taken into account, all written in English (see Figure 1).

### ***Data Analysis***

The principal results were taken into account for each meta-analysis, along with an effect size calculator ( $d$ , odds ratio, risk ratio,  $B$ ,  $r$  and mean  $r$ ). Within each meta-analysis, the statistics ( $Q_b$ ) that evaluated the influence of potential risk factors on DV were obtained, along with those ( $Q_n$ ) indicating the degree of heterogeneity within each risk factor category assessed. The confidence intervals (CI) were included, as were the sample size or total number of participants ( $N$ ), and the number of studies included for each variable ( $k$ ) (Johnson & Eagly, 2014).

Population parameters were estimated as Pearson's  $r$  correlations, both because they are easy to interpret and because conversion formulas are available for transforming other statistical tests (for example,  $F$ ,  $t$ , chi-square) into  $r$  values (Rosenthal, 1984).  $r$  estimates are provided on the basis of the logit transformation (Borenstein et al., 2009). An Excel macro program (Wilson, 2016) designed specifically for use in meta-analyses was used for this purpose.

Whenever possible, the coefficients were converted to Fisher  $Z(r)$  values, which are deemed to be closer to normality.  $Zr$  values provide information about the mean magnitude of the effect size, in accordance with the size of the final sample included in each meta-analysis (most conservative method) (Field, 2001). In those cases, in which the meta-analysis fails to specify the  $N$  of each primary study, the  $Zr$  estimate is calculated on the basis of the total  $N$  of the sample. Each  $Z(r)$  represents the effect size ( $r$ ) weighted against the size of the sample, in accordance with the

method recommended by Rosenthal (1984), taking the product of the  $Z(r)$  value and the appropriate degrees of freedom for each study. Studies were weighted in accordance with sample size in order to place greater emphasis on those studies generating results from larger samples, which are assumed to be more representative of the population of interest. Subsequently, following the recommendations of Borenstein et al. (2009), to facilitate the interpretation of the results, each  $Z(r)$  was transformed into an  $r$ . Finally, comparisons were made between the mean  $r$ s found for each variable, between perpetration and victimization and in accordance with the proposed level-based category system (Cohen et al., 2003). In general,  $r$  values of around .10 are considered small, values of around .30 are considered medium and values of .50 and above are considered large (Cohen, 1988). In social psychology, the mean  $r$  value usually oscillates between .20 and .30 (Hemphill, 2003).

## Results

The  $K = 15$  studies selected enabled the identification of 18 variables linked to DV, since some studies analyzed more than one variable at the same time. A total of 7 variables were found for the individual level (38.9%), 7 for the micro level (38.9%), 2 for the exo level (11.1%) and 2 for the macro level (11.1%).

Despite including both IPV and DV samples, the meta-analyses by Devries (2013a, 2013b), Madigan et al. (2014), Moore et al. (2008) and Crane et al. (2013) nevertheless presented the results separately for each one, enabling us to extract the specific data pertaining to DV.

The results revealed 66 effect sizes, 41 referring to DV victimization (62.1%) and 25 referring to DV perpetration (37.9%). In specific terms, 18 effect sizes were identified for individual variables, (27.3%), 38 for variables linked to the family level (57.5%), 4 for contextual variables (6.1 %) and 6 for structural variables (9.1%).

At an individual level (see Table 2), two ( $k = 2$ ) meta-analyses found a relationship between DV victimization and subsequent suicide attempts. Devries et al. (2013a) found a positive correlation between suffering from DV and suicide attempts among women, and Castellví et al. (2016) confirmed a higher risk of suicide attempts among young victims of DV (both male and female) than among those who had not been exposed to this type of violence.

One of the meta-analyses explored the relationship between being a victim of DV and adolescent pregnancy. Madigan et al. (2014) analyzed the association between adolescent pregnancy and history of abuse and mistreatment by a family member, partner (IPV) or date (DV) among adolescent and adult women pregnant before age 20. Adolescent pregnancy was found to significantly correlate with physical and sexual abuse, although not with emotional abuse. The concurrent effect of physical and sexual abuse is stronger than for any individual form of abuse, increasing the risk of adolescent pregnancy nearly fourfold.

Five ( $k = 5$ ) of the meta-analyses explored the relationship between DV and substance abuse. In specific terms,  $k = 2$  of the studies focused on alcohol misuse, one in relation to DV perpetration and the other in relation to DV victimization. Moreover,  $k = 2$  studies analyzed the relationship between DV and drug abuse and  $k = 1$  study focused on cigarette smoking. As regards alcohol misuse and DV perpetration, Rothman et al. (2012) found that higher levels of alcohol misuse (in terms of both frequency and quantity of consumption, and in relation to problematic consumption and critical consumption episodes) were positively associated with DV perpetration. Moreover, alcohol misuse among women was found to be positively associated with DV victimization (Devries et al., 2013b).

In relation to drug abuse and DV, the meta-analysis conducted by Moore et al. (2008) found that this behavior was linked to higher levels of DV perpetration, although a large degree of variability was also observed between the different studies analyzed. Johnson et al. (2017) found an association between marijuana use and physical DV victimization and perpetration. No significant differences were observed, however, between victimization and perpetration ( $r_v - r_p = .01$ ,  $Z = 1.37$ ,  $p = .17$ ). Crane et al. (2013) analyzed the strength of the relationship between victimization and cigarette smoking, finding that DV victims are significantly more likely to smoke than non-victims.

**Table 2.** Risk Factors Associated with DV at the Ontogenetic (Individual) Level

Study	K	N	Sample (k)	Empirical evidence <sup>1</sup>	Vict. <i>r</i>	Perp. <i>r</i>
<b>Suicide attempt.</b> Victimization: $N = 26943$ , $Zr = .15$ , CI [.14, .16], $r = .15$ .						
Devries et al. (2013a)	16 LS	36163	Young M and W (aged 14-21). USA	Association between suicide attempts and victimization among women: $k = 1$ ( $n = 1659$ ), $\beta = .12$ , 95% CI [.02, .22]; $k = 1$ ( $n = 822$ ), OR = 3.2, 95% CI [.97, 103.59].	.30	
Castellví et al. (2016)	29 LS	143730	M and W (aged 12-26). General population. USA	Victims of DV are more likely to attempt suicide in comparison with non-victims: $k = 4$ ( $n = 24462$ ), OR = 1.65, 95% CI [1.40, 1.94].	.14	
<b>Adolescent pregnancy.</b> Victimization: $N = 20892$ , $Zr = .17$ , CI [.16, .18], $r = .17$ .						
Madigan et al. (2014)	38 <sup>2</sup> 10 DV	75390	Women aged 14 - 18 and over, pregnant before age 20. USA (25), Canada (3) New Zealand (3), Brazil (2), Ecuador (2), South Africa (1), Jamaica (1), El Salvador (1)	Adolescent pregnancy is associated with: Sexual abuse: $k = 3$ ( $n = 4744$ ), total OR = 1.55, 95% CI [.88, 2.72]. 1st Study ( $n = 1977$ ), OR = 1.20, 95% CI [.50, 2.98]; 2nd Study ( $n = 2186$ ), OR = 2.90, 95% CI [1.44, 5.85]; 3rd Study ( $n = 581$ ), OR = 1.17, 95% CI [.80, 1.71].	.12	
			Physical abuse: $k = 4$ ( $n = 13579$ ), total OR = 1.72, 95% CI [1.13, 2.62]. 1st Study ( $n = 1977$ ), OR = 1.80, 95% CI [1.09, 2.97]; 2nd Study ( $n = 2186$ ), OR = 2, 95% CI [1.19, 3.37]; 3rd Study ( $n = 328$ ), OR = .96, 95% CI [.61, 1.52]; 4th Study ( $n = 9088$ ), OR = 1.85 96, 95% CI [1.62, 2.11]	.15		
Adolescent pregnancy is associated with physical/sexual abuse: $k = 3$ ( $n = 2569$ ), OR = 3.83, 95% CI [2.963, 4.97], $Q_b = 1.08$ , ns.					.35	
<b>Alcohol misuse.</b> Victimization: $N = 4679$ , $Zr = .12$ , CI [.09, .15], $r = .12$ ; Perpetration: $N = 44417$ , $Zr = .13$ , CI [.12, .14], $r = .13$ ; *Total: $N = 49096$ , $Zr = .13$ , CI [.12, .14], $r = .13$ .						
Rothman et al. (2012)	16 <sup>3</sup> LS and CSS	44417	W and M (aged 11 - 21) USA, Mexico, Canada, South Africa, Russia and New Zealand.	The perpetration of DV is associated in M and W with: High alcohol consumption OR = 1.23, 95% CI [1.16, 1.31], $p = .0001$ Problematic alcohol consumption OR = 2.33, 95% CI [1.94, 2.80], $p = .0001$ Critical alcohol consumption OR = 1.47, 95% CI [1.17, 1.85], $p = .0001$	.06	.23 .11
Devries et al. (2013b)	55 LS	146031	W. USA.	$k = 2$ ( $n = 3323$ ), DV victimization is positively associated with subsequent alcohol misuse: 1st Study ( $n = 822$ ), OR = 1.26, 95% CI [.79, 2.01]; 2nd Study ( $n = 2501$ ), OR = .98, 95% CI [.64, 1.48]. $k = 2$ ( $n = 1356$ ) alcohol misuse is positively associated with subsequent DV victimization: 1st Study ( $n = 1291$ ), OR = 1.19, 95% CI [.98, 1.46] $B = .17$ $p = .05$ ; 2nd Study ( $n = 65$ ), OR = 3.94, $p = .04$ .	.12	

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<b>Drug abuse.</b> Victimization: $N = 23483$ , $Zr = .12$ , CI [.11, .13], $r = .12$ ; Perpetration: $N = 97356$ , $Zr = .13$ , CI [.12, .14], $r = .13$ ; *Total: $N = 120839$ , $Zr = .13$ , CI [.12, .14], $r = .13$ .				
Moore et al. (2008)	96	80000	M and W (aged 15 and over). Community, clinical and mixed sample. Caucasian (43), Black (14), Hispanic (9), Native American and Asian (2), mixed and N/I (28)	Drug abuse is positively associated with DV perpetration: $k = 9$ ( $n = N/I$ ), $W$ , $d = .28$ , 95% CI [.24, .31], $Q_w = 131.89$ , $p < .001$ .  Marijuana use increases the likelihood of perpetrating physical DV by 45%: ( $n = 17356$ ), OR = 1.45, 95% CI [1.20, 1.76], $p = .0001$ . Marijuana use increases the likelihood of being a victim of physical DV by 54%: ( $n = 23483$ ), OR = 1.54, 95% CI [1.22, 1.93].
Johnson et al. (2017).	13 LS CSS	38719	W and M (aged 11-27) USA	.14  .10  .12
<b>Cigarette smoking.</b> Victimization: $N = 271792$ , $Zr = .20$ , CI [.20, .21], $r = .20$ .				
Crane et al. (2013)	31	271792	W. (Age N/I) Caucasian 48.7%, Latin American 5.1%, African American 17.9%, N/I 28.2%.	$k = 9$ ( $n = N/I$ ). Association between DV victimization and smoking: $d = .41$ , 95% CI [.26, .57], $p = .0001$ .
<b>Social desirability.</b> Victimization: $N = 435$ , $Zr = -.15$ , CI [-.24, -.06], $r = -.15$ .				
Sugarman & Hotaling (1997)	7	1964	W and M university students. USA. Caucasian and African American	Low Social Desirability is associated with higher DV reporting, $k = 1$ ( $n = 435$ ).  -
<b>Sex.</b> Victimization: $N = 334339$ , $Zr = .10$ , CI [.10, .10], $r = .10$ ; Perpetration: $N = 334339$ , $Zr = .21$ , CI [.21, .21], $r = .21$ ; *Total: $N = 334339$ , $Zr = .16$ , CI [.16, .16], $r = .16$ .				
Wincentak et al. (2016)	101 CSS	334339	M and W (aged 13-18).	Sex is associated with physical DV $k = 96$ ( $n = 221221$ ). Perpetration of physical DV among women is higher (25%) than among men (13%). $k = 35$ ( $n = N/I$ ) W and $k = 38$ M ( $n = N/I$ ) OR = .51, 95% CI [.41, .63], $p = .0001$ . No sex differences were found for physical DV victimization (21%) $k = 62$ ( $n = N/I$ ) W and $k = 52$ M ( $n = N/I$ ): OR = 1.18, 95% CI [.99, 1.40], $p = .06$ . Sexual DV perpetration is higher among men (10%) than among women (3%). $k = 15$ M and $k = 13$ W ( $n = N/I$ ), OR = 2.54, 95% CI [2.21, 2.92], $p = .0001$ . Sexual DV victimization is higher among women: $k = 24$ W and $k = 17$ M ( $n = N/I$ ), OR = .57, 95% CI [.41, .79], $p = .0001$

Note. DV = Dating violence;  $K$  = Number of studies,  $k$  = Subsample; LS = Longitudinal Studies; CSS = Cross-sectional Studies;  $N$  = Number of total sample;  $n$  = Number of subjects in the subsample; N/I=No Information (the  $r$  was standardized in accordance with the sample total); W = Women; M = Men;  $r$  = Mean effect size; OR = Odds Ratio; RR = Relative Risk; CI = Confidence Interval;  $Q_b$  = Heterogeneity between subgroups;  $Q_w$  = Heterogeneity within the subgroup; ns = Not significant. 95% CI for all values in the table. <sup>1</sup>The studies indicated correspond to the primary studies included in the meta-analysis. <sup>2</sup>The total  $N$  of the study is 38 because it includes Intimate Partner Violence (IPV) and Dating Violence (DV) samples, the data described pertain only to DV studies. <sup>3</sup>The authors only include  $k = 16$  cross-sectional studies in the meta-analysis (18 effect sizes); the other longitudinal studies are not included due to their high degree of heterogeneity (total  $K = 28$ ). \*The total  $N$ s were calculated by eliminating all duplicate values for victimization, perpetration and per variable.

The meta-analytic review conducted by Sugarman and Hotaling (1997) analyzed social desirability (SD) and its relationship with DV victimization, finding a significant effect of SD in DV. Specifically, higher DV reporting was found to be linked to lower SD scores.

Moreover, the meta-analysis by Wincentak et al. (2016) analyzed sex differences in this sense, finding that perpetration of physical violence was more prevalent among women than among men, although perpetration of sexual violence was more prevalent among men than among women. Sexual victimization was also found to be higher among women and perpetration ( $r_p$ ) was more closely associated with sex than victimization ( $r_v$ ) ( $r_p - r_v = .11$ ,  $Z = 46.13$ ,  $p = .0001$ ). This study also analyzed macro variables, although these will be discussed later on.

Secondly, in relation to group (or microsystem) variables (see Table 3), three ( $k = 3$ ) studies analyzed the relationship between DV and the peer group. The meta-analytic review conducted by Garthe et al. (2016) found an association between DV (victimization and perpetration) and aggressive and antisocial peer behaviors, being victimized by one's peers (bullying) and peer DV (i.e., DV among the peer group), although it does not specify the specific type of DV involved (physical, psychological or sexual). The study by Hérbert et al. (2017) concluded that affiliation with deviant peers, peer victimization and peer sexual harassment (i.e., sexual harassment by peers) predicted greater degrees of DV victimization (physical, threats, psychological and sexual), while support from peers was negatively associated with DV victimization.

Finally, Park and Kim (2018) found an association between having deviant peers, suffering from bullying or being a bully (physical, psychological and/or cyberbullying) and DV (victimization and perpetration). Moreover, the factor found to best predict DV perpetration was having peers with problematic behavior. On the other hand, a high level of positive friendship was found to negatively correlate with both DV victimization and DV perpetration.

**Table 3.** Risk Factors Associated with DV at the Microsystem Level

Study	K	N	Sample (k)	Empirical evidence <sup>1</sup>	Vict. r	Perp. r
<b>Deviant peers (problematic/aggressive behavior)</b> Victimization: $N = 22139$ , $Zr = .26$ , CI [.25, .27], $r = .25$ ; Perpetration: $N = 11997$ , $Zr = .26$ , CI [.21, .31], $r = .25$ ; *Total: $N = 31309$ , $Zr = .26$ , CI [.25, .27], $r = .25$ .						
Garthe et al. (2016)	27 CSS	28491	M and W (aged 10-18). USA (15), Canada (10), Thailand (1) Brazil (1).	Aggressive and antisocial peer behavior is associated with victimization: $k = 5$ ( $n = 1580$ ), $r = .28$ , 95% CI [.20, .35], $p = .0001$ and perpetration: $k = 9$ ( $n = 9170$ ), $r = .19$ , 95% CI [.05, .32], $p = .0001$ .	.28	.19
Hérbert et al. (2017)	87	278712	M and W ( $M = 19$ years old). USA 72%, Canada 19%, Asia 9%	Having deviant peers $k = 14$ ( $n = 17732$ ) is associated with victimization (psychological, physical and/or sexual) $r = .25$ , 95% CI [0.85, 0.31], $p = .0001$ .	.25	
Park & Kim (2018)	27 CSS LS	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Deviant peer behavior ( $n = 2827$ ) is associated with victimization: $Zr = .26$ , 95% CI [0.22, 0.30] and perpetration: $Zr = .45$ , 95% CI [0.38, 0.52].	.26	.45
<b>Peer support.</b> Victimization: $N = 166651$ , $Zr = -.13$ , CI [-.13, -.13], $r = -.13$ ; Perpetration $N = 242$ , $Zr = -.23$ , CI [-.35, -.11], $r = -.23$ ; *Total $N = 166651$ , $Zr = -.13$ , CI [-.13, -.13], $r = -.13$ .						
Hérbert et al. (2017)	87	278712	M and W ( $M = 19$ years old). USA 72%, Canada 19%, Asia 9%	Greater peer support $k = 10$ ( $n = 166409$ ) is associated with lower levels of DV victimization (psychological, threats, physical and/or sexual): $Zr = -.13$ CI [-0.21, -0.06], $p = .001$ .	-.13	
Park & Kim (2018)	27 CSS LS	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Strong peer support and positive friendship ( $n = 242$ ) is associated with low levels of DV victimization: $Zr = -.29$ , 95% CI [-0.42, -0.17] and low levels of DV perpetration: $Zr = -.23$ , 95% CI [0.38, -0.09]]	-.29	-.23
<b>Bullying.</b> Victimization: $N = 168428$ , $Zr = .17$ , CI [.17, .17], $r = .17$ ; Perpetration: $N = 112,940$ , $Zr = .17$ , CI [.17, .17], $r = .17$ ; *Total: $N = 168428$ , $Zr = .17$ , CI [.17, .17], $r = .17$ .						
Garthe et al. (2016)	27 CSS	28491	M and W (aged 10-18). USA (15), Canada (10), Thailand (1) Brazil (1).	Being bullied by one's peers is associated with victimization: $k = 10$ ( $n = 12223$ ), $r = .28$ , 95% CI [.16, .40], $p = .0001$ .	.22	
Hérbert et al. (2017)	87	278712	M and W ( $M = 19$ years old). USA 72%, Canada 19%, Asia 9%	Bullying by peers: $k = 9$ ( $n = 43265$ ) is associated with DV victimization (psychological, physical and sexual), $r = .18$ , 95% CI [0.11, 0.26], $p = .0001$ .	.18	
Park & Kim (2018)	27 CSS LS	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Being bullied or bullying others ( $n = 112,940$ ) is associated with victimization: $Zr = .16$ CI [0.15, 0.16] and perpetration: $Zr = .17$ CI [0.15, 0.19]	.16	.17



Study	<i>K</i>	<i>N</i>	Sample ( <i>k</i> )	Empirical evidence <sup>1</sup>	Vict. <i>r</i>	Perp. <i>r</i>
<b>Peer sexual harassment.</b> Victimization: $N = 6835$ , $Zr = .29$ , CI [.27, .31], $r = .28$						
Hérbert et al. (2017)	87	278712	M and W ( $M = 19$ years old) USA 72%, Canada 19%, Asia 9%	Peer sexual harassment: $k = 5$ ( $n = 6835$ ) is associated with DV victimization (psychological, physical and/or sexual), $r = .29$ , 95% CI [0.15, 0.43], $p = .0001$ .	.29	
<b>Peer dating violence.</b> Victimization: $N = 2175$ , $Zr = .28$ , CI [.24, .32], $r = .27$ ; Perpetration: $N = 3900$ , $Zr = .29$ , CI [.26, .32], $r = .28$ ; *Total: $N = 6075$ , $Zr = .29$ , CI [.27, .31], $r = .28$ .						
Garthe et al. (2016)	27 CSS	28491	M and W (aged 10-18). USA (15), Canada (10), Thailand (1) Brazil (1).	DV among one's friends and peer group is associated with DV victimization: $k = 8$ ( $n = 2175$ ), $r = .28$ , 95% CI [.24, .33], $p = .0001$ and DV perpetration: $k = 10$ ( $n = 3900$ ), $r = .29$ , 95% CI [.22, .37], $p = .0001$ .	.28	.29
<b>Violence in family of origin.</b> Victimization: $N = 461057$ $Zr = .16$ , CI [.16, .16], $r = .16$ ; Perpetration: $N = 55963$ , $Zr = .13$ , CI [.13, .15], $r = .13$ ; *Total: $N = 461057$ , $Zr = .16$ , 95% CI [.16, .16], $r = .16$ .						
Bradford (1999)	35 CSS	13115	M and W. $k = 25$ university students, $k = 5$ secondary school students, $k = 5$ Others	Violence in the family of origin (either witnessing or experiencing violence) is associated with DV victimization: $k = 17$ ( $n = N/I$ ), $r = .12$ , $p = .0001$ , $Q_w = 91.560$ , $p = .0001$ and perpetration: $k = 25$ ( $n = N/I$ ), $r = .12$ , $p = .0001$ , $Q_w = 89.597$ , $p = .0001$ .	.12	.12
Dec (2012)	24 LS and CSS	22953	M and W Secondary school and university students and the general population. M and W ( $M = 19$ years old). USA 72%, Canada 19%, Asia 9%	Child abuse increases the risk of being involved in DV as either a perpetrator: $k = N/I$ , OR = 1.55, 95% CI [1.40, 1.71], $p = .001$ or a victim: $k = N/I$ , OR = 1.72, 95% CI [1.53, 1.94], $p = .001$ . Child sexual abuse: $k = 18$ ( $n = 21825$ ) is associated with DV victimization (psychological, threats, physical and/or sexual), $r = .15$ , 95% CI [0.12, 0.18], $p = .0001$ . Psychological abuse in the family: $k = 11$ ( $n = 9414$ ) is associated with DV victimization (psychological, threats, physical and/or sexual), $r = .14$ , 95% CI [0.10, 0.17], $p = .0001$ . Physical abuse in the family: $k = 27$ ( $n = 112828$ ) is associated with DV victimization (psychological, threats, physical and/or sexual), $r = .14$ , 95% CI [0.10, 0.18], $p = .0001$ . General child abuse: $k = 58$ ( $n = 148002$ ) is associated with DV victimization (psychological, threats, physical and/or sexual), $r = .17$ , 95% CI [0.14, 0.20], $p = .0001$ .	.15	.12
Hérbert et al. (2017)	87	278712		Witnessing violence in the family of origin $k = 29$ ( $n = 113025$ ) is associated with victimization (psychological, threats, physical and/or sexual) $r = .17$ , 95% CI [0.14, 0.21], $p = .0001$ . Witnessing IPV ( $n = 527$ ) increases the risk of victimization: $Zr = .47$ , 95% CI [0.35, 0.59] and perpetration: $Zr = -.25$ , 95% CI [0.18, 0.31]	.17	.17
Park & Kim (2018)	27	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Child abuse (physical or sexual) ( $n = 19,368$ ) increases the risk of DV victimization: $Zr = .11$ , 95% CI [0.08, 0.13] and perpetration $Zr = .1$ , 95% CI [0.07, 0.19]	.11	.25

UNDERSTANDING DATING VIOLENCE AGAINST YOUNG WOMEN

Study	<i>K</i>	<i>N</i>	Sample ( <i>k</i> )	Empirical evidence <sup>1</sup>	Vict. <i>r</i>	Perp. <i>r</i>
<b>Parenting.</b> Victimization: <i>N</i> = 116240, <i>Zr</i> = .12, 95% CI [.12, .12], <i>r</i> = .12; Perpetration: <i>N</i> = 17813, <i>Zr</i> = .19, CI [.18, .20], <i>r</i> = .19; *Total: <i>N</i> = 116240, <i>Zr</i> = .13, CI [.12, .14], <i>r</i> = .13.						
Hérbert et al. (2017)	87	278712	M and W ( <i>M</i> =19 years old). USA 72%, Canada 19%, Asia 9%	Greater parental support <i>k</i> = 15 ( <i>n</i> = 89631) is associated with lower levels of DV victimization (psychological, threats, physical and/or sexual): <i>Zr</i> = -.10, 95% CI [-0.16, - 0.04], <i>p</i> = .0001.	-10	
				Greater parental control <i>k</i> = 8 ( <i>n</i> = 8796) is associated with lower levels of DV victimization (psychological, threats, physical and/or sexual): <i>Zr</i> = -.12, 95% CI [-0.22, - 0.02], <i>p</i> = .012.	-12	
Park & Kim (2018)	27	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Negative parenting ( <i>n</i> = 6932) increases the risk of DV as both victim: <i>Zr</i> = .23, 95% CI [0.18, 0.28] and perpetrator: <i>Zr</i> = -.21, 95% CI [0.15, 0.27]	.23	.21
				High levels of positive parenting ( <i>n</i> = 8455) are associated with low levels of DV victimization: <i>Zr</i> = -.17, 95% CI [-0.22, - -0.12] and low levels of DV perpetration: <i>Zr</i> = -.15, 95% CI [-0.21, -0.085].	-17	-15
				Family relationship problems ( <i>n</i> = 527) increase the likelihood of DV victimization: <i>Zr</i> = .35, 95% CI [0.28, 0.43] and DV perpetration: <i>Zr</i> = .35, 95% CI [0.25, 0.45].	.35	.35
			Fear of violence in the family ( <i>n</i> = 1899) is associated with DV victimization: <i>Zr</i> = .24, 95% CI [0.16, 0.31] and DV perpetration: <i>Zr</i> = .21, 95% CI [0.13, 0.30].	.24	.21	

*Note.* DV = Dating violence; *K* = Number of studies, *k* = Subsample; LS = Longitudinal Studies; CSS = Cross-sectional Studies; *N* = Number of total sample; *n* = Number of subjects in the subsample; N/I = No Information (the *r* was standardized in accordance with the sample total); W = Women; M = Men; *r* = Mean effect size; OR= Odds Ratio; CI = Confidence Interval; *Q<sub>n</sub>* = Heterogeneity within the subgroup. <sup>1</sup>(sum of the *N<sub>s</sub>* of each primary study). 95% CI for all values in the Table. <sup>1</sup>The studies indicated correspond to the primary studies included in the meta-analysis. \*The total *N<sub>s</sub>* were calculated by eliminating all duplicate values for victimization, perpetration and per variable.

**Table 4.** Risk Factors Associated with DV at the Exosystem and Macrosystem Levels

Study	K	N	Sample (k)	Empirical evidence <sup>1</sup>	Vict. r	Perp. r
<b>EXOSYSTEM</b>						
<b>Age.</b> Victimization: $N = 334339$ , $Zr = .51$ , 95% CI [.51, .51], $r = .47$ .						
Wincentak et al. (2016)	127	334339	M and W Aged between 13-18.	The older the informant the greater the risk of sexual DV: men $k = 13$ ( $n = N/I$ ), $B = 2.00$ , 95% CI [1.19, 3.35], $p = .01$ , $Q_w = 21.69$ , $p = .05$ ; women $k = 17$ ( $n = N/I$ ), $B = 1.96$ , 95% CI [1.30, 2.96], $p = .001$ , $Q_w = 24.51$ .	.51	
<b>Residential neighborhood.</b> Victimization: $N = 2338$ , $Zr = .22$ , CI [.18, .26], $r = .22$ ; Perpetration: $N = 2338$ , $Zr = .13$ CI [.09, .17], $r = .13$ ; *Total: $N = 2338$ , $Zr = .17$ , CI [.13, .21], $r = .17$ .						
Park & Kim (2018)	27	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Living in a violent neighborhood ( $n = 2338$ ) increases DV victimization: $Zr = .22$ , 95% CI [0.18, 0.26] and DV perpetration: $Zr = .13$ , 95% CI [0.07, 0.19]. High support in one's neighborhood ( $n = 2338$ ) is associated with lower levels of DV perpetration: $Zr = .08$ , 95% CI [-0.12, -0.04].	.22	.13 -08
<b>MACROSYSTEM</b>						
<b>Economic disadvantage.</b> Victimization: $N = 335088$ , $Zr = .08$ , CI [.08, .08], $r = .08$ ; Perpetration: $N = 335088$ , $Zr = .10$ , CI [.10, .10], $r = .10$ ; *Total: $N = 335088$ , $Zr = .09$ , CI [.09, .09], $r = .09$ .						
Wincentak et al. (2016)	127	334339	M and W. Aged 13-18. USA	Economic disadvantage predicts DV victimization and/or perpetration in both sexes. Victimization: Women $k = 62$ ( $n = N/I$ ), $B = .29$ , 95% CI [.19, .45], $p = .001$ and Men $k = 51$ ( $n = N/I$ ), $B = .26$ , 95% CI [.13, .50], $p = .001$ . Perpetration: Women: $k = 35$ ( $n = N/I$ ), $B = .36$ , 95% CI [.21, .60], $p = .001$ and Men: $k = 38$ ( $n = N/I$ ), $B = .37$ , 95% CI [.20, .67], $p = .001$ .	.08	.10
Park & Kim (2018)	27	162724	M and W (aged 13-22). USA (19), Switzerland (1), Taiwan (1) and Canada (6).	Higher socioeconomic status ( $n = 749$ ) is associated with lower levels of both DV perpetration: $Zr = .08$ , 95% CI [-0.14, -0.02] and DV victimization: $Zr = -.15$ , 95% CI [-0.26, -0.04].	-.15	-.08
<b>Cultural minority.</b> Victimization: $N = 334339$ , $Zr = .27$ , 95% CI [.26, .28], $r = .26$ ; Perpetration: $N = 334339$ , $Zr = .27$ , 95% CI [.26, .28], $r = .26$ ; *Total: $N = 334339$ , $Zr = .27$ , 95% CI [.26, .28], $r = .26$ .						
Wincentak et al. (2016)	127	334339	M and W Aged 13-18. USA	Belonging to a cultural minority predicts being a victim of physical DV among women: Victimization $k = 32$ ( $n = N/I$ ) $B = 1.01$ , 95% CI [1.00, 1.02], $p \leq .05$ Perpetration: $k = 53$ , ( $n = N/I$ ) $B = 1.01$ , 95% CI [1.01, 1.02] $p = .001$	.27	.27

*Note.* DV = Dating violence; K = Number of studies,  $k$  = Subsample; LS = Longitudinal studies; CSS = Cross-sectional studies; N = Number of total sample;  $n$  = Number of subjects in the subsample; N/I = No information (the  $r$  was standardized in accordance with the sample total); W = Women; M = Men;  $r$  = Mean effect size; OR = Odds ratio; CI = Confidence Interval;  $Q_w$  = Heterogeneity within the subgroup. \*The totals were calculated by eliminating all duplicate values for victimization, perpetration and per variable. 95% CI for all values in the table. <sup>1</sup>The studies indicated correspond to the primary studies included in the meta-analysis. \*The total  $N$ s were calculated by eliminating all duplicate values for victimization, perpetration and per variable.

Also at the microsystem level, four ( $k = 4$ ) studies analyzed the influence of family on DV. Bradford (1999) found a weak association between violence in the family of origin (defined as either having directly witnessed or experienced violence at home) and DV (victimization and perpetration). Dee (2012) also found that child abuse in the family increased the risk of becoming involved in DV as either an aggressor or a victim. Similarly, Hérbert et al. (2017) analyzed different types of child abuse in the family of origin and their relationship with DV, finding that sexual, psychological and physical child abuse, as well as neglect and witnessing IPV between parents, were all risk factors for becoming a victim of DV.

Moreover, these authors also analyzed protective factors for DV, finding that parental support and supervision were negatively associated with DV. A little later, Park and Kim (2018) broadened the analysis of family variables to include DV victimization and perpetration, finding that witnessing violence between one's parents is a greater predictor of DV victimization than perpetration. Furthermore, negative parenting (rejection of one's children, inconsistent discipline), family problems (fights, hurtful behavior) fear of violence in the family and child abuse (physical, psychological or sexual abuse by parents) were all found to be positively linked to DV (victimization and perpetration), while positive parenting (communication and parental support) was negatively associated with this phenomenon.

Thirdly, in relation to contextual variables (exosystem), two ( $k = 2$ ) studies analyzed the variables age and residential neighborhood (see Table 4). Wincentak et al. (2016) found that mean age did not predict significant prevalence rates of physical violence during courtship. Nevertheless, the mean age of the sample did predict a greater risk of sexual DV victimization among both sexes. Also, the meta-analytical review conducted by Park and Kim (2018) found that living in violent neighborhoods with a high level of ethnic heterogeneity was linked to higher levels of both perpetration and victimization, with the association with victimization being stronger. Moreover, when these authors analyzed the influence of residential neighborhood on DV, they found that high support in the neighborhood was negatively associated with DV perpetration.

Fourthly, in relation to the variables associated with the macrosystem, the results reported by Wincentak et al. (2016) indicate that belonging to a cultural minority, i.e., belonging to any cultural group that is not the dominant group of one's country of origin, was associated with DV perpetration and victimization, but only among women, while living in an economically disadvantaged region predicted greater risk of perpetrating and suffering physical DV among both women and men. This last finding was also confirmed by the meta-analysis carried out by Park and Kim (2018), which found that socioeconomic status was negatively associated with DV perpetration and victimization.

The analysis of the differences between effect sizes for perpetration and victimization revealed significant differences in total effect for individual (ontogenetic) variables, with the  $r$  effect size being small and lower for victimization ( $r = .15$ ) ( $N = 682563$ ) than for perpetration ( $r = .19$ ) ( $N = 476112$ ) ( $r_r - r_p = -.04$ ,  $Z = -21.82$ ,  $p = .0001$ ). Smoking and adolescent pregnancy, along with attempted suicide and social desirability, were found to correlate with a higher risk of DV victimization, with a small effect. Alcohol misuse, drug abuse and sex were also found to be associated with DV victimization, although also with a smaller effect. Sex had a larger effect in relation to perpetration than in relation to victimization ( $r_r - r_p = -.11$ ,  $Z = -46.13$ ,  $p = .0001$ ), although the difference was small. No differences were observed between perpetration and victimization in relation to alcohol misuse ( $r_r - r_p = -.01$ ,  $Z = -.66$ ,  $p = .51$ ) or drug abuse ( $r_r - r_p = -.01$ ,  $Z = -1.39$ ,  $p = .16$ ) (see Table 2). The difference between the  $r$ s for these two variables was not relevant.

At the micro level, significant differences were observed for the total effect of the variables, with the  $r$  being smaller for victimization  $.15$  ( $N = 943525$ ) than for perpetration  $.17$  ( $N = 202855$ ) ( $r_r - r_p = -.02$ ,  $Z = -14.76$ ,  $p = .0001$ ). Nevertheless, the effect size of this difference was small ( $<.10$ ). Peer sexual harassment was found to have the largest effect size in relation to DV victimization, followed by peer DV. Moreover, peer DV had the largest effect size in relation to aggression, and no significant differences were observed between victimization and perpetration ( $r_r - r_p = -.01$ ,  $Z = -.40$ ,  $p = .68$ ). The variables deviant peers and bullying were found to be associated with both DV victimization and perpetration, with the same effect size being found for both measures. Social support from peers was associated with both perpetration and victimization, with the difference not reaching statistical significance

( $r_v - r_p = -.10$ ,  $Z = -1.60$ ,  $p = .11$ ). As regards violence in the family of origin, significant differences were found between DV perpetration and victimization ( $r_v - r_p = -.03$ ,  $Z = -14.63$ ,  $p = .0001$ ), with the effect size being slightly larger for victimization. As regards parenting, the effect size was larger for DV perpetration ( $r_v - r_p = -.07$ ,  $Z = -8.92$ ,  $p = .0001$ ), although this difference was not found to be relevant. Some effect sizes were found to be low at the micro level. Violence in the family of origin, parenting and bullying had effect sizes of between .12 and .19, while peer sexual harassment, peer DV, deviant peers had larger effect sizes, ranging between .25 and .28 (see Table 3).

At the exosystem level, the difference between victimization  $r = .51$  ( $N = 336677$ ) and perpetration ( $N = 2338$ )  $r = .13$  was significant ( $r_v - r_p = .43$ ,  $Z = 20.50$ ,  $p = .0001$ ) and moderate, with the larger effect size being found for victimization. In cases of victimization, age was associated with (sexual) DV, with a medium effect size, although this association was not observed in cases of perpetration. Neighborhood, on the other hand, was found to have a small effect size. Moreover, a significant (although not relevant) difference was observed between victimization and perpetration ( $r_v - r_p = .09$ ,  $Z = 0.03$ ,  $p = .0001$ ), with the effect size being higher in relation to the former (see Table 4).

At the macro level, significant differences were found in the total effect size between victimization ( $r = .17$ ,  $N = 335088$ ) and perpetration ( $r = .18$ ,  $N = 335088$ ) ( $r_v - r_p = -.01$ ,  $Z = -4.22$ ,  $p = .0001$ ), with a small effect size. The association between economic disadvantage and victimization and perpetration was low, and a significant but weak difference was found between the two groups ( $r_v - r_p = -.02$ ,  $Z = -11.12$ ,  $p = .0001$ ). A low-to-moderate association was found between belonging to a cultural minority and DV victimization and perpetration, with no differences being found between the two groups (see Table 3).

Overall, we found that the effect size for exosystem variables was large (Level 3,  $N = 336677$ ,  $r_3 = .51$ ) and indeed was larger than for the rest of the levels, all of which had similar effect sizes: macro (Level 4,  $N = 335088$ ,  $r_4 = .18$ ), individual (Level 1,  $N = 824336$ ,  $r_1 = .17$ ) and micro (Level 2,  $N = 956595$ ,  $r_2 = .16$ ). The  $r$  comparisons revealed significant differences between the macro and exo ( $r_4 - r_3 = .36$ ,  $Z = -156.03$ ,  $p = .0001$ ), macro and micro ( $r_4 - r_2 = .02$ ,  $Z = 10.25$ ,  $p = .0001$ ) and macro and individual levels ( $r_4 - r_1 = .01$ ,  $Z = 5.05$ ,  $p = .0001$ ). Similar differences were also found

between the exo and micro ( $r_3 - r_2 = .38$ ,  $Z = 200.28$ ,  $p = .0001$ ), exo and individual ( $r_3 - r_1 = .37$ ,  $Z = 191.19$ ,  $p = .0001$ ) and micro and individual levels ( $r_1 - r_2 = .01$ ,  $Z = 6.84$ ,  $p = .0001$ ). A large difference was observed in effect size between the exo level and the other three levels and significant differences were also found in total effect size between perpetration ( $r = .18$ ,  $N = 682054$ ) and victimization ( $r = .21$ ,  $N = 1629175$ ) ( $r_1 - r_2 = -.03$ ,  $Z = -21.63$ ,  $p = .0001$ ).

## Discussion

The 15 meta-analytical studies included in this review describe and group together the factors associated with DV in accordance with the ecological model, thus reaffirming this structure as a valid means of describing the DV risk and protective factors analyzed. In this review, the variables which explain DV (victimization and perpetration) are divided across four levels (ontogenetic or individual, microsystem, exosystem and structural macrosystem).

At the individual level, the variables were found to have a small effect size in relation to DV. A stronger association was observed between DV victimization and cigarette smoking, adolescent pregnancy, suicide attempts and social desirability, along with a weaker correlation between victimization and alcohol misuse, drug abuse and sex. Sex and, to a lesser extent, alcohol misuse and drug abuse were linked to DV perpetration. The results indicate that DV victims are more likely to smoke than non-victims. It may be that victims use nicotine as a maladaptive coping strategy associated with a reduction of the negative affect and anxiety linked to DV, as well as other stress-related factors (Crane et al., 2013). Other types of consumption linked to DV (albeit to a lesser extent) include alcohol misuse and drug abuse. Alcohol misuse is associated with both DV perpetration and victimization. Nevertheless, the studies included in the review report certain limitations linked to alcohol misuse measures and the type of design used, which was mainly experimental or laboratory-based. Experimental studies may have little external validity, and longitudinal studies fail to clarify the time direction of the association observed between alcohol misuse and victimization (Devries et al., 2013b). As for drug abuse, the results confirm a weak association between this variable and DV perpetration. Marijuana use is linked to both physical DV perpetration and victimization. It may be that marijuana consumption is a consequence of DV, and is used as a means of coping with anxiety. It may also be

linked to a high-risk social environment, in which the purchase and use of drugs may prompt individuals to either become victims of or perpetrate more violence (Bean, 2001). Nevertheless, some authors suggest that drug use and abuse may also serve to disinhibit violent behavior (Ferrer-Pérez & Bosch-Fiol, 2005).

Adolescent pregnancy was found to be associated with a history of abuse among teenage girls, and particularly with the concurrence of physical and sexual violence. This result is consistent with those reported by previous reviews, in which unwanted adolescent pregnancy was identified as a variable linked to DV victimization (Joly & Conolly, 2016; Vezina & Hebert, 2007).

Sex is also related to DV, and was found to have a greater influence over perpetration than over victimization, although the association was fairly weak. Prevalence rates for physical DV perpetration were higher among women than among men, while the reverse was found to be true for sexual DV perpetration, with the rate being higher among men than among women (Wincentak et al., 2016). Nevertheless, this finding is not consistent with the results of the systematic review conducted by Jennings et al. (2017), which found that women in all age groups reported higher prevalence rates of victimization than men. The studies revealed that the type of sample, measurement instrument, reactive violence among women and severity of abuse influenced violence reporting rates among women (Joly & Conolly, 2016; Wincentak et al., 2016). Another variable found to influence DV reporting is social desirability, which was found to increase violence underreporting among victims (Sugarman & Hotelling, 1997). One possible explanation for this underreporting may be linked to the stigma associated with being a victim of violence, which has been widely documented in the adult population (Joly & Conolly, 2016; Puente-Martínez, 2017). Suicide attempts are also linked to victimization among young people (Castellví et al., 2016), as well as with being a woman (Devries, 2013a), although only a few studies include male samples also (Devries, 2013a). This finding is important, since in both Spain and Europe in general, most suicides occur between the ages of 15 and 25. It is therefore a problem with a high youth mortality rate.

At the microsystem level, peer sexual harassment and peer DV were found to be the strongest predictors of DV. One of the studies found a significant moderation effect of gender on the relationship between peer sexual harassment and DV, with the effect being higher among women (Hérbert et al., 2017). Moreover, having deviant



peers and being bullied by peers (physical or psychological bullying or cyberbullying) increase the likelihood of both DV perpetration and victimization. Nevertheless, peer support was found to reduce the likelihood of being either victim or perpetrator, thereby suggesting that not having a positive social support network in one's immediate environment increases the risk DV. These results confirm that peers are one of the most influential socializing agents during adolescence, for both prosocial behavior (Steinberg, 2014) and violent behavior (Miller-Johnson & Costanzo, 2004). Moreover, among the family variables studied, having suffered from different types of violence in one's family of origin (physical, sexual or psychological child abuse or witnessing violence between one's parents) is linked to DV. Problematic family relations, negative parenting and fear of violence in the family all increase the risk of DV for both victims and perpetrators, although this effect is fairly weak. On the other hand, greater parental support and control reduce (albeit only slightly) the likelihood of both suffering and perpetrating abuse.

At the exosystem level, age is strongly associated with sexual DV. Indeed, the largest effect size found in the model was for this association. As in previous studies, in this review also age was treated as a contextual variable within the ecological model (Punkte-Martínez et al., 2016). One possible explanation for this finding may be that in DV, abuse becomes more frequent and severe over time, with a progressive scaling up of violence levels occurring as those involved grow older (William & Frieze, 2005; Walker, 1989). Moreover, sexual behaviors tend to appear more frequently during the late teen years (ages 17-19) than during early adolescence (ages 10-14), since it is during this later stage that sexual relations and practices become more frequent among young people (INJUVE, 2016; Eaton et al., 2010). From this perspective, it is more likely for sexual violence to occur among older adolescents and young adults. In this sense, the study by Smith, White and Holland (2003) found that during adolescence, the most common form of sexual victimization is coercive verbal sexual aggression, while among older university students it is more common to find more serious forms of violence, such as rape. It is also important to bear in mind that the studies included in this review were all based on broad definitions of sexual violence encompassing a wide range of behaviors (unwanted kisses or fondling, threatening behavior, etc.) (Wincentak et al., 2016). Living in a violent neighborhood was found to be positively related to DV perpetration and victimization, while support from the community was negatively associated with DV victimization, thus confirming that social-community

support may be a protective factor against DV. The variables analyzed (violent neighborhood and age) are more closely linked to being a victim of DV than to perpetrating this kind of violence. Finally, at the macrosystem level, belonging to a cultural minority within one's country of origin is associated among women with physical violence victimization and perpetration (Foshee et al., 2008; Teitelman et al., 2011). These results highlight the importance of taking social and cultural context into account when attempting to explain DV. Both victimization and perpetration rates among women belonging to cultural minorities have been linked to extremely violent contexts, exclusion, discrimination and other geographical factors such as region and poverty (Carbone-López, 2013; Wincentak et al., 2016). The relationship between victimization and belonging to a cultural minority was not confirmed in the case of men. Economic disadvantage, on the other hand, was found to increase the risk of perpetration and victimization among both sexes. Although the effect size was very small, previous studies have concluded that poorer regions are those with the highest levels of DV victimization and perpetration among teens (Gressard et al., 2015).

Finally, when the differences between the various levels are analyzed, the results reveal that the exosystem variables have a large effect size that is greater than the effect sizes found for the individual, micro and macro levels, which were all similar and fairly low. This confirms that factors basically related to age, but also to the social-community environment, are those most closely related to DV, as opposed to individual factors or those pertaining to the subject's more immediate or macro environment. In other words, the exosystem variables were the most relevant for explaining DV victimization and perpetration. Although Cohen's criterion was applied in this study, based on reviews of meta-analytical studies (Gignac & Szodorai, 2016; Richard et al., 2003) in which the authors recommend considering correlations of .10, .20 and .30 to be small, typical and relatively large (respectively), we can conclude that the macro, micro and individual levels have a near-to-average effect size (.18-.16). Moreover, it is important to highlight the effect size of certain variables, such as belonging to a cultural minority at the macro level, and peer sexual harassment, peer DV and aggressive peer behavior at the micro level, the effect sizes of which can be considered moderate-to-large. Individual variables were found to have a smaller yet significant effect size in the studies analyzed, indicating that their influence on DV is more limited.

This study has a number of limitations. Firstly, the samples analyzed for the different risk factors were very large, and care must therefore be taken not to overestimate the  $r$  size and the inter-group and inter-level differences (Borenstein et al., 2009). Secondly, the results obtained are mainly limited to the population of North America. It would therefore be interesting to carry out further studies in other regions such as Latin America and Europe. Possible moderation effects should also be analyzed in accordance with region and culture. The third limitation is that not all the studies specified the relationships between risk and protective factors and different types of DV. Finally, some meta-analytical studies reporting an association between DV and other variables such as negative emotions ( $r = .25$ ) (Birkley & Eckhardt, 2015) and depression ( $r = .17$ ) (Beydoun et al., 2012; Devries et al., 2013a) were excluded from the review, because they included joint teen DV and adult IPV samples, with no separate analysis.

Despite these limitations, however, one of the strengths of this study that it systematizes meta-analytical research on the main variables associated with DV, as well as some of the principal risk and protective factors associated with the phenomenon, considering perpetration and victimization separately. Moreover, it is the first systematic review carried out of DV which takes into account all the variables analyzed in previous meta-analyses based on the ecological model. This information complements the results reported by previous reviews on DV and enables us to distinguish between the characteristics of DV at different levels (onto, micro, exo and macro), clearly defining it as a separate problem from IPV in adult couples.

One of the main practical implications of the findings reported is that they enable a distinction to be made between variables in terms of their capacity to predict DV perpetration and victimization. Moreover, it suggests that greater efforts should be made in the field of prevention, through early intervention programs aimed at teenagers and the clinical care provided to young women at risk of becoming DV victims. Within the clinical environment, the results suggest that more work should be done with the adolescent population to prevent suicide attempts, teenage pregnancy and drug abuse. Greater efforts also need to be made to prevent violence in the future, given that DV victimization among teenage girls strongly predicts victimization during adulthood (Shorey et al., 2008). The results of the study also suggest that a violent environment and peer support are relevant factors to bear in

mind during any intervention aimed at preventing DV. They also enable possible at-risk groups to be identified so that culturally-sensitive interventions can be designed and macrosystem vulnerabilities can be taken into account. Finally, the findings suggest that the social and community support perceived by young people may be a protective factor at the exo level, particularly among women from cultural minorities.

Future research may wish to analyze how these risk factors are interrelated, and to study their accumulative effects. Similarly, it would be interesting to analyze the differences observed in accordance with sample type and to conduct cross-cultural studies that may provide greater insight into the characteristics and specificities of DV and how it differs from IPV. DV forms part of a dynamic systems of influences, and as such, any attempt to mitigate or reduce it requires a dynamic, multi-factor approach that takes into consideration risk factors at all levels (ecological model), as well as their possible interactions. In short, the results obtained confirm prior findings which indicate that DV is a relevant topic of research, due to the magnitude and consequences of the problem.

# CHAPTER 2

## In-Person and Online Dating Violence and Links to Relationship Power Among Adolescent Girls/Young Women in Spain





# CHAPTER 2

## **In-Person and Online Dating Violence and Links to Relationship Power Among Adolescent Girls/Young Women in Spain**

### **Introduction**

This study examines unequal power dynamics in relationships and their association with dating violence (DV). In particular, it examines how relationship power and violence (in-person and online) are expressed and experienced differently by adolescent girls and young women in different age groups in Spain. First, we will examine the prevalence, both in Spain and in general, of in-person and online DV - since the latter has received little attention to date. Then we will examine power imbalance in dating relationships and its association with DV (in-person and online), as well as any possible differences in accordance with age.

DV, defined as psychological, physical, or sexual abuse between adolescent/young adult partners who do not live together (Jennings et al., 2017; Shorey et al., 2008), is a common phenomenon worldwide. According to a systematic review that examined 113 studies in Europe, Latin American, and the US, between 1.2% and 41.2% of adolescent girls and young women aged 13 to 25 have experienced some kind of physical DV, 1.2% to 64.6% have experienced sexual DV, and 9.3% to 95.5% have experienced psychological DV (Rubio-Garay et al., 2017). This high degree of variability in DV prevalence rates suggests that there are problems and methodological differences in this field of study. The present study aims to help overcome this situation by using validated DV indicators.

DV can also be experienced online, as partners communicate more and more using digital means (through mobile applications and social networking). However, substantially less is known about online DV (cyber-dating violence) rates than about

in-person DV (Caridade et al., 2019). Online DV involves a variety of different conducts, ranging from controlling behaviors (e.g., control over the amount and timing of social interactions online) to being exposed to direct aggression (e.g., insulting or humiliating comments posted online) (Borrajo et al., 2015). The extant literature tends to view controlling behaviors as different from other types of online DV, such as direct aggression, which are more deliberate and direct and involve conscious actions intended to harm one's partner, such as insults or the dissemination of personal information on a social network. This type of behavior may be considered a more severe type of violence than control (Caridade et al., 2019). In Europe, online DV rates of 57% have been found among young women (Stonard, 2020), and a review of the literature suggests that controlling behaviors are more common than direct aggression (Caridade et al., 2019).

Previous studies show that online DV have a strong correlation with in-person psychological ( $\phi = 0.52$ ), physical ( $\phi = 0.28$ ), and sexual violence DV ( $\phi = 0.20$ ) (Marganski & Melander). However, being exposed to psychological violence may or may not escalate to even more severe types of violence such as physical or sexual violence. However, physical and sexual violence are often accompanied by psychological partner abuse (Muñoz & Echeburúa, 2016) and possibly indicate greater severity of violence (Hirigoyen, 2005). Also, in a longitudinal study in-person and online DV are directly related (Temple et al., 2016).

### ***Dating Violence among Spanish Adolescents Girls and Young Women***

In Spain, DV is considered a public health problem (Vicario-Molina & Fernández-Fuertes, 2019). The average age at which young girls enter into their first romantic relationship is 13 years 7 months (Díaz-Aguado et al., 2013), and the first DV experiences start shortly after (Díaz-Aguado & Carvajal-Gómez, 2011). A representative Macro-Survey on Violence Against Women, carried out in 2019, revealed that 33.3% of Spanish adolescent girls (aged between 16 and 17) who have or have had a male partner have experienced psychological violence at their hands (e.g., their partner insulted them or isolated them from their friends). The survey also found that psychological violence was more prevalent among older young women (18-24 years) than among younger ones (16-17 years), with the rates being 44% and 41%, respectively. Some studies conducted with adolescent girls and female college students



have reported high rates of both psychological violence (between 41.5% and 90%) (Muñoz-Rivas et al., 2015; Rodríguez-Franco et al., 2012; Vázquez et al., 2010) and physical DV (e.g., being pinched or slapped), with the rate for this latter type ranging between 14.2% (Macro-Survey on Violence Against Women, 2019) and 31.6% (Arenas-Carbellido et al., 2020). Sexual DV is also fairly prevalent, with a rate of 42.7% being reported among women aged between 18 and 20 years (e.g., Have you had sexual contact when you did not want it because of continuous arguments and pressure from another person?) (Ramos et al., 2006). The online environment (social media) facilitates romantic relationships but also provides an opportunity for conflict and abuse (Stonard, 2020). In Spain, 99% of young people (16 to 24 years) are frequent Internet users (National Institute of Statistics, 2020). In this context, one study found that, when asked whether the following statement was true for them: "my partner used my passwords, which I had given them in confidence, to control me", around 10% of adolescent girls and young women (12 to 24 years) responded affirmatively (Díaz-Aguado et al., 2013). Studies using a cyberdating scale have found that online DV rates range from 64%, mean age =  $13.92 \pm 1.44$  years (Machimbarrena et al., 2018) to 80.4%, 18-30 years (Borrajo & Gámez-Guadix, 2016). Over half of all online DV studies were conducted in the USA (Caridade & Braga, 2020). In Spain, the few studies that focus on this phenomenon include samples spanning a broad age range, from adolescence to emerging adulthood (18 to 30) (Borrajo et al., 2015; Borrajo & Gámez-Guadix, 2016).

### ***Power in Relationship and Dating Violence in Adolescents' Girls and Young Women***

The present study is based on the theoretical framework proposed by Pulerwitz et al. (2000), which draws on structural theory (Gender and Power) and psychosocial theory (Social Exchange). These theories have been shown to be appropriate for understanding how structural inequalities and an unequal power balance (in favor of men) are manifested in individual relationships (Connell 2013; Emerson, 1987). Power in a romantic relationship refers to interpersonal dominance and the ability to act independently despite one's partner's wishes. Power may be expressed in decision-making authority and the ability to adjust behaviors against one's partner's wishes or to control one's own actions (Pulerwitz et al., 2000; Campbell et

al., 2012). Women's experience of power in a relationship may vary in accordance with age. Indeed, research has found that age increases power imbalance in romantic relationships (Pulerwitz et al., 2000), probably because older young women are more engaged in their romantic relationships and usually have to cope with their partner's aggression on their own, whereas young adolescents are often less engaged and still enjoy a greater degree of parental support (Pulerwitz et al., 2018).

Gender power imbalances in romantic relationships lead to intimate partner violence and adverse health outcomes for women (for example, low relationship satisfaction, no condom use by male partners, and risk of HIV) (Pulerwitz et al., 2000; Pulerwitz et al., 2018; Royce et al., 2012). Some studies conducted with adolescent college students in the USA (Age:  $M = 19 \pm 2.09$  and  $19.64 \pm 2.63$ ) have found that those who reported lower levels of relationship power had higher rates of in-person intimate partner violence (psychological, physical, and sexual) (Buelna et al., 2009; Filson et al., 2010). Likewise, low sexual relationship power has been related to more severe DV, such as forced sex and physical violence among Latin American women in the USA (Age:  $M = 27$ , range: 18-45) (Pulerwitz et al., 2000) and African women aged between 15 and 27 years (Pulerwitz et al., 2018). The results reported by studies that only include women in dating relationships point in the same direction: power imbalance is related to verbal and emotional DV (Age:  $M = 17$ ; range 15-19) (Teitelman et al., 2008) and psychological/physical/sexual DV in girls (Age:  $M = 16.1 \pm 1.3$ ) (Volpe et al., 2012), as well as to physical DV in young women (Age:  $M = 21.94 \pm 1.87$ ) (Viejo et al., 2018).

In developed and Western societies, fairness in romantic relationships is viewed as an important relationship feature (Bentley et al., 2007). However, Mosquera (2011) found that young people in Spain (around age 20) still express traditional attitudes to relationships that reflect inequality. For example, young people rate sexual restraint, modesty, and obedience as more desirable for women than for men, whereas strength, toughness, and authority are more desirable for men than for women. Another two studies carried out in Spain that examined the power component itself found that having lower power in the relationship and being older predicted a higher risk of sexual violence among Spanish women (Bermúdez et al., 2010). However, Vázquez et al. (2011) found no association between relationship power and sexual experiences among the same population (i.e., Spanish women).

There is a lack of research, both in Spain and globally, about how adolescent girls and young women from different age groups experience DV and how this type of violence may relate to relationship power (Cucci et al., 2020; Volpe et al., 2012). Consequently, in the present study, our aim is, firstly, to determine whether the associations found in other countries between power in relationships and in-person DV apply to young women in Spain, and secondly, to analyze these associations in reference to online DV, an issue which very few studies have explored to date.

### *The Preset Study*

The World Health Organization (WHO) has prioritized research and interventions on power imbalance, which places women at risk for violence (World Health Organization, 2009). Nevertheless, methodological problems linked to measuring relationship power have hampered the study of its impact on women's health (Blanc, 2001). Some studies evaluate the outcomes of power differentials using proxy variables, without examining the power component itself. In this study, based on the theoretical proposal made by Pulerwitz et al. (2000), power is measured using the Sexual Relationship Scale-Modified (SRPS-M) (Pulerwitz et al., 2000). In Spain, the two studies carried out to date with this instrument (Bermúdez et al., 2010; Vázquez et al., 2011) did not validate the scale structure in this context. Therefore, the first aim of the present study is to fill this methodological gap by analyzing the original structure of the Sexual Relationship Power Scale (SRPS-M) in a sample of Spanish adolescent girls and young women. To this end, the following hypothesis was formulated:

Hypothesis 1, SRPS-M scale is composed of two factors that measure the relationship control and domain in decision making constructs in all age.

The studies that analyze the relationship between power and DV (specifically on-line DV) in a Spanish context are scarce. Furthermore, previous literature has analyzed adolescent/young people as a whole, not examining the possible differences between these two groups. Therefore, the second objective is to study in-person and on line DV and power in relationship levels across age groups (13-16, 17-19, and 20-26 years), controlling for sociodemographic variables. The hypothesis raised are:

Hypothesis 2, we expect DV (in-person and online) and power imbalances to increase with age because over time the engagement to the partner and the lack of parental and social support in relationships increase.

Hypothesis 3, women with a higher power in their relationship reported less DV than women with low/medium power.

## **Materials and Methods**

### ***Sample***

Participants were  $N = 1224$  women aged between 13 and 26 years ( $M = 18.75$  years,  $SD = 2.81$ ). The selection criteria were: having had a heterosexual relationship lasting at least one month, not living with their partner, and not having children with them. The sample was recruited during the 2018-2019 academic year. The total population of adolescent girls and young women between the ages of 13 and 26 in Spain (3,033,566, according to data published by the National Institute of Statistics) was taken into account to calculate the required sample size. With a maximum margin of error of 3% for a 95% confidence level, the  $N$  required was 1067 participants (Hernández & Baptista, 2010).

### ***Procedure***

Data were obtained by convenience sampling. The research team contacted universities and high schools to request their participation in the study. Ultimately, 12 Spanish universities and ten high schools agreed to participate. A team of psychologists and social educators administered the paper-based questionnaire during class time, with teachers' help. The questionnaire took approximately 40 to 45 minutes to complete, and was also offered online through Qualtrics (<https://www.qualtrics.com>), using the snowball sampling method. The study was approved by the ethics committee at the University of Burgos (IR 20/2019) and was also registered ([osf.io/bevsu](https://osf.io/bevsu)). The variables measured were power in sexual relationships, dating violence (both in-person and online), and sociodemographic characteristics. The instruments used are described below:

### ***Measures/Instruments***

*Sexual Relationship Power Scale* (SRPS-Modified version) (Pulerwitz et al., 2000) This scale measures relationship power in intimate and sexual relationships. The original scale was created in two languages (English and Spanish), although only the Spanish version was used in this study. The scale comprises 19 items with two dimensions: Relationship Control (RC) (12 items; e.g., Most of the time, we do what my partner wants to do) and Decision-Making Dominance (DM) (7 items; e.g., Who usually has more say about whether you have sex?). RC answer choices are given on a 4-point Likert-type scale (1 = *totally agree*, 2 = *agree*, 3 = *disagree*, 4 = *totally disagree*). DM items have three answer choices (1 = *your partner*, 2 = *both*, 3 = *you*). The SRPS-M does not include items about condom use so as not to overlap with outcomes related to this issue. Scores are calculated for each dimension and for the overall scale. Higher SRPS-M scores indicate greater relationship power. The original version reported the following alpha values:  $\alpha = .82$  for the SRPS-M;  $\alpha = .81$  for the RC dimension and  $\alpha = .62$  for the DM dimension.

*Dating Violence Questionnaire* (Cuvino-R) (Rodríguez-Díaz et al., 2017). This scale measures experiences of (in-person) violence in dating relationships. It contains two subscales (victimization and perpetration). We used only the DV victimization scale, which comprises 20 items rated on a 5-point Likert-type scale ranging from 0 = *never* to 4 = *almost always*. Items are grouped into five factors (detachment, humiliation, coercion, physical DV, and sexual DV). However, we analyzed psychological violence separately from more severe DV (physical and sexual) as dependent variables. We therefore grouped the five dimensions into two, in accordance with the severity of the violence suffered: (1) Psychological violence (12 items), calculated as the sum of detachment (4 items) (e.g., Stops talking to you or disappears for several days, without giving any explanation, to show his annoyance) ( $\alpha = .78$ ); humiliation (4 items) (e.g., Criticizes you, underestimates you, or humiliates you) ( $\alpha = .82$ ) and coercion (4 items) (e.g., Talks to you about relationships he imagines you have) ( $\alpha = .82$ ); and (2) Physical/sexual violence (8 items), calculated as the sum of physical (4 items) (e.g., Has slapped your face, pushed or shaken you; Has hurt you with some object) ( $\alpha = .95$ ) and sexual violence (4 items) (e.g., You feel forced to perform certain sexual acts; Insists on touching you in a way which you don't like and don't want) ( $\alpha = .97$ ). The overall score is calculated by summing the average scores and dividing the total

by the number of scores. Higher scores indicate more DV experiences. To create prevalence scores for in-person DV, we used the zero-tolerance criterion (a positive response to any question on the scale is considered violence). The in-person DV measure was recoded to 0 = *no violence experienced* or 1 = *one or more instances of violence*.

*Cyberdating Abuse Questionnaire* (CDAQ) (Borrajo et al., 2015). This questionnaire comprises 20 items that measure online partner violence (victimization and perpetration). In this study, we used only the victimization scale, which includes two dimensions: (1) control and monitoring (e.g., Checking social network messages, WhatsApp or email without permission) ( $\alpha = .94$ ) and (2) direct aggression (e.g., Sending and/or uploading photos, images and/or videos with intimate or sexual content without permission) ( $\alpha = .83$ ). Answer choices are presented on a 5-point Likert-type scale (0 = *never* to 4 = *always*). We kept both dimensions proposed by the original authors, who considered direct online aggression to be more serious than online control and monitoring. The overall scale score is obtained by summing the mean of both dimensions, with higher scores indicating a greater frequency of online violence. To calculate prevalence scores, we used the zero-tolerance criterion (explained above). The online DV measure was therefore recoded to 0 = *no violence experienced* or 1 = *one or more instances of violence*

*Sociodemographic Questionnaire*: including age, living circumstances, education level, and nationality. Age was categorized into three groups (13-16, 17-19, and 20-26) because, as explained above, that experiences of power and violence may vary across age groups and social-educational contexts (Pulerwitz et al., 2018). In Spain, girls aged between 13 and 16 probably engage with their partners at school, in the presence of peers and under the supervision of their teachers and parents. Those aged 17 to 19, however, are often starting at university and probably have more opportunities to decide to spend time with their partner alone. Young women aged between 20 and 26 are usually enrolled at university and some move out of the family home and start living with flatmates. These young women have the opportunity to spend even more time with their partner, and their level of engagement and exposure to conflict may increase, at the same time as parental and social support decreases. We split the variable living circumstances into four categories: living with family, living with family and flatmates (i.e., living with flatmates during the week and with family at weekends), living with flatmates, and living alone.

### ***Data Analysis***

To fulfill the first aim, we used the Mplus 8 software package to perform a confirmatory factor analysis (CFA) with Maximum Likelihood estimation for both the entire sample and each age group separately. Four goodness-of-fit indices were used: the Standardized Root Mean Square Residual (SRMR), in which values  $< .08$  are considered an optimal fit; the Root Mean Square Error of Approximation (RMSEA), in which values close to  $.06$  are considered indicative of good fit; the Comparative Fit Index (CFI), in which values of  $.95$  or higher are deemed acceptable (Carretero-Dios & Pérez, 2007) and the Tucker-Lewis index (TLI), in which good fit is indicated by values  $> .90$  (Hooper et al., 2008). The Cronbach's alpha coefficient was used to assess the internal consistency of the scales, using SPSS v.25.0 (IBM Corp 2007, Armonk, USA).

To fulfill the second aim, means ( $M$ ), standard deviations ( $SD$ ), and percentages were used to describe the sociodemographic information and rates of in-person and online DV. We applied Student's  $t$  for related samples to calculate differences between the two types of DV. The Cohen's  $d$  effect size was also calculated, with values  $< .20$ ,  $.50$  and  $.80$  being considered small, medium and large, respectively (Cohen et al., 2003). We performed chi-square tests for categorical variables to determine any differences in relationship power (SRPS-M) between age groups and between women who had experienced DV and those who had not. To analyze the association between in-person and online DV and age, Pearson correlations were carried out. We calculated the Phi ( $r_{\phi}$ ) coefficient as a measure of association for two binary variables.  $r_{\phi}$  values of around  $.10$  are considered small,  $.30$  medium, and  $.50$  or more large (Cohen et al., 1988). Bivariate analyses and multiple logistic regressions were performed to explore associations between relationship power and DV outcomes, controlling for sociodemographic variables. Differences between age groups in terms of relationship power levels were established using the Kruskal-Wallis H test. Statistical analyses were performed using SPSS v.25.0, and the significance level was  $p \leq .05$ .

To assess the distribution of relationship power, we first divided the sample into three equal parts, corresponding to low (1-2.98), medium (2.9801-3.39), and high (3.40-4) power levels (Pulerwitz et al., 2000). Next, in order to differentiate between women with low and medium and those with high power levels, we recoded this

variable into two options: low/medium levels (1-3.39) versus high level (3.40-4). In the regression models, power (low/medium vs. high), age (13-16; 17-19, 20-26 years), nationality (Spanish vs. other), education level at the time of the study (secondary education vs. university), and living circumstances were included as categorical variables. A total of 18 regression models were tested, six for each age group, using DV as a dependent variable: physical/sexual DV, psychological DV, total in-person DV (sum of 1 and 2), control/monitoring, direct aggression, and total online DV (sum of 4 and 5). In all cases, DV was entered as a dichotomous variable (0 = *no experiences of violence* or 1 = *experiences of violence*).

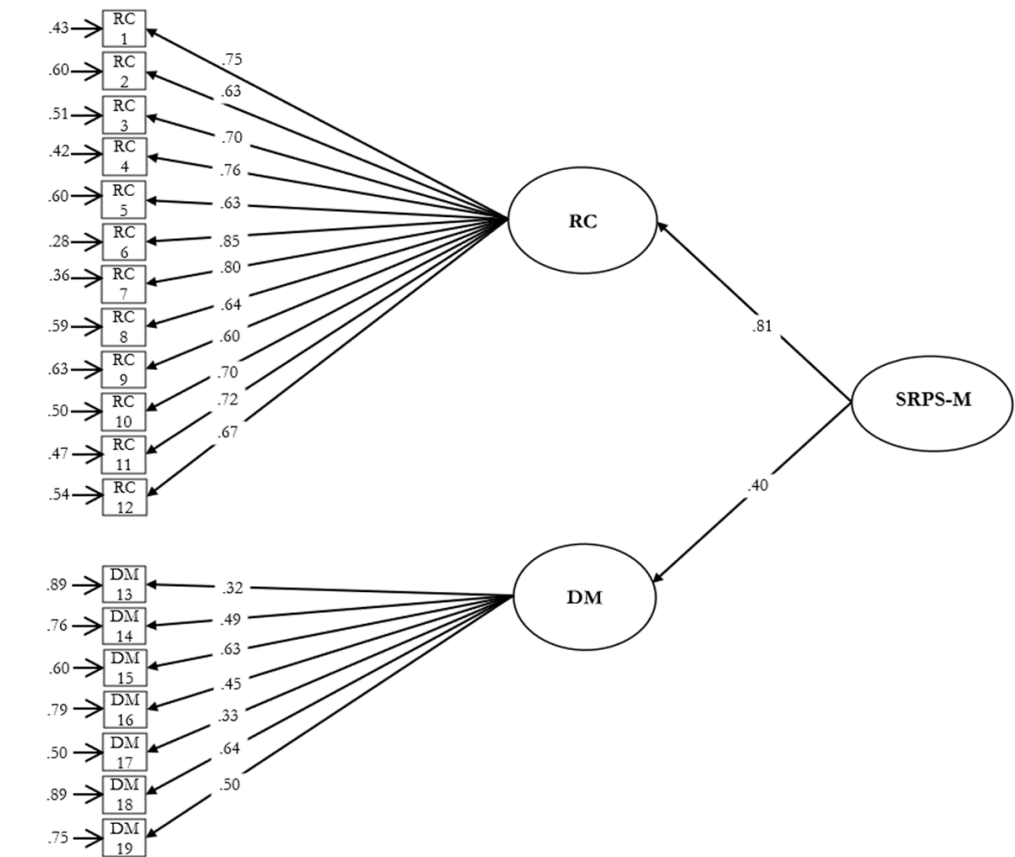
## Results

### *Confirmatory Factor Analysis of the SRPS-M*

The CFA technique is designed to test whether the data fit a hypothesized measurement model. First, the CFA with Maximum Likelihood (ML) estimation replicated the two-factor structure of the SRPS-M with appropriate fit index values for the entire sample,  $\chi^2_{(147)} = 446.290, p \leq .0001$ , CFI = 0.95, TLI = 0.94, RMSEA = 0.04, CI 95% [0.036, 0.045], SRMR = 0.037: Relationship Control (RC) and Decision-Making Dominance (DM). The internal consistency reliability of the two factors was  $\alpha = .92$  for RC,  $\alpha = .92$  for DM and  $\alpha = .91$  for the overall SRPS-M scale (Figure 3).

Second, a CFA was performed for each age group with ML estimation, replicating the two-factor structure of the SRPS-M with appropriate fit index values: age 13 to 16,  $\chi^2_{(140)} = 281.302, p \leq .0001$ , CFI = 0.94, TLI = 0.93, RMSEA = 0.05, CI 95% [0.048, 0.067], SRMR = 0.04; age 17 to 19,  $\chi^2_{(140)} = 355.228, p \leq .0001$ , CFI = 0.94, TLI = 0.93, RMSEA = 0.05, CI 95% [0.052, 0.067], SRMR = 0.04; and age 20 to 26,  $\chi^2_{(140)} = 324.430, p \leq .0001$ , CFI = 0.95, TLI = 0.94, RMSEA = 0.05, CI 95% [0.045, 0.060], SRMR = 0.04.



**Figure 3.** *Confirmatory Factor Analysis of the Sexual Relationship Power Scale-M*

### ***Sample description and bivariate results of Dating Violence by age***

The total sample comprised  $N = 1224$  adolescent girls and young women; 25.2% of the sample were aged between 13 and 16 years, 35.7% were aged 17-19, and 39.1% were aged 20-26. Table 5 shows the sociodemographic characteristics according to these three age groups. Respondents were recruited from teaching intuitions and were all currently either in high school or at university. As expected, higher education levels were found among older age groups. Over three quarters (79.7%) of the total sample lived with their families, with this percentage being highest among girls aged 13-16. A higher percentage of adolescents and young women from the older age groups lived outside the family home. Over 90% of respondents identified as Spanish.

**Table 5.** *Sociodemographic Variables by Age Group*

	<b>13 – 16</b> ( <i>n</i> = 308)	<b>17-19</b> ( <i>n</i> = 437)	<b>20-26</b> ( <i>n</i> = 479)	<b>Total</b> ( <i>n</i> = 1224)	<i>P</i>
<b>Nationality</b>					
Spanish	295 (95.8%) <sup>b</sup>	388 (88.8%) <sup>a</sup>	444 (92.7%)	1127 (92.1%)	.002
Others	13 (4.2%) <sup>a</sup>	49 (11.2%) <sup>b</sup>	35 (7.3%)	97 (7.9%)	
<b>Education Level</b>					
University	0 (0%)	137 (31.4%) <sup>a</sup>	331 (69.1%) <sup>b</sup>	468 (38.2%)	.0001
Secondary	308 (100%) <sup>b</sup>	300 (68.6%) <sup>b</sup>	148 (30.9%) <sup>a</sup>	756 (61.85%)	
<b>Living circumstances</b>					
With family	303 (98.4%) <sup>b</sup>	361 (82.6%)	311(64.9%) <sup>a</sup>	975 (79.7%)	.0001
With family and flatmates	4 (1.3%) <sup>a</sup>	12 (2.7%) <sup>a</sup>	41 (8.6%) <sup>b</sup>	57 (4.7%)	
With flatmates	1 (0.3%) <sup>a</sup>	60 (13.7%)	111 (23.2%) <sup>b</sup>	172 (14.1%)	
Alone	0 (0%) <sup>a</sup>	4 (0.9%)	16 (3.3%) <sup>b</sup>	20 (1.6%)	

*Note.* <sup>a</sup>Less than expected; <sup>b</sup>More than expected.

### ***Levels of Dating Violence by Age***

Regarding the prevalence of DV, our results indicate that more than half of the adolescent girls and young women in our study had experienced both in-person and online DV. Whereas 69.4% of participants reported experiencing at least one episode of online DV, around 76% reported in-person violence. The prevalence of severe forms of DV was around 34%. The 20-26 age group reported a prevalence rate of 41.8% for physical/sexual DV, and 33.6% for direct online aggression. DV prevalence rates increased with age, except for direct online aggression (for which no significant differences were found across the age groups). Total in-person and online DV rates were higher among older young women (20-26 years old), whereas adolescent girls (13-16 years old) reported the lowest DV prevalence rate. Older adolescent girls (17-19 years old) reported DV prevalence rates of between 32% (physical and sexual DV) and 76% (psychological DV).

The figures for online DV were 70% for control and monitoring and 36% for direct aggression (see Table 6). Pearson correlations revealed that in-person and online DV correlated positively with each other ( $r = .702, p = .0001$ ) and with age (in-person  $r = .105, p = .0001$ ; online  $r = .118, p = .0001$ ). Moreover, the results confirmed that the prevalence of in-person DV ( $M = 1.78, SD = 2.41$ ) was higher than that of online DV ( $M = .65, SD = 1.11$ ) ( $t_{(1221)} = 21.714, p = .0001$ ), with a large effect size  $d = 1.24$  95% CI 1.18, 1.36.

**Table 6.** *Dating Violence Outcomes (DV) by Age Group*

	13 – 16 ( <i>n</i> = 308)	17-19 ( <i>n</i> = 437)	20-26 ( <i>n</i> = 479)	Total ( <i>n</i> = 1224)	<i>P</i>
Overall In-person DV					
No	94 (30.5%)	100 (29%)	96 (20%)	290 (23.7%)	.003
Yes	214 (69.5%) <sup>a</sup>	337 (77.1%)	383 (80%) <sup>b</sup>	934 (76.3%)	
Psychological					
No	101 (32.8%)	104 (23.8%)	107 (22.3%)	312(25.5%)	.003
Yes	207 (67.2%) <sup>a</sup>	333 (76.2%)	372 (77.7%) <sup>b</sup>	912 (74.5%)	
Physical or Sexual					
No	225 (73.1%)	298 (68.2%)	279 (58.2%)	802(65.5%)	.0001
Yes	83 (26.9%) <sup>a</sup>	139 (31.8%)	200 (41.8%) <sup>b</sup>	422(34.5%)	
Overall Online DV					
No	129 (41.9%)	125 (28.6%)	120 (25.1%)	374(30.6%)	.0001
Yes	179 (58.1%) <sup>a</sup>	312 (71.4%)	359 (74.9) <sup>b</sup>	850(69.4%)	
Control/Monitoring					
No	145 (47.1%)	135 (30.9%)	125 (26.1%)	405(33.1%)	.0001
Yes	163 (52.9%) <sup>a</sup>	302 (69.1%)	354 (73.9%) <sup>b</sup>	819(66.9%)	
Direct Aggression					
No	210 (68.2%)	278 (63.6%)	318 (66.4%)	806(65.8%)	.411
Yes	98 (31.8%)	159 (36.4%)	161 (33.6%)	418(34.2%)	

*Note.* <sup>a</sup>Less than expected; <sup>b</sup>More than expected; In-person DV= psychological and physical/sexual; Online DV= control/monitoring and direct aggression.

***Levels of Relationship Power***

The average relationship power levels were high (3.04 out of 4). The results also revealed significant differences between the age groups in relationship power means. Adolescent girls (13-16 years) reported greater relationship power, with these levels being lower among older participants (3.21, 3.03, and 2.95 respectively). When examining responses to individual SRPS-M items, we found significant differences between age groups in level of agreement with 9 out of the 12 items in the RC dimension. The 20-26 age group had the highest level of agreement with these items, indicating that older young women felt they had less relationship power than their younger counterparts. Concerning DM in general, relationship decisions were mostly made together (75.8% to 91.7%), and only a small percentage of women claimed that their partners made all the decisions (between 8.3% "Who decides which friends to go out with?" and 24.2% "In general, who do you think has more power in your relationship?"). Around 10% of young women indicated that their partner decided when to have sex, and 11.9% reported that their partner decided what kind of sex acts they did together. The 13-16 age group reported higher "self or both" DM. In general, the oldest age group (20-26) had the highest percentages in the "my partner makes the decisions" response option (see Table 7).

**Table 7.** Mean on the SRPS-M Scale, Percentage of Women who Agree/Strongly Agree vs. Disagree/Strongly Disagree with RC Items and who Responded Your Partner/You/Both in Relation to DM Items, by Age Group

		13-16 (n = 308)	17-19 (n = 437)	20-26 (n = 479)	Total (N = 1224)	P
<b>SRPS-M Mean (SD)</b>		3.21 (.49)	3.03 (.58)	2.95 (.57)	3.04 (.57)	.0001
<b>Control (RC)</b>						
1. Most of the time, we do what my partner wants to do.	Agree/SA	48 (15.6%)	102 (23.3%)	138 (28.8%)	288 (23.5%)	.0001
	Disagree/SD	260 (84.4%)	335 (76.7%)	341 (71.2%)	936 (76.5%)	
2. When my partner and I are together, I'm pretty quiet.	Agree/SA	30 (9.7%)	57 (13%)	51 (10.6%)	138 (11.3%)	.320
	Disagree/SD	278 (90.3%)	380 (87%)	428 (89.4%)	1086 (88.7%)	
3. My partner does what he wants, even if I do not want him to.	Agree/SA	54 (17.5%)	123 (28.1%)	146 (30.5%)	323 (26.4%)	.0001
	Disagree/SD	254 (82.5%)	314 (71.9%)	333 (69.5%)	901 (73.6%)	
4. I feel/felt trapped or stuck in our relationship.	Agree/SA	36 (11.7%)	83 (19%)	128 (26.7%)	247 (20.2%)	.0001
	Disagree/SD	272 (88.3%)	354 (81%)	351 (73.3%)	977 (79.8%)	

5. My partner won't let me wear certain things	Agree/SA	23 (7.5%)	55 (12.6%)	66 (13.8%)	144 (11.8%)	.022
	Disagree/SD	285 (92.5%)	382 (87.4%)	413 (86.2%)	1080 (88.2%)	
6. My partner has more say than I do about important decisions that affect us	Agree/SA	33(10.7%)	71 (16.2%)	98 (20.5%)	202 (16.5%)	.002
	Disagree/SD	275 (89.3%)	366 (83.8%)	381 (79.5%)	1022(83.5%)	
7. When my partner and I disagree, he gets his way most of the time	Agree/SA	52 (16.9%)	121 (27.7%)	147 (30.7%)	320 (26.1%)	.0001
	Disagree/SD	256 (83.1%)	316 (72.3%)	332 (69.3%)	904 (73.9%)	
8. I am more committed to our relationship than my partner is.	Agree/SA	76 (24.7%)	169 (38.7%)	201 (42%)	446 (36.4%)	.0001
	Disagree/SD	232 (75.3%)	268 (61.3%)	278 (58%)	778 (63.6%)	
9. My partner might be having sex with someone else	Agree/SA	44 (14.3%)	77 (17.6%)	78 (16.3%)	199 (16.3%)	.478
	Disagree/SD	264 (85.7%)	360 (82.4%)	401 (83.7%)	1025 (83.7%)	
10. My partner tells me who I can spend time with.	Agree/SA	22 (7.1%)	49 (11.2%)	60 (12.5%)	131 (10.7%)	.053
	Disagree/SD	286 (92.9%)	390 (88.8%)	419 (87.5%)	1093 (89.3%)	
11. My partner gets more out of our relationship than I do	Agree/SA	40 (13%)	90 (20.6%)	145 (30.3%)	275 (22.5%)	.0001
	Disagree/SD	268 (87%)	347 (79.4%)	334 (69.7%)	949 (77.5%)	
12. My partner always wants to know where I am	Agree/SA	40 (13%)	100 (22.9%)	149 (31.1%)	289 (23.6%)	.0001
	Disagree/SD	268 (87%)	337 (77.1%)	330 (68.9%)	935 (76.4%)	
<b>Decision Making Dominance (DM)</b>		<b>13-16</b>	<b>17-19</b>	<b>20-26</b>	<b>Total</b>	<b>p</b>
13. Who decides which friends to go out with?	Your partner	17 (5.5%)	32 (7.3%)	53 (11%)	102 (8.3%)	.015
	You or Both	291 (94.5%)	405 (92.7%)	427 (89%)	1123 (91.7%)	
14. Who decides if we have sex together?	Your partner	17 (5.5%)	41 (9.4%)	66 (13.8%)	124 (10.1%)	.001
	You or Both	291 (94.5%)	396 (90.6%)	414 (86.3%)	1101 (89.9%)	
15. Who decides what you do together?	Your partner	17 (5.5%)	50 (11.4%)	60 (12.5%)	127 (10.4%)	.005
	You or Both	291 (94.5%)	387 (88.6%)	420 (87.5%)	1098 (89.6%)	
16. Who decides how often you see each other?	Your partner	33 (10.7%)	76 (17.4%)	101 (21%)	210 (17.1%)	.001
	You or Both	275 (89.3%)	361 (82.6%)	379 (79%)	1015 (82.9%)	
17. Who decides when to talk about serious things?	Your partner	23 (7.5%)	65 (14.9%)	61 (12.7%)	149 (12.2%)	.009
	You or Both	285 (92.5%)	372 (85.1%)	419 (87.3%)	1076 (87.8%)	
18. In general, who do you think has more power in your relationship?	Your partner	45 (14.6%)	102 (23.3%)	150 (31.3%)	297 (24.2%)	.0001
	You or Both	263 (85.4%)	355 (76.7%)	330 (68.8%)	928 (75.8%)	
19. Who decides what kind of sexual acts you do together?	Your partner	28 (9.1%)	56 (12.8%)	62 (12.9%)	146 (11.9%)	.209
	You or Both	280 (90.9%)	381 (87.2%)	418(87.1%)	1079 (88.1%)	

Note. \*H Kruskal Wallis 55.327 (2); SA = Strongly Agree; SD = Strongly Disagree.

### ***Associations among Sociodemographic Factors, Dating Violence, and Relationship Power***

Chi-square tests were performed to analyze the associations between DV, relationship power, and sociodemographic variables. Low/medium power was more common in women who had experienced overall in-person DV ( $r_{\varphi} = .44$ ), psychological in-person DV ( $r_{\varphi} = .44$ ), physical/sexual in-person DV ( $r_{\varphi} = .36$ ), overall online DV ( $r_{\varphi} = .40$ ), control/monitoring online DV ( $r_{\varphi} = .40$ ), and direct online aggression ( $r_{\varphi} = .39$ ) than in those who had not. Women who lived with their families reported less control/monitoring than those who lived in other circumstances ( $r_{\varphi} = .09$ ) and reported higher power levels than those who lived with flatmates or alone ( $r_{\varphi} = .11$ ). Adolescent girls in secondary education reported less physical/sexual DV than university students ( $r_{\varphi} = .07$ ). Furthermore, Spanish women were found to have higher power in relationships ( $r_{\varphi} = .06$ ) and to experience less direct aggression ( $r_{\varphi} = .07$ ) than non-Spanish women or migrants (Table 8). The effect size ( $r_{\varphi}$ ) of the correlations between relationship power and all types of DV was medium, whereas that of the correlation between sociodemographic variables, DV and relationship power was small.

### ***Power and Dating Violence***

Binary logistic regression models were tested to determine whether relationship power and sociodemographic variables (living circumstances, education level and nationality) predicted different types of DV in each age group (13-16, 17-19, 20-26). The types of DV analyzed as dependent variables were (1) psychological, (2) physical/sexual, (3) overall in-person DV, (4) control/monitoring, (5) direct aggression, and (6) overall online DV. Table 9 presents a total of eighteen models. The results of the analyses reveal that high power in relationships predicted DV in all three age groups and all models, even when sociodemographic variables were controlled for.

**Table 8.** DV, Relationship Power and Sociodemographic Variables

	Education Level		X <sup>2</sup>	Living circumstances				X <sup>2</sup>	Nationality		X <sup>2</sup>	Relationship power		
	Secondary Education University and TPT			Family	Family & Flatmates	Flatmates	Alone		Spanish	Others		Low/medium	High	X <sup>2</sup>
	n (%)	n (%)		n (%)	n (%)	n (%)	n (%)		n (%)	n (%)		n (%)	n (%)	
In-person DV														
Yes	570 (75.4)	364 (77.8)	.906	734 (75.3)	44 (77.2)	141 (82)	15 (75)	3.668	859 (76.2)	75 (77.3)	.060	686 (91.2) <sup>b</sup>	248 (52.5) <sup>a</sup>	239.990***
No	186 (24.6)	104 (22.2)		241 (24.7)	13 (22.8)	31 (18)	5 (25)		268 (23.8)	22 (22.7)		66 (8.8)	224 (47.5)	
Psychological DV														
Yes	555 (73.4)	357 (76.3)	1.253	718 (73.6)	41 (71.9)	139 (80.8)	14 (70)	4.401	838 (74.4)	74 (76.3)	.176	677 (90) <sup>b</sup>	235 (49.8) <sup>a</sup>	247.215***
No	201 (26.6)	111 (23.7)		257 (26.4)	16 (28.1)	33 (19.2)	6 (30)		289 (25.6)	23 (23.7)		75 (10)	237 (50.2)	
Physical/sexual DV														
Yes	242 (32) <sup>a</sup>	180 (38.5) <sup>b</sup>	5.325*	328 (33.6)	18 (31.6)	68 (39.5)	8 (40)	2.731	389 (34.5)	33 (34)	.010	362 (48.1) <sup>b</sup>	60 (12.7) <sup>a</sup>	161.105***
No	514 (68)	288 (61.5)		647 (66.4)	39 (68.4)	104 (60.5)	12 (60)		738 (65.5)	64 (66)		390 (51.9)	412 (87.3)	
Online DV														
Yes	518 (68.5)	332 (70.9)	.799	662 (67.9)	43 (75.4)	128 (74.4)	17 (85)	6.351	779 (69.1)	71 (73.2)	.699	633 (84.2) <sup>b</sup>	217 (46) <sup>a</sup>	199.434***
No	238 (31.5)	136 (29.1)		313 (32.1)	14 (24.6)	44 (25.6)	3 (15)		348 (30.9)	26 (26.8)		119 (15.8)	255 (54)	
Control/Monitoring														
Yes	492 (65.1)	327 (69.9)	2.999	633 (64.9) <sup>a</sup>	43 (75.4)	126 (73.3)	17 (85)	9.696*	751 (66.6)	68 (70.1)	.485	651 (81.8) <sup>b</sup>	204 (43.2) <sup>a</sup>	194.765***
No	264 (34.9)	141 (30.1)		342 (35.1)	14 (24.6)	46 (26.7)	3 (15)		376 (33.4)	29 (29.9)		137 (18.2)	268 (56.8)	
Direct Aggression														
Yes	268 (35.4)	150 (32.1)	1.485	320 (32.8)	17 (29.8)	71 (41.3)	10 (50)	7.362	374 (33.2) <sup>a</sup>	44 (45.4) <sup>b</sup>	5.887*	362 (48.1) <sup>b</sup>	56 (11.9) <sup>a</sup>	169.675***
No	488 (64.6)	318 (67.9)		655 (67.2)	40 (70.2)	101 (58.7)	10 (50)		753 (66.8)	53 (54.6)		390 (51.9)	416 (88.1)	
Relationship Power														
High	307 (40.6)	165 (35.3)	3.495	400 (41) <sup>b</sup>	19 (33.3)	51 (29.7) <sup>a</sup>	2 (10) <sup>a</sup>	15.807**	445 (39.5) <sup>b</sup>	27 (27.38) <sup>a</sup>	5.117*			
Low/Medium	449 (59.4)	303 (64.7)		575 (59)	38 (66.7)	121 (70.3)	18 (90)		682 (60.5)	70 (72.2)				

Note. <sup>a</sup>Less than expected; <sup>b</sup>More than expected; In-person DV = psychological and physical/sexual; Online DV = control/monitoring and direct aggression. \* $p \leq .05$ ; \*\* $p \leq .010$ ; \*\*\* $p \leq .001$ ; TPT = Technical Professional Training.

**Table 9.** Binary Logistic Regression Models for the Likelihood of Experiencing DV, by Relationship Power and Sociodemographic Characteristics (Living Circumstances, Education Level, Nationality)

		Relationship Power, and Sociodemographic characteristics → DV											
		(1) Psychological		(2) Physical/Sexual		(3) Overall in-person		(4) Control		(5) Direct Agr.		(6) Overall online	
Age		OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI
13-16	High Power (Ref. Low/Med)	0.17***	(0.10, 0.31)	0.20***	(0.12, 0.36)	0.17***	(0.09, 0.31)	0.19***	(0.12, 0.32)	0.13***	(0.07, 0.23)	0.17***	(0.01, 0.29)
	Live Family&Flatmates (Ref. Family) <sup>(a)</sup>	0.38	(0.04, 3.36)	0.81	(0.07, 8.99)	0.33	(0.03, 2.96)	0.22	(0.20, 2.45)	(-)	(-)	0.16	(0.01, 1.91)
	Other (Ref. Spain)	0.80	(0.21, 2.98)	0.94	(0.26, 3.35)	0.70	(0.19, 2.62)	0.76	(0.22, 2.54)	1.45	(0.42, 5.03)	1.28	(0.34, 4.71)
17-19	High Power (Ref. Low/Med)	0.12***	(0.07, 0.20)	0.13***	(0.07, 0.24)	0.11***	(0.07, 0.19)	0.19***	(0.12, 0.30)	0.12***	(0.07, 0.22)	0.16***	(0.10, 0.25)
	Live Family&Flatmates (Ref. Family)	0.42	(0.11, 1.61)	0.76	(0.18, 3.15)	0.39	(0.10, 1.50)	0.44	(0.12, 1.55)	0.36	(0.07, 1.80)	0.37	(0.10, 1.36)
	Live Flatmates (Ref. Family)	1.43	(0.61, 3.35)	1.14	(0.60, 2.19)	1.28	(0.54, 3.01)	1.22	(0.59, 2.51)	2.03*	(1.06, 3.90)	1.18	(0.56, 2.50)
	Live alone (Ref. Family)	0.67	(0.05, 8.38)	0.59	(0.05, 6.29)	0.61	(0.04, 7.83)	1.11	(0.09, 12.43)	1.83	(0.21, 15.49)	0.93	(0.08, 10.84)
	University (Ref. High School)	0.95	(0.54, 1.68)	1.41	(0.84, 2.36)	1.02	(0.58, 1.81)	0.96	(0.57, 1.59)	0.81	(0.48, 1.38)	0.90	(0.53, 1.53)
	Other (Ref. Spain)	0.72	(0.33, 1.57)	1.07	(0.53, 2.14)	0.67	(0.30, 1.48)	0.82	(0.40, 1.66)	1.86	(0.94, 3.67)	0.77	(0.37, 1.60)
20-26	High Power (Ref. Low/Med)	0.06***	(0.03, 0.10)	0.14***	(0.08, 0.23)	0.06***	(0.03, 0.10)	0.16***	(0.10, 0.25)	0.15***	(0.08, 0.27)	0.17***	(0.11, 0.27)
	Live Family&Flatmates (Ref. Family)	0.90	(0.35, 2.32)	0.62	(0.29, 1.28)	1.63	(0.57, 4.66)	3.33*	(1.18, 9.39)	1.25	(0.60, 2.58)	3.08*	(1.09, 8.65)
	Live Flatmates (Ref. Family)	1.11	(0.59, 2.07)	0.81	(0.50, 1.32)	1.19	(0.62, 2.26)	1.05	(0.61, 1.79)	1.34	(0.82, 2.19)	1.03	(0.60, 1.76)
	Live alone (Ref. Family)	0.19**	(0.05, 0.64)	0.70	(0.24, 2.02)	0.23	(0.06, 0.86)	1.66	(0.35, 7.89)	1.60	(0.56, 4.52)	1.61	(0.34, 7.66)
	University (Ref. High School)	1.04	(0.58, 1.85)	0.84	(0.54, 1.29)	0.77	(0.42, 1.42)	0.56*	(0.33, 0.95)	0.75	(0.48, 1.17)	0.53*	(0.31, 0.91)
	Other (Ref. Spain)	1.26	(0.41, 3.80)	0.62	(0.29, 1.35)	1.23	(0.38, 4.00)	0.87	(0.33, 2.26)	1.03	(0.48, 2.20)	0.81	(0.31, 2.09)

Note. OR = odds ratio, 95% CI = 95% confidence interval. \*\*\* $p < .001$ ; \*\* $p < .01$ ; \* $p < .05$  considered significant. <sup>(a)</sup>In the 13-16 age group, it was not possible to analyze all the living circumstances and education level categories, since there were not enough subjects, which is only to be expected in the Spanish context, since people in that age range do not go to university and only live with their families.



In relation to in-person DV, in all three age groups, high relationship power was associated with a lower likelihood of experiencing psychological, physical/sexual, and overall, in-person DV than low/medium relationship power. In terms of online DV, the results revealed that, again in all three age groups, high power in relationships was associated with a lower likelihood of experiencing control/monitoring, direct aggression, and overall online DV than low/medium power in relationships.

Overall, women who had low/medium power in relationships were 8 to 17 times more likely to experience in-person DV, and between 6 and 8 times more likely to experience online DV. In the older age group (20-26 years), those with low/medium power in relationships were 17 times more likely to experience in-person DV, and 6 to 7 times more likely to experience online DV, whereas in the younger age groups (13-16 and 17-19), adolescents in the same power-in-relationships group were 8 to 9 times more likely to experience in-person DV and 5 to 8 times more likely to experience online DV.

Regarding sociodemographic variables, in the oldest age group (20-26 years), young women who lived alone were less likely to experience psychological DV than those who lived with their families. Also, the results revealed that girls aged 17 to 19 years who lived with flatmates were more likely to experience direct aggression than those living with their families. Moreover, in the oldest age group (20-26 years), young women at university were less likely to experience control/monitoring and overall online DV than adolescent girls still at school. However, those who lived with family and flatmates were more likely to experience control/monitoring and overall online DV than those who lived with their families.

## **Discussion**

This study is the first to confirm the Sexual Relationship Power Scale (SRPS-M) structure among adolescent girls and young women living in Spain. The results confirm H1 on the structural replicability, in a Spanish sample, of Pulerwitz et al.'s power relationship scale and its two subscales: relationship control and decision-making dominance (Pulerwitz et al., 2010). The CFA returned adequate indices for both the total sample and the different age groups, which represented early (13-16) and middle adolescence (17-19) and young adulthood (20-26).

The reliability and validity indicators were adequate and slightly higher than the ones obtained in the original version adapted to other Spanish-speaking populations (McMahon et al., 2015; Pulerwitz et al., 2010).

The results also reveal that over three quarters of the young women and adolescents in our study had experienced in-person DV and 69% had experienced online DV. The two types of DV correlated with each other, with a high effect size, thereby corroborating the association reported in previous studies (Marganski & Melander, 2018; Temple et al., 2016). As regards the association with age, and confirming H2, all DV types analyzed were higher among emerging adult women (20 to 26 years) than among adolescent girls (13 to 16), with the exception of direct online aggression, for which no differences were found. These findings are consistent with the age-related increase observed in cases of intimate partner violence among women aged between 14 and 29 years in Spain (4-17: 0.8 per every 1000 women, 18-19: 2.4, 20-24: 3.2 and 24-29: 3.6) (National Institute of Statistics, 2020). This may be because longer and more serious relationships consistently report higher DV levels (National Institute of Statistics, 2020). Also, the educational context may offer some protection during early adolescence. Adolescent girls spend most of their time at school, and their partner may attend the same classes, giving teachers the chance to intervene in situations of DV (Øverlien et al., 2020).

Although DV increases with age, our data show that more than 60% of adolescent girls aged between 13 and 16 have already experienced in-person DV, and around 66% have experienced online DV. These percentages are by no means negligible. This is worrisome, since adolescent DV experiences may have lasting negative effects (Hébert et al., 2017; Smith et al., 2003). If DV coincides with their first sexual experience, young women are likely to stay silent and be hesitant to tell adults who could help (Øverlien et al., 2020). Furthermore, when DV increases, so too does women's degree of acceptance of their partner's abuse, since continued submission to aggression results in its normalization (Grest et al., 2020). Consequently, adolescent girls' experiences of DV at school may initiate a cycle of risk (revictimization and covictimization) that continues into their college (Smith et al., 2003) and adult romantic relationships (Joppa, 2020). Moreover, the magnitude of the negative impact of DV on women's physical and mental health is greater among girls and younger women than among women over 30 (Sanz-Barbero et al., 2019).

In terms of power in relationships, it is important to remark that, at a descriptive level, women reported a high power balance (3.04 out of 4), claiming that they and their partner made relationship decisions together (76% to 92%) and disagreeing that their partner maintained control over their behavior (64% to 89.3%). This contradicts the findings reported by Mosquera (2011). It may be that, in general, the attribution of stereotyped beliefs and characteristics to men and women by young Spaniards has changed over the last decade. According to power and gender theory, the power balance in a romantic relationship is associated with the structural factors of women's equality and power in society. Our data coincides with women's formal and structural equality level in Spain, which is ranked fifth in the list of best countries in which to be born a woman (out of a total of 153 states), with a score of 8.6/10 (WPS Index 2019/20).

However, between 10% and 24% of young women report a low individual power level in relationships in terms of sexual decision-making. This is consistent with the findings reported by Mosquera (2011). Nearly one fourth of adolescent girls and young women perceive that their partner has more power in the relationship than they do. Also, in 7 of the 12 items in the control dimension, between 20% and 36% of adolescent girls and young women perceive that their partner is in control of the relationship. Similar results have been found in a study with Spanish adolescents, in which half of the participants strongly supported traditional views about couples, such as the girl being submissive to her partner's desires (Rodríguez & Megías Quirós, 2015). This finding seems to suggest that there are still gender power imbalances in young Spanish people's relationships. Despite advances in gender equality policies in Spain, it is far from on track to achieve gender equality and empower all adolescent girls and young women by 2030 (General Council of Spanish Lawyers, 2020). Indeed, in 2019, 57.6% of boys and girls thought gender inequalities in Spain were still very great or great (Ballesteros et al., 2019). This may suggest a gap between equality in the formal sphere and the slower changes in gender roles that occur in everyday life (Maquibar et al., 2017).

Continuing with H2, younger adolescent girls (13-16) had a higher power balance in their romantic relationships than their older counterparts (17-19 and 20-26). Romantic relationships evolve during early adolescence from group dating (12-14) to casual dating to exclusive and constant involvement with a partner (Rodríguez & Megías Quirós, 2015). The gradual increase in commitment and exclusivity in relationships provides boys with more opportunities to exercise control and make decisions. Some adolescent girls and young women are likely to gradually lose power because they have to negotiate with partners in a cultural context that is unequal. Moreover, as they grow older, girls also have more opportunities to better identify how boys use different forms of power, and become increasingly aware of the power imbalance in their relationships. Devies (2019) argues that young women's ideas and perceptions about power in relationships do not always transfer to their "lived experiences" in their romantic relations, even among girls who advocate equality. Women lack the tools required to negotiate their level of power in intimate relationships, in which there is a presumption of equality. Women must reconcile their egalitarian goals with the reality of men's continued control over most courtships and relationships (Dalessandro & Wilkins, 2017).

Our data supports H3 and confirm that women who experienced in-person and online DV had less power in the relationship than those who did not. Also, the relationship between power imbalance and DV in women is very robust. We found medium size effects ( $r_{\eta}^2 = .36$  to  $.44$ ), consistent with some studies that show a similar range of association ( $r = .40$  to  $.48$ ) (Filson et al., 2010; Teitelman et al., 2008; Vicario-Molina & Fernández-Fuertes, 2019). Power in the relationship is a predictor of DV in the three age groups analyzed. Regression analysis show that high relationship power indicated less likelihood of experiencing all types of DV in comparison to women with low/medium ratio power. This link has also been tested in a meta-analysis which confirms that power and controlling behaviors were the strongest predictors for male DV perpetration toward women in dating relations (Spencer et al., 2021). Alternatively, it could also be that the loss of power is a consequence of DV experiences (Filson et al., 2010). When women initially exercise greater power in their relationships some men respond with violence to protect their perceived power (Viejo et al., 2018) or re-establish a sense of power in the relationship (Bentley et al., 2007; Spencer et al., 2019), and this could lead to a further loss of power in women. This would be consistent with the fact that this link between power in a relationship and

DV is strongest in emerging adulthood women (over 20s). Thus, high power in relationship may help to protect some girls/women from coercive and violent experiences. However, it is not a guaranteed protection against DV. Our results are in line with Social Exchange Theory (Emerson, 1987) that suggests, power resides in the relation between two-person. Power is the resistance on one individual that another can potentially overcome. Consequently, greater power is held by the couple member who maintains control over decision-making in the relationship or over both their own and their partner's actions.

In addition to the strong association between power in relationships and DV victimization, the present study also shows that adolescents aged between 17 and 19 who live with flatmates are more likely to experience direct online aggression than those who live with their families. According to a meta-analysis, positive parental monitoring and support (close relationship based on trust) are associated with fewer DV experiences (Hérbert et al., 2017). This is probably because parents are present in their child's daily life and therefore have the opportunity to perceive any violence they may experience and respond accordingly (Øverlien et al., 2020). However, at an older age (20 to 26), living with one's family is no longer a protective factor, and living alone is associated with a lower likelihood of DV. It is likely that, in emerging adulthood, women who live alone have more responsibilities and independence than those who live with their parents. This in turn may help them to become more empowered in general and to sustain a better balance of power in their romantic relationships in particular. Moreover, women studying at university (20 to 26) are less likely to experience control/monitoring and online DV. Having a high education level may result in young women having more resources (autonomy, social capital) to take action before violence appears or to put a stop to their partner's controlling behavior (Sanz-Barbero et al., 2019). These women may have learned to identify the signs before online DV occurs or may be better equipped to protect themselves from violence.

The present study has a number of limitations that should be borne in mind when interpreting the results. First, the data were obtained from a convenience sample. This means that, although the sample size was large enough to detect key associations between variables, the results cannot be extrapolated to other contexts. Second, using the "zero tolerance" criterion may increase false positives. However, ignoring a single violent event can lead to an underestimation of the negative impact

of a single violent episode, which can sometimes be very harmful for a person. Moreover, the literature shows that violent events do not usually occur in isolation. Third, the self-report measures used may also constitute a limitation. The social desirability bias may have affected responses regarding violence, especially sexual violence, which is a kind of violence that is difficult to acknowledge. Also, when sexual DV includes low invasiveness or force, participants tend to minimize or do not recognize the behavior as sexual DV (Dobash & Dobash, 1977). Finally, data were cross-sectional, so causal claims about the findings should be avoided. Both the extant literature and our results suggest that power in relationships predicts DV. However, one cross-sectional study argues that DV may also predict relationship power (Viejo et al., 2018). Power dynamics constitute a critical (i.e., motivational) factor in the onset of violence in romantic relationships, but may also be the outcome of that same phenomenon. More longitudinal studies are therefore required in order to better understand this association between power in relationships and DV.

### ***Implications for Programmatic Responses***

The findings reported here suggest that interventions designed to prevent DV and mitigate its effects should be initiated at an early age, and that action alternatives should be developed to help women deal with abusive relationships, in order to avoid the chronification and escalation of violence. Also, prevention efforts should encompass not just adolescents but emerging adult women also (over the age of 20) (Øverlien et al., 2020), whose risk level should not be underestimated. Prevention should address all types of violence. Psychological violence and control/monitoring were found to be fairly prevalent in our sample, a finding which is consistent with that reported in other studies (Muñoz-Rivas et al., 2015), and this type of violence is harmful (Mechanic et al., 2008). It is also crucial to focus on girls who report multiple DV types, since they are likely to suffer from more mental health problems (Jouriles et al., 2017). It may be helpful to teach young girls and women to distinguish between power imbalance and truly equal relationships, encouraging them to question the submissive feminine role in relationships and to enhance their control over both their own decisions and those made as a couple. Also, young men should be encouraged to question their social gender power and privilege and to promote equal power in sexual and romantic relationships (McCauley et al., 2013). The results of this study suggest

that as women acquire more partner experiences, their high power in relationships may decline. It may therefore be useful to identify young women with lower/medium relationship power levels, in order to strengthen their autonomy and empowerment for future relationships. In conclusion, this study validates a scale that measures power in relationships among Spanish adolescent girls and young women through two dimensions: relationship control and decision-making dominance. Our results also expand the current literature on DV among women, exploring in-person DV and online DV and their associations with power in dating relationships.





# CHAPTER 3

## In-person and Online Dating Violence, Perceived Attachment to Parents and Peers and Suicide Risk in Young Women



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# CHAPTER 3

## **In-person and Online Dating Violence, Perceived Attachment to Parents and Peers and Suicide Risk in Young Women**

### **Introduction**

Dating violence (DV) is a social and public health hazard and refers to any physical, sexual or psychological aggression inflicted by a member of a couple against the other. Adolescent or young adults' DV has been defined as a type of violence that occurs in romantic relationships with different degrees of formality between early adolescence (10 years) and early adulthood (up to 30 years of age) (Jennings et al., 2017; Rubio-Garay et al., 2015; Vagi et al., 2013). Some authors indicate that DV occurs in couples who do not live together and have no children in common or legal ties (Shorey et al., 2008; Viejo, 2014). Abuse of one's dating partner may occur face-to-face (in-person), but it can also happen on the Internet, using new technologies and social networks (online). In-person DV comprises intentional abuse or sexual, physical or psychological acts from one partner to another (Jennings et al., 2017). Online DV includes psychological control, harassment and direct aggressive behaviors and has a negative impact on victims (Borrajo et al., 2015; Borrajo & Gámex-Guadix, 2016; Donoso-Vásquez et al., 2016; Muñoz-Rivas et al., 2015; Zweig et al., 2014).

Recent studies have found that in-person and online DV are related (Caridade et al., 2019; Gámex-Guadix et al., 2018). Online DV overlaps with psychological abuse (Borrajo et al., 2015), physical and sexual DV (Zweig et al., 2013) and stalking (Lyndon et al., 2011). Regarding in-person DV, studies have also found positive correlations between different forms of victimization (verbal, physical and relational) (Cava et al., 2018). However, online DV also differs from in-person DV. In online DV, harassment may have a higher scope and visibility, but also a higher risk of non-disclosure of the abuse due to its private nature (Van Ouytsel et al., 2016) as well as a

greater probability of repeated victimization since social networks are permanently updated (Stonard, 2020). Moreover, online DV exposes the victim mediatically during the relationship, or even after it is over (Melander, 2010).

The empirical evidence on sex differences in the simultaneous prevalence and frequency of in-person and online DV is scarce. Regarding in-person DV, a recent systematic review revealed that victimization mainly affects females compared to males (Jennings et al., 2017), however other authors have not found a difference in victimization between sexes (Wincentak et al., 2016). Rates of in-person sexual and physical women's DV victimization varied between 17% (a national survey in the United States) (Ackard et al., 2003) and 88% (Smith et al., 2003). Indeed Smith et al. (2003) found that during adolescence young women were at greater risk of suffering physical and sexual assault from their partners than young men.

As for cyber DV, there is also a large variability in prevalence rates. A study reported rates of 76.5% (females) and 77.1% (males) in the United States, indicating that males stated more electronic victimization and females reported more anticipated distress when suffering cyber DV (Bennett et al., 2011). However, Stonard (2018) found that cyber DV was prevalent both among females (victimization: 12–57% at least once or more in the past year) and males (victimization 11–54%). Nevertheless, females had a greater likelihood of being identified as victims in online sexual DV. Similarly, international reports have found higher rates of cyber DV victimization in girls than boys (Howell, 2016). A multi-country study conducted in Europe concluded that young women (between the ages of 18 to 29 years) are at a heightened risk of being exposed to different types of cyber violence (European Union Agency for Fundamental Rights, 2014) and that one in ten women had suffered some cyber violence since the age of 15 (European Institute for Gender Equality, 2017). In Spain, studies found rates of online victimization ranging from 3.5% (e.g., had shared images of themselves without their consent) to 9.2% (e.g., I've received messages on the Internet insulting me) (Díaz-Aguado et al., 2013). Specifically, a study showed higher rates of DV control behaviors towards women (80.4%) than direct aggression (29.6%) through social networks (Borrajo & Gámex-Guadix, 2016).

### ***Suicidal Risk (SR) and Adolescent/Young Adults Dating Violence***

Suicide attempts and suicidal ideation are a public health priority. According to the World Health Organization (WHO, 2014, 2019), suicide is the second leading cause of death among people between 15 and 29 years of age. A study reported that both suicidal ideation and suicide attempts in adolescent samples are greater in girls than in boys and increase with age (Carli et al., 2014). In Spain, two representative studies analyzed rates of suicide risk. The first study indicated that women had a higher prevalence of suicidal ideation, but no previous attempts, compared to men (Fonseca-Pedrero et al., 2018). The second study found that women are more likely than men to have previously attempted suicide (Serrano et al., 2017). In addition, a revision of longitudinal studies (adolescents and young adults) found that being a victim of DV is one of the specific risk factors for taking one's life in women (Miranda-Mendizabal et al., 2019).

The Interpersonal Theory of Suicide (Joiner, 2005; Joiner & Van Orden, 2008) has been cited to explain SR in DV samples (Lamis et al., 2013; Wolford et al., 2016). This theory postulates that frustrated interpersonal needs (frustrated belonging and perceived burden) are antecedents to suicidal ideation. According to this theory, suicidal ideation is the result of feelings of responsibility and self-hatred (perceived burden) and feelings of loneliness and low mutual attention (frustrated belonging) (Van Orden et al., 2010). Both psychological and physical aggression have the potential to promote frustrated belonging and perceived burden. Furthermore, this theory proposes that the acquired capacity to act on the desire to take one's life develops through previous exposure to painful and fear-inducing experiences. Accordingly, experiences of physical and sexual violence could be painful or fear-inducing physical experiences. Moreover, this is an immediate antecedent to suicidal ideation (Van Orden et al., 2010).

Therefore, suffering DV (in-person) has been associated with suicide and suicidal ideation in women (Roberts et al., 2003). A multi-country study (21 countries) with university students concluded that there was no correlation between males' suicidal ideation and DV victimization (except for physical violence), while suffering any type of violence was associated with higher rates of suicidal thoughts in women (Chan et al., 2008). Olshen et al. (2007) found that DV (during the past 12 months) was associated with suicide attempts in adolescent girls. Furthermore, two meta-

analytical studies supported these results. One study included adolescent and young adults, men and women, showing an increased risk of suicide attempts for victims of DV compared to their non-exposed counterparts (Castellví et al., 2017). In a second meta-analysis of longitudinal studies, two studies with adolescent and young women found DV was associated with attempted suicide (Devries et al., 2013).

Studies have also documented the consequences of different types of cybervictimization on women, confirming that it is associated with increased negative feelings, social avoidance and suicide attempts (European Parliament's Committee on Women's Rights and Gender Equality, 2018). Online DV has been negatively related with well-being and is a significant negative predictor of self-esteem and a positive predictor of emotional distress (Hancock et al., 2017). In Spain, Borrajo and Gamex Guadix (2016) found that online DV victimization was associated with increased symptoms of depression and anxiety in adolescents. However, fewer studies have been conducted regarding online DV in women and SR.

### ***Social Context, Perceived Attachment to Parents and Peers and Adolescent/Young Adults Dating Violence***

According to attachment theory, peers and parents are the most important figures during adolescence and provide emotional support when needed (Parker & Asher, 1993). Attachment figures are those that teens feel they can count on in times of increased stress or danger (Kobak et al., 2007). Two meta-analyses confirm that high attachment to peers is positively correlated with lower indices of in-person DV victimization (Hébert et al., 2019; Park & Kim, 2018). Moreover, adolescents who reported a high level of attachment to their parents also reportedly suffered less in-person DV (Park & Kim, 2018).

Supporting these results, victims of in-person DV (both genders) showed lower levels of social support from friends and family compared to those who were not victims. However, social support given by peers was only related to lower levels of DV victimization among girls but not for boys, while parental social support was not been associated with DV victimization. These results suggest that adolescents rarely turn to their parents or other adults for concerns and issues related to DV and indicate that friends may play a crucial function as protective figures in DV, mostly among girls (Black et al., 2008; Richards & Branch, 2012). Nevertheless, another study

found that adolescents who suffered online DV tended to seek support first from parents than from peers or teachers, especially in the case of girls (Rebollo-Catlan & Mayor-Buzón, 2019).

### ***Social Context, Perceived Attachment to Parents and Peers and Suicide Risk***

Regarding emotional problems, support from parents and friends has been defined as two relatively independent support systems. During early adolescence, the search for parental support decreases and peer support increases because it is during this period that adolescents start to establish intimate relationships outside of the family and want to become more independent from their parents' guidance. However, this autonomy is frequently still established within the context of continuing close and trusting relationships with parents, and the lack of parental support remains the best sign of mental problems during adolescence (Helsen et al., 2000). In this sense, Mackin et al. (2017) found that high levels of parental support protected adolescent girls from developing suicidal symptoms following a stressor event. This effect was less pronounced for peer support. The global importance of attachment with parents has also been mentioned by authors such as Sternberg et al. (2005) stressing that this attachment is positively correlated with measures not only of family cohesion and expressiveness, but also with higher self-esteem, life satisfaction, and lower levels of psychological symptomatology, such as distress, depression, anxiety, resentment, covert anger, or loneliness.

As suggested above, both attachment with parents and peers have been addressed as predictors of suicide and risk factors for DV. Previous findings indicated that parent–child relationships marked by emotional distance, non-responsiveness, and greater conflict are associated with more risk-taking behaviors and DV in adolescents (Tussey et al., 2018). Conversely, girls with secure perceived peer support may have some type of protection from engaging in violent relationships (Richards & Branch, 2012). Also, a study found that different aspects of mothers' parenting control protect against various forms of victimization in DV (East & Hokoda, 2015).

### ***The Present Study***

Prior studies have examined many of these correlates individually, but there is scarce research addressing these factors simultaneously. In addition, although the literature confirms the bi-directional pattern of DV (Palmetto et al., 2013, Renner & Whitney, 2012), results systematically show differences between men and women in severity and consequences (Rubio–Garay et al., 2015). For example, a meta-analysis (Miranda–Mendizabal et al., 2019) that confirms the relationship of DV victimization with suicide attempts, is significant only in women. Consequently, this study is focused on studying DV and SR from the perspective of female victims. Furthermore, several authors have highlighted the importance of studying violence in intimate relationships and DV from a gender-specific approach, considering gender-specific risk factors and consequences associated with violence (Hamberger & Larsen, 2015; Vezina & Hebert, 2007).

The first aim of this study was to examine the prevalence of in-person and online DV and SR. Second, this study analyzes the relationship of in-person and online DV, perceived attachment to parents and peers and SR. We expected to find that in-person and online DV were positively associated with SR and negatively with perceived attachment to parents and peers. Therefore, those with poor attachment styles would be more likely to experience riskier behaviors (DV and SR). Third, this study will examine whether parent and peer support mediate and/or moderate the relationship between only in-person or online DV, and simultaneous in-person/online DV on SR. We expected to find that stronger attachment to parents and peers would have a buffering effect between in-person and online DV and SR.

## **Materials and Methods**

### ***Sample***

We conducted a quantitative study using a cross-sectional design. Data was obtained by convenience sampling. The sample was composed of  $N = 1227$  females, aged 13 to 28 ( $M = 18.76$ ,  $DT = 2.82$ ), who have, or have had, a dating relationship with a male partner, are not living together and have neither children or any binding legal ties. Of the total sample group 91.5% were Spanish, 5.5% from Latin-America,



1.7% from Europe, and 0.7% indicated “others”. Moreover, 0.6% did not answer this question. A total of 88.7% ( $n = 1088$ ) of the participants had been involved in a relationship in the past and 58.7% ( $n = 720$ ) were involved in one at the time of the survey. Their first intimate relationship had begun approximately when they were 15 years old ( $M = 15.33$ ,  $DT = 2.41$ ).

### ***Procedure***

Questionnaires were administered online (21.8%) and through pen and paper (78.2%) in 10 secondary schools and 12 universities in Spain. Three researchers (two psychologists and a social educator) visited the centers to collect the information. The questionnaire was answered, with collaboration and assistance from the teachers, during tutoring in classes and took approximately 30-40 minutes to complete. Moreover, the questionnaire was disseminated through the Qualtrics platform (<https://www.qualtrics.com>), and a link was sent via email. The study has received full approval by the ethics committee of the University of Burgos (IR 20/2019) meeting the ethical research criteria with human beings of the Helsinki declaration, and assuring anonymity, confidentiality, respect of privacy and voluntary participation. The final sample only included participants who were currently in a dating relationship or those who had been in a dating relationship, and in both cases, a minimum of a one-month relationship was required.

### ***Measures/Instruments***

*Dating Violence Questionnaire* (Cuvino-R) (Rodríguez-Díaz et al., 2017) assesses victimization and perpetration in dating relationships. It includes 20 items and five dimensions with four items in each dimension: detachment (e.g., Stops talking to you or disappears for several days, without giving any explanation, as a way of showing his anger) ( $\alpha = .788$ ); humiliation (e.g., Criticizes you, underestimates you or humiliates your self-esteem) ( $\alpha = .824$ ); coercion (e.g., Talks to you about relationships he imagines you have) ( $\alpha = .816$ ); physics (e.g., He hurts you with some object) ( $\alpha = .956$ ) and sexual violence (e.g., Insists on touching that isn't pleasant for you and that you don't want) ( $\alpha = .970$ ). The response range of the scale was between 0 = *never* to 4 = *almost always*. The total score of the scale is calculated by adding the mean of each of the five dimensions. Higher scores indicate more in-person DV victimization.

Additionally, in order to create the prevalence scores, outcomes were coded as either 0 = *no abuse behavior (non-victims)* and 1 = *one or more abusive behaviors (victims)*. We used the zero-tolerance criterion (a positive response to any question on the scale is considered violence).

*Cyberdating Abuse Questionnaire (CDAQ)* (Borrajo et al., 2015). It consists of 20 items that collect information about frequency of victimization and perpetration of various types of cyber DV (Internet and social networks). It comprises two dimensions: control and monitoring (e.g., Checking social networks, WhatsApp or email without permission) and direct aggression (e.g., Sending and/or uploading photos, images and/or videos with intimate or sexual content without permission). Only the victimization scale was used. Answer choices are on a 5-point Likert scale (0 = *never* to 4 = *always*). The internal consistency for direct aggression was  $\alpha = .826$ , and for control,  $\alpha = 0.940$ . The total score of the scale was obtained by adding the mean of each of the two dimensions. Higher scores indicate a higher frequency of online DV victimization. Additionally, in order to create the prevalence scores, CDAQ was recoded into 0 = *no abuse behavior (non-victims)* and 1 = *one or more abusive behaviors (victims)*. We used the zero-tolerance criterion (a positive response to any question on the scale is considered violence).

*Short Version of the Inventory of Parent and Peer Attachment Scale (IPPA)* (Delgado et al., 2016; Nada et al., 1992). It contains 24 items that assess the level of security felt by the adolescent toward significant attachment figures (peers and parents). Both the parent (IPPA-P) ( $\alpha = 0.87$ ) and friends/peers (IPPA-F) ( $\alpha = 0.81$ ) attachment subscales contain 12 items. Both IPPA subscales include three dimensions: a) trust or confidence (e.g., When I'm angry about something my parents try to be understanding/ My friends listen to what I have to say); b) communication (e.g., I tell my parents about my problems and troubles/ My friends are concerned about my well-being), and c) alienation (e.g., Talking over my problems with my parents makes me feel ashamed or foolish/ I feel alone or apart when I am with my friends). Dimensions of trust and communication suggest an accepting environment provided by parents and peers. The scale ranged from 0 = *almost never or never*, to 4 = *always*. The total scale score was calculated by adding the results from the communication and confidence scale and subtracting the score from the alienation scale. Higher scores indicated a greater perceived attachment to parents and friends. As a whole, these

dimensions account for an adolescent's ability to ask for and seek help from parents and/or friends in difficult circumstances.

*The Spanish Suicide Risk Scale* (SRS) (Plutchik et al., 1989; Valladolid et al., 1998). The scale consists of 15 items with a dichotomous response (1 = *Yes*, 0 = *No*). It includes questions about symptoms of depression and hopelessness, previous autolytic attempts, suicidal ideation and other aspects related to the risk of suicide attempts. An exploratory factor analysis (EFA) showed four components that explained 49.60% of the cumulative variance. The analysis confirms that the first factor included items 13, 14, and 15 and explained 14.29% of the variance. Factor 2 included items 4, 5, 7 and 9 (13.73% of the variance); factor 3: items 3, 6, 8, 10 and 12 (12.94% explained variance) and factor 4: items 1 and 2 (8.64% of the variance). The CFA also confirmed the four-factor model indicating a good fit for the data: CFA= 0.94, TLI=0.93, RMSA= 0.046, IC 95% [0.040, 0.052]. Item 11 was deleted due to it not reaching a .30 factor loading threshold. On the basis of this result and the specific concept under study, only 3 items of the scale related to suicidal ideation and suicide attempts were used: 13 “Have you ever thought about committing suicide?”, 14 “Have you ever told someone that you would take your own life?”, and 15 “Have you ever tried to take your own life?”. The prevalence analyses were then performed considering affirmative responses for items 13, 14 and 15 separately. We also calculated the total score of the SR variable considering the sum of these three items.

### ***Data Analysis***

There are no significant differences between the pen and paper and online questionnaire application in SR ( $t_{(1225)} = 0.283, p = 0.777$ ), in-person ( $t_{(1224)} = 1.299, p = 0.194$ ) and online ( $t_{(1225)} = 0.779, p = 0.436$ ) violence, and peer ( $t_{(1225)} = 0.938, p = 0.349$ ) and parent ( $t_{(1225)} = 0.048, p = 0.962$ ) attachment. Thus, data analyses were carried out jointly. To obtain the percentage estimation of in-person, online and joint in-person/online DV, the sample was split into victims and non-victims regarding at least one episode of DV (See the instrument description section). Descriptive statistical analyses were applied to describe the sample and prevalence of DV and SR. Furthermore, to analyze the relationship between DV, SR and perceived attachment to parents and peers, partial correlations ( $r_p$ ) were conducted including age as a control variable.

To test the hypothesis of the moderating and mediating effects of IPPA-P and IPPA-F on DV and SR, the PROCESS macro for SPSS v.25.0, IBM Corp 2007, Armonk, USA was used (Hayes, 2018). To examine the mediation effects, three models were estimated (PROCESS model 4). One for each independent variable due to their high collinearity (in-person and online) and one for the joint effects of both variables (in-person/online). The indirect effect, standard errors (SE) and confidence intervals (CI, 95%) based on the distribution obtained with the bootstrap method set to 10,000 iterations were estimated (Hayes, 2013). To examine moderation effects three models were also estimated (PROCESS model 1). The moderation analysis will allow us to understand the attachment levels (high, medium and low) in which DV increases or decreases SR. The conditional effect, standard errors (SE) and confidence intervals (CI, 95%) were estimated with the bootstrapping samples method set to 10,000 iterations. A conditional indirect effect is considered significant if the confidence interval (CI at 95%) does not include the value 0. The PROCESS macro interprets significant interactions at the 16<sup>th</sup>, 50<sup>th</sup> and 84<sup>th</sup> percentiles of perceived attachment to parents and peers as potential moderating effects (Hayes, 2018). In both analyses, in-person, online and in-person/online DV will be entered as a categorical independent variable (0 = *not victim* and 1 = *victim*), perceived attachment to parents and peers as a continuous moderator or mediator, and SR as the dependent variable. Age was included as a control variable.

## Results

### *Prevalence Rates of In-person and Online Dating Violence and Suicide Risk*

Overall, 76% of teenage girls and young women indicated that they had experienced some form of in-person DV violence, and 68.8% reported online DV ( $\chi^2 = 221.97, p = 0.0001$ ). Moreover, 56.8% experienced both in-person and online DV. Almost two-thirds of the participants reported being a victim of DV by detachment or monitoring/control. Just over half of the participants reported experiencing coercive violence and approximately one-third of them indicated having experienced at least one direct aggression through the Internet, as well as humiliating behaviors and sexual assaults. Around 11% reported experiencing physical abuse. Regarding

suicide rates, 22.7% of the participants informed about suicidal ideation, 11.2% talked to someone about suicide, and 8% attempted to take their own life (see Table 10).

**Table 10.** *Prevalence Dating Violence and Suicide Risk*

Variables	$\alpha$	Yes		No	
		<i>n</i>	%	<i>n</i>	%
In-person Dating Violence <sup>1</sup>	.91	899	76.0	284	24.0
Detachment <sup>2</sup>	.79	793	65.4	420	34.6
Humiliation <sup>3</sup>	.82	436	35.9	777	64.1
Coercion <sup>4</sup>	.82	630	51.8	586	48.2
Physical <sup>5</sup>	.96	138	11.3	1080	88.7
Sexual <sup>6</sup>	.97	372	30.5	846	69.5
Online Dating Violence <sup>7</sup>	.92	822	68.8	373	30.4
Monitoring/Control <sup>8</sup>	.94	810	66.7	405	33.3
Direct Aggression <sup>9</sup>	.83	401	33.3	802	66.7
In-person + Online DV <sup>10</sup>		697	56.8	458	37.3
Suicide (3 items)	.77	--	--	--	--
Thought about suicide		279	22.7	948	77.3
Told anyone you would take your own life		138	11.2	1089	88.8
Tried to take your own life		98	8.0	1129	92

*Note.* Missing data: <sup>1</sup>*n* = 44 (3.6%); <sup>2</sup>*n* = 14 (1.16%); <sup>3</sup>*n* = 14 (1.1%); <sup>4</sup>*n* = 11 (.9%); <sup>5</sup>*n* = 9 (.7%); <sup>6</sup>*n* = 9 (.7%); <sup>7</sup>*n* = 32 (2.6%); <sup>8</sup>*n* = 12 (1.0%); <sup>9</sup>*n* = 24; (2.0%); <sup>10</sup>*n* = 72; (5.9%).

We also conducted a chi-square test to analyze whether victims of in-person and online violence thought about and attempted suicide more than non-victims. In both cases, in-person and online DV, frequencies of suicidal ideation and suicide attempts were significantly higher among victims compared to those who did not suffer violence (see Table 11). These patterns were repeated among all dimensions of the Cuvino-R scale and the Cyberdating Abuse Questionnaire. Victims of in-person DV show a three to four times higher risk of suicidal ideation and risk of attempted suicide compared to non-victimized women. Women who suffer sexual violence have the highest risk of thinking about suicide and those who suffer physical violence show the highest risk of suicide attempts. Online DV victims versus non-victims show 2.37–3.69 times higher risk of suicidal ideation and risk of suicide attempts, with direct aggression the factor that increases the most both thoughts and attempted suicide. Regarding joint in-person/online DV victims, versus non-victims, results show a 4.19 times higher risk of suicidal thoughts, and a 10.55 times higher risk of attempted suicide (see Table 11).

**Table 11.** *Relationship between In-person and Online DV and Suicidal Ideation and Suicidal Behavior*

Variables	Suicide Thoughts				Attempted Suicide																																																																																																																																																																																																														
	Yes	No	X <sup>2</sup>	OR (95% CI)	Yes	No	X <sup>2</sup>	OR (95% CI)																																																																																																																																																																																																											
	n (%)	n (%)			n (%)	n (%)																																																																																																																																																																																																													
In-person DV																																																																																																																																																																																																																			
Yes	235 (89)	664 (72.3)	31.587***	3.11 (2.06, 4.69)	83 (92.2)	816 (74.7)	14.063***	4.02 (1.83, 8.81)																																																																																																																																																																																																											
No	29 (11)	255 (27.7)			7 (7.8)	277 (25.3)			Detachment									Yes	219 (80.5)	574 (61)	35.503***	2.64 (1.90, 3.66)	82 (87.2)	711 (63.5)	21.509***	3.92 (2.11, 7.27)	No	53 (19.5)	367 (39)	12 (12.8)	408 (36.5)	Humiliation									Yes	161 (57.7)	275 (29.4)	74.531***	3.37 (2.48, 4.30)	64 (65.3)	372 (33.4)	39.921***	3.76 (2.43, 5.80)	No	118 (42.3)	659 (70.6)	34 (34.7)	743 (66.6)	Coercion									Yes	180 (64.7)	450 (48)	24.166***	1.99 (1.50, 2.62)	65 (67)	565 (50.5)	9.756**	3.99 (1.28, 3.09)	No	98 (35.3)	488 (52)	32 (33)	554 (49.5)	Physics									Yes	60 (21.9)	78 (8.3)	39.299***	3.11 (2.15, 4.49)	32 (33.3)	106 (9.4)	50.222***	4.79 (2.99, 7.66)	No	214 (78.1)	866 (91.7)	64 (66.7)	1016 (90.6)	Sexual									Yes	148 (53.2)	224 (23.8)	87.463***	3.63 (2.75, 4.81)	59 (60.2)	313 (27.9)	44.202***	3.90 (2.55, 5.96)	No	130 (46.8)	716 (76.2)	39 (39.8)	807 (72.1)	Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No
Detachment																																																																																																																																																																																																																			
Yes	219 (80.5)	574 (61)	35.503***	2.64 (1.90, 3.66)	82 (87.2)	711 (63.5)	21.509***	3.92 (2.11, 7.27)																																																																																																																																																																																																											
No	53 (19.5)	367 (39)			12 (12.8)	408 (36.5)			Humiliation									Yes	161 (57.7)	275 (29.4)	74.531***	3.37 (2.48, 4.30)	64 (65.3)	372 (33.4)	39.921***	3.76 (2.43, 5.80)	No	118 (42.3)	659 (70.6)	34 (34.7)	743 (66.6)	Coercion									Yes	180 (64.7)	450 (48)	24.166***	1.99 (1.50, 2.62)	65 (67)	565 (50.5)	9.756**	3.99 (1.28, 3.09)	No	98 (35.3)	488 (52)	32 (33)	554 (49.5)	Physics									Yes	60 (21.9)	78 (8.3)	39.299***	3.11 (2.15, 4.49)	32 (33.3)	106 (9.4)	50.222***	4.79 (2.99, 7.66)	No	214 (78.1)	866 (91.7)	64 (66.7)	1016 (90.6)	Sexual									Yes	148 (53.2)	224 (23.8)	87.463***	3.63 (2.75, 4.81)	59 (60.2)	313 (27.9)	44.202***	3.90 (2.55, 5.96)	No	130 (46.8)	716 (76.2)	39 (39.8)	807 (72.1)	Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																			
Humiliation																																																																																																																																																																																																																			
Yes	161 (57.7)	275 (29.4)	74.531***	3.37 (2.48, 4.30)	64 (65.3)	372 (33.4)	39.921***	3.76 (2.43, 5.80)																																																																																																																																																																																																											
No	118 (42.3)	659 (70.6)			34 (34.7)	743 (66.6)			Coercion									Yes	180 (64.7)	450 (48)	24.166***	1.99 (1.50, 2.62)	65 (67)	565 (50.5)	9.756**	3.99 (1.28, 3.09)	No	98 (35.3)	488 (52)	32 (33)	554 (49.5)	Physics									Yes	60 (21.9)	78 (8.3)	39.299***	3.11 (2.15, 4.49)	32 (33.3)	106 (9.4)	50.222***	4.79 (2.99, 7.66)	No	214 (78.1)	866 (91.7)	64 (66.7)	1016 (90.6)	Sexual									Yes	148 (53.2)	224 (23.8)	87.463***	3.63 (2.75, 4.81)	59 (60.2)	313 (27.9)	44.202***	3.90 (2.55, 5.96)	No	130 (46.8)	716 (76.2)	39 (39.8)	807 (72.1)	Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																										
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No	98 (35.3)	488 (52)			32 (33)	554 (49.5)			Physics									Yes	60 (21.9)	78 (8.3)	39.299***	3.11 (2.15, 4.49)	32 (33.3)	106 (9.4)	50.222***	4.79 (2.99, 7.66)	No	214 (78.1)	866 (91.7)	64 (66.7)	1016 (90.6)	Sexual									Yes	148 (53.2)	224 (23.8)	87.463***	3.63 (2.75, 4.81)	59 (60.2)	313 (27.9)	44.202***	3.90 (2.55, 5.96)	No	130 (46.8)	716 (76.2)	39 (39.8)	807 (72.1)	Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																	
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No	214 (78.1)	866 (91.7)			64 (66.7)	1016 (90.6)			Sexual									Yes	148 (53.2)	224 (23.8)	87.463***	3.63 (2.75, 4.81)	59 (60.2)	313 (27.9)	44.202***	3.90 (2.55, 5.96)	No	130 (46.8)	716 (76.2)	39 (39.8)	807 (72.1)	Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																																								
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No	130 (46.8)	716 (76.2)			39 (39.8)	807 (72.1)			Online DV									Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)	No	49 (18.4)	324 (34.9)	11 (11.7)	362 (32.9)	Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																																																															
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Yes	217 (81.6)	605 (65.1)	26.079***	2.37 (1.69, 3.32)	83 (88.3)	739 (67.1)	18.090***	3.69 (1.96, 7.01)																																																																																																																																																																																																											
No	49 (18.4)	324 (34.9)			11 (11.7)	362 (32.9)			Direct Aggression									Yes	149 (55.6)	252 (27)	76.912***	3.39 (2.56, 4.49)	59 (62.8)	342 (30.8)	39.750***	3.78 (2.44, 5.85)	No	119 (44.4)	683 (73)	35 (37.2)	767 (69.2)	Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																																																																																						
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No	119 (44.4)	683 (73)			35 (37.2)	767 (69.2)			Monitoring/Control									Yes	213 (77.5)	597 (63.5)	18.615***	1.97 (1.44, 2.69)	82 (85.4)	728 (65.1)	16.490***	3.14 (1.76, 5.61)	No	62 (22.5)	343 (36.5)	14 (14.6)	391 (34.9)	In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																																																																																																													
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No	62 (22.5)	343 (36.5)			14 (14.6)	391 (34.9)			In-person/Online DV									Yes	193 (92.3)	504 (74.2)	31.072***	4.19 (2.44, 7.17)	70 (97.2)	627 (76.8)	16.283***	10.55 (2.56, 44.43)	No	16 (7.7)	175 (25.8)	2 (2.8)	189 (23.2)																																																																																																																																																																																				
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No	16 (7.7)	175 (25.8)			2 (2.8)	189 (23.2)																																																																																																																																																																																																													

Note. Suicide Thoughts = item N.13; Attempted Suicide = item N.15. \*\*p ≤ 0.010; \*\*\*p ≤ 0.001.

**Table 12.** *Partial Correlations between In-person and Online DV, IPPA-P, IPPA-F and Suicide Risk*

Variables	<i>M</i>	<i>DS</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. In-person total DV	1.78	2.41																		
2. Detachment	0.69	0.84	.801***																	
3. Humiliation	0.29	0.61	.834***	.602***																
4. Coercion	0.45	0.71	.818***	.493***	.595***															
5. Physics	0.07	0.27	.526***	.293***	.376***	.433***														
6. Sexual	0.27	0.62	.717***	.365***	.517***	.507***	.351***													
7. Online total DV	1.00	1.45	.678***	.420***	.533***	.722***	.406***	.477***												
8. Monitoring/Control	0.81	1.14	.653***	.414***	.494***	.731***	.367***	.430**	.953***											
9. Direct Aggression	0.19	0.44	.595***	.413***	.492***	.529***	.364***	.455***	.768***	.588***										
10. In-person/Online DV	1.44	0.76	.462***	.454***	.314***	.400***	.168***	.281***	.376***	.455***	.296***									
11. IPPA_P total	4.37	1.72	-.214***	-.209***	-.156***	-.140***	-.101***	-.168***	-.139***	-.139***	-.149***	-.240***								
12. Communication	2.75	0.77	-.162***	-.164***	-.122***	-.099***	-.047	-.134**	-.077**	-.080**	-.099***	-.194***	.889***							
13. Trust	3.36	0.62	-.223***	-.242***	-.152***	-.140***	-.124***	-.152***	-.145***	-.146***	-.155***	-.255***	.870***	.642***						
14. Alienation	1.73	0.59	.179***	.142***	.137***	.132***	.102***	.157***	.155***	.150***	.143***	.179***	-.846***	-.610***	-.650***					
15. IPPA_F total	1.51	0.48	-.147***	-.096***	-.144***	-.090**	-.058*	-.160***	-.059*	-.054	-.070*	-.109***	.279***	.247***	.218***	-.263***				
16. Communication	3.26	0.59	-.077**	-.047	-.091***	-.040	-.014	-.089**	-.003	-.002	-.025	-.047	.186***	.201***	.126***	-.149***	.870***			
17. Trust	3.55	0.49	-.125***	-.069*	-.134***	-.085**	-.061*	-.128***	-.061*	-.055	-.056***	-.099***	.187***	.157***	.167***	-.167***	.869***	.669***		
18. Alienation	1.51	0.47	.177***	.133***	.142***	.109***	.079**	.195***	.095***	.089**	.102***	.136***	-.339***	-.264***	-.268***	.365***	-.754***	-.441***	-.050***	
19. Suicide Risk	0.41	0.84	.343***	.293***	.317***	.187***	.167***	.304***	.186***	.171***	.213***	.191***	-.362***	-.278***	-.336***	.344***	-.205***	-.119***	-.128***	.281***

Note. \* $p \leq 0.050$ ; \*\* $p \leq 0.010$ ; \*\*\* $p \leq 0.001$

***Relationships between In-person and Online DV, Perceived Attachment to Parents and Peers, and SR***

Partial correlation analyses, controlling age (Table 12), shows that in-person and online, as well as joint in-person/online DV were positively associated. Moreover, there was a significant and positive relationship between all types of DV (in-person and online) and SR. Also, in-person and online victimization (total scale scores and dimensions) was negatively and significantly related to communication and trust in the IPPA-P and the IPPA-F scores and positively associated with parental and peer alienation. Physical violence was not significantly related with the IPPA-P communication dimension. Monitoring/control was neither related to the general IPPA-F score or trust. The IPPA-F's communication dimension is negatively related only to general in-person DV, humiliation and sexual violence. Parental and peer perceived attachment are positively related among them. Similarly, the SR was negatively related to communication and trust and positively with alienation from parents and peers.

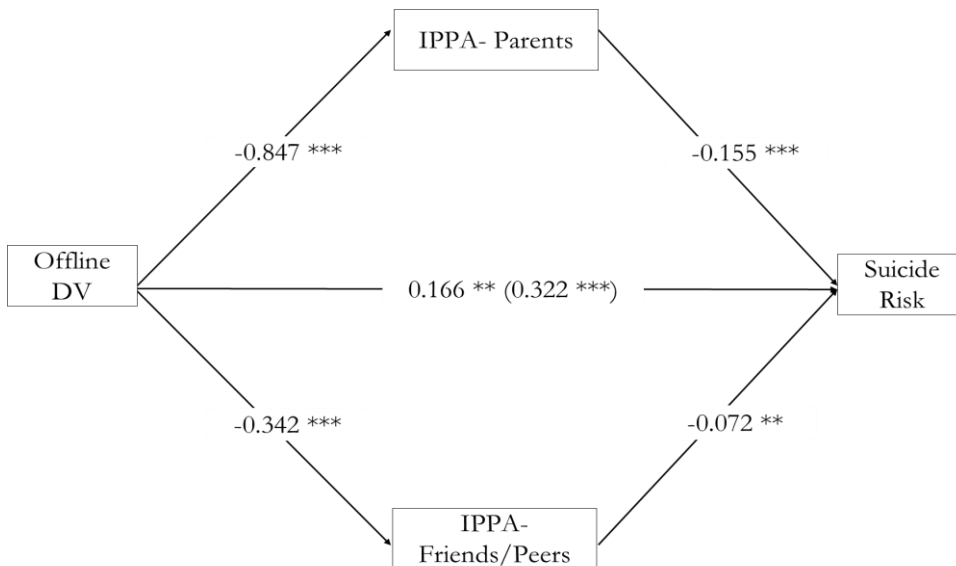
***Perceived Attachment to Parents and Peers as A Protective Factor against Suicide Risk in Female Adolescent Victims of In-person and Online DV***

Three mediation analyses were carried out to check whether perceived attachment to parents and peers mediated the relationship between having suffered in-person, online, and joint in-person/online DV and the risk of taking their own life. Age was included as a covariate in the analysis. As shown in Figure 4, in-person DV had a direct and positive effect on SR ( $F = 55.093$   $p = 0.0001$ ) and IPPA-P (c1) and IPPA-F (c2) had a significant negative effect on SR. The indirect effects indicated that IPPA-P ( $b = 0.1319$ ,  $SE = 0.0215$ , 95% CI [0.0938, 0.1779]) and IPPA-F ( $b = 0.0248$ ,  $SE = 0.0094$ , 95% CI 0.0098, 0.0474) explained the relationship between DV and SR. The model explained 16% of the total variance. Therefore, SR was reduced when young and adolescent women found more confidence, communication and less alienation from their parents and peers. The contrast of indirect effects analyses was also significant (c1–c2:  $b = 0.1567$ ,  $SE = 0.0235$ , 95% CI 0.1147, 0.2064). This implies



that victims who have more family support (high quality attachment relationships) reduced the effects that in-person violence had on SR in comparison to peer support.

**Figure 4.** Model 1 with IPPA–P and IPPA–F as a Mediation in the Effect of In-person DV on Suicide Risk

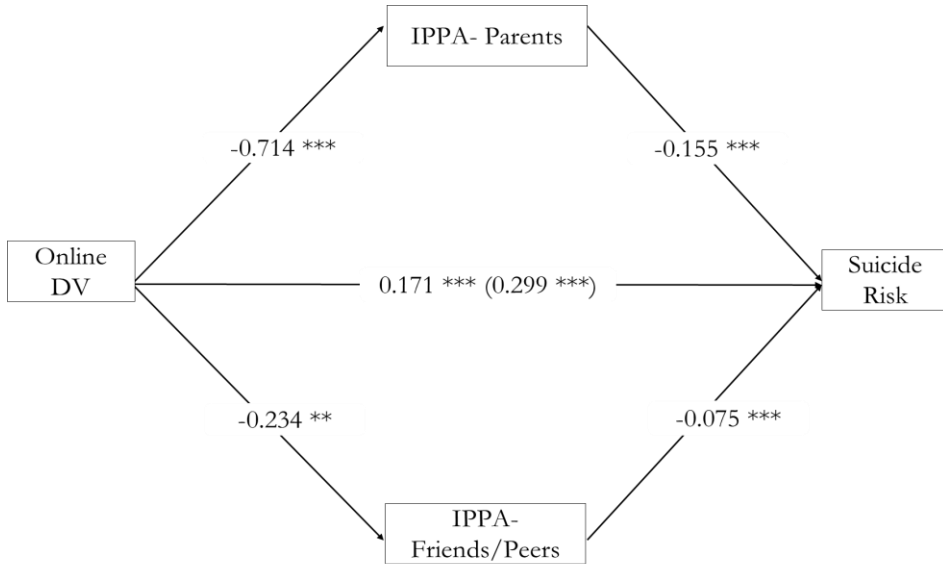


Model 2 with online DV was also significant ( $F = 56.283, p = 0.0001$ ). Results indicated that online DV had a significant and positive direct effect on SR. Moreover, perceived attachment to parents and peers was also associated with lower SR. Indirect effects for IPPA–P ( $b = 0.1110, SE = 0.0192, 95\% CI [0.0772, 0.1530]$ ) and IPPA–F ( $b = 0.0176, SE = 0.0078, 95\% CI [0.0055, 0.0369]$ ) were significant. The model explained 16% of the variance. The comparison between indirect effects was also significant ( $c1-c2: b = 0.1285, SE = 0.0216, 95\% CI [0.0889, 0.1730]$ ), indicating that perceived attachment to parents had a higher effect than attachment to peers in reducing the effect of online DV on SR (see Figure 5).

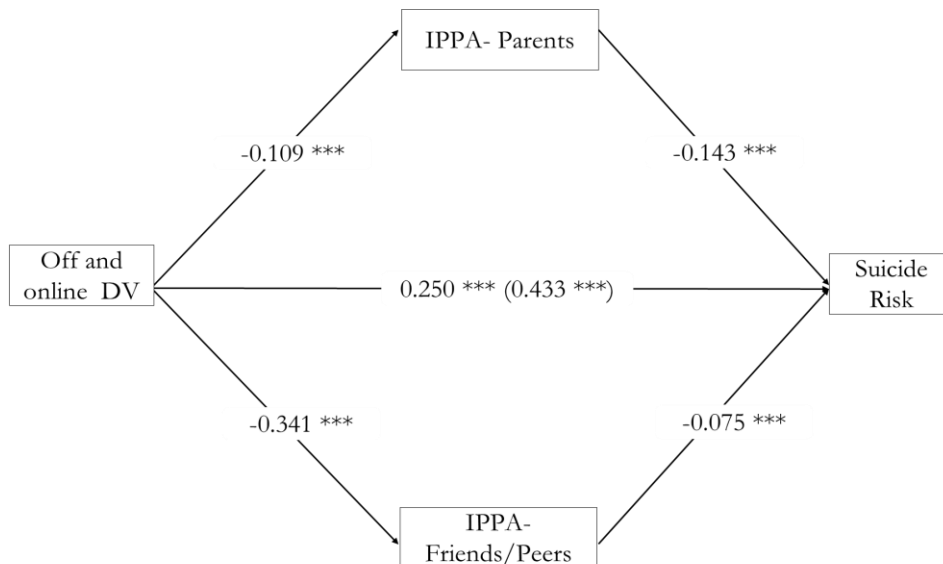
Model 3 including being a victim of both in-person and online DV was also significant ( $F = 42.136, p = 0.0001$ ). Results indicated that joint in-person/online DV had a significant and positive direct effect on SR. Perceived attachment to parents and peers was again associated with lower SR. Indirect effects for IPPA–P ( $b = 0.1567, SE = 0.0270, 95\% CI [0.1096, 0.2152]$ ) and IPPA–F ( $b = 0.0257, SE = 0.0111, 95\% CI [0.0083, 0.0528]$ ) were significant. The model explained 16% of the variance. The comparison between indirect effects was also significant ( $c1-c2: b = 0.1310,$

$SE = 0.0290$ , 95% CI [0.0798, 0.1923]), indicating that perceived attachment to parents once more had a higher effect than attachment to peers in reducing the effect of joint in-person/online DV on SR (see Figure 6).

**Figure 5.** Model 2 with IPPA–P and IPPA–F as a Mediation in the Effect of Online DV on Suicide



**Figure 6.** Model 3 with IPPA–P and IPPA–F as a Mediation in the Effect of In-person/ Online DV on Suicide Risk



Moderation analyses were applied to examine at what levels of IPPA–P and IPPA–F, the effect of DV in female adolescents and young adults did not increase SR. Three models were estimated, one for each independent variable (in-person, online, and in-person/online) to reduce collinearity. As shown in table 13, significant direct effects emerged for in-person DV and IPPA–P, but not for IPPA–F.

**Table 13.** *Moderation Analyses: Conditional effects of In-person on Suicide Risk at Different Values of the IPPA–P and IPPA–F*

Predictors	Suicide Risk					
	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI	
					LL	UL
In-person DV	1.024	0.274	3.738	0.001	0.486	1.561
IPPA–P	–0.139	0.018	–7.761	0.0001	–0.174	–0.104
In-person DV × IPPA–P	–0.047	0.035	–1.341	0.180	–0.116	0.022
IPPA–F	–0.037	0.023	–1.638	0.102	–0.082	0.007
In-person DV × IPPA–F	–0.114	0.045	–2.508	0.012	–0.203	–0.025
Age	–0.008	0.008	–0.990	0.322	–0.024	0.008
<b>Conditional effects of In-person DV at different values of the moderators:</b>						
IPPA–F	IPPA–P	Effect	<i>SE</i>	<i>p</i>	95% CI	
	Low (2.75)	0.438	0.104	0.0001	0.235	0.642
Low (4.00)	Medium (4.75)	0.344	0.087	0.0001	0.174	0.515
	High (6.00)	0.285	0.103	0.005	0.084	0.487
Medium (5.58)	Low (2.75)	0.258	0.092	0.005	0.077	0.439
	Medium (4.75)	0.164	0.054	0.002	0.058	0.270
	High (6.00)	0.105	0.067	0.115	–0.026	0.236
High (6.50)	Low (2.75)	0.154	0.109	0.160	–0.061	0.368
	Medium (4.75)	0.059	0.071	0.400	–0.079	0.198
	High (6.00)	0.001	0.075	0.994	–0.147	0.148

*Note.*  $R^2 = .165$ ,  $F_{(6,1176)} = 38.684$ ,  $p = 0.0001$ ; In-person DV  $N = 1183$ ; Independent Variable: In-person DV; Moderators: IPPA–P (parents) and IPPA–F (friends).

The moderation analysis showed a significant interaction effect between in-person DV and IPPA–F. By examining the conditional indirect effects of in-person DV (0 = *Non victim*, 1 = *Victim*) on SR at the three levels of IPPA–F (Low, Medium and High), results revealed that at a high level of perceived attachment to friends, the effect of in-person DV on SR was non-significant. Also, at a medium level of IPPA–F when the perceived attachment to parents was high, the effect of in-person DV on SR is non-significant. Therefore, only when victims of in-person DV have high perceived attachment to friends, or medium but parents’ support is high, SR does not increase. However, at low and medium levels of IPPA–F, the effects of in-person DV on SR were significant. Thus, SR increases in female in-person victims when the perception of support from friends is low or medium.

In contrast, the interaction effects between online DV, IPPA–P and IPPA–F were non-significant. Therefore, perceived attachment to parents and friends does not have a moderating effect. Main effects indicate that female online DV victims are at greater SR than those who are not victims. Also, as the perception of attachment to parents and friends increases, the SR decreases (Table 14).

**Table 14.** *Moderation Analyses: Conditional effects of Online on Suicide Risk at Different Values of the IPPA–P, IPPA–F*

Predictors	Suicide Risk					
	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI	
					LL	UL
Online DV	0.581	0.228	2.544	0.011	0.133	1.030
IPPA–P	–0.144	0.017	–8.570	0.0001	–0.177	–0.111
Online DV × IPPA–P	–0.043	0.033	–1.293	0.196	–0.107	0.022
IPPA–F	–0.068	0.020	–3.343	0.001	–0.108	–0.028
Online DV × IPPA–F	–0.039	0.041	–0.963	0.335	–0.119	0.041
Age	–0.009	0.008	–1.123	0.262	–0.025	0.007

*Note.*  $R^2 = 0.162$ ,  $F_{(6,1188)}=38.215$ ,  $p = 0.0001$ ; Online DV  $N = 1195$ ; Independent Variable: Online DV; Moderators: IPPA–P (parents) and IP+PA–F (friends).

Table 15 shows significant direct effects for in-person/online and IPPA–P. In this model, the moderation analysis revealed a significant in-person/online DV x IPPA–P interaction effect on SR. By examining the conditional indirect effects for in-person/online DV (0 = *No victim*, 1 = *Victim*) on SR at the three levels of IPPA–P (Low, Medium, High), results reflected that at a high level, when the perceived support

of friends is high or medium, the effect of in-person/online DV on SR was non-significant. So, in victims of in-person/online DV who have high perceived attachment to parents and medium or high perceived attachment to friends, SR does not increase. At a low and medium level of IPPA-P, and a high level of IPPA-P when IPPA-F is low, the effect of in-person/online DV on SR was significant and positive. In these cases, SR increases in female DV victims.

**Table 15.** *Moderation Analyses: Conditional effects of In-person/Online on Suicide Risk at Different Values of the IPPA-P, IPPA-F*

Predictors	Suicide Risk					
	B	SE	t	p	95% CI	
					LL	UL
In-person/Online DV	1.250	0.327	3.818	0.0001	0.607	1.892
IPPA-P	-0.108	0.023	-4.797	0.0001	-0.153	-0.064
In-person/Online DV × IPPA-P	-0.096	0.044	-2.188	0.029	-0.183	-0.010
IPPA-F	-0.046	0.027	-1.677	0.094	-0.099	0.008
In-person/Online DV × IPPA-F	-0.095	0.005	-1.738	0.082	-0.201	0.012
Age	-0.016	0.009	-1.711	0.087	-0.035	0.002

Conditional effects of the in-person/online DV at different values of the moderators:						
IPPA-P	IPPA-F	Effect	SE	p	95% CI	
					LL	UL
Low (2.50)	Low (4.00)	0.630	0.135	0.0001	0.365	0.895
	Medium (5.50)	0.488	0.128	0.0001	0.237	0.740
	High (6.50)	0.394	0.150	0.009	0.099	0.689
Medium (4.75)	Low (4.00)	0.413	0.103	0.0001	0.211	0.615
	Medium (5.50)	0.271	0.067	0.0001	0.139	0.403
	High (6.50)	0.177	0.089	0.046	0.003	0.351
High (6.00)	Low (4.00)	0.293	0.122	0.016	0.054	0.532
	Medium (5.50)	0.151	0.080	0.060	-0.006	0.308
	High (6.50)	0.056	0.090	0.533	-0.121	0.234

*Note.*  $R^2 = 0.172$ ,  $F_{(6,881)} = 30.466$ ,  $p = 0.0001$ ; Notes: In-person/online DV N = 888; Independent Variable: In-person/online DV; Moderators: IPPA-P (parents) and IPPA-F (friends).

## Discussion

This study analyzed the prevalence of in-person and online DV and SR in a sample of Spanish teenage/young women. We aimed to explore the relationship between in-person and online DV, perceived attachment to parents and peers and SR. In addition, we explored the link between attachment, and its buffering role, in the relationship between in-person and online DV and SR.

The findings of this study show that there was a high prevalence of in-person and online DV in adolescent and young adult girls. The percentage of face-to-face violence was higher than in online DV. These results seemingly contradict a British study with adolescents (boys and girls) in which cyber DV was more prevalent than in-person DV (controlling and physical violence) (Stonard, 2018). In contrast, in this current study, rates of in-person DV reached 76%. Rodríguez–Franco et al. (2012) found similar results in a sample of Spanish adolescents, showing rates of 70%. López–Cepero et al. (2015) reported lower rates of in-person DV in young Spanish girls (between 2.3% and 27%) (15 and 25 years) than the percentages found in this study (between 11% and 65% depending on the dimension). We also found that psychological violence (detachment, humiliation and coercion) was the most common type of DV with a prevalence of between 65% and 36%, in line with results from López–Cepero et al. (2015).

Online DV was present in 69% of cases. The most frequent types of violence were monitoring and control violence, and to a lesser extent, direct aggression. These findings are in line with those mentioned by Borrajo and Gámex-Guadix (2016) in a study carried out with a Spanish adolescent sample that used the same measures and with studies conducted in various countries (Caridade et al., 2019). Furthermore, prior longitudinal research also indicated that in-person (psychological and physical) and online victimization DV were positively related (Temple et al., 2016). More than half of the adolescent girls in this study reported experiencing both in-person/online DV (57%). This result coincides with previous findings and suggests that DV does not tend to occur in isolation and that different types of violence are interrelated and coexist in courtship (Caridade et al., 2019; Zweig et al., 2013). Moreover, a recent study found that different forms of in-person DV victimization were a predictor of online DV (Cava et al., 2020). These results also suggest that technology and social networks may provide new opportunities for online DV victimization, which may not

have been possible before the development of the Internet and social networks. Moreover, results confirm that new technologies can be used to connect with a romantic partner but also to control and humiliate them privately and publicly (Zweig et al., 2013). Thus, DV experienced by young women in digital spaces can continue in real life and vice versa.

Regarding suicide ideation rates, 22.7% of girls reported thinking of suicide after DV. These results are consistent with the percentage of SR (23.1%) found in a male and female Spanish sample with similar characteristics (Gómez–Romero et al., 2018). Moreover, results indicated that around 11.2% of DV victims talked to someone about the idea of taking one's own life, and 8% had attempted suicide after suffering DV. These results show higher rates of suicide ideation and attempted suicide (9.7% and 5.6% respectively) than the previously mentioned study (Gómez–Romero et al., 2018).

Specifically, our findings confirm that the percentage of young women who thought about suicide or attempted suicide is higher among those who suffered in-person and online DV compared to non-victims. This is especially the case in those young women who have suffered both types of DV. Suicidal ideation was approximately between two and three times higher for those who reported suffering in-person and online DV, and over four times higher in the joint DV situation. In addition, the likelihood of attempting suicide was 3.7 times higher for those girls who suffered online DV and four times higher in those who suffered in-person DV compared to non-victims. Nevertheless, an even stronger burden lays once again on those women who experience both types of DV. In this case, there is a tenfold increase in the risk of taking one's own life. All these results were supported by data from the correlational analyses. Correlations confirm that DV (in-person, online and in-person/online) are closely linked to an increase in SR rates among adolescent girls and young women. These results are consistent with other studies conducted with women confirming that victims of DV show more suicidal ideation (Roberts et al., 2003) and attempted suicide (Devries et al., 2013; Miranda–Mendizabal et al., 2019).

These results also lend support to the interpersonal theory of suicide (Joiner, 2005; Joiner & Van Orden 2008). Chu et al.'s (2017) meta-analysis posits that the interaction between frustrated belonging and the perceived burden was significantly associated with suicidal ideation; and that the interaction between frustrated

belonging, perceived burden and suicide capacity was significantly related to a greater number of previous suicide attempts. The experience of DV can frustrate interpersonal needs, thereby increasing the risk of suicidal ideation. DV victims may have a high risk of suicidal ideation due to increased feelings of burden and disconnectedness. First, the perception of a lack of reciprocal caring relationship from one's partner and social isolation related with the partner's control, which are probably inherent features of DV, could help explain one's frustrated belonging. As found in previous studies with a Spanish sample, DV victims repeatedly show greater feelings of loneliness and assess their social network more negatively than non-victimized or occasionally victimized adolescents (Carrascosa et al., 2016). Second, suffering experiences of humiliation, detachment or coercion from a partner may increase the perceived burden and self-hatred. Some studies have shown that young women DV victims report emotional distress and a profound self-discontent (Camara & Alexy, 2005). In the same vein, another study has found that the public nature of information and distribution of shameful images (difficult to remove but easy to share) in online DV are particularly humiliating experiences for adolescents (Stonard, 2020). Studies such as those conducted by Lamis et al. (2013) and Wolford-Clevenger et al. (2016) confirm that when the level of frustrated membership is high, the perceived burden correlates with suicidal ideation. Thus, theoretical and empirical reasons exist to expect DV victimization may increase suicidal thoughts and the risk of suicide attempts in victims.

Correlation analyses also found that perceived attachment to parents and peers was positively associated, suggesting a positive link between these two supporting systems. As expected, mediation analyses confirmed the effect of DV on SR, suggesting that DV increases thoughts and suicide attempts. DV also had a direct effect on parental and peers' attachment, indicating that there are more difficulties establishing quality relationships based on trust, communication, and seeking help. Emotional violence involves humiliation, detachment, isolation and elicits fear and compliance restricting social connections, factors that may contribute to increased SR (Wolford-Clevenger et al., 2017). This result is in accordance with the association between DV and depressive symptoms, one of the most robust correlates of suicidal ideation.



Finally, results show that perceived attachment to parents and peers also decreased SR among adolescents. These results are consistent with studies that find a negative effect of detachment from parents and peers on well-being (Greenberg et al., 1983; Nada et al., 1992).

Indirect effects confirmed the mediation role of parental and peer attachment between DV and SR. Perceived attachment to parents and peers could reduce the effect of DV on SR, suggesting that feeling connected to parents and peers is a powerful buffer against suicidal thoughts since it reduces the emotional negative effects of DV. Findings are also consistent with attachment theory. Parents and peers can be trusted, safe and protective figures (Kobak et al., 2007). DV victims may perceive parents and peers as sensitive and responsive to their emotional states helping them to reduce their feelings of isolation and anger. As a result, high levels of parental support may protect teens from later developing suicidal symptoms (Mackin et al., 2017). Additionally, the results of the moderation analyses show that these two attachment figures reduce the effect of DV on SR in different ways. High parental attachment reduced more the effect of in-person/online DV on SR. This type of violence was found to be that which increased SR in a much larger amount. This result suggests that perceptions of secure relationships with parents may be more important than the perception of peer attachment for some measures of mental health (Nada et al., 1992). It should also be noted that both support systems are important since a high IPPA-P reduces the SR when IPPA-F is high or medium, but when is low, it does not reduce the effect of violence on the SR. Nevertheless, high perceived peer attachment is that which reduces the effects of in-person violence on SR. This result is consistent with authors such as (Jackson et al., 2000) who stress that when young people are faced with a violent relationship, they will more frequently seek support among their peers.

The strength of the current study is to explore in-person, online and in-person/online DV and its relationship with SR within the broader context of family functioning and peer relationships. This study also has relevant practical implications. On the one hand, findings suggest that further studies on DV should cover both in-person and online types of DV due to the great impact that suffering both types of DV have not only on suicidal ideation, but on actually having tried to take one's own life. Results indicated that in-person and online DV is common among young couples.

The considerable prevalence data from online abuse suggests that the use of Internet and networks may have turned into a new tool for DV toward one's partner, which previously occurred exclusively in face-to-face interactions. Females who had experienced DV were more likely to report negative feelings in addition to considering and attempting suicide. This study highlights the importance of family and peer systems in suicide prevention. There was less SR when parents and peers supported the victim. Low perceived attachment to parents was associated with greater SR in victims relative to the contribution made by peer attachment. This result suggests that parents play the strongest role in buffering negative feelings and mitigating pain and discomfort associated with DV. Furthermore, it provides evidence that adolescents receive qualitatively different aspects of support from their parents and peers. It could suggest that poor family support may be associated with problems in developing self-reliance in early adolescence. As a result, adolescents may be more vulnerable to suffering DV. Programs that seek to prevent DV should work toward introducing a more secure model of attachment that emphasizes a positive self-concept of oneself and of others and pursuing a more open and fluid communication between parents and adolescents. On the other hand, it is relevant to raise awareness about the role of peers and their influence in DV situations. High parent attachment did not appear to compensate for low peer attachment. This indicates that adolescents need to learn to talk constructively with their peers about DV (Black & Weisz, 2003). This implies that a peer group may provide a supportive and encouraging environment for adolescents in terms of self-expression. Therefore, programs should offer knowledge and tools on how to intervene without increasing the perils for those involved (Black et al., 2008). In sum, communities, parents and other professionals all have a role to play in supporting and informing young people about the risks of dating and guiding them to make healthy and safe choices and decisions.

However, the study has a series of limitations. First, we used self-reported measures for DV, SR and perceived attachment to parents and peers. Thus, social desirability could affect responses regarding sexual violence or suicidal thoughts. Secondly, we used a cross-sectional design, and as a result, it was not possible to infer the exact nature of the relationship between DV and SR. As such, DV may be a consequence rather than an antecedent (Devries et al., 2013). Third, selecting the cut-off point as "zero tolerance" may lead to a high percentage of false positives. Fourth, considering that the sample includes an extensive age range (13 to 28), the age variable

was controlled in the analyses. However, including this wide range could be a limitation of the study in terms of generalizing results (external validity) to adolescent women who are in an initial and intermediate adolescence phase, and those who are living through adult transition (over 20 years). During this time span, romantic relationships, the role of parents and peers, and SR may vary. This limitation leaves future lines open for analyzing DV and SR and develop specific comparisons according to those age groups. However, evidence strongly suggests that the capacity of young females to detect and label abuse is far from optimal (Rodríguez–Franco et al., 2012) and that being over-cautious in the selection process draws attention to the problem of minimizing abuse. Fourth, in the study we have used the same instrument to measure the relationship with both parents (mother and father). It could be appropriate in future studies to use a measure that differentiates each parent and the role they play as support and attachment figures. Finally, and despite having a significant sample size, it is nevertheless a convenience sample which limits the generalization of results to other contexts.

### ***Conclusions***

This study attests to the fact that a significant number of female adolescents and young in this study reported experiencing both in-person and online DV. While psychological violence is the most common type of face-to-face DV, monitoring and control is the most common type of online DV. As could be expected, DV has negative psychological and emotional effects on victims. Suffering in-person and online DV can frustrate interpersonal needs and increase the risk of suicidal ideation nearly threefold compared to those who do not report these experiences. This experience has a relevant effect on these young girls increasing the likelihood of attempted suicide by 3.5 times in online DV, by four times for those with in-person DV, and by over 10 times in those victims of in-person/online DV compared to non-victims. The importance of having other people who may comfort you is underlined by the fact that DV victimization and perceived attachment problems with parents and friends are positively related to SR. Perceived functional attachment can act as a buffer for victims against suicidal thoughts and behaviors. Adolescent girls and young women receive qualitatively different aspects of support from their parents and peers. This study confirms the importance of family and peer systems in suicide prevention

in DV victims. Future interventions with female adolescents with DV should explore the presence of simultaneous in-person and online victimization. Moreover, these female victims of DV could benefit from activities that focus on the perceived positive and safe attachment styles that both parents and peers can provide. For example, by focusing on empowering members of both reference groups to talk constructively about relationships with adolescent girls and young women. Providing a supportive and encouraging environment for self-expression, as well as informing young people about the risks of dating and guiding them to choose healthy options is an important basis for reducing thoughts or behaviors about taking one's life in victims of DV.

# CHAPTER 4

## **Power Imbalance in Dating Relationships and its Effect on Suicide Risk among young Colombian and Spanish Young Women: The Mediation Role of In-person and Online Dating Violence and Coping Strategies**



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# CHAPTER 4

## **Power Imbalance in Dating Relationships and its Effect on Suicide Risk among young Colombian and Spanish Young Women: The Mediation Role of In-person and Online Dating Violence and Coping Strategies**

### **Introduction**

Dating violence (DV) has been recognized as an important social problem in young women. DV refers to any type of psychological, physical, or sexual aggression by one partner towards the other in a romantic relationship involving young people not living together who have no children in common or legal ties (Jennings et al., 2017; Shorey et al., 2008).

DV can occur cross-modally: both in-person and online (Stonard, 2021). However, online DV studies are still scarce in comparison with those focusing on in-person DV (Caridade et al., 2019) and few studies have examined how cross-modal DV experiences affect young women's health. There is also a large degree of variability in the DV rates reported in previous research, most likely due to the different methodological approaches and measures used to detect the phenomenon (Rodríguez-Domínguez et al., 2020). A literature review found that the prevalence of in-person DV against young women was 41.2% for physical, 64.6% for sexual, and 95.5% for psychological violence (Rubio-Garay et al., 2017), whereas the prevalence of online DV ranged from 5.8% to 92% (Caridade et al., 2019). In this vein, some researchers have pointed out that the widespread use of the Internet has created new opportunities for experiencing online DV, including control/monitoring and direct aggression behaviors (e.g., misuse of passwords and dissemination of personal information without consent) (Gámex-Guadix et al., 2018). Moreover, studies have also shown that during adolescence, women tend to suffer more severe forms of

violence than men (Teten et al., 2009; Tuty, 2021), primarily physical DV (Smith et al., 2003) and sexual online DV (Stonard, 2021). For this reason, the present study focuses on violence directed at young women by their male partners.

### ***Power imbalance, Dating Violence and Suicide Risk***

One of the factors that have been associated with suffering more DV among women is a lack of power in romantic relationships. Meta-analysis supports males' adolescents might be more likely than female adolescents to use DV to exert power and control over their partners (Spencer et al., 2019). Thus, power balance is a key factor in preventing DV in young and adult women (Moolman et al., 2020). Here, power imbalance is defined as interpersonal dominance in a romantic relationship that might be expressed in decision-making dominance and the capacity to adjust behaviors against one's partner's wishes in order to control one's actions (Pulerwitz et al., 2000). Two studies in Latin-American show that greater power imbalance has been associated with moderate ( $r = .40$ ) (e.g., slapping) and severe ( $r = .46$ ) (e.g., strangle) physical DV among young Chilean women (Viejo et al., 2018), as well as with the psychological violence among young Mexican couples (Martín-Lanas et al., 2019). Nevertheless, among African American and Hispanic girls in the USA (15-19 years), power in relationship was not related to physical DV (Teitelman et al., 2008). These differences support the idea that cultural values and norms may shape the way in which interpersonal power influences romantic relationships (Caridade & Braga, 2020; Connolly et al., 2010).

This study focuses on analyzing how power in relationship can imply DV and its consequences on mental health. Feelings of powerlessness, as brought on by an abusive romantic relationship, are a significant predictor of long-term depression among women (Campbell et al., 1995), which suggests that the link between violence and worse mental health is a function of power (Filson et al., 2010). In relation to their consequences for young people, DV experiences have been found to lead to decrease life satisfaction and increase emotional distress, poor academic performance (Callahan et al., 2003; Stonard, 2020), feelings of loneliness, depressed mood (Cava et al., 2020), feelings of guilt, rage, and pain (Cornelius & Resseguie, 2007), and suicide risk (SR) (Roberts et al., 2019). In this sense, a meta-analytical review with seven primary studies found that SR was related to in-person DV among women (Castellví et al., 2016).



However, we only found a study analyzing the association between online DV experiences and suicidal ideation among college students in the USA (Caridade et al., 2019) and few studies have explored the process that associates DV experiences with suicide attempts and suicidal ideation, particularly in relation to online DV. Therefore, more research into DV and its influence on SR may help develop prevention strategies for young women.

### ***Dating Violence, Coping Strategies and Suicide Risk***

Young women who experience DV are at significant risk for general psychological distress and use different strategies to regulate their emotions and cope with DV (Coffey, 1996; Lee & Lee, 2012). One of the most relevant theoretical frameworks for understanding emotion regulation and has been applied to IPV (Puente Martínez et al., 2017) is proposed by Gross (2015). Emotion regulation is the process of managing emotions (positive and negative) as they are experienced, and defines how they are experienced (Gross, 2015; Puente et al., 2018). The modal model of emotion specifies a temporal unfolding of emotion: (1) the situation that elicited the emotion, (2) modification of the situation, (3) attention to that situation (attentional deployment), (4) appraisal of the meaning of the situation given one's current goals (cognitive change), and, finally, (5) an emotional response tendency that includes behavioral, physiological, and experiential components (emotional response modulation). In this model, coping strategies are the measures taken by individuals to control and manage situations that appear to be dangerous and stressful, and include cognitive and behavioral efforts to lessen the impact of stressors (Lazarus & Folkman, 1984).

Despite the importance of emotion regulation and coping for healthy functioning, we know little about how emotional coping strategies interact with other variables to amplify or reduce adverse outcomes in women who suffer DV. Coping has been considered critical to determining the impact of the abuses on adults' victims' and cut the violence cycle (e.g., Coffey et al., 1996). Indeed, increasing knowledge in coping strategies may be crucial to DV prevention and to reduce SR. However, few studies have focused on assessing emotional regulation in young women who have experienced DV. Previous studies have shown that young women used different strategies to regulate their emotions and to cope with DV as social isolation (Boyce et

al., 2020), psychological rumination (Lee & Lee, 2012) and emotional suppression (Velotti et al., 2018) that tended to be described as less healthy and negative. The use of these negative coping strategies is associated with more negative affect and higher SR (Kaplow et al., 2014; Nole-Hoeksema et al., 2007; Puente-Martínez et al., 2018). Maybe, these strategies intensify the distress caused by DV and, in consequence, could increase their vulnerability to suffering depression and SR.

The three coping strategies to be analyzed in this study are described below. The first is the social isolation strategy to respond to violence (strategy for modifying the situation). Social isolation strategy describes an avoidant form of coping emotional regulation (Larsen & Prizmic, 2008). It has been associated with higher negative affect, low psychological well-being (Puente-Martínez et al., 2018) and a higher SR in the general population (De Catanzaro, 1995). In contrast, seeking social support confirms a buffering role between DV and depression/anxiety (Holt and Espelage, 2005). Social support is instrumental in reducing mental health risks (e.g., depression) when suffering DV. Also, social support improves conflict negotiation and management skills and may help self-protection from further violence (Hegde et al., 2017).

Even though there is a lack of evidence around social isolation strategy among young women who suffer from DV, it is a well/established strategy used by perpetrators of DV to increase partner vulnerability and dependence (Ellsberg et al., 2008). In this vein, a study suggested that spending less time with friends due to the partner's controlling behavior was associated with DV, showing a possible relationship pattern between diminished social ties in youth women and experiencing DV (Taylor et al., 2021). Social networks and personal ties may provide support and be the most critical sources in adolescence for attachment, caregiving, and affiliation needs. Consequently, avoiding social support from these primary sources because of DV may destabilize adolescent socio-emotional development (Boyce et al., 2020). Indeed, Nahapetyan et al. (2014), in a longitudinal study, found that physical DV victimization was a significant and robust predictor of SR among women and proposed that social isolation may explain this association.

This evidence is consistent with the Interpersonal Theory of Suicide (Joiner & Van Orden, 2008). This theory indicates that the sense of thwarted belongingness (i.e., social isolation) and perceived burdensomeness for a partner (i.e., the perception of a lack of a reciprocal-caring relationship) are the strongest predictors of suicidal

ideation among young women (Conwell 1997; Dervic et al., 2008; Joiner & Van Orden 2008). Maybe physical DV may increase the risk of withdrawing from others (isolation) and, consequently, feeling loneliness, increasing SR.

The second coping strategy discussed here is psychological rumination, which refers to attention to the situation. It has been defined as an emotional coping strategy that involves maintaining self-centered attention and repeatedly dwelling upon distressing experiences (Xie et al., 2019). Although its purpose is to alleviate negative mood, its effect is nevertheless to maintain it. It is an intrusive and past-oriented cognition about negative experiences (Papageorgiou & Siegle, 2003), that has been associated with DV among female university students (Bacioglu & Kocabiyik, 2020), and with depression and SR among adolescent girls (Nole-Hoeksema et al., 2007). However, to the best of our knowledge, there are no studies linking DV with psychological rumination and mental health. Only one previous study conducted by Feinstein et al. (2014) examined the relationship between online victimization, psychological rumination and mental health, finding that psychological rumination may mediate between online victimization by peers and mental health problems among young women. There is therefore a need to further explore the associations between DV and SR by adequately accounting for other risk factors that predict more victimization among women.

The third coping strategy analyzed is emotional suppression, which corresponds to an emotional response modulation strategy. Emotional suppression is the inhibition of thoughts and emotions at an intrapersonal level (e.g., not thinking, not feeling). It reflects the person's attempt to suppress the expression of emotions (verbal and non-verbal) while the emotional arousal persists (Gross & Levenson, 1993; Gross & John, 2003). Emotional suppression is an emotional regulation strategy with negative long-term consequences for mental health. It, has been associated with negative emotions (John & Gross, 2004), depressive symptoms (Gross & John, 2003), psychopathological distress in women (Rogier et al., 2019), and social dysfunction (e.g., lower social support and poorer romantic relationship quality) (Chervonsky & Hunt, 2017). According to the meta-analysis of Schäfer et al. (2017) the habitual use of emotional suppression has been associated with detrimental psychopathological outcomes (e.g., anxiety) in youth (with small effect size). Kaplow et al. (2014) finding that adverse life events increase suicidal thoughts and attempts through emotional

suppression in an adolescent sample (controlling demographic variables and depressive symptoms). However, other authors did not link emotional suppression and depressive symptoms among young women (17-24 years old) (Flynn et al., 2010). Also, regarding emotional suppression and its association with power in relationship, a study with Spanish youth shows that women who have powerless in a romantic relationship were more likely to inhibit/suppress their emotions during a conflict with a partner when they perceived that their partner used passive conflict resolutions like “a lack of response” or “be unresponsive” (Alonso-Ferres et al., 2021). In this vein, Keltner et al. (2003) also posited that low power in relationships inhibited the expression of attitudes. The authors indicated that individuals with lower power in relationships might use emotional suppression more frequently to avoid potential negative consequences and maintain harmony within the relationship. This study analyzes this coping strategy because we found limited research that analyzes the role of power in relationship, emotional suppression in young women who suffer DV and its impact on mental health.

### ***Cultural Differences in DV and Associated Factors***

Research analyzing cultural influences in DV is limited, making cross-cultural comparisons difficult, especially in relation to online DV. Two systematic reviews found that more than half of the extant research into DV was conducted in the USA, with a much smaller percentage being carried out in Europe and Latin America (Caridade & Braga, 2020; Gracia-Leiva et al., 2019).

Although this study will not empirically analyze the countries' cultural values, it will include a series of theoretical arguments based on Hofstede's cultural values classification model to justify the choice of two Spanish-speaking countries. The study analyzes differences in DV rates in Colombia and Spain, based on theoretical considerations and differences in gender inequality and cultural values. Latin America is one of the most unequal regions worldwide (National Institute of Forensic Medicine and Forensic Sciences, 2015), with higher levels of violence against women (United Nations Development Program, 2014) and IPV prevalence rates (7.8%) that surpass those reported in European countries (7.1%) (Women, Peace, and Security Index, 2019-2020).

Specifically, official reports state that, in Colombia, 43.3% of all victims are young (from 18 to 28 years of age) (National Institute of Legal Medicine and Forensic Sciences, 2019), and the prevalence of DV ranges between 16.9% (physical) and 50% (psychological) (Gallego et al., 2019; Pinilla et al., 2016). In Spain, DV rates among young women are between 14.2% (physical) and 44% (psychological) (Macro-survey on Violence Against Women, 2019).

Previous research also indicates certain differences between Colombia and Spain in terms of their cultural values (e.g., power distance, masculinity/femininity, individualism/collectivism, and avoidance of uncertainty) (Hofstede, 2011). Spanish people report lower power distance (57 Spain / 67 Colombia) and masculinity values (42 Spain / 64 Colombia), higher levels of individualism (51 Spain / 13 Colombia) and more uncertainty avoidance (86 Spain / 80 Colombia) than people from Colombia (<http://www.geerthofstede.nl/>; Hofstede, 2011). It is worth noting that, in cultures with high power distance and high masculinity, society tends to be hierarchical, stressing status and gender differences (Arrindell et al., 2013). The belief that the distribution of male social power is inherently unequal and needs no justification may result in women believing that their partner's behavior, even if it is abusive, is justified due to his higher status. Indeed, power may be an instrument for achieving culturally-nurtured goals. Social equality (i.e., a smaller gender power imbalance) has been related to lower rates of IPV (Puente et al., 2016). In contrast, in feminine societies, more role equality is expected and “macho behavior” is less accepted (Arrindell et al., 2013). Moreover, in collectivist cultures, it is central to maintain a favorable judgment by others, i.e., respectability that a person can claim for him/herself from others, by position on the social network (face-saving). In the context of IPV, for example, this value may result in abused women being less likely to acknowledge the problem publicly or to seek help for abuse from their partners (Do et al., 2013).

Cross-cultural evidence also indicates that violence against women is one of the main precipitants of suicide attempts in developed (e.g., Spain) and middle-income countries (e.g., Colombia) (Devries et al., 2011; Vijayakumar, 2015). Webster Rudmin et al. (2003) found that culture played a relevant role in causing and inhibiting suicidal thinking and behavior. These authors concluded that young women living in societies with a higher power distance had a higher SR (low power distance: 2.3 Spain/ high: 2.9 Colombia). Furthermore, they found that both highly individualistic contexts that

emphasize the "I" versus the "we" (i.e., the loyalty to extended family that characterizes collectivism) and high uncertainty avoidance cultures empower women. Indeed, they found that individualistic, normative and Catholic cultures may reduce and protect young women from a higher SR. In this vein, recent reports have found suicide rates of around 2.2/2.3 among young women ( $\leq 29$  years old) in Spain/Colombia (National Institute of Legal Medicine and Forensic Sciences, 2019; Spanish Foundation for Suicide Prevention, 2015). Also, Moreno et al. (2021) found that the rate of attempted suicide in Colombia has increased in the last ten years, especially between 16 and 21 years, and that suicide attempts are more frequent in females than males. These data suggest that even though DV may correlate positively with SR in both countries, since Colombian women live in a less individualistic society with more power distance and less uncertainty avoidance, their SR may be slightly higher than that of young Spanish women.

Cultural values also influence individual preferences regarding the strategies used to regulate emotions and the associated psychological outcomes (Ford & Mauss, 2015). The study by Michau et al. (2015) shows that the response to violence against women and girls is shaped by cultural beliefs and social norms about gender and power that may support or discourage gender-based violence. Gender biases remain pervasive (e.g., there are circumstances in which men's violence against women is justified or the women are to blame for the violence committed against her). This will determine the woman's decision to seek help and social support from peers, family, or formal services, if available, or cope with violence through silence and social isolation. When social norms are gender-equitable, people may experience the rewards of rejection of abuse (e.g., admiration and acceptance) rather than the sanctions of experiencing violence such as shame, stigma, and social isolation (Michau et al., 2015). In this vein, women in Spain (more gender-equitable or with less gender bias than Colombia) could show less social isolation than women in Colombia.

Regarding psychological rumination, Knyazev et al. (2017) found that psychological rumination tended to be less commonly used in collectivistic Eastern cultures than in individualistic Western ones, since it is more centered on the inner self. However, Chan et al. (2010) found higher levels of psychological rumination among people from collectivistic East Asian cultures than among individualistic Euro Americans, attributing this finding to the self-critical ethos of Confucian collectivism,

and arguing, moreover, that North American individualism stressed the self-enhancement and blocked negative self-reflection.

Also, the literature indicates that individuals from a shared culture are expected to show similarities in when and how much they use emotional suppression strategy to regulate emotional response (Kitayama & Park, 2007). One study found that collectivist countries (interdependent) (e.g., Hong Kong vs. Canada) report higher emotional suppression levels than individualist countries (Ford & Mauss, 2015). Tsai and Lu (2018) found that in European Americans (individualistic society), emotion control values undermine self-affirmation and authenticity with others, while for Asians (Collectivist society), emotion control values serve for social harmony. Persons from collective cultures may suppress/inhibit their emotions more than persons from independent cultures because exhibiting them can negatively affect social costs (Gross & John, 2003).

Given that the specific psychological mechanisms that explain cultural differences in the association between DV, psychological rumination, emotional suppression, social isolation and SR are still unclear, in this study, we compare Spain and Colombia with a view to exploring this relationship.

### ***The Present Study***

The present study examines the associations between power in relationships, DV (in-person and online), emotional coping strategies (social isolation, psychological rumination and emotional suppression) and SR among young women in two countries (Spain and Colombia).

First, a two-part hypothesis is proposed based on the differences founded previously between the two countries in terms of the main variables:

Hypothesis 1a. We expect young women in countries with higher rates of inequality and violence against women, such as Colombia, to report more DV (in-person and online) than women in more egalitarian countries, such as Spain.

Hypothesis 1b. We expect young women in Colombia to report less power in relationships and a great SR than Spanish women, since Colombian society has stronger collectivist values, more masculinity, more power distance, and less uncertainty avoidance values than Spanish society.

The second, hypothesis of direct and indirect effects from power on SR are presented below. This hypothesis is divided into nine parts and is outlined below. The proposed relationship model is shown in Figure 7:

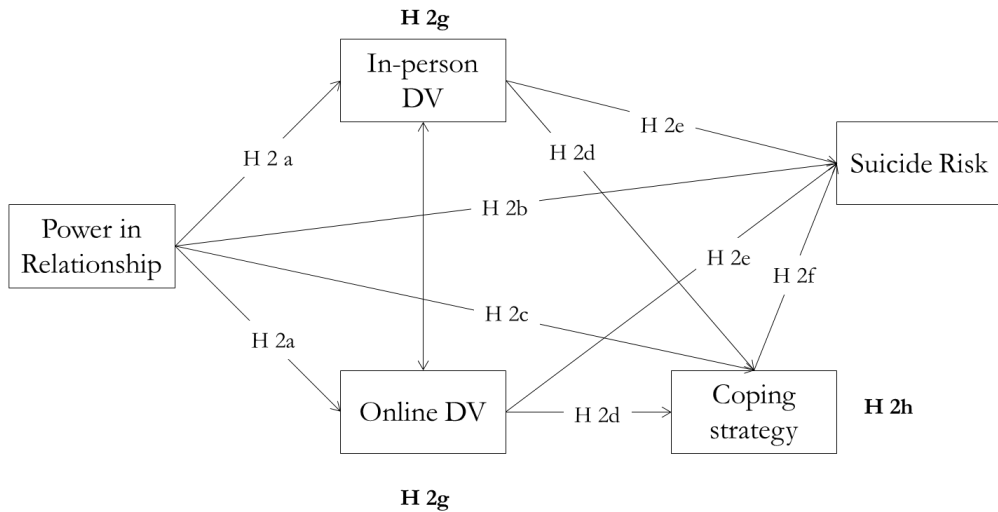
We expect to find a direct effect of power in relationships on in-person and online DV (Hypothesis 2a), SR (Hypothesis 2b), and on coping strategies (Hypothesis 2c). We also expect to find a direct effect of in-person and online DV on emotion coping strategies (Hypothesis 2d), and SR (Hypothesis 2e), as well as a direct effect of emotion coping strategies on SR (Hypothesis 2f).

Hypothesis 2g. We expect to find an indirect effect of power in relationships on SR through in-person and online DV. Based on a study reporting that in-person DV (which includes more severe face-to-face physical and sexual victimization) has a more significant negative impact than online DV on mental health (Gracia et al., 2020), we expect the indirect effect of in-person DV to be greater than that of online DV. Also, because physical violence maybe is more normalized in the Colombian context than in Spain (Martínez-Dorado et al., 2020), we expect the indirect effect of power in relationships through DV to be greater in Spain than in Colombia.

Hypothesis 2h. We expect to find an indirect effect of power in relationships on SR through in-person and online DV and the use of emotional coping strategies. Specifically, we expect the association between low power in relationships and SR to be stronger when young women suffer in-person and online DV and use more emotional coping strategies (psychological rumination, emotional suppression and social isolation). We expect the indirect effect of in-person DV and the three emotional coping strategies to be greater than that of online DV. For the same reasons as stated above, we also expect this indirect effect to be greater in Spain than in Colombia.

Hypothesis 2i. We do not expect to find differences between participants from Colombia and Spain in the association between low power in relationships and SR among women who use these emotional coping strategies to cope with in-person or online DV (invariance model path analysis).



**Figure 7.** *The Hypothesized Path Models*

*Note.* One-headed arrows represent paths. Hypothesis of indirect effect are presented in bold. DV = Dating Violence. Hypotheses in bold represent expected indirect effects.

## Materials and Methods

### *Sample*

Participants were 1216 young women aged between 18 and 28 years ( $M = 20.64$ ,  $SD = 2.65$ ) from Colombia ( $N = 461$ ,  $M = 20.82$ ,  $SD = 2.55$ ) and Spain ( $N = 755$ ,  $M = 20.53$ ,  $SD = 2.03$ ), who are or have been in a heterosexual dating relationship, do not live with their boyfriend, and do not have children or legal ties with him. Convenience samples were recruited between May 2018 and March 2020. Over 90% of participants were born in their country of residence.

### *Procedure*

In Colombia, data were collected by the Catholic University of Pereira (UCP) in collaboration with the "Higher Education Network for Gender Equity", as part of the project entitled "Gender violence in university contexts. Study on Dating Violence". The UCP coordinated the fieldwork at the universities. Each university determined the classes and schedules for the administration of the questionnaire. Trained research staff administered paper-and-pencil questionnaires during class

hours (35-40 minutes) and the online questionnaire was disseminated through Qualtrics (<https://www.qualtrics.com>), with the link being sent to students' email addresses. The Ethics Committee of the UCP approved the study (N° 16/11/2018).

In Spain, the research team contacted university professors to describe the study and ask for their collaboration. After arranging a time with participating professors, a member of the research team went to the university during class time and invited students to participate voluntarily and anonymously. The questionnaires were administered at 12 universities by trained research staff. In some classes, students answered the questionnaire in paper-and-pencil format. In other cases, students who agreed to participate provided their email addresses and were then sent a link through which they could respond to the online questionnaire (30-40 minutes). The survey link was also disseminated using the snowball procedure via the Qualtrics (<https://www.qualtrics.com>), platform. In all cases, participants signed a consent form. The Ethics Committee of University of Burgos approved the study (IR 20/2019) ([osf.io/bevsu](https://osf.io/bevsu)).

### ***Measures/Instruments***

*Sociodemographic Questionnaire.* Personal information was collected, including participants' age, country, and occupation and whether they lived with their boyfriend, and whether or not they had children or legal ties to him.

The *Sexual Relationship Power Scale-Modified* (SRPS-M) (Spanish version) (Pulerwitz et al., 2000) was used to measure relational power in intimate and sexual relationships. The instrument consists of 19 items and two dimensions: Relation Control (12 items) (e.g., Most of the time, we do what my partner wants to do) is rated on a 4-point Likert-type scale (1 = *totally agree* to 4 = *totally disagree*) and Decision-Making Dominance (7 items) (e.g., Who usually has more say about whether you have sex?) is rated on a 3-point Likert-type scale (1 = *your partner*, 2 = *both*, 3 = *you*). Total score was calculated following the formula proposed by its original authors with a final power full-scale range of 1 to 4 (Pulerwitz et al., 2000), with higher scores indicating greater power in relationships.  $\alpha = .90/.92$  Colombia/Spain.

The *Cuivino-R* (DVQ-R) (Rodríguez-Díaz et al., 2017) assesses victimization and perpetration (in-person) in dating relationships. We used only the victimization scale, which comprises 20 items rated on a Likert-type scale from 0 = *never* to 4 = *almost always* and grouped into 5 factors: detachment (e.g., stops talking to you or disappears for several days, without any explanation, to show their annoyance), humiliation (e.g., criticizes you, underestimates the way you are, or humiliates your self-esteem), coercion (e.g., talks to you about relationships he imagines you have), physical violence (e.g., has slapped your face, pushed or shaken you) and sexual violence (e.g., insists on touching you in ways and places that you don't want). The mean was calculated by adding up all scores and dividing the total by the number of scores. Higher scores indicate greater DV victimization. Outcomes were coded as either 0 = *non-abusive behavior (non-victims)* or 1 = *one or more abusive behaviors (victims)* to create the prevalence scores. We used the zero-tolerance criterion (a positive response to any question on the scale is considered violence).  $\alpha = .92/.90$  Colombia/Spain.

Online DV was measured using the *Cyberdating Abuse Questionnaire* (CDAQ) (Borrajo et al., 2015), which comprises 20 items that measure victimization in cybernetic DV. The questionnaire includes two dimensions: control and monitoring (e.g., checking social networks, WhatsApp or email without permission) and direct aggression (e.g., sending and/or uploading photos, images and/or videos with intimate or sexual content without permission). Items are rated on a 5-point Likert scale ranging from 0 = *never* to 5 = *always*. Total scores were calculated by adding the mean for each of the two dimensions. Higher scores indicate a greater frequency of online DV experiences. Outcomes on the CDAQ were coded as either 0 = *non-abusive behavior (non-victims)* or 1 = *one or more abusive behaviors (victims)* to create the prevalence scores (zero-tolerance criterion).  $\alpha = .92/.92$  Colombia/Spain.

Suicide risk was measured with the *Spanish Suicide Risk Scale* (SRS) (Plutchik et al., 1989; Valladolid et al., 1998). It's comprises 15 items with dichotomous responses (0 = *no* and 1 = *yes*) focusing on the symptoms of depression and hopelessness, previous autolytic attempts, suicidal ideation and other aspects related to the risk of suicide attempts. In relation to the specific concept under study, only 3 items of the scale are related to suicidal ideation/attempts: 13 "Have you ever thought about committing suicide?", 14 "Have you ever told someone that you would take your own life?", and 15 "Have you ever tried to take your own life?" (Gracia et al., 2019). Total

SR scores were calculated by adding the scores for these 3 items, with higher scores indicating more SR ideation/attempts.  $\alpha = .79/.78$  Colombia/Spain.

We used the *Emotional Regulation Scale* (MARS) (Larsen & Prizmic, 2004; Puente et al., 2018) to measure the mood or emotional intensity of experiences and how participants coped with them. Originally it includes strategies oriented towards modification of situation (i.e., social isolation), attentional deployment and cognitive change (i.e., psychological rumination), and emotional response modulation (i.e., emotional suppression). Response options range from 0 = *never* to 6 = *always*. High scores on the scale indicate a greater use of these emotional coping strategies. Social Isolation. Composed by two items that describe a form of modification of situation strategy (e.g., To avoid contact with people who caused the problem or situation and to try being alone). Inter-item correlation in Spain was .40 in Spain and in Colombia was .49. Psychological Rumination. Specifically, we used two items about rumination that describe a negative form of attentional and cognitive coping (e.g., Try to understand my feelings by thinking about and analyzing them, and to think about how I could have done things differently?). Inter-item correlation in both countries was .40. Emotional Suppression. Three items describe this emotional regulation strategy (e.g., To try not to think about what happened, ignoring my emotions, to try not to show my feelings, to suppress all expression of them, and to faking or demonstrate the opposite emotions to those that I feel).  $\alpha = .86/.84$  Colombia/Spain.

### ***Data Analysis***

Participants' demographic data were summarized by country using descriptive statistics. Cronbach's alpha was used to report the reliability of all scales, with the exception of that measuring psychological rumination and social isolation (two-item scale). The reason for this was that, since the alpha coefficient is sensitive to the number of items in the scale, in this case it was deemed more appropriate to report the mean inter-item correlation. In accordance with Pallant's recommendation (2011), the optimal range for inter-item correlation is between .2 and .4.

Power levels in relationships, in-person and online DV, emotional coping strategies and SR in Spain and Colombia were compared using ANOVAS (H1a, H1b) (see Table 16). The relationship between variables was tested using partial Pearson correlations in each country. We also controlled for variables (procedure: paper or

online) that were significantly associated with our dependent variable (SR) (see Table 17).  $r$  values of around .10 are considered small, .30 medium, and .50 or higher large (Cohen, 1988). All significance tests were two-sided with a 5% nominal level of significance. These analyses were conducted using the SPSS v.26 software package.

Path analysis was used to examine the pathways from power in relationships to SR in both countries. This technique allows a series of structural regression equations to be analyzed simultaneously while evaluating how well the overall model fits the data. We developed models to assess H2 (2a, 2b, 2c, 2d, 2e, 2f, 2g and 2h) one for each emotional coping strategies (social isolation, psychological rumination, and emotional suppression). All models were controlled for both types of procedure (online and paper). Next, as described by MacKinnon et al. (2004), bias-corrected confidence intervals were used to provide more accurate weightings between Type I and Type II errors and a more precise assessment of indirect effects than those offered by traditional tests (BOOTSTRAP). Consequently, 100 bootstrap samples and 95% bias-corrected confidence intervals (CI) were used to determine the significance of indirect effects. An indirect effect is deemed statistically significant if the value of 0 is not included in the bias-corrected CI. Figure 1 shows the multigroup model (1 = *Spain*, 2 = *Colombia*) pertaining to the effect of power in relationships on SR. The full model includes power in relationships as an independent variable and SR as an outcome variable. The complete mediation effect is indicated, along with the indirect paths to dependent variables through the mediators (i.e., in-person and online DV, social isolation, psychological rumination, and emotional suppression), which are represented in the form of lines charting direct paths from independent to dependent variables. The goodness of fit of the path models was assessed by examining the root mean squared error of approximation (RMSEA) and the standardized root mean squared residual (SRMR) (close to or smaller than 0.08), the comparative fit index (CFI) (close to or larger than 0.95), and the Tucker–Lewis index (TLI) (close to or larger than 0.90). These analyses were conducted using Mplus (Version 8.2, Muthén & Muthén, 2017). We then compared the indirect effects of the model, using Macro excel (Wilson, 2016) to calculate the beta contrast (H2g and H2h).

We used a multiple group analysis to explore whether the path coefficients of the model were equivalent across countries for each coping strategy (social isolation psychological rumination and emotional suppression) (H2i). First, we tested the *overall*

*model* and the model for each group (country) separately. Second, we tested the *configural invariance model*, which implies that the relations of fixed and free parameters were equivalent across subsamples (e.g., Kline, 2005), using a sequential constraint imposition model (Mann et al., 2009). This analysis involved three steps: (1) we imposed the constraint that all parameters had to be equal across the groups. If the  $\chi^2$  is significant, results indicate non-invariance between groups or that path coefficients are different across countries; (2) next, we imposed a constraint on each parameter (k) of theoretical interest and then released them one at a time (k-1); (3) we analyzed whether any variations existed in the sequential constraint model in comparison with an unconstrained model. A variation in the sequential constraint release model enables the actual decrease in the model  $\chi^2$  to be used to determine the degree of model improvement due to each individual constraint's release. Significant comparisons using the corrected chi-square difference test indicate that this constraint increases chi-square values significantly, and therefore, a path coefficient is moderated or not equal across countries.

## Results

### *Descriptive Statistics and Means Differences by Country*

The mean age of participants in Colombia ( $M = 20.82$ ,  $SD = 2.55$ ) was higher than in Spain ( $M = 20.53$ ,  $SD = 2.03$ ;  $F_{(1,1214)} = 4.923$ ,  $p = .027$ ), with a small effect size  $d = .13$  (95% C.I 0.015, 0.247). Around 83% of participants were students ( $n = 1009$ ) and 17% ( $n = 207$ ) worked and studied at the same time. None reported having children or legal ties to their boyfriend.

Descriptive information pertaining to the study variables is presented in Table 16. Significant differences between countries were found in relationship power, in-person DV, social isolation, emotional suppression, and SR. Women in Spain reported greater power in relationships, less in-person DV, social isolation and emotional suppression, and a lower SR than their counterparts in Colombia, with small effect sizes (.18 to .46) (H1a and H1b).

**Table 16.** Means (SD) for Power in Relationships, DV (In-person and Online), Emotional Coping Strategies, and Suicide Risk

Variables	Total N = 1216	Colombia n = 461	Spain n = 755	F (gl = 1)	Sig.	d	C.I.
	M (SD)	M (SD)	M (SD)				
Power	2.92 (0.59)	2.82 (.58)	2.98 (0.59)	18.832	<b>.0001</b>	.25	0.140 0.372
In-person DV	2.35 (2.74)	2.91 (3.08)	2.01 (2.46)	31.849	<b>.0001</b>	.33	0.217 0.450
Online DV	0.78 (1.17)	0.83 (3.08)	0.76 (1.16)	0.922	.337	.05	-0.059 0.172
Social Isolation	2.42 (1.52)	2.59 (1.58)	2.32 (1.48)	8.926	<b>.003</b>	.18	0.065 0.292
Psychological Rumination	3.49 (1.38)	3.49 (1.51)	3.50 (1.30)	0.003	.958	.06	-0.058 0.173
Emotional Suppression	1.96 (1.49)	2.13 (1.56)	1.86 (1.44)	9.335	<b>.002</b>	.18	0.064 0.296
Suicide Risk	0.53 (0.84)	0.79 (1.08)	0.36 (0.81)	60.968	<b>.0001</b>	.46	0.344 0.578

Note. DV = Dating Violence; Suicide Risk (3 items).

Overall, 78.4% of participants reported having suffered in-person DV in Spain compared to 87% in Colombia ( $\chi^2 = 16.626, p = .0001$ ). Also, results revealed differences in SR between the two countries, with 20.3% of participants in Spain vs. 39.5% in Colombia ( $\chi^2 = 54.458, p = .0001$ ) reported suicidal ideation; 10.2% vs. 23% respectively ( $\chi^2 = 37.292, p = .0001$ ) having talked to someone about suicide, and 6.5% vs. 7% respectively, reporting a suicide attempt ( $\chi^2 = 31.458, p = .0001$ ).

### ***Correlations between Variables***

The correlation matrix among variables in the two countries is presented in Table 17. Power in relationships is associated negatively with DV (in-person and online) with a large effect size in both countries, with the exception online DV in Colombia, which had a medium size.

In both countries power in relationships was also negatively associated with psychological rumination (small size), social to inhibition (medium size), and SR (small size). Also, power is associated with social isolation (Spain: medium size; Colombia: small size).

In-person and online DV were found to positively correlate with each other in both countries, with a large effect size. Also, both types pf DV were positively associated with all three coping strategies. In Colombia, three strategies correlate with in-person DV (medium size) and with online DV (social isolation and rumination: small; emotional suppression: medium size). In Spain, also three strategies correlate with in-person DV (rumination: small; social isolation and emotional suppression: medium) and online DV (rumination and social isolation: small; emotional suppression: medium). SR was positively associated with three coping strategies and DV (both types), with a small effect size in both countries, with the exception in-person DV and emotional suppression in Spain (medium size).

**Table 17.** *Correlations between Power in Relationships, DV (In-person and Online Emotional Coping Strategies and Suicide Risk in Colombia and Spain*

Variables	1	2	3	4	5	6	7
1. Power in relationships	-	-.716***	-.642***	-.330***	-.209***	-.403***	-.295***
2. In-person DV	-.690***	-	.683***	.375***	.262***	.447***	.355***
3. Online DV	-.469***	.660***	-	.278***	.228***	.324***	.221***
4. Social Isolation	-.291***	.386***	.230***	-	.312***	.544***	.230***
5. Psychological rumination	-.227***	.346***	.256***	.430***	-	.277***	.121***
6. Emotional Suppression	-.354***	.457***	.303***	.618***	.402***	-	.317***
7. Suicide Risk	-.249***	.269***	.140*	.204***	.181***	.192***	-

*Note.* \*\*\* $p \leq .0001$ , \*\* $p \leq .001$ , \* $p \leq .05$ . Controlling procedure. Coefficients above the diagonal are for Spain, coefficients below the diagonal are for Colombia.



### ***Path Models***

Below are three path models that were performed. In each path model the independent variable is power in relationship, and mediating variables included in each model are DV (in-person and online) and coping strategies. Dependent variable was SR. Regarding the coping strategies, in the first path model introduces social isolation, in the second path model psychological rumination strategy, and in the third path model we included emotional suppression. Also, the model's fit was analyzed in each path model, and the invariance according to the country was analyzed.

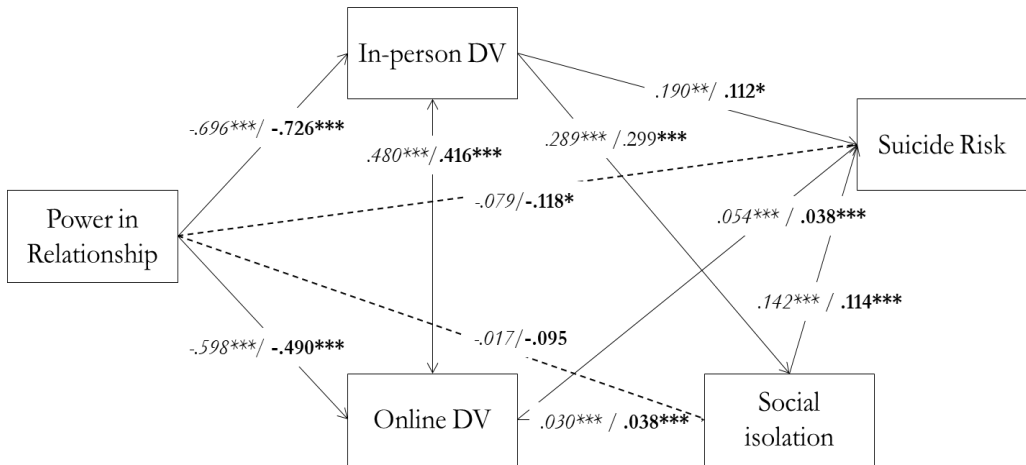
#### ***Path Model Social Isolation***

First, we tested the overall model combining both samples (Colombia and Spain). The fit of the data was good: CFI = .99, TLI = .97, RMSEA = .052 (95% CI .031, .076), and SRMR = 0.021. Second, we tested the model fit for each sample separately, with both models being found to have good values: Spain: CFI = .99, TLI = .98, RMSEA = .036 (95% CI .000, .069), and SRMR = .017; and Colombia: CFI = .98, TLI = .95, RMSEA = .072 (95% CI .036, .111), and SRMR = .033.

Third, we explored whether the path coefficients of the model were equivalent across countries, using a multiple group analysis. The hypothesized multigroup model was found to have a good fit, with CFI = .98, TLI = .96, RMSEA = .066 (95% CI .046, .086), and SRMR = .033. In both countries, direct effects revealed that low power in relationships increased in-person and online DV (H2a), SR (only was significant in Colombia) (H2b), but not social isolation (H2c). For its part, DV significantly increased the use of social isolation (H2d) and SR (H2e). Social isolation was associated with an increase in SR (H2f). The final model is presented in Fig. 8.

Finally, the results from indirect effects show that in-person and online DV mediates the relationship between power in relationship on SR in both countries. As in previous models, in Spain, the indirect effect of power on SR through in-person DV was higher than through online DV. Also, the indirect effect of power on SR through online DV was higher in Spain than in Colombia (H2g).

**Figure 8.** Path Model Diagram of Associations from Power in Relationship to SR (Multigroup Model by Country), Including In-person and Online DV and Social Isolation



*Note.* Only direct effects are presented. One-headed arrows represent tested paths. Numbers are listed as standardized coefficients for females in Spain/Colombia. Coefficients for Colombia are written in bold. DV = Dating Violence.  $**p \leq .0001$ ,  $*p \leq .001$ ,  $p \leq .05$

After incorporating social isolation into our model, the sequential indirect effects (through in-person and online DV and social isolation) of power in relationships on SR were also significant. Therefore, the association between power in relationships and SR increased when young women experienced more in-person and online DV and used more social isolation. In both countries, the indirect effect of power in relationship on SR through in-person DV and social isolation was higher than through online DV and social isolation (H2h). (see Table 18).

**Table 18.** *Indirect Effect from Power in Relationships to SR for de Model in Fig. 3 Social Isolation*

	Spain				Colombia					
	Estimate	Coefficients	<i>p</i> value	BC 95% CI	Estimate	Coefficients	<i>p</i> value	BC 95% CI		
<b>Indirect effects of power in relationships on SR</b>		<i>SE</i>	<i>Z</i>			<i>SE</i>	<i>Z</i>			
Power → Inp DV → SR	-0.132	0.046	-2.905	<b>0.004</b>	-0.228, -0.069	-0.081	0.041	-1.902	<b>0.047</b>	-0.161, -0.020
Power → On DV → SR	-0.032	0.004	-7.896	<b>0.0001</b>	-0.039, -0.026	-0.019	0.003	-5.766	<b>0.0001</b>	-0.025, -0.014
Power → Isolation → SR	-0.014	0.008	-1.777	0.076	-0.031, -0.004	-0.002	0.007	-.265	0.791	-0.018, 0.007
Power → Inp DV → Isolation → SR	-0.029	0.007	-4.225	<b>0.0001</b>	-0.041, -0.019	-0.030	0.005	-5.805	<b>0.0001</b>	-0.037, -0.022
Power → On DV → Isolation → SR	-0.003	0.001	-4.522	<b>0.0001</b>	-0.003, -0.002	-0.001	0.0001	-3.829	<b>0.0001</b>	-0.002, -0.001
Total Indirect effect	-.209	.046	-4.815	<b>.0001</b>	-0.290, -0.152	-0.133	.040	-3.361	<b>.001</b>	-0.205, -0.071
<b>Contrast of indirect effects of power in relationships on SR</b>			<i>Z</i>	<i>p</i> value			<i>Z</i>	<i>p</i> value		
Power → Inp DV → SR vs. Power → On DV → SR			-2.165	<b>.030</b>			-1.508	0.131		
Power → Inp DV → Isolation → SR vs. On DV → Isolation → SR			-3.676	<b>0.0001</b>			-5.68	<b>0.0001</b>		
<b>Spain vs Colombia</b>					<i>Z</i>	<i>p</i> value				
Power → Inp DV → SR					-.827	0.407				
Power → On DV → SR					-2.6	<b>.009</b>				
Power → Inp DV → Isolation → SR					.116	.907				
Power → On DV → Isolation → SR					-1.41	.157				

*Note.* *SE* = Standard Error; BC = Bias Corrected by bootstrapping; CI = Confidence Interval; DV = Dating Violence; Social Isolation = Social Isolation Coping Strategy; Power = Power in relationships; On DV = Online Dating Violence; Inp DV: In-person Dating Violence; SR = Suicide Risk. Significant coefficients written in bold ( $p \leq .05$ ).

### ***Path Analysis Invariance Testing***

The results of the path analysis invariance testing (H2i) are presented below:

(1) We tested the configural invariance of the model. The configural invariance was significant (Colombia:  $\chi^2 = 30.463$ ; Spain:  $\chi^2 = 11.318$ ,  $\chi^2_{(11)} = 41.782$ ,  $p = 0.0001$ ), thereby indicating that the structures of the paths or patterns of fixed and free parameters were not equivalent across subsamples.

(2) We tested the invariance paths coefficients (Spain:  $\chi^2 = 21.481$ , Colombia:  $\chi^2 = 54.7003$ ,  $\chi^2 = 76.184$ ,  $df = 16$ ,  $p = .0001$ ). The imposition of this constriction increased the chi-square value significantly (Satorra Bentler Scaled:  $\Delta\chi^2$  Difference = 34.40,  $df = 5$ ,  $p = .0001$ ), suggesting that the path coefficients are not equal across countries.

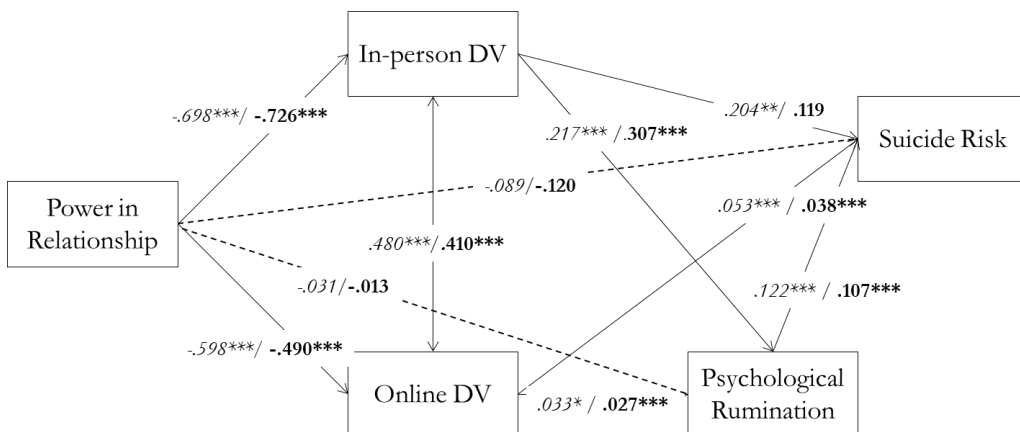
(3) Finally, to understand which path coefficients differ across countries, we analyzed sequential constraint imposition and release model. The chi-square difference test revealed significant differences between Spain and Colombia when the effect of power in relationships on online ( $\Delta\chi^2 = 23.42$ ,  $df = 1$ ,  $p = 0.0001$ ) and in-person DV ( $\Delta\chi^2 = 23.33$ ,  $df = 1$ ,  $p = 0.0001$ ) was released (see also Figure 7), and the paths for in-person DV with online DV ( $\Delta\chi^2 = 19.35$ ,  $df = 1$ ,  $p = 0.0001$ ). These results suggest that the path coefficients of power imbalance on in-person DV is higher in Colombia than Spain. However, and the path coefficient of power imbalance on online DV is higher in Spain than in Colombia. The association between in-person and online DV is stronger in Spain than in Colombia.

### ***Path Model Psychological Rumination***

First, we test the overall path analysis model combining both samples (Colombia and Spain). The fit of the data was good: CFI = .99, TLI = .97, RMSEA = .05 (95% CI .034,.075), and SRMR = 0.023. Second, we tested the model fit for each sample separately, with both models being found to have good values: Spain: CFI = .99, TLI = .98, RMSEA = .036 (95% CI .000,.069), and SRMR = .017), and Colombia: CFI = .98, TLI = .95, RMSEA = .072 (95% CI .036, .111), and SRMR = .033.

Third, we explored whether the path coefficients of the model were equivalent across countries, using a multiple group analysis. The hypothesized multigroup model was found to have a good fit, with CFI = .98, TLI = .96, RMSEA = .066 (95% CI .046, .086), and SRMR = .033. In both countries, direct effects revealed that low power in relationships increased in-person and online DV (H2a), although it did not increase either SR (H2b) or psychological rumination (H2c). For its part, DV significantly increased the use of psychological rumination (H2d) and SR (H2e). However, the association between in-person DV and SR was significant only in Spain, not in Colombia. Psychological rumination also was associated with an increase in the SR (H2f). The final model is presented in Fig. 9.

**Figure 9.** Path Model Diagram of Associations from Power in Relationships to SR (Multigroup Model by Country), Including In-person and Online DV and Psychological Rumination



*Note.* One-headed arrows represent tested paths. Numbers are listed as standardized coefficients for participants in Spain/Colombia. Coefficients for Colombia are written in bold. The symbol for each parameter estimate presented is beside the relevant arrow.  $^{***}p \leq .0001$ ,  $^{**}p \leq .001$ ,  $^{*}p \leq .05$ .

Finally, we examined indirect effects through which power in relationships predicts SR (see Table 19). Online DV mediates the relationship between power in relationship on RS in both countries, but in-person DV was only significant in case of Spain (H2g). After incorporating psychological rumination into our model, the sequential indirect effects (through in-person and online DV and psychological rumination) of power in relationships on SR were also significant (H2h).

**Table 19.** *Indirect Effect from Power in Relationships to SR for de Model in Fig. 5 Psychological Rumination*

	Spain				Colombia					
	Estimate	Coefficients	<i>p</i> value	BC 95% CI	Estimate	Coefficients	<i>p</i> value	BC 95% CI		
<b>Indirect effects of power in relationships on SR</b>	<i>SE</i>	<i>Z</i>			<i>SE</i>	<i>Z</i>				
Power → Inp DV → SR	-.142	.045	-3.152	<b>.002</b>	-.219, -.067	-.086	.050	-1.731	.084	-.160, .010
Power → On DV → SR	-.031	.005	-6.642	<b>.000</b>	-.041, -.025	-.018	.003	-5.340	<b>.000</b>	-.024, -.013
Power → Rum → SR	-.004	.007	-0.546	.585	-.014, .009	-.001	.007	-0.196	.845	-.011, .011
Power → Inp DV → Rum → SR	-.018	.005	-3.699	<b>.000</b>	-.026, -.009	-.024	.006	-4.291	<b>.000</b>	-.035, -.014
Power → On DV → Rum → SR	-.002	.001	-3.890	<b>.000</b>	-.004, -.001	-.001	.000	-3.465	<b>.001</b>	-.002, -.001
Total Indirect effect	-.198	.045	-4.419	<b>.000</b>	-.267, -.122	-.131	.049	-2.686	<b>.007</b>	-.215, -.050
<b>Contrast of indirect effects of power in relationships on SR</b>		<i>Z</i>	<i>p</i> value			<i>Z</i>	<i>p</i> value			
Power → Inp DV → SR vs. Power → On DV → SR		-2.451	<b>.014</b>			-1.357	.174			
Power→Inp DV→Rum→SRvs.Power→On DV→Rum→SR		-3.137	<b>.001</b>			-3.833	<b>.000</b>			
<b>Spain vs Colombia</b>				<i>Z</i>	<i>p</i> value					
Power → Inp DV→ SR				-.832	.405					
Power → On DV→ SR				-2.229	<b>.025</b>					
Power → Inp DV → Rum → SR				.768	.442					
Power →On DV→ Rum → SR				-1.00	.317					

*Note.* *SE* = Standard Error; BC = Bias Corrected by bootstrapping; CI = Confidence Interval; DV = Dating Violence; Rum = Psychological Rumination Coping Strategy; Power = Power in relationships; On DV = Online Dating Violence; Inp DV: In-person Dating Violence; SR = Suicide Risk. Significant coefficients are bolded (*p* ≤ .05)

This indicates that the association between power in relationships and SR would increase when young women experienced more in-person and online DV and used more psychological rumination.

We also we compared the indirect effects of the model, with the results revealing that, in Spain, the indirect effect of power in relationships on SR through in-person DV was higher than through online DV. No significant differences were found in Colombia. The indirect effect of power in relationships on SR through online DV was higher in Spain than in Colombia (H2g). Finally, in both countries, the indirect effect of power in relationship on SR through in-person DV and psychological rumination was greater than through online DV and psychological rumination (H2h) (see Table 19).

### ***Path Analysis Invariance Testing***

The results of the path analysis invariance testing (H2i) are presented below

(1) We tested the configural invariance of the model. The configural invariance was significant (Colombia:  $\chi^2 = 29.918$ ; Spain:  $\chi^2 = 17.288$ ,  $\chi^2_{(13)} = 47.206$ ,  $p = .0001$ ). It implies that the structure of paths or patterns of fixed and free parameters weren't equivalent across subsamples.

(2) Next, we tested the invariance of paths coefficients (Spain:  $\chi^2 = 21.979$ , Colombia:  $\chi^2 = 54.517$ ,  $\chi^2 = 76.496$ ,  $df. 16$ ,  $p = .0001$ ). The imposition of this constriction increased the chi-square value significantly (Satorra Bentler Scaled:  $\Delta\chi^2$  Difference = 29.29,  $df. 3$ ,  $p = .0001$ ), which suggests that the path coefficients are not equal across countries.

(3) Finally, to understand which path coefficients differ across countries, we analyzed the sequential constraint imposition and release model. The chi-square difference test revealed significant differences between Spain and Colombia when release the effect of power in relationships on online ( $\Delta\chi^2 = 23.40$ ,  $df. 1$ ,  $p = .0001$ ) and in-person DV ( $\Delta\chi^2 = 23.28$ ,  $df. 1$ ,  $p = 0.0001$ ) (see also Figure 1), and the paths for in-person DV with online DV ( $\Delta\chi^2 = 19.37$ ,  $df. 1$ ,  $p = .0001$ ). These results show that the path coefficient of power imbalance on in-person DV is higher in Colombia than Spain. However, the coefficient of power imbalance on online DV is higher in

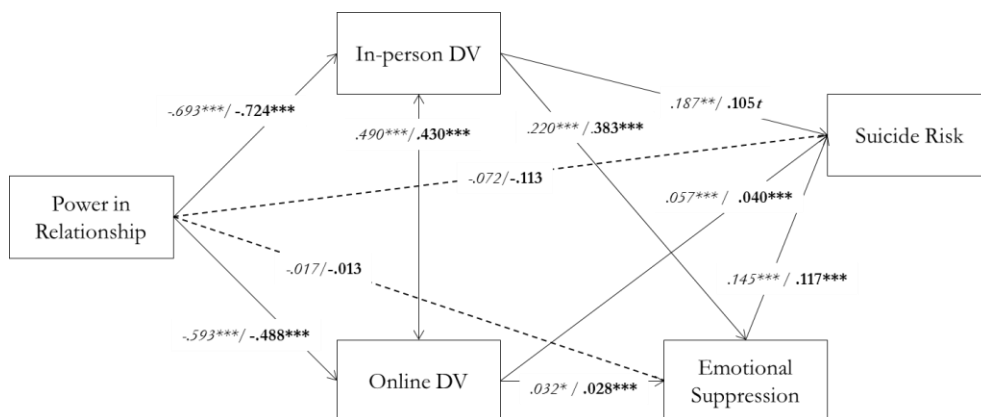
Spain than in Colombia. The association between in-person and online DV is higher in Spain than in Colombia.

**Path Model Emotional Suppression**

First, we test the overall model combining both samples (Colombia and Spain). The fit of the data was good: CFI = .99, TLI = .97, RMSEA = .05 (95% CI .029, .074), and SRMR = 0.020. Second, we tested the model fit for each sample separately; with both models being found to have good values: Spain: CFI = .99, TLI = .98, RMSEA = .035 (95% CI .000, .068) and SRMR = .017, and Colombia: CFI = .98, TLI = .95, RMSEA = .075 (95% CI .040, .114) and SRMR = .033.

Third, we explored whether the path coefficients of the model were equivalent across countries, using a multiple group analysis. Multigroup hypothesized model showed a good fit, with CFI = .98, TLI = .96, RMSEA = 0.068 (CI95% .047, .090) and SRMR = 0.31. In both countries, low power in relationship increased in-person and online DV (H2a). The direct effect of power in relationships on SR (H2b) and emotional suppression (H2c) was insignificant in both countries. DV significantly increased the use of emotional suppression (H2d) and SR (H2e) (in Colombia the association was trend). Emotional suppression was associated with an increase in SR (H2f) (see Figure 10).

**Figure 10.** Path Model Diagram of Associations from Power in Relationships to SR (Multigroup Model by Country), Including In-person and Online DV and Emotional Suppression



Note. Only direct effects are presented. One-headed arrows represent tested paths. Numbers are listed as standardized coefficients for females in Spain/Colombia. Coefficients for Colombia are written in bold. DV= Dating Violence. \*\*\*p ≤ .0001, \*\*p ≤ .001, \*p ≤ .05.



Then, we compared indirect effects of the model. The results showed that DV mediated the relationship between power in relationship and SR. The effect of in-person DV was not significant in Colombia. Only in Spain, the indirect effect of power on SR through in-person DV was higher than through online DV. In addition, the indirect effect of power on SR through online DV was higher in Spain than in Colombia (H2g). In addition, in Spain, emotional suppression also was a significant mediator between power and SR.

After incorporating emotional suppression into our model, the sequential indirect effects (through in-person and online DV and emotional suppression) of power in relationship on SR were significant. The indirect effect of power on SR through in-person DV and emotional suppression was higher than through online DV and emotional suppression (H2h) (see Table 20).

### ***Path Analysis Invariance Testing: Cross Cultural Differences.***

The results of the path analysis invariance testing (H2i) are presented below:

(1) The configural invariance was significant (Colombia:  $\chi^2 = 26.816$ ; Spain:  $\chi^2 = 14.810$ ,  $\chi^2_{(11)} = 41.626$ ,  $p = 0.0001$ ). The structure of paths or patterns of fixed and free parameters weren't equivalent across subsamples.

(2) We tested the invariance paths coefficients (Spain:  $\chi^2 = 21.618$ , Colombia:  $\chi^2 = 54.848$ ,  $\chi^2 = 76.466$ ,  $df.16$ ,  $p = .0001$ ). The imposition of this constriction increased the chi-square value significantly (Satorra Bentler Scaled ( $\Delta\chi^2$  Difference = 34.849,  $df. 5$ ,  $p = .0001$ ), which suggests that the path coefficients are not equal across countries.

(3) To understand which path coefficients, differ across countries, sequential constraint imposition and release model were analyzed. Chi-square difference test shows significant differences between Spain and Colombia when release the effect of power in relationships on online ( $\Delta\chi^2 = 23.4$ ,  $df. 1$ ,  $p = 0.0001$ ) and in-person DV ( $\Delta\chi^2 = 23.28$ ,  $df. 1$ ,  $p = 0.0001$ ) (see also Figure 6), and the paths for in-person DV with online DV ( $\Delta\chi^2 = 19.35$ ,  $df. 1$ ,  $p = 0.0001$ ). These results show that the path coefficient of power imbalance on in-person DV is higher in Colombia than Spain. However, the coefficient of power imbalance on online DV is higher in Spain than in Colombia. The association between in-person and online DV is higher in Spain than in Colombia.

**Table 20.** *Indirect Effect from Power in Relationships to SR for de Model in Fig. 6 Emotional Suppression*

	Spain				Colombia					
	Estimate	Coefficients	<i>p</i> value	BC 95% CI	Estimate	Coefficients	<i>p</i> value	BC 95% CI		
<b>Indirect effects of power in relationships on SR</b>		<i>SE</i>	<i>Z</i>			<i>SE</i>	<i>Z</i>			
Power → Inp DV → SR	-.130	.046	-2.807	<b>.005</b>	-.231, -0.068	-.076	.042	-1.801	.072	-0.166, -0.018
Power → On DV → SR	-.034	.004	-7.706	<b>.000</b>	-0.041, -0.026	-.019	.003	-5.736	<b>.0001</b>	-0.026, -0.015
Power → E. Suppression → SR	-.021	.008	-2.544	<b>.011</b>	-0.037, -0.010	-.008	.006	-1.160	.246	-0.023, 0.000
Power → Inp DV → E. Suppression → SR	-.032	.007	-4.435	<b>.000</b>	-0.042, -0.019	-.032	.006	-5.144	<b>.0001</b>	-0.043, -0.023
Power → On DV → E. Suppression → SR	-.003	.001	-4.430	<b>.000</b>	-0.004, -0.002	-.002	.0001	-3.757	<b>.0001</b>	-0.003, -0.001
Total Indirect effect	-.219	.045	-0.486	<b>.000</b>	-.332, -.160	-.137	.041	-3.371	<b>.0001</b>	-0.219, -0.073
<b>Contrast of indirect effects of power in relationships on SR</b>			<i>Z</i>	<i>p</i> value			<i>Z</i>	<i>p</i> value		
Power → Inp DV → SR vs. Power → On DV → SR			-2.07	<b>.037</b>			-1.35	.175		
Power → Inp DV → Sup → SR vs. On DV → Sup → SR			-4.10	<b>.0001</b>			-4.28	<b>.0001</b>		
<b>Spain vs Colombia:</b>					<i>Z</i>	<i>p</i> value				
Power → Inp DV → SR					-0.866	.385				
Power → On DV → SR					-3	<b>.002</b>				
Power → Inp DV → Sup → SR					0	1				
Power → On DV → Sup → SR					-0.99	.319				

*Note.* *SE* = Standard Error; BC = Bias Corrected by bootstrapping; CI = Confidence Interval; Sup = Emotional Suppression; Power = Power in relationships; On DV = Online Dating Violence; Inp DV: In-person Dating Violence; SR = Suicide Risk. Significant coefficients are bolded ( $p \leq .05$ )

## Discussion

The purpose of this study was to analyze the influence of power imbalance in young women's dating relationships and its association with DV, coping strategies (social isolation, psychological rumination, and emotional suppression), and SR in Colombia and Spain. We found that DV experiences and social isolation, psychological rumination and emotional suppression mediate the relationship between power imbalance, and SR among young women. In-person and online DV is indicated by young women in both countries with negative mental health consequences for her. Given the consequences of DV and young women's lower power level in relationships on mental health, our findings suggest the need to intervene early with adolescents to prevent both in-person and online DV.

The results of our study partially confirmed our first hypothesis (H1a and H1b) revealing that young women in Colombia perceived more loss of power (i.e., power imbalance), reported higher in-person DV, used more social isolation and emotional suppression to cope with DV, and had a higher SR than their counterparts in Spain. Nevertheless, online violence and psychological rumination levels did not differ between the two countries. Regarding H1a, our results for in-person DV are consistent with those reported previously in the literature, which indicate that mid-level income countries, such as Colombia, have higher rates of DV victimization and aggression than high-level income countries, such as Spain (Spriggs et al., 2009). Also, unlike Spain, Colombia is a country affected by armed conflict during the last 50 years, which is currently in a post-conflict period. In post-conflict scenarios, the polarization of gender roles reinforces masculinity, and misogynistic behavior is emphasized. In addition, violence against women is legitimized (Anne-Kathrin Kref, 2020). In this sense, a study by Stark et al. (2017) found that engagement in intimate relationships may be the primary risk factor for violent experiences among adolescents (13–19) in conflictive settings. Indeed, having a boyfriend was a consistent predictor of sexual violence, adjusting for risk factors associated with violence in other situations. Moreover, a recent study found high DV levels and sexist attitudes in young Colombian males.

They negatively evaluated women who out from traditional gender structures prevailing in Latin America (Martínez-Gómez et al., 2021). The Latin American female values are Marianist, i.e., mainly associated with modesty and submissiveness (Zhang, 2020). Endorsement of traditional and marianist beliefs has been associated with DV victimization among Latino girls (Boyce et al., 2020).

In relation to H1b, first, Colombian women perceived a greater power imbalance, more fear, and insecurity in making decisions and a stronger sense of lack of freedom and entrapment within the dating relationship than Spanish women. The difference between the countries may be due to the fact that, during adolescence, the environment, social institutions, value systems and social norms all have a crucial influence on romantic relationships. As Dutton (1992) indicates, IPV against women, and women's response to violence is mediated by the institutional response, personal resources, tangible resources, and social support. Colombia is characterized by having a culture with a greater power distance and stronger masculinity values, which may diminish the personal power held by women in romantic relationships and increase violence against women. According to Lagarde's (2016), unlike males, women in Latin America build their female identity on their disposition for others, leading to less autonomy and less interpersonal power. Individualist values contradict some hegemonic values in Latin America expected for women. Moreover, in the region in which data were collected "narco" culture (i.e., men being hypermasculine and exalting their power) may also foster and promote more disempowerment among women leading to more DV (Miranda et al., 2019).

Regarding this same hypothesis, our findings also indicate that women in Spain had a lower SR than their counterparts in Colombia. Regarding cultural values, power distance is a risk factor for suicide among young women, while individualism may act as a protective factor (Webster-Rudmin et al., 2003). Congruently, values in Spain tend to prioritize the growth of women's and to reaffirm them as more independent and capable. Indeed, women who suffer DV and take themselves as a reference and prioritize their own goals and interests over the needs of the group (extended family, or their partners) may have a lower SR.

Also, the results showed that Colombian women used more social and emotional suppression isolation to cope DV than Spanish women. Our results could suggest that cultural context influences the use of these coping strategies for dealing

with DV. If a young woman lives in a context where cultural norms tolerate gender-based violence, and it is considered a private matter, she may be less willing to seek help and make more use of the social isolation from family, peers, even of her partner. In consequence, females would be receiving less support from their families or peers. It may also be that despite having a family network (more collectivistic), being in a context where some violence is tolerated, there is certain hopelessness regarding modifying the situation. If cultural norms tolerate violence in relationships, the support they may receive from those around them may not be effective in protecting them from victimization (Wright, 2015).

Regarding emotional suppression, our results are consistent with Hofstede's theory of cultural values, which indicate that in an individualistic society (e.g., Spain), the open expression of emotions is encouraged to assert the self, and emotion suppression is discouraged (English & John, 2013). In contrast, more collectivistic cultures such as Latin America (e.g., Colombia) promote the self's interdependent view. Women in collectivistic cultures may have greater emotion control values and emotion suppression to preserve social harmony in the relationship than in individualistic cultures. Social isolation and emotional suppression are consistent with a profile of more avoidant coping and emotional strategies among young women in Colombia than young women in Spain.

In short, these findings imply that cultural aspects, such as greater social inequality and gender power imbalance, impact negatively on romantic relationships, and the prevalence and psychological consequences of DV. This cultural pattern is similar to that found among adult women who suffer IPV (Puente et al., 2016).

The results of the three-path revealing that young women who experience one form of intimate partner violence are at risk of experiencing other types of aggression (Marganski & Melander, 2018). Also, the results confirming that loss of power in relationships increases the risk of suffering in-person and online DV in both countries (H2a). However, power in relationship was not found to have a direct effect on either SR -except in the social isolation path model in Colombia- (H2b) or social isolation, psychological rumination, and emotional suppression (H2c) despite the presence of a negative and significant correlation. Moreover, results confirmed that women who experienced in-person and online DV used more all emotional coping strategies (social isolation, psychological rumination and emotional suppression) (H2d) and reported a

greater SR (H2e) (Cava et al., 2020; Husin & Khairunnizam, 2020). In Colombia, the relationship between in-person DV and SR only was significant in the social isolation path model. Probably having less power in the couple, despite being more normalized (in Colombia), resorting to social isolation, that is, isolating oneself from peers and family, in a country with a collectivist culture and high rates of violence, increases the effect of low power on suicide risk on young women.

Our results also confirmed that the three coping strategies increased SR in both countries (H2f). This is consistent with the results of the meta-analysis carried out by Schäfer et al. (2017) which confirmed the relationship between psychological rumination depressive (large effect size) and anxiety symptoms (medium effect size). Also suppressing inner emotions was associated with psychopathological symptoms (with a small effect size). Paradoxically, this strategy may heighten negative emotions, generated by violence partner, despite trying to do the opposite. Regarding social isolation, our results confirm the association with risk to suicide (De Catanzaro, 1995).

These results seem to indicate that the negative consequences of DV extend beyond mental health problems through a greater use of maladaptive emotion regulation strategies (i.e., social isolation, psychological ruminative, and emotional suppression). It may also be that all three emotional coping strategies activate negative emotional experiences and may lead to escalating conflict and patterns of mutual DV among women that increase suffering and pain.

Furthermore, as hypothesized, we found in all path models that online DV was a significant mediator between loss of power in relationship and a greater SR in both countries. However, in-person DV was only found to mediate significantly between these variables in Spain (H2g) -except in social isolation model, which was significant in both countries-. These results may be partially explained by a stronger tendency among Colombian youths than among Spanish ones to normalize in-person DV (Martínez-Dorado et al., 2020). The ingrained nature of gender violence in Colombian society, legitimized by prevailing sociocultural norms, encourages victims to accept it as irremediable (Butler, 2011). It may be that suffering in-person DV does not necessarily strengthen the association between power imbalance and SR among young Colombian women. When we compared the indirect effects, we found that in the three path models only in Spain, in-person DV had a stronger influence on SR

than online DV (when women experienced a loss of control in their relationships). Unlike online DV, in-person DV includes physical and sexual violence dimensions.

According to the interpersonal theory of suicide (Van Orden et al., 2010), all types of DV may increase feelings of perceived burden (feelings of responsibility and self-hatred) and the frustrated need to belong (feelings of loneliness and low mutual attention), both of which are antecedents to suicidal ideation; however, acquired suicidality may simply be increased by suffering physical and sexual in-person DV. Physical and sexual abuse can result in women getting used to fear of self-harm and developing a greater tolerance for pain. This may explain why SR increases more in Spain than in Colombia when there is an imbalance of power, and more in the case of in-person than online DV. However, in all path models, the indirect effects of power imbalance on SR through online DV were stronger in Spain than in Colombia. One possible explanation is that in Colombian culture, power imbalance (control and domination of the female partner) is consubstantial to dating relationships. Dating relationships are more serious in that country than in Spain; boyfriends involve their families in their relationships and couples spend most of their free time together, with few independent spaces. It may be that, in Colombia, male partners are expected to control and monitor their female partners online, and this behavior is not necessarily viewed as violence and does not generate discomfort. In Spain, on the other hand, online control and monitoring by boyfriends is becoming increasingly less normalized and is a behavior that can be reported to the police and which generates more discomfort and stress, and increased SR.

When the emotional coping strategies (social isolation, psychological rumination, and emotional suppression) were added to each of the three model, the results confirmed that these strategies to cope DV were significant mediators between power in relationships and SR in both countries (more strongly in the case of in-person DV than online DV) (H2h).

Thus, social isolation resulted be non-adaptive since it was associated negatively with mental health. In our study social isolation was a mediator between DV (in-person and online) and SR in women with low power in relationship, indicating that feelings of social isolation, rejection, or feel entrapment could increase suicide risk (O'Connor & Nock, 2014). In light of Joiner et al.'s interpersonal theory of suicide (2016), on the one hand, self-reported loneliness, fewer friends, social

withdrawal, and family conflict (thwarted belongingness), and on the other hand the perception to represent a burden for others (burdensomeness for others) may increase suicidal risk. Van Orden et al. (2010) also found that both thwarted belongingness and perceived burdensomeness for others were proximal mental states that preceded suicidal ideation in youth. Therefore, social isolation could increase SR by feeling that one is unimportant and useless to partner (Calati et al., 2019). This is in line with previous studies with adult women in IPV relationships have shown that social isolation strategy hinders other problem-focused coping strategies, which may be more related to greater self-efficacy to leave an abusive relationship (Lerner & Kennedy, 2000) and less hopelessness (Clements & Sawhney, 2000).

Regarding social isolation and online DV, Baker & Carreño (2016) found that women isolated socially and from their partners (e.g., did not respond to calls or text messages) after suffering online DV to regain power her relationship and calm down. In some cases, isolating resulted in more online DV against them.

Our results also confirm lower levels of power in relationship may be related to DV and feeling more trapped in romantic relationships. Lack of hope and perceptions of entrapment have been found to intensify the association between psychological rumination and increase of suicidal ideation/attempts (Law & Tucker, 2018). Given that DV is associated with psychological rumination, and that this strategy has consistently been linked to depressive symptoms (Schäfer et al., 2017; Takano & Tanno, 2009), our results suggest that psychological rumination may act as a mechanism through which powerlessness in relationships exacerbates SR among young female victims of DV in both countries. Similarly, other studies have confirmed that psychological rumination act as a mediator between negative affect and suicide attempts (Rubio et al., 2020). In this study, in-person DV was also the most common form of DV experienced in both countries; thus, these results may be explained the higher effect of in-person than online victimization rates.

This study confirms that emotion suppression (i.e., deactivation of emotional experience) is a maladaptative strategy to cope to in-person and online DV because increases SR in women in both countries. It could be that young women respond suppressing their emotions because they perceived the power of dynamics and DV as unchangeable or very hard to change. According to previous studies, emotion suppression could lead adolescent girls more vulnerable (with more anxious



attachment or dependence) to underestimate or deny the consequences of DV on their well-being (Velotti et al., 2018) and through this strategy they could avoid questioning or leaving their romantic relationship. Consequently, women could guard themselves against leaving an abusive relationship or seeking help (Velotti et al., 2018). In the short and long term, these could increase emotional distress, negative effects, and the SR.

Hypothesis H2i (invariance model) was also partially confirmed. Although the path of the proposed model and coefficient revealed similar effects in both countries, some differences were observed. For example, the invariance model revealed that effect of power imbalance on in-person DV is greater in Colombia than Spain, whereas its effect on online DV is greater in Spain than Colombia. This may suggest that loss of power in relationship has a greater negative impact on online DV in more egalitarian and individualistic societies. In the Colombian context, greater power imbalance may reinforce men's dominance in romantic relationships, thereby rendering it unnecessary for them to resort online DV. Alternatively, it may be that, in Colombian culture, control and monitoring are exercised in a more direct and implicit manner. negative parenting (rejection of one's, online violence (i.e., through the internet or mobile) may be more socially acceptable for women than for "masculine" men.

The present study has some limitations which should be taken into consideration. First, the assumption of causal inference in the path models may not hold. For example, Cava et al. (2021) found that adolescents with feelings of loneliness and low life satisfaction may reduce their loneliness and increase their life satisfaction by initiating romantic relationships, even if they include aggressive behaviors. This coping strategy could be antecedent or consequent of DV. Second, data were gathered using retrospective self-reports, and both social desirability and recall bias may have affected the results. Third, suicide attempts were assessed retrospectively. Consequently, although the present data allow us to draw conclusions about the relationship between coping strategies and SR in Colombia and Spain, we cannot draw conclusions about the risk of future suicidal ideation and suicide attempts. Fourth, our measure of SR was very restrictive and included only three items, so it is only to be expected that the ratios and coefficient values found were low. Fifth, in Colombia, the procedure was found to influence SR reports, and the effect of this variable on SR

was therefore controlled. Nevertheless, it is possible that the procedure (paper versus online) may have affected the results of the model. Six, participants' exposure to other forms of violence against women outside of DV was not explored. Foshee et al. (2001) indicated that the exposure to other forms of interpersonal violence can increase SR. Neither did we inquire about history of mental disorders which has also been associated with SR (Wolford-Clevenger et al., 2016). Seven, participants in Colombia could show lower socioeconomic status and find more barriers to access to formal resources than in Spain, increasing SR rates. Future studies could address these related factors. Finally, our findings may also be influenced by the fact that, in Spain, educational, governmental and social institutions have developed diverse support resources for the primary and secondary prevention of DV (both in-person and online), whereas DV prevention programs at early ages are scarce in Colombia (Segura & Carcedo, 2020), and a recent online DV review found that cyber DV prevention programs targeted at young and adolescent couples are still limited (Galende et al., 2020).

Despite these limitations, the present study provides evidence linking power imbalance to suicidal thoughts and behaviors, identifying in-person and online DV and coping strategies (social isolation, psychological rumination, and emotion suppression) as mediators between these variables among women from two countries with different cultural backgrounds. Our research thus helps clarify how certain aspects of emotion regulation may lead to suicidal thinking through specific mechanisms (behavioral, cognitive and emotional) among female victims of DV. It also highlights the role played by power imbalance in dating relationship. Healthcare professionals, social welfare workers, and counselors should pay more attention to power imbalance in dating relations and to coping strategies for dealing with in-person and online DV, with the aim of mitigating the consequences of DV and reducing SR among young women in both Spain and Colombia. Providing young women with the tools they need to prevent power imbalances in their romantic relationships, avoid using strategies that increase SR and develop adaptive coping strategies should be a priority in the effort to prevent in-person and online DV among young heterosexual women. These aspects may also enhance the effectiveness of interventions designed to prevent DV and mitigate its consequences. These aspects may also enhance the effectiveness of interventions designed to prevent DV and mitigate its consequences.



# DISCUSIÓN GENERAL



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“What is I do not wish them [women] to have power over men;  
but over themselves”

-Mary Wollstonecraft-

Basados en la evidencia sistematizada aportada por los quince meta-análisis examinados, podemos concluir que la perpetración de VN en persona se asocia con un nivel medio alto o moderado al: (1) nivel individual: sexo, consumo de alcohol y abuso de drogas; (2) microsistema: VN por parte de los pares, pares con conductas desviantes, falta de apoyo de los pares, sufrir acoso o acosar, crianza negativa y violencia familiar; (3) exosistema: vivir en barrios violentos, y (4) macrosistema: pertenecer a una minoría cultural y a una clase social económicamente desfavorecida.

Globalmente, nuestros datos muestran que, en la adolescencia, entre los 13 a 18 años, las personas que ejercen VN de tipo física hay mayor prevalencia de mujeres, mientras que entre las personas que ejercen VN sexual hay una mayor prevalencia de hombres. También a nivel global, respecto a los y las jóvenes que perpetran VN se concluye que presentan cierta vulnerabilidad psicológica (consumo problemático de alcohol y/o drogas), con un clima social negativo donde predominan interacciones violentas y estas sean probablemente normativas o al menos relativamente frecuentes entre sus pares, y de bajo estatus social.

Por otra parte, la evidencia encontrada en el primer capítulo de esta tesis muestra que la victimización de VN se asocia con un nivel medio alto o moderado a (1) nivel individual con ser mujer (VN de tipo sexual), tener experiencias sexuales tempranas, específicamente con el embarazo adolescente, y el consumo de tabaco, y en menor medida, con intentos de suicidio (en las mujeres) y el abuso de alcohol y drogas; (2) nivel del microsistema con acoso sexual por parte de los pares, VN en el grupo de pares, conductas desviadas de los pares, sufrir acoso, violencia familiar, y falta de apoyo de pares y familia. La victimización se asocia fuertemente a (3) nivel del exosistema con tener mayor edad o estar en un ciclo de vida de joven adultez más que

de adolescencia y vivir en barrios violentos, y se asocia moderadamente a (4) nivel del macrosistema con pertenecer a una minoría cultural y a una clase social con precariedad económica.

Considerando los resultados encontrados en el primer estudio, aunque la victimización de VN es una problemática transversal, globalmente, entre las víctimas de VN prevalece ser una mujer joven adulta con experiencia sexual temprana no planificada y cierta vulnerabilidad psicológica, con clima social negativo donde predominan interacciones negativas (acoso, conductas desviadas y violentas y falta de apoyo social) y estas sean probablemente normativas o al menos no rechazadas, y de bajo estatus social.

Con respecto a los factores específicos, es probable que el consumo problemático de alcohol y drogas sea una consecuencia de la violencia familiar y/o doméstica y que se utilice como medio para hacer frente a la ansiedad. Este consumo también puede estar relacionado con un entorno social de alto riesgo, en el que la compra y el consumo de drogas pueden incitar a los individuos a ser víctimas o a perpetrar más violencia. Como indican Ferrer-Pérez y Bosch Fiol (2005), el uso y el abuso de drogas pueden servir para desinhibir el comportamiento violento.

Que el embarazo en la adolescencia se asocie a la victimización de VN se puede explicar porque probablemente esto implique una historia de abuso en las adolescentes, y particularmente con la concurrencia de violencia física y sexual. De hecho, las mujeres involucradas en relaciones violentas enfrentan innumerables riesgos relacionados con la coerción sexual y reproductiva (por ejemplo, uso inconsistente de anticonceptivos, enfermedades de transmisión sexual y embarazos no deseados) (Heath & Stevens, 2013).

El rol de los pares en la VN es complejo. Por un lado, tener pares con conductas desviantes, ser acosada(o) por los pares y que estos practiquen violencia (bullying y VN a sus pares), aumenta la probabilidad de perpetrar y de sufrir VN. Esto sugiere que procesos de influencia social o aprendizaje social, y la existencia de normas favorables a la violencia, facilitan la violencia en las relaciones interpersonales íntimas. Por otro lado, se encontró que el apoyo de los pares reduce la probabilidad de ser víctima o perpetrador, lo que sugiere que no tener una red de apoyo social positivo percibido en el entorno inmediato aumenta el riesgo de VN. Estos resultados confirman que los pares son uno de los agentes socializadores más influyentes durante

la adolescencia, tanto para el comportamiento prosocial (Steinberg, 2014) como para el comportamiento violento (Miller-Johnson & Costanzo, 2004).

Haber sufrido diferentes tipos de violencia en la familia de origen (abuso infantil físico, sexual o psicológico o haber sido testigo de la violencia entre los padres) está relacionado con la VN. Las relaciones familiares problemáticas, la crianza negativa y el miedo a la violencia en la familia aumentan ligeramente el riesgo de sufrir y de perpetrar VN, probablemente porque favorecen el aprendizaje y normalización de la violencia interpersonal.

Este estudio muestra que existe una fuerte asociación entre la edad y la VN. Esto sugiere que al pasar del rol de adolescentes viviendo bajo el control social de la familia, al rol de joven adulta(o) más independiente, la violencia se hace más frecuente y severa, produciéndose un escalamiento progresivo de los niveles de violencia a medida que las parejas aumentan en edad (Walker, 1989; William & Frieze, 2005), que además coincide cuando el compromiso aumenta y las relaciones románticas y las prácticas sexuales se hacen más frecuentes entre los jóvenes (Eaton et al., 2010; INJUVE, 2016). Desde esta perspectiva, es más probable que la violencia sexual se produzca entre las(os) adolescentes mayores y las(os) adultos jóvenes, que durante la adolescencia inicial.

Finalmente, la victimización y perpetración se asocia a vivir en barrios violentos, desfavorecidos y pertenecer a minorías culturales en situación de desventaja económica. Es probable que en estos contextos haya más conductas agresivas y desviantes, más exclusión social, discriminación y menores recursos – así como menor control social comunitario que podrían influir en las conductas violentas.

Nuestro segundo estudio transversal examinó la relación entre la asimetría de poder en la relación y la VN en una muestra española de adolescentes y jóvenes adultas (heterosexuales) entre 13 y 26 años ( $N = 1.224$ ). Se confirmó la validez estructural de la escala SRPS-M con la que se midió el poder en la relación y se examinaron las asociaciones con la VN en persona y online a través de una regresión logística multivariante - en tres grupos de edad: 13-16, 17-19 y 20-26 años. La mayoría de las mujeres jóvenes informaron de niveles relativamente altos de poder en sus relaciones de pareja (media de 3.04 sobre una escala hasta 4). Entre el 76% y el 92% de las participantes respondieron que ellas, junto con su pareja, tomaban decisiones sobre su relación. Entre el 64% y el 89% respondieron que estaban en desacuerdo o muy en

desacuerdo con que su pareja mantuviera el control sobre sus comportamientos. Esta percepción positiva sobre el equilibrio de poder en la pareja coincide con la igualdad formal a nivel estructural en España. Peace & Security Index (2017-2018) sitúa a España en el quinto mejor país para nacer mujer con 153 Estados analizados (puntuación = 8.6/10).

Sin embargo, en este estudio se encontró que un grupo de mujeres adolescentes y jóvenes muestran un escaso empoderamiento individual en la toma de decisiones sexuales. Por ejemplo, más del 10% de las jóvenes informan de que su pareja decide cuándo tener relaciones sexuales y qué tipo de actos sexuales realizar y no les permite llevar determinada ropa. Más del 20% se sienten atrapadas en su relación sentimental y no perciben que la toma de decisiones sea compartida con la pareja. Esta investigación aporta evidencias sobre la relación entre esta falta de poder y la victimización de VN.

El poder en la relación fue un fuerte predictor de la VN en persona y online, con un tamaño del efecto medio ( $r_{\varphi} = .36$  a  $.44$ ), consistente con algunos estudios internacionales que muestran un rango de asociación similar ( $r = .40$  a  $.48$ ) (Buelna et al., 2009; Viejo et al., 2018; Teitelman et al., 2008). El análisis de regresión confirmó que el alto poder en la relación predijo una menor probabilidad de experimentar todos los tipos de VN (psicológica, física / sexual, control online y agresiones directas) comparado con las mujeres con un poder de relación bajo / medio. Además, una asimetría de poder en la relación es un predictor de la VN en los tres grupos de edad analizados.

Estos resultados coinciden con un estudio que encuentra que la victimización de VN es más prevalente entre parejas con una estructura de poder altamente desequilibrada y prácticas no igualitarias (Paat & Markham, 2019). En consecuencia, pueden tener más dificultades para hacer valer sus necesidades sexuales y es más probable que cumplan con actividades sexuales no deseadas en su relación, lo que puede, sin saberlo, aumentar su vulnerabilidad a la victimización sexual. Esto también podría explicarse por el contexto y una mayor adhesión a las normas culturales de género estereotipadas que aumentan durante la adolescencia (Kågesten et al., 2016). Algunas jóvenes pueden estar más inclinadas a ajustarse a las normas tradicionales sobre la feminidad y el romance heterosexual (por ejemplo, sumisión, romanticismo) por miedo al rechazo o bien por el deseo de ser reconocidas y amadas por su pareja.



Por otro lado, las mujeres jóvenes de más edad (20-26 años), en comparación con las menores, informaron sistemáticamente de niveles más bajos de poder en sus relaciones, así como de niveles más altos de VN. Esto sugiere que el rol de joven adulta, como vimos en el estudio anterior, se asocia a más autonomía e independencia – y a una menor protección parental – por lo que las relaciones íntimas son más intensas y potencialmente conflictivas. Podría ser que a medida que aumenta la edad, y con ella el compromiso en la relación o bien las posibilidades de vivir situaciones en las cuáles hay que negociar con la pareja, algunas mujeres vayan perdiendo poder en su relación y, por tanto, aumente la violencia.

La síntesis de meta-análisis (realizada en el capítulo 1) también mostró que la VN estaba relacionada con las tentativas de suicidio y con bajo apoyo de los padres y pares. Nuestro tercer estudio examinó la relación entre sufrir VN tanto en persona como a través de las redes sociales (sobre el que hay menos estudios), el apoyo de los padres y los pares con el RS en una muestra de mujeres jóvenes españolas (heterosexuales) ( $N = 1227$ ). Se encontró que el 22,7% de las chicas informaron de haber pensado en el suicidio después de sufrir VN. Estos resultados son consistentes con el porcentaje de ideación suicida (23.1%) encontrado en una muestra española de hombres y mujeres con características similares (Gómez-romero et al., 2018). Además, los resultados indicaron que alrededor del 11.2% de las víctimas de VN hablaron con alguien sobre la idea de quitarse la vida, y el 8% había intentado suicidarse después de sufrir VN. Estos resultados muestran tasas más elevadas de ideación suicida e intento de suicidio (9.7% y 5.6% respectivamente) que un estudio anterior (Gómez-romero et al., 2018).

Los resultados confirman que, en comparación con las no víctimas, ser víctima de VN en persona y a través de las redes aumentan los pensamientos e intentos suicidas, coherentemente con dos meta-análisis previos. Este efecto se produce en las víctimas de ambos tipos de VN (en persona y online). Probablemente la VN incrementa el malestar consigo mismas (carga percibida) y también las emociones negativas y síntomas depresivos.

Los análisis de mediación indicaron que el apego percibido y la proximidad a los padres y a los pares reducen el impacto de la VN en el RS. Esto es coherente con dos meta-análisis que muestran que un alto nivel de apego a los pares y a sus padres se asocia a menor riesgo de ser víctima de VN y, probablemente, son factores

protectores del RS. Los resultados reafirman que sentirse conectado con los padres y los pares es un poderoso amortiguador contra el RS, porque probablemente reduce los efectos negativos emocionales de la VN. Estos hallazgos son coherentes con la idea de que los padres y los pares pueden ser figuras de confianza, seguras y protectoras, proporcionando apego seguro. Las víctimas de VN pueden percibir a sus padres y pares como sensibles y receptivos(as) a sus estados emocionales, lo que les ayuda a reducir sus sentimientos de aislamiento y rabia. Como resultado, los altos niveles de apoyo de los pares y padres pueden proteger a las adolescentes de desarrollar posteriormente síntomas suicidas.

Además, los resultados de los análisis de moderación muestran que estas dos figuras de apego (padres y pares) reducen el efecto de la VN sobre el RS de diferentes maneras. El alto apego de los padres redujo más el efecto de la VN en persona y online sobre el RS. Además, sufrir simultáneamente violencia en persona y online aumentaba el RS en una cantidad mucho mayor. Este resultado sugiere que la percepción de las relaciones seguras con los padres puede ser más importante que la percepción del apego de los pares para algunas medidas de salud mental. No obstante, la percepción de un alto apego a los pares es la que reduce los efectos de la violencia en persona en el RS. Este resultado es coherente con autores como Jackson et al. (2000) que destacan que cuando las jóvenes se enfrentan a una relación violenta buscarán con más frecuencia el apoyo de sus pares. Sin embargo, el apoyo conjunto de pares y padres también es importante para reducir el efecto negativo de la VN en el RS. Por ejemplo, cuando las mujeres adolescentes perciben un nivel medio de apego con sus pares, el apego percibido a los padres debe ser alto para que el efecto de la VN en persona sobre el RS se minimice. También cuando el nivel de apego de los padres es alto, el apego percibido de pares debe ser alto o medio para que el efecto negativo de la VN en persona/online sobre el RS se reduzca. La combinación entre el apoyo de pares y padres es importante para que la VN no tenga un efecto negativo sobre el RS.

Probablemente la soledad, la falta de atención de los seres queridos y la consecuente frustración de la necesidad de pertenencia que sufren las personas con bajo apoyo y apego aumentan los pensamientos suicidas en las víctimas de VN, como sugiere la Teoría Interpersonal del Suicidio. Por el contrario, la proximidad de los padres y pares puede prevenir las conductas de riesgo suicida porque permiten

satisfacer las necesidades de pertenencia social y restaurar la percepción de que suponen una carga excesiva para sus seres queridos.

El último estudio examinó transculturalmente la influencia del desequilibrio de poder en las relaciones de pareja en mujeres jóvenes y su asociación con la VN, las estrategias de afrontamiento de aislamiento social, rumiación psicológica y supresión emocional, y el RS en Colombia y España. Se probó un modelo de senderos (path analysis), donde la victimización de VN y las tres estrategias de afrontamiento mediaron la asociación entre el poder en las relaciones y el RS. La muestra total consistió en  $N = 1216$  mujeres jóvenes de 18 a 28 años de Colombia ( $N = 461$ ) y España ( $N = 755$ ), que tienen o han tenido una relación de noviazgo heterosexual, no viven con su novio y no tienen hijos ni vínculos legales. Los resultados indicaron que el bajo poder en la relación y las experiencias de VN en persona y online se asociaron con el aumento del aislamiento social, la rumiación psicológica y la supresión emocional, y con el RS en las mujeres jóvenes. Los resultados también sugieren que las experiencias de VN en persona y online tienen consecuencias negativas sobre el bienestar o la salud mental y refuerzan las estrategias de afrontamiento poco adaptativas. De hecho, las tres estrategias examinadas pueden ser mecanismos a través de los cuales las experiencias de VN influyen negativamente en la salud mental de las mujeres jóvenes y son importantes predictores del RS en las víctimas de VN en ambos países.

Los resultados mostraron que las mujeres de Colombia percibían un mayor desequilibrio de poder, más VN en persona, mayor uso de aislamiento social y de supresión emocional ante la VN, e informaron de un mayor RS que las mujeres españolas. Estos resultados implican que hay aspectos estructurales como pueden ser el contexto de postconflicto, la desigualdad de género estructural, mayor legitimidad de la violencia contra las mujeres, y valores culturales (mayor distancia de poder y masculinidad) que refuerzan actitudes sexistas en la juventud colombiana y podrían disminuir el poder personal de las mujeres jóvenes en las relaciones románticas y explicar una mayor prevalencia de VN. Las adolescentes colombianas percibieron una mayor sensación de atrapamiento dentro de la relación que las participantes españolas. Además, en una cultura más colectivista como la colombiana el uso de la supresión emocional ante la VN se puede ver reforzada y los valores marianos podrían impulsar el uso del aislamiento social ante la VN, y un mayor RS. Quizás en España aspectos

institucionales y estructurales de mayor equidad, así como un mayor individualismo donde se fomenta la expresión abierta de las emociones, menos masculinidad y menos distancia al poder facilite una mayor autonomía de las jóvenes, mayor poder en sus relaciones de pareja, menos VN y menos RS. Nuestros resultados podrían sugerir que el contexto cultural influye no solo en el poder, VN y RS, sino también en el uso de estas estrategias de afrontamiento ante la VN. Sin embargo, la VN online y el nivel de rumiación psicológica no difirieron entre países.

A pesar de las diferencias iniciales encontradas, el modelo de relaciones entre las variables analizadas es similar en ambos países. Un menor poder incrementa la VN en persona y online, que a su vez aumenta el uso de aislamiento social, rumiación psicológica y supresión emocional, y el RS. Estos resultados pueden indicar que las consecuencias negativas de la VN se extienden más allá de los problemas de salud mental a través de un mayor uso de estrategias de regulación de las emociones, en este caso, poco eficaces.

Los resultados apoyan la idea de que en mujeres jóvenes de ambos países la pérdida de poder en las relaciones de noviazgo aumenta el RS cuando sufren VN en persona y online y utilizan las tres estrategias de regulación emocional analizadas. Esto confirma, en coherencia con la literatura, que la VN (en persona y online) y el uso de estas estrategias se asocian con peor salud mental. Es decir, que la VN y las tres estrategias son mediadores significativos en esta relación.

Específicamente, vemos que ante la VN recibida de sus parejas, las jóvenes con bajo poder tienden a aislarse de sus novios (quizás para protegerse de la violencia) pero también se aíslan de sus redes de apoyo, lo cual puede dificultar la búsqueda de ayuda, e incrementar la pertenencia frustrada, la sensación de atrapamiento y desesperanza, y de esta forma el RS. Ante las experiencias de VN las adolescentes y jóvenes también utilizan la rumiación psicológica, es decir insistir repetidamente en la experiencia angustiante o sentimientos negativos, aunque esto no las lleve a encontrar una solución, si no que probablemente induzca a la cronificación de la situación de violencia. Nuestros resultados son coherentes con que la falta de esperanza y las percepciones de atrapamiento intensifican la asociación entre la rumiación psicológica, y el aumento de la ideación/intentos suicidas (Law & Tucker, 2018). Otra estrategia para afrontar las emociones derivadas de la violencia sufrida es la supresión emocional, es decir, que las jóvenes intentaban no pensar en lo ocurrido, no mostrar abiertamente

sus sentimientos o bien fingir las emociones vividas. Aunque el uso de esta estrategia intenta desactivar la experiencia emocional negativa, los datos muestran que incrementa el malestar. Puede ser que las jóvenes al no ver oportunidades de cambio de la dinámica de la relación traten de suprimir el malestar asociado a la violencia, lo que podría llevar a subestimar sus consecuencias, impedir el cuestionamiento de su relación y la búsqueda de ayuda y, por tanto, dificulte o retrase la salida de la VN. Esto a su vez puede incrementar el sentirse una carga y un problema para la pareja, y con ello el RS.

En todos los casos, vemos que el impacto de la VN en persona es mayor que la VN online. Probablemente la VN en persona de tipo físico y sexual incrementa aún más el efecto negativo del desequilibrio de poder sobre el RS, posiblemente porque activa, además de la carga percibida y la pertenencia frustrada, la tolerancia al dolor derivado del maltrato físico que incrementa la capacidad de intentos de suicidio.

El análisis de trayectoria y las comparaciones multigrupo muestran que el coeficiente de desequilibrio de poder sobre la VN online es mayor en España que en Colombia, lo que sugiere que las relaciones asimétricas tienen efectos más negativos en un contexto más igualitario e individualista. Estos resultados sugieren que estos procesos son más dañinos en lugares donde la violencia es menos normativa. Alternativamente, en la cultura colombiana, el control y la vigilancia podrían ejercerse de forma más directa e implícita, tal y como apuntan los resultados ya que en este país la relación entre el poder y la VN en persona es mayor que en España. Además, en Colombia, la violencia online podría ser socialmente más aceptable para las mujeres que para un hombre masculino (es decir, a través de Internet, telefonía móvil o redes sociales).

En resumen, de forma coherente con los resultados derivados de la síntesis de meta-análisis, este estudio ha puesto de relieve que la edad es uno de los factores de riesgo de la VN más relevantes. Mientras las investigaciones sobre VN, tratan la adolescencia y juventud de forma conjunta, esta tesis proporciona información sobre las diferencias que existen a lo largo de este período de la vida. De forma que a medida que aumenta la edad, las mujeres adolescentes y jóvenes sufren un proceso de deterioro en sus relaciones, aumentando los desequilibrios de poder y, en consecuencia, la VN sufrida. Como afirma, la Teoría del Género y Poder, el desequilibrio de poder dentro de las relaciones románticas constituye un predictor

transversal de todo tipo de VN (tanto en persona como online), en todas las edades y en diferentes contextos culturales para las mujeres. Este trabajo de investigación también confirma que la VN incrementa exponencialmente el RS, y especialmente en el caso de las mujeres adolescentes y jóvenes polivictimizadas, es decir que sufren tanto violencia en persona como online. Según la Teoría Interpersonal del Suicidio, las consecuencias de la violencia sufrida de parte de una persona significativa, como son la pertenencia frustrada, la carga percibida y la mayor tolerancia al dolor físico y psicológico, podrían ayudar a explicar el impacto negativo que tiene la VN en el RS. Ante esta situación, como indica la revisión de meta-análisis y se plantea desde la Teoría del Apego, el apoyo de pares y padres tanto de forma independiente como conjunta actúan como factores protectores, amortiguando el efecto que la VN tiene sobre el RS. Sin embargo, basándonos en la Teoría de la Regulación Emocional, se ha encontrado que la VN fomenta el uso de estrategias de afrontamiento y regulación emocional que se han mostrado desadaptativas en distintos contextos culturales. Las víctimas ante una situación de VN recurren frecuentemente al aislamiento social, la rumiación psicológica de la situación vivida y la inhibición emocional, estrategias que repercuten en un incremento del RS.

### ***Implicaciones Prácticas***

La investigación presentada tiene potenciales implicaciones prácticas en el contexto de la prevención de VN y sus consecuencias. Se presentan a continuación las aportaciones que se han considerado relevantes.

Los resultados obtenidos a través de los estudios confirman que es recomendable la prevención de VN y sus consecuencias desde un marco socio ecológico. La prevención de VN debería adaptarse a la edad y a las circunstancias de vida de las mujeres. Se sugiere comenzar con prevención primaria al inicio de la adolescencia que es cuando las jóvenes reportan las primeras experiencias de VN (13 años) a la vez que continuar los esfuerzos de prevención (primaria y secundaria) con las mujeres jóvenes (mayores de 20 años) y no subestimar su riesgo ante la VN.

La prevención de la VN debe incluir la violencia en persona y online, puesto que se constata una alta prevalencia de ambas y que hay una proporción importante de chicas que sufren de forma simultánea ambos tipos de violencia, lo cual repercute de forma más negativa en la salud mental. Campañas de prevención de VN en mujeres

adolescentes y jóvenes puede beneficiarse de programas que aborden prácticas de seguridad en Internet y el uso positivo de las redes sociales, incluyendo la relación con los novios y exnovios. Se sugiere también abordar todos los tipos de VN en persona y online y no subestimar la VN psicológica y el control/monitoreo online, puesto que ambos tienen una presencia significativa en España y Colombia, y son un factor de riesgo para sufrir otros tipos de VN y para la salud mental. De hecho, un estudio revela que la forma más común de VN sexual en persona es la coerción de la pareja íntima mediante el uso de tácticas no físicas pero invasivas, como la manipulación, la insistencia y el control (Fernet et al., 2019).

Esta tesis también pone de relieve la importancia de que las adolescentes y jóvenes conozcan los riesgos del desequilibrio de poder en una relación romántica. En consecuencia, los programas podrían dar herramientas sobre cómo abordar las dinámicas de desequilibrio de poder, potenciar el control de las jóvenes sobre las decisiones propias, y su poder de negociación con la pareja (e.g., consentimiento sexual), especialmente cuando hay ciclos de interacción negativas dentro de la relación. En definitiva, entrenar habilidades que puedan aplicar de manera realista para prevenir la VN. Nuestros resultados subrayan la relevancia de que las jóvenes puedan afirmarse y comunicarse en igualdad, ejercer y practicar su poder en la relación en un contexto de interacción de pareja afectivo sexual (Fernet et al., 2019; Pulerwitz et al., 2010). Abordar las relaciones de género y poder como parte de los programas integrales de educación afectiva-sexual está relacionado con mejores resultados en la salud sexual e integral. Estos son elementos centrales para que las adolescentes se protejan de la VN que puedan ejercer sus parejas y de las consecuencias negativas asociadas.

Nuestros hallazgos también sugieren que se debería pensar en la prevención de la VN atendiendo al contexto de la violencia juvenil y la desigualdad de género de manera amplia, en lugar de abordar la VN como un problema aislado. Se sugiere considerar el contexto cultural de cada país en cuanto a las desigualdades de poder aceptadas en desmedro de las mujeres. Así como analizar el efecto multiplicador del desbalance de poder basado en el género en todos los niveles de la vida de las mujeres (individual, micro, exo y macro). Esta tesis apoya que los factores socioculturales podrían estar influyendo en el desequilibrio de poder y la violencia de género contra la pareja en relaciones de noviazgo (Reed et al, 2010). También, sería útil preparar a los hombres jóvenes para que cuestionen su poder social, sus privilegios y promover

el reparto de poder en las relaciones sexuales y románticas. Asimismo, se sugiere identificar a las mujeres jóvenes con niveles de poder bajos/medios en sus relaciones y fortalecer su autonomía y empoderamiento para futuras relaciones.

En un nivel micro social se debe considerar que padres y pares tienen un rol protector ante las consecuencias de la VN en persona y online. En la prevención de VN es relevante que desde el área social y educativa (institutos) se identifique a tiempo a las jóvenes que al comenzar sus primeras relaciones de noviazgo empiezan a aislarse socialmente. A la vez que identificar a quienes están en una relación de noviazgo conflictiva o en la cual se sospecha VN y que además tienen más dificultades familiares y peor relación con sus padres y con sus amigos/as. En esos casos, sería deseable intervenir a través de los compañeros/as y pares. Incluir un enfoque multidimensional que involucre a los centros educativos, los pares y que contemple la participación de la familia podría ser un enfoque útil. Especialmente teniendo en cuenta que en nuestros estudios hay un porcentaje de chicas que comunican riesgo suicida, esto refuerza la importancia del apoyo social como factor de protección.

Esta tesis también presenta la necesidad de potenciar un repertorio de estrategias de afrontamiento y regulación emocional positivas entre los y las jóvenes, puesto que estas se asocian a la VN. A medida que los y las adolescentes maduran, su repertorio de afrontamiento también avanza en complejidad, y la capacidad de identificar y emplear respuestas voluntarias se perfecciona. Como tal, la adolescencia puede ser un período crítico en el desarrollo de estrategias de afrontamiento (Blumenthal et al., 2016). Específicamente, se sugiere disuadir a las adolescentes y jóvenes del uso del aislamiento social como una estrategia útil ante cualquier violencia de parte de sus parejas. Por el contrario, se sugiere incentivarlas y facilitar su integración en redes de apoyo social/comunitarias sensibles ante este problema, e informar a qué espacios acudir si se vive una situación de VN, especialmente en Colombia. Se recomienda ofrecer vías de apoyo formales, además de los apoyos informales (padres y pares) que puedan prestar una ayuda efectiva y proteger a las jóvenes que han tenido experiencias de VN del desarrollo de trastornos afectivos graves. La desconexión con el entorno social supone un obstáculo para el acceso a fuentes de apoyo aumentando la sensación de indefensión ante la falta de control sobre lo que está sucediendo, y, en consecuencia, la permanencia en la situación de maltrato. El aislamiento social se ha confirmado como un predictor del RS en



adolescentes. En esta línea, un meta análisis indica que algunas de las estrategias principales para reducir la soledad son mejorar las habilidades sociales, aumentar el apoyo social, aumentar las ocasiones para los contactos sociales y centrarse en la cognición social desadaptativa (Masi et al., 2011).

En segundo lugar, se sugiere ampliar el uso de otras estrategias cognitivas y reducir los pensamientos rumiativos sobre las emociones negativas sufridas como consecuencia de la violencia. La rumiación psicológica hace que las jóvenes se sientan atrapadas en sus pensamientos y sentimientos y puede afectar a la resolución instrumental del problema (Nole-Hoeksema et al., 2008) e incrementa probablemente el malestar afectivo asociado a la VN. Quizás la rumiación se puede complementar con otras estrategias cognitivas como la reevaluación cognitiva orientada a reevaluar los costos y beneficios de mantener la relación amorosa y el reconocimiento de los recursos con los que se cuenta para enfrentar la situación. Como indica Muñoz-Rivas et al. (2021) dejar una relación en que hay violencia es un proceso cognitivo complejo y difícil durante la adolescencia, que se dificulta por el compromiso de la relación, la minimización de la violencia y el deseo de no terminar la relación. Contar con diferentes estrategias cognitivas podría ayudar a las jóvenes a replantearse diversas salidas para poder superar la VN.

En tercer lugar, el uso de la inhibición emocional ante experiencias de VN podría estar asociado con la creencia de que la expresión emocional aumenta la probabilidad de agresiones de parte de la pareja y el estrés emocional y por eso se inhiben. Además, algunos estudios indican que a mediano plazo esta estrategia podría disminuir la posibilidad de experimentar emociones positivas, dificultar la capacidad de percibir y discriminar las propias emociones, así como incrementar el miedo a perder el control sobre las emociones como la ira y la tristeza o miedo. Asimismo, podría ocurrir que la supresión emocional interfiera en el desarrollo de relaciones interpersonales y el sentido de conexión social. Por lo tanto, generar espacios seguros y de confianza donde poder expresar las emociones derivadas de la violencia sufrida podrían paliar las consecuencias adversas que tiene el uso reiterado de esta estrategia en la salud emocional de las víctimas.

Pese a estos hallazgos sería interesante explorar los modelos analizados en esta tesis en otros contextos culturales, así como analizar otras estrategias de regulación emocional y afrontamiento que puedan ser útiles para disminuir las consecuencias de

la violencia en el noviazgo contra las jóvenes. Asimismo, queda por explorar las vías que pueden ayudar a que las jóvenes consigan mantener un alto poder en las relaciones de noviazgo a través de tiempo y los factores protectores asociados a relaciones de noviazgo recíprocas y saludables.

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