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# Relationship between Dating Violence and Mental Health of Young Victims and Perpetrators: A Systematic Review

Relación de la violencia en el noviazgo y la salud mental de jóvenes víctimas y perpetradores: una revisión sistemática

Libia Yanelli Yanez Peñúñuri<sup>1,\*</sup>, César Armando Rey-Anaconda<sup>2</sup>,  
Linda Isis García-Estrada<sup>1</sup>

<sup>1</sup> *University of Sonora Ave. Universidad e Irigoyen.*

<sup>2</sup> *Universidad Pedagógica y Tecnológica de Colombia.*

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**\*Corresponding author:**

Libia Yanelli Yanez Peñúñuri

Email: [Libia.yanez@unison.mx](mailto:Libia.yanez@unison.mx)

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## Abstract.

The objective of this study was to systematize knowledge from studies of the relationship between dating violence and mental health of victims and perpetrators. A systematic review of articles published from 1981 to 2021, with a population aged 12 to 29 years and English, Spanish, French, and Portuguese as the publication languages, was performed. The search was carry out in seven information sources: EBSCO, PsycINFO, PUBMED, ProQuest, ScienceDirect, SCOPUS, and WOS. Of the 2925 articles that were found, 27 studies were included (10 of which were longitudinal). An impact of dating violence on the mental health of adolescent victims was detected, with depression as the most frequently triggered effect in young people, followed by anxiety, suicidal ideation, low self-esteem, and low emotional well-being. The results indicate the need to design, implement, and evaluate different alternatives for the prevention of DV. In addition, in longitudinal studies, physical, psychological, and sexual dating violence victimization is associated with depressive symptoms, post-traumatic stress, suicidal ideation, and anxiety. In perpetrators of psychological dating violence, it is related to depressive symptoms, anxiety, and hostility. The findings of the present study can contribute to the creation of future research programs for promoting healthy couple relationships among adolescents and young people.

## Resumen.

El objetivo de este estudio fue sistematizar el conocimiento de los estudios sobre la relación entre la violencia en el noviazgo y la salud mental de las víctimas y los perpetradores. Una revisión sistemática de artículos publicados desde 1981 hasta 2021, con una población de 12 a 29 años y el inglés, español, francés y portugués como idiomas de publicación. La búsqueda se realizó en siete fuentes de información: EBSCO, PsycINFO, PUBMED, ProQuest, ScienceDirect, SCOPUS y WOS. De los 2925 artículos que se encontraron, se incluyeron 27 estudios (10 de los cuales fueron longitudinales). Se detectó un impacto de la violencia en el noviazgo en la salud mental de las víctimas adolescentes, siendo la depresión el efecto desencadenado con mayor frecuencia en los jóvenes, seguido de ansiedad, ideación suicida, baja autoestima y bajo bienestar emocional. Los resultados indican la necesidad de diseñar, implementar y evaluar diferentes alternativas para la prevención de la VD. Además, en estudios longitudinales, la victimización por violencia física, psicológica y sexual en el noviazgo se asocia con síntomas depresivos, estrés posttraumático, ideación suicida y ansiedad. En los perpetradores de violencia psicológica en el noviazgo, se relaciona con síntomas depresivos, ansiedad y hostilidad. Los resultados del presente estudio puede contribuir a la creación de futuros programas de investigación para promover relaciones de pareja saludables entre adolescentes y jóvenes.

## Keywords.

Dating Violence; Adolescents; Mental Health; Young; Review.

## Palabras Clave.

Violencia en el noviazgo; Adolescentes; salud mental; joven; revisión.

## 1. Introduction

Dating violence includes psychological, physical, sexual, and stalking between two members of a relationship who date or go out together without cohabitating and with an implicit or explicit intention to continue the relationship until one of the members ends it or until a relationship of greater commitment is established (Centers for Disease Control and Prevention, 2023).

The first study on dating violence was conducted by Makepeace in 1981 and found that one in five university students had been victims of physical violence by their partner. At present, the reported prevalence of dating violence is between 4 and 95% for psychological violence, 6 and 61% for physical violence, and 4 and 20% for sexual violence. In addition, some studies have found a higher prevalence of perpetration of psychological and physical violence in women, as well as a higher prevalence of sexual violence in men. Regarding dating violence victimization, a higher prevalence of psychological and sexual violence victimization in women has been found (Rubio-Garay et al., 2017; Tomaszewska & Schuster, 2021; Wincentak et al., 2016). Additionally, dating violence has been related to low academic performance, school dropout, early pregnancy, eating disorders, low self-esteem, insecurity, isolation, decreased use of contraceptive methods, sexually transmitted diseases, anxiety and depressive disorders, and symptoms of posttraumatic stress. Given its high prevalence and negative consequences, dating violence has been recognized as a social and public health problem (Cohen et al., 2018; Nolon et al., 2019; Sjödin et al., 2017).

According to the World Health Organization, “Mental health is the basis for the well-being and functioning of an individual in a community” (2001, p.1); it is related to people’s physical health and behavior and based on their aptitudes and the daily problems they face (Gross et al., 2019; World Health Organization, 2001). In this sense, some authors refer to the fact that dating violence between adolescents and young people harms their mental health in those who perpetrate it (Titchen, et al., 2019) and those who suffer it (Karlsson et al., 2018). Perpetration has been linked to factors such as depression, low self-esteem and risk behaviors, in addition to harming the development and partner health (Cohen et al., 2018; Chadda, 2018; Helm et al., 2017). Dating violence victimization has been associated to symptoms of depression, stress, anxiety, and lower self-esteem (Choi et al., 2017; Van Ouytsel et al., 2017). Also, some authors suggest that dating violence experienced once may be repeated in future relationships (Exner-Cortens et al., 2017; Ortega-Barón et al., 2020).

In 1989, Riggs and O’Leary created a model to explain dating violence under the assumption that there are differences between dating violence and marital violence, such as commitment level, duration and origin

of conflicts and the couple’s skills to solve them. This model includes individual, social, family, and relational factors, in addition to incorporating the consequences or the impact that dating violence can have for the victims and in future aggressions. The authors of this model refer that the consequences of dating violence have an impact on the victim and on future aggressions (such as the use of alcohol or the increase in aggressions in the violent relationship), so they suggest analyzing the role of the consequences in the aggressions of adolescent dating relationships for future studies.

There are systematic reviews of dating violence that focus on its prevalence (Rubio-Garay et al., 2015; Taquette & Monteiro, 2019), associated factors (Duval et al., 2018; Gracia-Leiva et al., 2019), prevention programs and therapeutic interventions (Davis et al., 2020; De la Rue et al., 2017; Yanez-Peñúñuri et al., 2019), and measurement tools (Exner-Cortens et al., 2016; Yanez-Peñúñuri et al., 2019). Said review only includes the PubMed database while in this work it is reviewed in seven databases. Therefore, the review of studies on the relationship between dating violence and the mental health of its victims and perpetrators is expanded and updated.

Mental health is essential to develop the capacities of individuals, work productively, and enjoy life. Synthesizing the information regarding the impact of mental health on people who have experienced dating violence based on a systematic review, makes it possible to strengthen research on the negative effects of dating violence to generate future strategies for dating programs, prevention, and therapeutic interventions.

Considering the high prevalence and negative consequences of dating violence and the importance of prioritizing mental health in young people, the objective of this study was to systematize knowledge from studies of the relationship between dating violence and mental health of victims and perpetrators.

## 2. Method

In the preparation of this systematic review, the guidelines of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) methodology (Liberati et al., 2009) were considered. A search was performed for articles published between January 1<sup>st</sup>, 1981, and June 8<sup>th</sup>, 2021. The lower search limit was established as 1981, the year in which the first investigation of dating violence was published (Makepeace, 1981). Articles that examined the impact of dating violence on the mental health of victims and perpetrators in youth population aged 12 and 29 years (Instituto Mexicano de la Juventud, 2014) were considered in seven databases—EBSCO, PsycInfo, PubMed, Science Direct, Scopus, Web of Science (WOS), ProQuest—, based on the “Title” and “Abstract” fields.

The searches were carried out using combinations of keywords in English, Spanish, French, and Portuguese, based on Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH):

1. English: dating violence\* OR intimate partner violence OR dating aggression OR dating abuse OR partner abuse OR date fight\* OR teen dating violence AND impact OR consequence\* OR mental health impact AND Child adolescent\* OR teenager\*.

2. Spanish: violencia en el noviazgo\* OR violencia en parejas jóvenes OR malos tratos en el noviazgo OR maltrato en el noviazgo OR agresión en el noviazgo AND impacto OR consecuencia\* OR impacto en la salud mental AND adolescente\* OR joven\*.

3. French: Violence dans les couples OR violence dans les fréquentations OR violence dans les relations amoureuses AND impact OR conséquence OR impact sur la santé mentale AND adolescent\* OR jeune\*.

4. Portuguese: Violência de namoro OR Agressão no namoro OR violência no noivado AND impacto OR consequência OR impacto à saúde mental AND adolescente\* OR jovem\*.

The protocol of the present systematic review was registered in the PROSPERO systematic reviews database with registration number CRD42021077829. It was also registered with and approved by the Research Projects Commission of the Department of Social Sciences of the University of Sonora with the code USO412005769.

### 2.1 Article selection and data extraction

Two of the authors of this article independently selected and extracted the studies. In addition, the PICOS format (Perestelo-Pérez, 2013) was considered in determining the inclusion criteria: (a) the articles must contain a minimum of keywords regarding the impact of dating violence on the mental health of victims and perpetrators; (b) they must be empirical articles in young population, including quantitative and qualitative studies; and (c) studies on DV with samples of young population (age range of 12 and 29 years) will be included. To summarize the scope and impact of the research, the following elements were included: authors, country of origin, role in dating violence (victim or perpetrator), impact on mental health, description of participants (mean age and range), sample size, type of study, sampling method, measurement tools used, data analysis method, description of results, contributions or scope, and limitations.

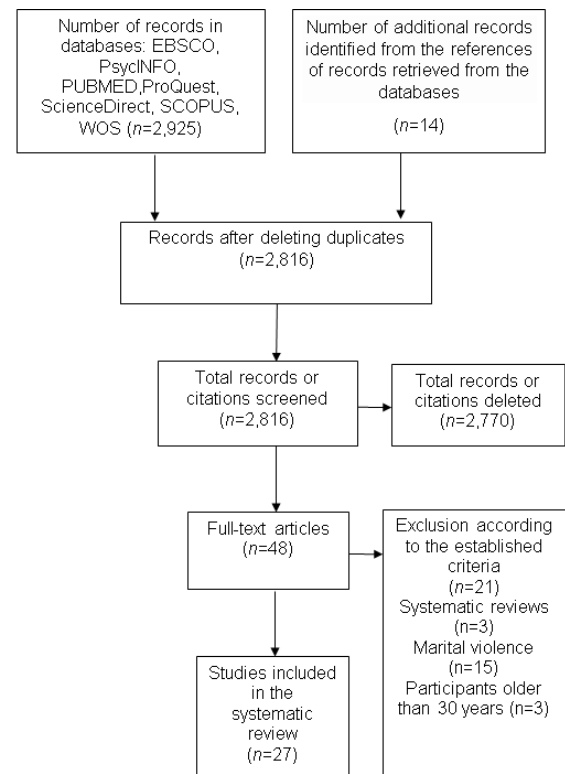
## 3. Results

A total of 2925 articles were retrieved from the information systems, and 27 articles were included in the present review for analysis (see Figure 1). The studies came from the following countries: nineteen from the United States, one from Australia, one from Brazil, two from Canada, one from Spain, one from England, one

from New Zealand and one that included four countries (China, United States, India, and South Africa).

Figure 1

Flow chart of the selection of studies regarding the relationship of dating violence on the mental health of victims and perpetrators



Articles published from January 1<sup>st</sup>, 1981, to June 8<sup>th</sup>, 2021 in English, Spanish, French, and Portuguese were considered, and the articles that were included in this review were published between 1997 and 2020 in English and Portuguese.

Several types of dating violence were identified (physical, psychological, sexual, and verbal); five of the studies examined physical violence, two considered sexual violence, and one focused on psychological violence. Some studies considered two types of violence: eight considered physical and sexual violence, five considered physical and verbal violence, and two considered physical and psychological violence. Finally, four studies examined three types of dating violence: physical, psychological, and sexual. In addition, the individual's role in the violence was identified in these studies (victim, perpetrator or both); 19 studies examined victimization, one examined perpetration, and seven considered both (victimization/perpetration). The impact on mental health was reported in the reviewed analyses, and it included depression, followed by anxiety, suicidal ideation, post-traumatic stress, low self-esteem, social isolation, and psychopathological symptoms.

**Table 1**
*Methodological characteristics of the dating violence studies included in the analyses*

Author and year	Country of origin	Type of violence	Role in violence	N	Population	% of women	Age range	Mean age (SD)	Main results
Magdol et al., 1997	NZ	Ph, Ve	V	1037	A	49.4	21	-	Association of being a victim of physical and verbal violence with depressive symptoms and anxiety.
Kreiter et al., 1999	US	Ph, S	V	21297	AS	50.1	-	15.5 (-)	Relationship between being a victim of physical and sexual violence and suicidal ideation.
Coker et al., 2000	US	Ph, S	V, P	5414	AS	52.3	14 to 17	-	Poor quality of life in adolescent student victims and perpetrators of physical and sexual violence.
Silverman et al., 2001	US	Ph, S	V	1977	AS	100	14 to 18	-	Suicidal ideation and attempted suicide in female victims who reported physical and sexual aggressions.
Ackard et al., 2002	US	Ph, S	V	81247	AS	52.3	14 to 17	-	Low emotional well-being and suicide attempts in adolescent students who were victims of physical and sexual assault.
Callahan et al., 2003	US	Ph	V	526	AS	47	13 to 19	15.9 (1.29)	Depressive symptoms, anxiety, and posttraumatic stress associations in victims of physical and verbal violence.
Salazar et al., 2004	US	Ph, Ve	V	522	FA	100	15 to 19	16 (1.2)	Increased depressive mood in African American female adolescents who were victims of physical and verbal violence.
Collin-Vezina et al., 2006	Ca	Ph, S	V	220	A	100	13 to 19	15.7 (1.2)	Type of physical and sexual violence that impacts the regulation of emotional tone and psychopathological symptoms.

Ackard et al., 2007	US	Ph, S	V	1516	AS	54.2	-	20.4 (0.8)	Frequent depressive symptoms in adolescent students who were victims of physical and sexual violence.
Banyard et al., 2008	Eng	Ph, S	V	2101	AS	51	12 to 17	-	Severe depressive symptoms and suicidal ideation in adolescent students who were victims of physical and sexual violence.
Lindhorst et al., 2008	US	Ph	V	229	AM	100	12 to 17	16.6 (-)	Depressive symptoms in adolescent mothers who were victims of physical violence.
Brown et al., 2009	Au	Ph	V	98	AS	54	15 to 24	17.2 (2.5) NV 18.9 (2.3) Vi	Low psychosocial functioning in adolescents who are victims of physical aggression.
Fernández-Fuertes et al., 2010	Sp	Ve, Ph	V, P	567	AS	58.3	15 to 19	16.6 (1.01)	Psychological deterioration in victims and perpetrators of verbal-emotional and physical aggression.
Rizzo et al., 2010	US	Ps, Ph, S	V, P	155	AHP	-	-	15.0 (1.3)	Psychological, physical and sexual violence associated with depression in adolescent patients at a psychiatric hospital.
Eshelman et al., 2012	US	Ps, Ph, S	V	499	AS	100	19 to 20	20.53 (1.39)	Posttraumatic stress and depression in victims of psychological, physical and sexual violence.
Haynie et al., 2013	US	Ve, Ph	V, P	2203	AS	53	-	16.19 (.03)	Symptoms of depression in female victims of physical and verbal violence.
Button et al., 2013	US	Ph, Ve	V	12203	AS	51.5	12 to 17	-	Differences in well-being between adolescent victims and non-victims of physical-verbal violence.

Foshee, et al., 2013	US	Ps, Ph	V	3328	AS	50	12 to 17	-	Feelings of anxiety and depression in victims of psychological and physical aggression.
Exner-Cortens et al., 2013	Ca	Ph, Ps	V	5681	A	52.3	12 to 18 T1 18 to 25 T2	16.0 (0.10) T1 21.4 (0.10) T2	Physical and psychological violence in adolescent victims and its association with depressive symptoms and suicidal ideation.
Decker et al., 2014	US, Ind, So, Ch	Ph, S	V	2339	FA	100	15 to 19	-	Poor quality of life in female victims of physical and sexual violence from disadvantaged economic environments.
Choi et al., 2016	US	Ps, Ph, S	V, P	918	A	56	14 to 15	15.1 (-)	Symptoms of anxiety in victims and perpetrators of physical, psychological and sexual violence.
Temple et al., 2016	US	Ps	P	1042	AS	56	15 to 17	15.1 (.79)	Symptoms of depression, anxiety and hostility in perpetrators of psychological violence.
Reed et al., 2017	US	Ps, Ph, S	V	703	AS	56	14 to 17	-	Emotional distress in students who were victims of physical, psychological and sexual aggression.
Jouriles et al., 2017	US	Ph	V	843	AS	57	-	16.09 (.79)	Posttraumatic stress in victims of physical violence.
Titcher et al., 2019	US	S	V, P	555	AHC	63	14 to 7	15.6 (1.1)	Symptoms of depression in adolescent victims and perpetrators of sexual violence.
de Sousa-Costa et al., 2020	Br	S	V	5	A	80	16 to 17	16.6 (-)	Fear and suicidal behavior in adolescent victims of dating violence.

*Note.* -=No information found, Au=Australia, Br=Brazil, Ca=Canada, Ch=China, US=United States, Sp=Spain, Ind=India, Eng=England, So=South Africa, NZ=New Zealand; Ph=Physical, Ve=Verbal, Ps=Psychological, S=Sexual; P=Perpetration, V=Victimization; A=Adolescents, AS=Adolescent students, AHP=Adolescents Hospitalized in Psychiatric Hospitals, AHC=Adolescents Hospitalized in Pediatric Clinics, AM=Adolescent Mothers, FA=Female Adolescents; NV=No dating violence, Vi=Adolescents who reported dating violence; T1=Time 1, T2=Time 2.

**Table 2**

*Characteristics, tools and, relation of the dating violence studies, and mental health included in the analyses*

Author and year	Type of study	Tool used to measure DV	Tool used to measure the impact health	Relation of dating violence on the mental health
Jouriles et al., 2017	L	CADRI	PC-PTSD	Posttraumatic stress symptoms.
Titchen et al., 2019	C	YRBS	PHQ-9	Depression.
De Sousa-Costa et al., 2020	Q	SSI	SSI	Feelings of fear, guilt, social isolation, and suicidal behavior.

*Note.* A-CASI =The Cognitive Abilities Screening instrument, CADRI= Conflict in Adolescent Dating Relationships Inventory, CTS2=Conflict Tactics Scale 2, DDA= Digital dating Abuse, SSI =Scale for suicide Ideation, MSS=Minnesota Student Survey, PMWI=Psychological Maltreatment of Women Inventory, QCSR= Questionnaire Constructed specifically for research, SBW=Scale for Battered Woman, SDS=Safe Dates Scale, SSI= Semi-structured interview, SVAWS=Severity of Violence against Women Scale, YRBS=Youth Risk Behavior Survey; BDI=Beck Depression Inventory, BSI=Brief Symptom Inventory, BWBAQ=Ben-Tovim Walker Body Attitudes Questionnaire, CDISF=Children's Depression Inventory-Short Form, CES-D=Centers For Epidemiological Studies Depressive Scale, CEESDSS= Center for Epidemiologic Studies Depression Scale, GAS=Global Assessment Scale, HBSC=Health Behaviors in School-Aged Children survey, H-R QOL=Health-related Quality of Life, K-SADS-PL=Kiddie Schedule for Affective Disorders and Schizophrenia for School-aged Children-Present and Lifetime, MDS=Modified Depression Scale, MFQ=Mood and feelings Questionnaire, NIMH DISC=NIMH Diagnostic Interview Schedule for Children, OSIQ=Offer Self-image Questionnaire, PC-PTSD=Primary Care PSTSD Screen for DSM, PHQ-9=Patient Health Questionnaire-9, PTSD=Posttraumatic Stress Disorder Scale, RCMAS= Revised Children's Manifest Anxiety Scale, RESE= The Regulatory Emotional Self-Efficacy, RSES=Rosenberg Self-Esteem Scale, SCID=Structured Clinical Interview for DSM-IV, SCL-90=Symptom Checklist-90, STAI=State-Trait Anxiety form, TSCC=Trauma Symptom Checklist for Children; C= Cross-sectional study L=Longitudinal study, L \*= longitudinal study, considering only one cohort for the study, Q= Qualitative.

The sample size of the studies ranged between 5 and 81247 participants, most of whom were adolescents and young students. Six of the studies addressed only adolescents, seventeen included adolescents and young students, one included adolescent in a psychiatric hospital, one considered adolescents at a hospital, one considered adolescent mothers, and one focused on female adolescents. The age range of the participants in the research was between 12 years and 24 years. Concerning the gender variable of the included studies, in six investigations, 100% of the population was female; in seventeen studies, more than 50% of the participants were women; in two articles, the female population was less than 50%; and two of them did not include the information. On the other hand, in the longitudinal studies that included differences by sex, more significant long-term adverse effects on mental health were found in women (Exner-Cortens et al., 2013; Lindhorst & Oxford, 2008; Magdol et al., 1997).

Regarding the methodological characteristics, only one study was qualitative, and twenty-six of them were quantitative. The quantitative articles included three types of studies: ten were longitudinal (two of them considered only one time for the study), sixteen were cross-sectional. Regarding the sampling method, fifteen of them were probabilistic, and twelve non-probabilistic.

Several statistical methods were used, and the majority of the studies used more than two. The most commonly used statistical methods were chi-square and logistic regression models, as well as ANOVA, multiple logistic regression, linear regression, ANCOVA, structural equation models, Pearson's correlation, univariate analysis, general linear models, the Bayesian statistical model, multivariate linear regression, multilevel models, Fisher's test, and McNemar's test.

Regarding the relationship between dating violence and the mental health of the victims and/or perpetrators, the most frequently studied symptoms and disorders were those related to depression. Six cross-sectional studies (Banyard et al., 2008; Callahan et al., 2003; Eshelman et al., 2012; Haynie et al., 2013; Salazar et al., 2004; Titchen et al., 2019) found an association between being a victim of physical, verbal, and sexual violence and depression symptoms in adolescent students of both sexes. In longitudinal studies, Ackard et al. (2007) detected high levels of depressive symptoms as variables resulting from intimate partner violence in adolescent students who were victims of physical and sexual violence. Similarly, Foshee et al. (2013) found high levels of feelings of depression as a consequence of physical violence victimization in adolescents of both sexes. Likewise, Lindhorst et al. (2008) found depressive symptoms because of victimization by physical violence in adolescent mothers. Also, Exner-Cortners et al. (2013) found depressive symptomatology as a consequence of physical and sexual violence in female victims in their longitudinal study.

Furthermore, Johnson et al. (2014) discovered depressive symptoms because of the victimization and perpetration of physical dating violence in men and women in their longitudinal study. Temple et al. (2016), for their part, obtained in their longitudinal study that adolescents who accept dating violence as a normative behavior are more likely to commit psychological abuse. In turn, psychological abuse perpetration temporarily predicted depression.

Magdol et al. (1997) considered data from a longitudinal study cohort in their research. They found that men who have perpetrated physical violence in dating have, consequently, six times more risk of having depressive symptoms.

Regarding the relationship between depression and dating violence perpetration cross-sectional studies, Haynie et al. (2013), and Titchen et al. (2019) found symptoms of depression in adolescent students who were perpetrators of psychological, physical, and sexual violence. Regarding the impact on both victims and perpetrators, Rizzo et al. (2010) found a relationship between major depressive disorder and psychological, physical, and sexual violence in adolescent female and male patients at a psychiatric hospital.

The second most frequently studied area related to dating violence and mental health was suicide. In a cross-sectional study, Kreiter et al. (1999) found a relationship between being the victim of physical violence and suicidal behaviors in adolescent students. Similarly, cross-sectional studies conducted by Silverman et al. (2001), Ackard et al. (2002; 2007) and Banyard et al. (2008) found that being the victim of physical and sexual violence was related to suicidal thoughts and suicide attempts. Similarly, in their qualitative study, de Sousa-Costa et al. (2020) found feelings of fear and guilt and suicidal behavior in adolescent victims of sexual violence. In the same sense, Exner-Cortens et al. (2013) showed in their longitudinal study of physical and psychological violence that female adolescent victims in Canada had a two- and threefold greater incidence of depressive symptoms and suicidal ideation, respectively. Regarding both victims and perpetrators, Coker et al. (2000) showed in their cross-sectional study that adolescent student victims and perpetrators of physical and sexual violence reported suicidal ideation and suicide attempts.

Anxiety was the third central area of study regarding the relationship between dating violence and mental health. Callahan et al. (2003) reported in their cross-sectional research that anxiety symptoms were related to being the victim of physical and verbal dating violence among adolescents. On the other hand, three longitudinal studies found having experienced dating violence as an antecedent variable and, consequently, anxiety symptoms. First, Foshee et al. (2013) found anxiety symptoms in adolescent students due to being vic-



tims of physical and psychological dating violence. In the second, Temple et al. (2016) found that adolescents who had perpetrated psychological dating violence experienced more significant anxiety symptoms. In the third study, Choi et al. (2016) reported anxiety symptoms related to victimization and perpetration due to physical, psychological, and sexual dating violence among adolescent students. Similarly, Magdol et al. (1997) reported a relationship between physical and verbal violence victimization and anxiety symptoms in their longitudinal cohort study.

The fourth major area of study in relationship of dating violence and mental health was posttraumatic stress. Callahan et al. (2003), Eshelman et al. (2012) found symptoms of posttraumatic stress in adolescent students who were victims of psychological, physical, and sexual violence. In their longitudinal research, Jouriles et al. (2017) explained the relation of victimization of physical violence as an antecedent variable of symptoms of post-traumatic stress in young adults.

In relation to quality of life and emotional well-being, Coker et al. (2000) found a poor quality of life related to being either the victim or perpetrator of physical and sexual dating violence in adolescent students. Additionally, Button et al. (2013) found statistically significant differences in well-being between adolescent victims and non-victims of physical-verbal violence. Similarly, Salazar et al. (2004) reported lower levels of self-esteem in female victims of physical and verbal violence, and Ackard et al. (2002) reported low emotional well-being in adolescent students who were victims of physical and sexual aggression. Furthermore, Collin-Vezina et al. (2006), in their study of adolescents, reported that physical and sexual violence is related to emotional tone regulation.

Finally, Fernández-Fuentes et al. (2010) found poor tolerance and deterioration in both the victims and perpetrators of physical and verbal violence. In addition, Brown et al. (2009), in their longitudinal study, reported low psychosocial functioning because of the victimization of physical dating violence in adolescent students.

#### 4. Discussion

The objective of this study was to systematize knowledge from studies of the relationship dating violence and mental health of victims and perpetrators. Most of the studies were conducted with adolescent students and in the United States. Only one study was found in an Ibero-American country, and one multi-country study conducted in Asia and Africa, which suggests a need for more research about dating violence in Latin America, Asia, and Africa. In the particular case of Latin America, there are some studies that indicate high figures for the prevalence of violence in young couples (e.g., Rey et al., 2022; Rubio-Garay et al., 2017; Zamora-Damián et al., 2018), so it would be convenient to carry out more

research on the health difficulties associated with this form of violence that support different alternatives of intervention and prevention.

Seven studies investigated both the perpetration and victimization of dating violence, one study focused only on the perpetration of intimate partner aggression, and nineteen studies focused only on victims of dating violence. The type of violence that was most frequently studied was physical violence, and few studies considered other types of violence, such as psychological and verbal violence. However, none of them examined whether health difficulties depended on the type of violence received. It is noteworthy that an important number of the studies focused exclusively on the possible effects of physical violence and/or sexual violence, but not psychological or emotional verbal violence, more prevalent than the first two, according to the results of prevalence studies (see Rubio-Garay et al., 2017). In fact, it is not known if these types of violence have differential effects or if their effects are similar or combined, since there are no studies on this topic in the literature. Therefore, it is recommended that future studies on mental health difficulties related to violence in young couples examine different types of violence and their possible differential effect.

The measurement tools that were used varied considerably and included questionnaires constructed specifically for the study; semi-structured interviews; national surveys for dating violence, such as the YRBS; instruments for evaluating mental health disorders and symptoms, including clinical interviews; tools designed for adolescents and young adults; and tools that considered parental consent for minors. This variety of methodologies, techniques and instruments reflects the interest in the topic among academic communities and the possibility of continuing to examine, with various possibilities, mental health difficulties associated with dating violence (Exner-Cortens et al., 2016; Taquette & Monteiro, 2019). However, it is noteworthy that several studies used instruments that were not developed to measure dating violence, such as the YRBS, since there are a significant number of validated instruments to measure this form of violence (see Exner-Cortens et al., 2016; Yanez-Peñúñuri, et al., 2019). Studies examining health difficulties related to dating violence should use validated instruments that measure this violence to avoid measurement bias.

Regarding the type of study, 10 of 27 articles (37%) considered data from longitudinal studies, a similar result to that obtained by Taquette and Monteiro (2019), who found that 71.4% of their studies were cross-sectional and 25.7% longitudinal, that is, most of the studies were cross-sectional in nature and therefore only allow us to examine associations between dating violence and different mental health difficulties, so the scope is limited. Therefore, it is necessary for future studies to study the long-term impact or consequences of dating violence on

the mental health of the victims or perpetrators, through longitudinal studies, since these allow us to relate an event in the history of individuals (e.g., dating violence), with different mental health difficulties that arise later, as it was evident in the aforementioned longitudinal studies, in which victimization was later related to symptoms of depression (Ackard et al., 2007; Exner-Corner et al., 2013; Foshee et al., 2013; Lindhorst et al., 2008), anxiety (Choi et al., 2016; Foshee et al., 2013; Magdol et al., 1997), post-traumatic stress (Jouriles et al., 2017) and low psychosocial functioning (Brown et al., 2009).

The most frequently studied disorders or symptoms in the studies collected in this review on the impact of dating violence on the mental health of victims and perpetrators were depression, suicide, anxiety, and post-traumatic stress disorder. Other variables related to quality of life and emotional well-being were also found. These results are consistent with the model of Riggs and O'Leary (1989), since they indicate that dating violence has an impact on the health of victims, which, in turn, could increase the risk of being a victim in the future, because these symptoms and other difficulties such as alcohol consumption can negatively affect relationships.

It is important to note that some authors suggest conducting psychological interventions aimed at victims of dating violence (Jouriles et al., 2017; Yanez-Peñúñuri et al., 2019). However, the present study presents findings regarding the negative effects that perpetrating dating violence has on mental health in both men and women. According to the O'Leary and Slep's (2003) model, a person who was a victim of dating violence, over time, could become a victimizer of this form of violence in the relationship, generating a situation of bidirectional violence. This approach is supported by prevalence studies that show that a high percentage of the participants suffered but also practiced dating violence (Rubio-Garay et al., 2017; Taquette & Monteiro, 2019), so it is possible that the mental health difficulties found among adolescents and young people who perpetrate dating violence are due to the fact that they were also victims of this form of violence. On the other hand, the possibility that certain mental disorders increase the probability of exercising violence must be considered, so that these would be more of a risk factor than a consequence of violence. It is known, for example, that disruptive, impulse control and conduct disorders are characterized by aggressive behaviors and that intoxication by substances such as alcohol and drugs can lead to behaviors of this type (American Psychiatric Association, 2013). Consistent with this, alcohol and drug use, as well as hostility, have been linked to perpetration of dating violence (Gracia-Leiva et al., 2019).

At a practical level, the mental health difficulties found in the selected studies, such as symptoms of depression and anxiety, suicidal ideation, post-traumatic stress, low self-esteem and low emotional well-being, could be

considered for the identification of DV victims. For example, information and awareness campaigns could be carried out on this problem with teachers at a school or university, mentioning the types and risk factors of this form of violence, but also the most common mental health symptoms (such as those found in this review), so that these victims can be identified, guided, evaluated, and therapeutically intervened.

Suicidal ideation and behavior, symptoms of depression and anxiety found in adolescent DV perpetrators (Choi et al., 2016; Coker et al., 2000; Temple et al., 2016; Titchen et al., 2019), could be explained by the fact that a significant percentage of these perpetrators were also victims of DV (Rubio-Garay et al., 2017), so the symptoms mentioned could not only be considered for the identification of the victims but of the perpetrators, with whom the possibility of implementing a therapeutic process could also be glimpsed, together with a process of orientation and counseling to stop DV behaviors.

On the other hand, the results of the studies that indicate a relationship with post-traumatic stress indicate that DV could in fact be a traumatic event in many cases and that victims who present this symptomatology should receive specific therapeutic interventions empirically supported for stress disorder post-traumatic, along with other approaches aimed at ending situations of violence and safeguarding the victims, strengthening their support networks (Jouriles et al., 2017; Rizzo et al., 2010).

The results of the selected studies that examined the differences by sex suggest that the affectation by DV could be greater among women than among men, which is consistent with the results of other studies that have examined these differences (Foshee, et al., 2013; Rey & Martínez, 2021), which should be considered by psychotherapists who care for DV victims, for example, anticipating that the therapeutic process could be more extensive with victimized women. These differences also suggest that studies examining the effectiveness of psychotherapeutic treatments for male and female DV victims should examine these effects separately.

However, it is noteworthy that in six of the selected studies only women participated and in seventeen of these studies the number of female participants was greater than that of men, which seems to indicate selection or self-selection biases that should be controlled in the investigations to examine the affectations in both men and women, differences on which there are still not many studies (Rey & Martínez, 2021).

In conclusion, the results indicate the need to design, implement and evaluate different alternatives for the prevention of DV from an intersectorial perspective (De la Rue et al., 2017; Rubio-Garay et al., 2015; Taquette & Monteiro, 2019). They also point out that it is necessary to intervene at the clinical level with the vic-

tims and perpetrators to counteract the symptoms of depression and others, at the individual level and with treatments with empirical support (Jouriles et al., 2017; Yanez-Peñúñuri et al., 2019). Likewise, for future research, it is recommended to consider variables such as the type of violence, sex, frequency, intensity, and duration of the violence.

The scope of this study was as follows: systematize knowledge from studies of dating violence on the mental health of victims and perpetrators, thus providing information with which to generate future studies on prevention and therapeutic intervention programs for unmarried adolescents and young adult couples.

One of the limitations of this systematic review was that it included only articles published in Spanish, English, Portuguese, and French. In addition, we searched seven databases, so it is possible that there are other studies on the impact of dating violence on health that are in other languages and in other databases that were not included in this study. Also, considering Perestelo-Pérez (2013), systematic reviews are regarded as narrative syntheses that use subjective methods instead of statistical methods such as meta-analyses, so biases or inadequate emphasis of some studies may occur.

Additionally, most of the studies reviewed in this article are conducted in the United States, so these results could not be generalized to other populations. Another limitation is that studies on the relationship between cyber dating violence and mental health were not included, so future research can review the relationship between these two variables.

For future studies, more research is recommended on promotion and intervention programs to address mental health problems such as suicide, depression, anxiety, posttraumatic stress disorder, quality of life and emotional well-being in adolescent and young adult victims and perpetrators of dating violence.

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