

University of Rhode Island

DigitalCommons@URI

---

Open Access Master's Theses

---

2023

# THE ROLE OF INTIMATE PARTNER VIOLENCE ON IDENTITY EXPLORATION STRATEGIES AND MENTAL HEALTH AMONG EMERGING ADULT WOMEN

Tyler-Ann Ellison

University of Rhode Island, ellisontylerann@gmail.com

Follow this and additional works at: <https://digitalcommons.uri.edu/theses>

---

## Recommended Citation

Ellison, Tyler-Ann, "THE ROLE OF INTIMATE PARTNER VIOLENCE ON IDENTITY EXPLORATION STRATEGIES AND MENTAL HEALTH AMONG EMERGING ADULT WOMEN" (2023). *Open Access Master's Theses*. Paper 2310.

<https://digitalcommons.uri.edu/theses/2310>

This Thesis is brought to you for free and open access by DigitalCommons@URI. It has been accepted for inclusion in Open Access Master's Theses by an authorized administrator of DigitalCommons@URI. For more information, please contact [digitalcommons-group@uri.edu](mailto:digitalcommons-group@uri.edu).

THE ROLE OF INTIMATE PARTNER VIOLENCE ON IDENTITY EXPLORATION  
STRATEGIES AND MENTAL HEALTH AMONG EMERGING ADULT WOMEN

BY

TYLER-ANN ELLISON

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF SCIENCE

IN

HUMAN DEVELOPMENT AND FAMILY SCIENCES

UNIVERSITY OF RHODE ISLAND

2023

MASTER OF SCIENCE THESIS

OF

TYLER-ANN ELLISON

APPROVED:

Thesis Committee:

Major Professor      Hans Saint-Eloi Cadely

Jessica Cless

Nicole Weiss

Skye Leedahl

Brenton DeBoef

DEAN OF GRADUATE SCHOOL

UNIVERSITY OF RHODE ISLAND

2023

## **ABSTRACT**

The current research explored the association between the effects of IPV victimization on mental health and identity exploration strategies of undergraduate college women. This study aimed to build on the existing literature by examining the associations between IPV and identity exploration strategies. The current study examined the following questions: (1) Does the experience of IPV relate to identity exploration strategies during emerging adulthood? (2) Does mental health explain the association between experiencing IPV and identity exploration strategies? Three forms of IPV were examined, psychological, physical, and sexual, along with the three identity exploration strategies, informational, normative, and diffuse-avoidant, with anxiety and depression treated as mediating variables. The research questions were examined using the bootstrap method to examine direct and indirect relationships between the predictors (psychological victimization, physical victimization, and sexual victimization), outcomes (informational identity style, normative identity style, and diffuse-avoidant identity style), and mediation variables (depression and anxiety) (Preacher & Hayes, 2004). Results from the study showed that anxiety and depression symptoms mediated the relationship between IPV victimization and the diffuse-avoidant identity style. Likewise, across all models all IPV variables were directly related to the diffuse-avoidant identity style and both mental health variables.

## ACKNOWLEDGMENTS

I would like to start by thanking my major advisor Dr. Hans Saint-Eloi Cadely for his dedication to my project. Working with me through all aspects of my thesis and instilling confidence in me and my ability to conduct research. His patience in guiding me and instructing me these past two years has been invaluable, with lessons I will carry with me throughout my academic journey and into my future career.

Furthermore, I would not have a finished thesis without the help of the amazing women on my committee. Dr. Nicole Weiss for her never-ending knowledge and guidance in teaching me new methods that I will continue to use in future research endeavors. Dr. Jessica Cless for her unwavering support in all of my endeavors and positive feedback along the way, and to Dr. Skye Leedahl, for her continued mentorship and valuable lessons that have helped guide me through this thesis and through these past two years of graduate school. It is through these women I see reflections of my future self; they have been a source of motivation for me every step of the way and inspire my goals of further pursuing academia.

Lastly, but not in the least, I would like to thank my family for their full-hearted support in my move across the country to pursue my master's degree. If it were not for their love and support, I would not have made it through this program standing tall and proud of all I have done. Thank you, Mom, Dad, and Roni, for always being my number one fans! I would also like to extend my gratitude to the women in my cohort who have been on this journey with me every step of the way Karina Tavares, Merna Naguib, Zoe Cute, Sam Ferreira, Ashley Harpin, and Ph.D. student Emma Pascuzzi. There are few

things more special to me than having positive female friendships. I have been changed for the better after meeting these incredibly smart and ambitious women. I am honored for having known them and will cherish all the memories made throughout the past two years.

## TABLE OF CONTENTS

<b>ABSTRACT</b> .....	<b>ii</b>
<b>ACKNOWLEDGMENTS</b> .....	<b>iii</b>
<b>TABLE OF CONTENTS</b> .....	<b>v</b>
<b>LIST OF TABLES</b> .....	<b>vi</b>
<b>CHAPTER I</b> .....	<b>1</b>
INTRODUCTION.....	1
<b>CHAPTER II</b> .....	<b>4</b>
REVIEW OF LITERATURE.....	4
<b>CHAPTER III</b> .....	<b>18</b>
METHODOLOGY.....	18
<b>CHAPTER IV</b> .....	<b>26</b>
FINDINGS.....	26
<b>CHAPTER V</b> .....	<b>35</b>
CONCLUSION.....	35
<b>BIBLIOGRAPHY</b> .....	<b>50</b>

## LIST OF TABLES

<b>TABLE 1</b> .....	<b>43</b>
<b>TABLE 2</b> .....	<b>44</b>
<b>TABLE 3</b> .....	<b>45</b>
<b>TABLES 4</b> .....	<b>46</b>
<b>TABLE 5</b> .....	<b>47</b>
<b>TABLE 6</b> .....	<b>48</b>
<b>TABLE 7</b> .....	<b>49</b>



## CHAPTER 1

### INTRODUCTION

Emerging adulthood, typically from the ages of 18 to 29, has the potential to be an extremely influential time in a young adult's life, as individuals are often gaining more autonomy, exploring their identity, and engaging in intimate relationships (Arnett, 2014). Many emerging adults will go to college, giving them the opportunity to live independently with low levels of typical adult responsibilities (Arnett, 2014). This developmental period provides emerging adults with the opportunity to be engaged in the process of identity exploration (Arnett, 2014; Berzonsky et al., 2013). Identity exploration is the process in which a person forms an independent identity in relation to their cultural and social norms (Berzonsky et al., 2013; Vega 2021). A formed identity can provide a person with a reference point when interacting with the world and navigating the inevitable changes that come with life (Berzonsky et al., 2013). One of the ways that emerging adults are engaging in the identity exploration process is through intimate relationships.

Dating is a social activity that then can be used as social role experimentation; it is a way to test out a new social role before committing to it (Newman & Newman, 2016). Dating may also provide social feedback, and possibly lead to the solidification or reconsideration of certain aspects of identity for emerging adults (Pittman et al., 2011; Vega, 2021). One of the ways emerging

adults are now exploring their identity is through relationships by engaging in more casual relationships, evolving into what is now known as “hookup culture” (Arnett, 2014; Duval et al., 2020). In select instances, casual relationships and hookup culture can be viewed as sexual risk-taking because it often involves multiple partners that may not be well-known, and substance use, such as using drugs and drinking alcohol (Duval et al., 2020; Mellins et al., 2017) While casual relationships and engaging in hookup culture can be extremely rewarding and empowering for an individual there is also the increased risk of intimate partner violence (IPV) victimization when there is unfamiliarity with a new partner. The Centers for Disease Control and Prevention (CDC) defines IPV as “abuse or aggression that occurs in a romantic relationship” (CDC, 2022). Often an individual victimized by some form of IPV will face negative mental health outcomes such as increased feelings of anxiety and depression that could potentially alter their identity exploration strategies (CDC, 2022; Tanner, 2016). Approximately one in four women will be victimized in their lifetime with a higher chance of victimization happening in emerging adulthood (CDC, 2022; Tanner, 2016).

The current research explored the association between the effects of IPV victimization on mental health and identity exploration strategies of undergraduate college women. This study aimed to build on the existing literature by examining the associations between IPV victimization and identity exploration

strategies. Due to the staggering numbers of reported cases of IPV victimization coinciding with a developmental period that focuses on autonomy and identity solidification as individuals transition into adulthood, it is important to understand the effect IPV can have on identity exploration strategies during emerging adulthood. Previous research provides important contributions to understanding how IPV victimization can impact an individual's well-being, and how identity exploration strategies contribute to how an individual interacts with the world around them (Duval et al., 2020; Mellins et al., 2017; Rodriguez et al., 2022; Saint-Eloi Cadely & Kisler, 2021; Tanner, 2016; Vidourek, 2017). In summary, the purpose of the current research aimed to expand the knowledge of the association between identity exploration strategies and mental health and examined IPV victimization's impacts on emerging adult college women's mental health and their identity exploration strategies.

## CHAPTER 2

### REVIEW OF LITERATURE

#### **Emerging Adulthood**

Emerging adulthood can be classified as the age range of approximately 18-29 and is characterized by increased autonomy compared to the adolescent years and a low level of adult responsibilities and commitments such as long-term partnerships, careers, and having children (Arnett, 2014). Unlike other developmental periods, emerging adulthood is not characterized by a physical milestone, such as walking or talking for toddlers, but rather by gaining independence and responsibilities until adulthood is achieved (Kranzler et al., 2019). Emerging adults may make progress in some parts of moving toward adulthood while others remain underdeveloped. For example, emerging adults may still be partially or fully supported by their parents even though they may have moved out of the house and are living independently, such as going to college (Arnett, 2014; Kranzler et al., 2019). This transitional time in a person's life does stem from a privilege as not everyone has the opportunity to take on adulthood slowly. In part the increased recognition of emerging adulthood is due to major revolutions such as the second wave of the women's movement and the sexual revolution, leading to more reproductive freedom and general autonomy for women to decide when they would like to accept those adulthood commitments (Arnett, 2014). Arnett (2014) identified the key characteristics of

emerging adulthood as identity exploration, instability, self-focus, feeling in-between, possibilities, and optimism. Tanner (2016) described the process of recentering as an inevitable part of a successful transition through emerging adulthood as emerging adults are closing the gap between how society expects them to act as adults and how the individual acted as an adolescent. Healthy recentering involves a commitment to self through identity exploration, roles, responsibilities, and relationships (Arnett, 2014; Tanner, 2016). Emerging adulthood is a developmental period of life with continued exploration of identity, engagement in intimate relationships, age-appropriate growth, and maturation as a person gradually accepts more adult responsibilities until they are fully in the adult stage of life (Arnett, 2014; Tanner, 2016).

### ***Identity Development in Emerging Adulthood***

Identity development is the process in which a person forms an independent identity in relation to their cultural and social norms (Berzonsky et al., 2013; Vega 2021). It can be common to explore identity-related issues in both adolescence and emerging adulthood. However, emerging adulthood provides a unique experience to the identity formation process because of the higher amounts of autonomy and low amounts of adult commitments (Arnett, 2014). Emerging adults are given the opportunity to see new perspectives of the world without the direct influence of their families (Arnett, 2014). These challenging ideals are then given the chance within the identity development process to be actively

incorporated into the forming identity, decidedly left out of the forming identity, or actively avoided by those who may not want to engage in the identity exploration process (Berzonsky et al., 2013). Berzonsky and colleagues (2013) identified three main identity processing orientation styles a person may display when exploring their identity: informational identity style, normative identity style, and diffuse-avoidant identity style. Each style offers a unique perspective on how a person will interact with the identity development process (Berzonsky et al., 2013).

### ***Informational Identity Style***

A person with an informational identity style will seek out information while exploring their identity with a clear sense of direction and drive (Berzonsky et al., 2013). Berzonsky and colleagues (2013) stated that people with an informational identity style will go through an exploration period before they commit to an identity. They may seek out different aspects that challenge them or are relevant to their current identity status that will allow them to then decide if that aspect of identity is one that they would like to keep or if it is decidedly left out (Berzonsky et al., 2013; Pittman et al., 2011). Those with an informational identity style are less concerned with following the status quo and are more focused on the goal of finding their individual identity. By exploring different career paths, romantic relationships, and othering views, people with an informational identity style may pick up on a broader range of skills than those

with a normative or diffuse-avoidant identity style given their commitment to the identity exploration process (Schwartz et al., 2005).

### ***Normative Identity Style***

A person with a normative identity style will follow the status quo. They will form their identity based on others' expectations of themselves and aim to please (Berzonsky et al., 2013). Berzonsky (1990) describes a person with a normative identity as an individual who is focused on stability and who may find more comfort in strongly identifying with things that are stable such as family, religion, and nationality. The normative identity style is about preservation, thus an individual with a normative identity style may seek out things that will reaffirm their identity back to them (Berzonsky et al., 2013). When confronted with identity-related issues those with a normative identity style may seek a lot of external guidance from significant others to affirm the changes that are being made. In contrast to a person with an informational identity style who will actively decide for themselves what feels right for their identity, a person with a normative identity style may look at the challenge and question how this will impact their relationship with their significant others (Berzonsky et al., 2013).

### ***Diffuse-Avoidant Identity Style***

Unless an identity crisis is brought up naturally a person with a diffuse-avoidant identity style will not explore their identity willingly. If an aspect of identity is being challenged (i.e., through life transitions such as going to college

or engaging in romantic relationships), a decision will be made quickly to overcome the obstacle, but it not further examined from that point on (Berzonsky et al., 2013). A person with a diffuse-avoidant identity style will react to the challenge proposed to their identity rather than seeking those differing views from themselves (Berzonsky et al., 2013). For a diffuse-avoidant person, identity may come from cultivated social norms like a person with a normative identity style (Berzonsky et al., 2013; Schwartz et al., 2005). However, unlike a person with a normative identity style, a person with a diffuse-avoidant identity style may not think about social norms or how they will uphold them (Berzonsky et al., 2013). For a person with a diffuse-avoidant identity style, following social norms may be used as a disassociation tactic when confronting identity-related challenges (Berzonsky et al., 2013).

### ***Intimacy in Emerging Adulthood***

Relationships are another facet through which identity may be explored. Starting in adolescence and continuing into emerging adulthood, romantic relationships are a central focus in a young person's life and are very influential (Arnett, 2014). Erickson (1969) described emerging adulthood as a period of intimacy versus isolation. This means that emerging adults will either engage in relationships in some capacity, including intimate relationships, or they will isolate themselves and/or believe that they are elite or unworthy to those around them (Newman & Newman, 2016). A healthy relationship can be seen as one



where partners have their own individual identities and come together to form a partnership (Montgomery et al., 2020) However, the identity does not need to be solidified as relationships can give context to identity and inform the identity exploration process (Pittman et al., 2011).

Rather than long-term partnerships, emerging adults are often exploring more casual relationships before “settling down” (LeFebvre & Carmack, 2020). College can offer emerging adults the perfect opportunity to explore casual intimate relationships. In adolescence, individuals start to transition from having the majority of their significant relationships be with their family members, to having more significant relationships with peers (Montgomery, 2005). College provides the perfect opportunity to meet new people because of the close proximity to peer groups where everyone is around the same age range (Arnett, 2014; Newman & Newman, 2016). Emerging adults may describe their relationships as chaotic and unstable because they may not necessarily be engaging in relationships that they think are going to be long-term (Lefebvre & Carmack, 2020). Typically, emerging adults may not even consider actively searching for a long-term partnership until the later stages of emerging adulthood (Arnett, 2014; Lefebvre & Carmack, 2020). This social norm may also be backed by society for some subgroups of the population, as there can be a stigma now about having a long-term partner or getting married at a young age (Arnett, 2014). Some emerging adults may choose to engage in “hookup” culture or other more

casual relationships until they are ready for that long-term partnership (Arnett, 2014). Casual relationships can be fulfilling and healthy experiences for emerging adults and can be crucial in their personal identity development. However, due to the nature of casualness, emerging adults should be cautious when engaging in hookup culture as the unfamiliarity of a partner can lead to a greater risk of harm to the individual (Krebs et al., 2011).

### **Intimate Partner Violence (IPV)**

The three main forms of IPV identified in previous studies are as follows: (a) physical violence, (b) sexual violence, and (c) psychological violence (Rodriguez et al., 2022; Saint-Eloi Cadely & Kisler, 2021; Vidourek, 2017) While there has been extensive research done to look at the gender parallels for the perpetration of IPV (e.g., Archer, 2000), women are still more likely to be victimized by IPV, especially when expressed through sexual violence, and other forms of violence such as stalking (Duval et al., 2020; Holmes et al., 2022; Mellins et al., 2017). Approximately one in four women and one in ten men will be victimized by some form of IPV throughout the course of their life, with the pinnacle of risk being in the emerging adulthood years (CDC, 2022; Duval et al., 2020; Mellins et al., 2017; Rodriguez et al., 2022). Furthermore, those victimized by IPV may have poor mental health outcomes, such as increased feelings of anxiety and depression, and increased risk-taking behaviors, both in terms of sexual behavior

and substance use (Rodriguez et al., 2022; Saint-Eloi Cadely & Kisler, 2021; Stein et al., 2009; Vidourek, 2017).

### ***Physical Violence***

Physical violence can be viewed as the perpetration of aggressive behaviors with the intention of causing physical harm to another person (CDC, 2022; Rodriguez et al., 2022; Saint-Eloi Cadely & Kisler, 2021). Major forms of physical violence can cause serious injuries to the victims and include actions such as choking, burning, beating up, or using an object to physically harm a partner (Foshee et al., 2009; Straus et al., 1996). Minor forms of physical violence may be more prevalent in a relationship such as throwing things, grabbing, slapping, and/or twisting a partner's body (Foshee et al., 2009; Strauss et al., 1996). While there are gender parallels in the perpetration of physical violence, however it should be noted that men are more likely to perpetrate violence in a way that will lead to more physical injury (Archer, 2000, 2002; Stein et al., 2009). Moreover, when examining the effects of different types of IPV it is important to understand the co-occurrence of multiple forms of IPV. For example, acts of physical violence can be used to force a partner into unwanted sexual activities, and it can be common for a perpetrator to use psychological and physical violence together to victimize their partner (Saint-Eloi Cadely et al., 2020).

### ***Sexual Violence***

Sexual violence is any forced nonconsensual sexual activities, sexual contact, sexual harassment, unwanted touching, and nonconsensual attempts of penetrative activities that are expressed toward another person (Bagwell-Grey et al., 2015; CDC, 2022; Mellins, et al., 2017). This can include physical penetration and non-penetrative acts such as kissing, touching, and exposition without the explicit consent of the partner or by manipulating the partner into the sexual acts via threats, blackmail, or forms of physical and psychological violence (Bagwell-Grey et al., 2015; Mellins et al., 2017; Strauss et al., 1996). Approximately 20% of women and 7% of men, will experience sexual violence by an intimate partner (CDC, 2022). Women are more likely than men to experience sexual violence throughout their lifetime, with the highest risk for victimization being in the emerging adulthood years (Mellins et al., 2017).

### ***Psychological Violence***

Psychological violence can be expressed in many different forms including verbal and nonverbal communication, monitoring partners' behaviors, isolating the partner, humiliation, threatening, and blackmail to gain control of the victim (Saint-Eloi Cadely & Kisler, 2021; Vidourek, 2021). Across genders, perpetrators of psychological violence may be doing so for similar reasons such as anger, revenge, and lack of proper communication skills (Vidourek, 2017). For college women, victimization from physical and sexual IPV is more likely to derive from psychological violence (Saint-Eloi Cadely & Kisler, 2021).

Emerging adulthood is a time of increased risk for IPV because of the compounding factor of increased autonomy, engagement in intimate relationships, and the increase in risk-taking behaviors such as drinking alcohol and using substances (Cui et al., 2013; Mellins et al., 2017; Duval et al., 2020; Rodriguez et al., 2022; Saint-Eloi Cadely et al., 2021). When looking at risk factors it has been shown that substance uses highly correlates with both the perpetration and the victimization of IPV, especially for college students as they report the highest numbers of engagement in binge drinking (Bilton et al., 2015; Duval et al., 2020; Mellins et al., 2017; Rodriguez et al., 2022; Saint-Eloi Cadely et al, 2022; Stein et al., 2009). Events where alcohol is consumed, or substances are used can be a particular risk factor for IPV.

IPV has the potential to be a traumatic experience that can often affect a victim's ability to function “normally” (Tanner, 2016). Often victims can face isolation, stigma, and lack of social support while still in a violent situation (Stein et al., 2009). Victims may be left with adverse mental health outcomes such as feelings of anxiety and depression (Bilton et al., 2015; Stein et al., 2009; Vidourek, 2017); thus, the importance and necessity for accessible mental health resources (Tanner, 2016).

## **Mental Health**

### *Anxiety*

For emerging adults, access to mental health resources may be harder to obtain (Kranzler et al., 2019; Tanner, 2016). Emerging adulthood is a time that can be anxiety-provoking, regardless of extenuating circumstances such as IPV victimization (Tanner, 2016). The CDC (2022) characterizes generalized anxiety as excessive worry that is difficult to control with 19.5% of emerging adults experiencing general anxiety within a two-week period. Often practices relating to mental health are situated for adults and then modified to meet the needs of children (Kranzler et al., 2019). It is uncommon that mental health practices come equipped to meet the unique needs of emerging adults, likewise, emerging adults are the least likely to seek out mental health resources when needed (Kranzler et al., 2019; Tanner, 2016). Nearly one-quarter (22%) of emerging adults will suffer from an anxiety disorder (Tanner, 2016). An important part of emerging adulthood is the identity exploration process which in nature includes a lot of social interaction and independence (Berzonsky et al., 2013). Many emerging adults may push past the anxiety of social interactions to gain more independence. However, for those who cannot their identity development may be inhibited due to their lack of ability to explore possible aspects of their identity (Barry et al., 2013; Kranzler et al., 2019; Tanner, 2016).

### ***Depression***

Moreover, approximately 25% of emerging adults will suffer from some type of depression, with suicide being the leading cause of death for college students

(Berry, 2004; Kuwabara et al, 2007). For emerging adults, the characteristics of depression can be seen as discontinuity, social withdrawal, and uncertainty in mood, which in turn could impact the identity exploration process (Kuwabara et al, 2007). The quality of emerging adulthood relationships and college campus atmospheres are key factors in understanding emerging adults' depression (Lisznyai et al., 2014; Tanner, 2016). Perception of peer relationships and satisfaction with peers have been identified as protective factors for depression (Barry et al., 2013; Kuwabara et al, 2007; Lisznyai et al., 2014). This is especially important to keep in mind when looking at emerging adults who have been victimized by IPV.

Negative mental health outcomes have been identified as some of the biggest risk factors for IPV victims (Stein et al., 2009). For victims of IPV, this may include increased feelings of anxiety and depression, lower self-esteem, higher feelings of shame (Bilton et al., 2015; Stein et al., 2009; Vidourek, 2017). Additionally, women in sexual minority groups, women in lower socio-economic statuses, African American women, and women who consume more alcohol are all more likely to be victimized by IPV and need further mental health assistance after victimization (Stein et al., 2009).

### **The Present Study**

The present study will address gaps in the literature by examining the effects that IPV victimization has on identity exploration strategies for

undergraduate college women. The present study also extends the research by examining whether adverse mental health factors help to explain the relationship between IPV and identity exploration strategies. Thus, the current study looks to examine the following questions: (1) Does the experience of IPV relate to identity exploration strategies during emerging adulthood? (2) Does mental health explain the association between experiencing IPV and identity exploration strategies? Due to the growing literature that shows the effect IPV can potentially have on a victim in all aspects of life, it is necessary to look at how IPV can influence identity exploration strategies. Likewise, because IPV is understood to be a potentially traumatic experience, mental health may come into question for those who have been victimized. The current study hypothesizes that (H1) the experience of IPV will relate to identity exploration strategies. Specifically, (H1a.) the experience of IPV will be negatively related to the informational identity style, and (H1b.) the experience of IPV will be positively related to the diffuse-avoidant identity style. The informational identity style is centered around identity exploration and personal interactions (Berzonsky et al., 2013). However, as previously mentioned, IPV is a potentially traumatic experience that can result in a victim making drastic changes to their life to feel safe (Tanner, 2016). In turn, IPV victimization has the potential to prevent the natural identity exploration strategies of a person with an informational identity style. In contrast, a person with a diffuse-avoidant identity style will avoid identity exploration strategies



(Berzonsky et al., 2013). While the experience of IPV may still be traumatizing for a person with a diffuse-avoidant identity it may not inhibit the identity exploration process because a person with a diffuse-avoidant identity style is not engaging in identity exploration to begin with, but rather IPV victimization may further encourage a lack of identity exploration. There is no hypothesis proposed for the normative identity style, due to the need for significant others' input. It is because of this input that it is hard to predict whether a normative identity style will be positively or negatively related to IPV. A person with a normative identity will look to others to define the situation and take those cues when looking at how to move forward in the identity exploration process thus it can be hard to interpret the direction of the association between IPV victimization and the normative identity style.

Additionally, it is expected that (H2) mental health will explain the association between IPV and identity exploration strategies. One of the most profound and lasting impacts of IPV victimization is how it affects a victim's mental health (Stein et al., 2009). Victims are often left with feelings of anxiety, depression, and PTSD, which can lead to social withdrawal and isolation (Tanner, 2016). As one of the most influential protective factors for victims of IPV in emerging adulthood is the perception of peers and support systems, this social withdrawal can be detrimental to victims (Kranzler et al., 2019; Tanner, 2016). Likewise, without proper access to appropriate mental health resources (Kranzler

et al., 2019), victims of IPV suffering from adverse mental health outcomes may be at continued risk for engaging in other risk-taking behaviors such as problematic drug use, binge drinking, and sexual risk-taking (Duval et al., 2020; Mellins et al., 2017). This in turn can lead to a lack of identity exploration during this developmental period.

## CHAPTER 3

### METHODOLOGY

#### **Participants**

The present study used data derived from a 2017 study entitled “Identity Attachment Project,” supported by the College of Health Sciences at the University of Rhode Island. The study collected information on communication patterns, personality attributes, and perceptions of romantic relationships among undergraduate college students. Participants were compensated with a \$5.00 Starbucks gift card for their participation. The original sample consisted of 560 participants from the University of Rhode Island. Participants who self-identified as a woman, in the age range of 18 to 29, and who indicated being in a romantic relationship were included in the analysis sample. One participant was excluded for being under the required age of the study, and five other participants were excluded for being above the required age of the study. Participants who self-identified as male were excluded ( $n = 36$ ). Additionally, participants who self-identified as non-binary/third gender or other were also excluded ( $n = 7$ ). Participants who had never been in a dating relationship were also excluded from the current study ( $n = 45$ ). Participants who were missing data on these demographic variables were removed from the study ( $n = 52$ ). Lastly, two participants were removed for missing data on the variables of interest to this study. This resulted in an analysis sample of 412 participants who identified as

women, in the age range of 18-29, and who experienced a dating relationship in the past or at the time of data collection.

From the analysis sample, the education of participants was as follows: 21.5% ( $n = 88$ ) were First-years, 30.0% ( $n = 124$ ) were Sophomores, 25.8% ( $n = 107$ ) were Juniors, 20.3% ( $n = 84$ ) were Seniors, and 2.4% ( $n = 10$ ) were other. Approximately 15% ( $n = 63$ ) of the analysis sample were the first generation in their family to go to college. The majority of the sample (83.1%;  $n = 344$ ) identified as white, 8.5% ( $n = 35$ ) identified as Hispanic/Latino, 4.6% ( $n = 19$ ) identified as Black/African American, 1.9% ( $n = 8$ ) identified as Asian American, and 1.9% ( $n = 8$ ) of the participants identified as other. Likewise, 89.6% ( $n = 371$ ) of the participants identified as Heterosexual/Straight, 6.5% ( $n = 27$ ) identified as Bisexual, 1.9% ( $n = 8$ ) identified as Lesbian, 0.5% ( $n = 2$ ) identified as Gay, and 1.4% ( $n = 6$ ) identified as other (see Table 1).

## **Measures**

### ***Identity Exploration Strategies***

Identity exploration strategies were measured through the *Identity Style Inventory- Version 5* (ISI-5; Berzonsky et al., 2013). The survey contained twenty-seven items that asked the participants how they saw themselves and focused on identity-relevant information. Nine items were used to assess each of the following identity exploration style (a) Informational, (b) normative, and (c) diffuse-avoidant. An example of an informational identity style item is: “*When*

*facing a life decision, I take into account different points of view before I make important life decisions.*” An example of a normative identity style item is: *“When I make a decision about my future, I automatically follow what close friends or relatives expect from me.”* Lastly, an example of a diffuse-avoidant item is: *“I try to avoid personal situations that require me to think a lot and deal with them on my own.”* Respondents indicated their feelings towards the statements on a five-point scale with (1) being *“Not at all like me”* and (5) being *“Very much like me.”* A mean composite score was created for each identity style where the higher score indicated more endorsement of the identity style. Cronbach alphas were calculated for the informational identity style ( $\alpha = .845$ ;  $M = 2.87$ ;  $SD = .65$ ), the normative identity style, ( $\alpha = .784$ ;  $M = 1.35$ ;  $SD = .66$ ), and the diffuse-avoidant identity style, ( $\alpha = .812$ ;  $M = .98$ ;  $SD = .70$ ).

### ***Intimate Partner Violence (IPV)***

IPV was measured through the fifty-two-item scale, *The Revised Conflict Tactics Scale* (CTS2; Straus et al., 1996). Statements measure the three main types of IPV (a) Physical, (b) psychological, and (c) sexual violence. Twelve items were used to assess victimization from physical assault, eight items were used to assess victimization from psychological aggression, and seven items were used to assess victimization from sexual coercion (Straus et al., 1996).

Participants were given statements regarding IPV and asked how often they have experienced the behaviors from their romantic partners during the past year, such

as “*My partner pushed or shoved me,*” “*My partner did something to spite me,*” and “*My partner made me have sex without a condom.*” Respondents indicated the number of times using a four-point scale: (0) *Never*, (1) *Once*, (2) *Twice*, (3), *Three or More Times*. All IPV variables were dichotomized to account for skewness. Before dichotomizing the variables, the skewness for physical victimization before the transformation was (*skewness* = 5.29; *M*= .09; *SD*= .33) and after (*skewness* = 1.59; *M*= .19; *SD*= .39). For psychological victimization skewness before the transformation was (*skewness* = 1.77; *M*= .43; *SD*= .58) and after (*skewness* = -.43; *M*= .60; *SD*= .39). Lastly, for sexual victimization skewness before the transformation was (*skewness* = 3.65; *M*= .15; *SD*= .37) and after (*skewness* = 1.10; *M*= .26; *SD*= .44). Cronbach alphas were calculated for physical victimization (*a* = .918), for psychological victimization (*a* = .826), and for sexual victimization (*a* = .787).

### ***Mental Health***

Depression was measured through the *Center for Epidemiologic Studies Depression Scale -Revised* (CESD-R; Eaton et al., 2004). Participants answered twenty questions relating to how they might have felt or behaved during the past two weeks such as “*I could not shake off the blues*” and “*I lost interest in my usual activities.*” Responses were coded on a five-point scale: (0) *Not at all or less than 1 day*, (1) *1-2 days*, (2) *3-4 days*, (3) *5-7 days*, and (4) *Nearly every day for 2 weeks*. The depression variable was transformed to the square root due to

skewness. The skewness before the transformation was (*skewness* = 1.35; *M*= .83; *SD*= .90), and after (*skewness* = .289; *M*= .75; *SD*= .51). A mean composite score was created for depression in which a higher score indicated more endorsement. Cronbach alpha was computed for depression (*a* = .961).

Anxiety was measured on a four-point scale using the *Generalized Anxiety Disorder 7-item scale* (GAD-7; Spitzer et al., 2006). Participants were asked to answer questions based on how often they have been bothered by the following problems within the past two weeks such as “*Feeling nervous, anxious or on edge.*” and “*Feeling afraid as if something awful might happen.*” Seven items were used to assess anxiety and all items were evaluated on a four-point scale: (0) *Not at all*, (1) *Several days*, (2) *Over half the days*, (3) *Nearly every day*. The anxiety variable was transformed to the square root due to skewness. The skewness before the transformation was (*skewness* = 1.07; *M*= .83; *SD*= .79), and after (*skewness* = -.03; *M*= .77; *SD*= .49). A mean composite score was created for anxiety in which a higher score indicated more endorsement. Cronbach alpha was computed for anxiety (*a* = .941).

### **Plan of Analysis**

Analyses for this study were conducted through the Statistical Package for Social Sciences (SPSS) version 28 software. Frequency and descriptive statistics were conducted prior to in-depth analyses. Frequencies were conducted to determine sample size, missing data, skewness, and to identify items that needed

to be recoded. Descriptive statistics were utilized to identify means and potential outliers. The reliability of the informational identity style, the normative identity style, the diffuse-avoidant identity style, physical violence, psychological violence, sexual violence, anxiety, and depression were all examined separately prior to the full analysis. Correlations were ran between the primary variables and demographics to determine any significant relationships between variables, to detect for multicollinearity, and to examine whether any demographics should be controlled for in the primary analyses.

The research questions were examined using the bootstrap method to examine direct and indirect relationships between the predictors (psychological victimization, physical victimization, and sexual victimization), outcomes (informational identity style, normative identity style, and diffuse-avoidant identity style), and mediation variables (depression and anxiety) (Preacher & Hayes, 2004). Five thousand bootstrap samples were fit across eighteen models and were used to derive estimates of the relationships across variables. Specifically, each identity style had six models, three for depression with one type of IPV victimization for each model, and three for anxiety with one type of IPV victimization for each model. Significance was found if the 95% confidence interval did not contain zero. The demographic variables of age, sexual orientation, and level of education all were correlated with the informational and normative identity styles, and thus were included as covariances in these models.



Depression and anxiety were treated separately due to the high correlation between both mediating variables ( $r = .731, p < .01$ ).

## CHAPTER 4

### FINDINGS

#### **Preliminary Findings**

##### *Analysis Sample vs. Excluded Sample*

Preliminary analyses were conducted to determine significant differences between the analysis sample vs. the excluded sample across demographics and variables relevant to this study. A series of t-test and chi-square models were fit to the data. Results showed some significant differences between the participants who were kept in the current study and those who were excluded for not meeting the study requirements. Participants in the excluded sample were more likely to endorse a diffuse-avoidant identity style ( $t [558] = 3.17, p < .001$ ). Excluded participants were also more likely to adopt a normative identity style than those who were kept in the analysis sample ( $t [558] = -2.37, p < .05$ ). Additionally, excluded participants were more likely to be victimized by physical violence ( $t [514] = -2.25, p < .05$ ) (see Table 2). Moreover, participants who were of Sophomore, Junior, and Senior standing were underrepresented in the excluded group ( $\chi^2 [4, N = 560] = 15.02, p < .01$ ) (see Table 3).

##### *Correlations Between Predictor and Outcomes*

Pearson correlation analyses were fit across predictors and outcome variables. Results showed that as expected the diffuse-avoidant identity style was

negatively correlated with the informational identity style ( $r = -.133, p < .01$ ), but positively correlated with the normative identity style ( $r = .114, p < .05$ ).

When looking at victimization from violence, psychological victimization was positively correlated with both physical victimization ( $r = .611, p < .01$ ), and sexual victimization ( $r = .496, p < .01$ ). Physical victimization was positively correlated with sexual victimization ( $r = .605, p < .01$ ). Psychological victimization ( $r = .132, p < .01$ ), physical victimization ( $r = .102, p < .05$ ), and sexual victimization ( $r = .222, p < .01$ ) were all positively correlated with the diffuse-avoidant identity style.

For the mediating variables, it was found that depression was positively correlated with anxiety ( $r = .731, p < .01$ ). The diffuse-avoidant identity style was also positively correlated with both mental health variables: depression ( $r = .318, p < .01$ ) and anxiety ( $r = .255, p < .01$ ). Psychological victimization was positively correlated with both mental health variables: depression ( $r = .309, p < .01$ ), and anxiety ( $r = .237, p < .01$ ). Additionally, physical victimization was positively correlated with depression ( $r = .247, p < .01$ ) and anxiety ( $r = .219, p < .01$ ). Sexual victimization was positively correlated with both mental health variables, depression ( $r = .317, p < .01$ ) and anxiety ( $r = .267, p < .01$ ).

When looking at the demographic variables the informational identity style was correlated with sexual orientation ( $r = .116, p < .05$ ), year of education ( $r = .116, p < .05$ ), and age ( $r = .105, p < .05$ ). The normative identity style was

also negatively correlated with sexual orientation ( $r = -.182, p < .01$ ), year of education ( $r = -.102, p < .05$ ), and age ( $r = -.096, p < .05$ ). None of the demographics correlated with the diffuse-avoidant identity style (see Table 4).

### **Bootstrap Direct and Indirect Results**

Eighteen bootstrap models were fit to examine the relationships between the predicting variables (psychological victimization, physical victimization, and sexual victimization), the mediating variables (depression and anxiety), and the outcome variables (informational identity style, normative identity style, and diffuse-avoidant identity style). Each outcome variable had six models. Each model was fit separately in accordance to the predicting variables and the mediating variables (See tables 5-7).

#### ***Mediating Variables: Depression***

### **Indirect Effect Results**

In model 1, psychological victimization significantly predicted depression ( $B = .25, SE = .05, t = 4.93, p < .001$ ) and depression significantly predicted endorsement of the diffuse-avoidant identity style ( $B = .43, SE = .07, t = 6.59, p < .001$ ). The direct link between psychological victimization and the diffuse-avoidant identity style was not significant ( $B = .04, SE = .07, t = .63, p = .53$ ). However, the indirect effects of depression was significant ( $B = .11, SE = .03, 95\% CI [.06, .17]$ ), suggesting that symptoms of depression after psychological victimization could explain the endorsement of the diffuse-avoidant identity style.

In model 2, physical victimization significantly predicted depression ( $B = .38$ ,  $SE = .06$ ,  $t = 6.13$ ,  $p < .001$ ) and depression significantly predicted the endorsement of the diffuse-avoidant identity style ( $B = .42$ ,  $SE = .07$ ,  $t = 6.34$ ,  $p < .001$ ). There was no direct link between physical victimization and the diffuse-avoidant identity style ( $B = .09$ ,  $SE = .09$ ,  $t = 1.05$ ,  $p = .30$ ). However, the indirect effects of depression was significant ( $B = .16$ ,  $SE = .04$ , 95%,  $CI [.09, .24]$ ), suggesting that symptoms of depression after physical victimization could explain the endorsement of the diffuse-avoidant identity style.

In model 3, sexual victimization significantly predicted depression ( $B = .28$ ,  $SE = .06$ ,  $t = 5.08$ ,  $p < .001$ ) and depression significantly predicted the diffuse-avoidant identity style ( $B = .42$ ,  $SE = .07$ ,  $t = 6.34$ ,  $p < .001$ ). There was no direct link between sexual victimization and the diffuse-avoidant identity style ( $B = .13$ ,  $SE = .08$ ,  $t = 1.67$ ,  $p = .10$ ). However, indirect effects of depression was significant ( $B = .12$ ,  $SE = .03$ , 95%,  $CI [.06, .19]$ ) indicating that symptoms of depression after sexual victimization may explain the endorsement of the diffuse-avoidant identity style.

In model 7, psychological victimization significantly predicted depression ( $B = .24$ ,  $SE = .05$ ,  $t = 4.83$ ,  $p < .001$ ) however, there was no significant link between depression and the informational identity style ( $B = -.03$ ,  $SE = .07$ ,  $t = -.48$ ,  $p = .63$ ). Likewise, there was no significant link between psychological victimization and the informational identity style ( $B = -.08$ ,  $SE = .07$ ,  $t = -1.23$ ,  $p =$

.22). Additionally, the indirect effects of depression was non-significant ( $B = -.01$ ,  $SE = .02$ , 95%,  $CI [-.04, .02]$ ).

In model 8, physical victimization significantly predicted depression ( $B = .37$ ,  $SE = .06$ ,  $t = 6.11$ ,  $p < .001$ ) however, there was no significant link between depression and the informational identity style ( $B = -.03$ ,  $SE = .07$ ,  $t = -.45$ ,  $p = .65$ ) or for physical victimization and the informational identity style ( $B = -.09$ ,  $SE = .08$ ,  $t = -1.07$ ,  $p = .29$ ). Likewise, the indirect effects of depression was non-significant ( $B = -.01$ ,  $SE = .03$ , 95%,  $CI [-.06, -.04]$ ).

In model 9, sexual victimization significantly predicted depression ( $B = .28$ ,  $SE = .05$ ,  $t = 5.12$ ,  $p < .001$ ) however, there was no significant link between depression and the informational identity style ( $B = -.06$ ,  $SE = .07$ ,  $t = -.84$ ,  $p = .40$ ) nor for sexual victimization and the informational identity style ( $B = .02$ ,  $SE = .07$ ,  $t = .29$ ,  $p = .77$ ). Additionally, the indirect effects of depression was non-significant ( $B = -.02$ ,  $SE = .02$ , 95%,  $CI [-.06, .02]$ ).

In model 13, psychological victimization significantly predicted depression ( $B = .24$ ,  $SE = .05$ ,  $t = 4.83$ ,  $p < .001$ ) however, there was no significant link between depression and the normative identity style ( $B = .01$ ,  $SE = .07$ ,  $t = .24$ ,  $p = .81$ ) nor for psychological victimization and the normative identity style ( $B = -.04$ ,  $SE = .07$ ,  $t = -.57$ ,  $p = .57$ ). Likewise, the indirect effects of depression was non-significant ( $B = .00$ ,  $SE = .02$ , 95%,  $CI [-.03, .04]$ ).

In model 14, physical victimization significantly predicted depression ( $B = .37, SE = .06, t = 6.11, p < .001$ ) however, there was no significant link between depression and the normative identity style ( $B = .02, SE = .07, t = .23, p = .82$ ) or for physical victimization and the normative identity style ( $B = .37, SE = .06, t = -.44, p = .66$ ). Likewise, the indirect effects of depression was non-significant ( $B = .01, SE = .02, 95\%, CI [-.04, .06]$ ).

In model 15, sexual victimization significantly predicted depression ( $B = .28, SE = .05, t = 5.12, p < .001$ ) however, there was no significant link between depression and the normative identity style ( $B = .03, SE = .07, t = .48, p = .63$ ) or for sexual victimization and the normative identity style ( $B = -.12, SE = .08, t = -1.52, p = .13$ ). Likewise, the indirect effects of depression and was non-significant ( $B = .01, SE = .02, 95\%, CI [-.03, .05]$ ).

### ***Mediating Variable: Anxiety***

#### **Indirect Effects**

In model 4, psychological victimization significantly predicted anxiety ( $B = .17, SE = .05, t = 3.66, p < .001$ ) and anxiety significantly predicted endorsement of the diffuse-avoidant identity style ( $B = .34, SE = .07, t = 4.88, p < .001$ ). The direct link between psychological victimization and the diffuse-avoidant identity style was not significant ( $B = .09, SE = .07, t = 1.30, p < .19$ ). However, the indirect effects of anxiety was significant ( $B = .06, SE = .02, 95\% CI$

[.02, .11]), suggesting that symptoms of anxiety after psychological victimization could explain the endorsement of the diffuse-avoidant identity style.

In model 5, physical victimization significantly predicted anxiety ( $B = .25$ ,  $SE = .06$ ,  $t = 4.15$ ,  $p < .001$ ) and anxiety significantly predicted endorsement of the diffuse-avoidant identity style ( $B = .32$ ,  $SE = .07$ ,  $t = 4.72$ ,  $p < .001$ ). The direct link between physical victimization and the diffuse-avoidant identity style was not significant ( $B = .17$ ,  $SE = .08$ ,  $t = 1.95$ ,  $p = .05$ ). However, the indirect effects of anxiety was significant ( $B = .08$ ,  $SE = .03$ , 95%  $CI [.04, .14]$ ), suggesting that symptoms of anxiety after physical victimization could explain the endorsement of the diffuse-avoidant identity style.

In model 6, sexual victimization significantly predicted anxiety ( $B = .20$ ,  $SE = .05$ ,  $t = 3.70$ ,  $p < .001$ ) and anxiety significantly predicted endorsement of the diffuse-avoidant identity style ( $B = .33$ ,  $SE = .07$ ,  $t = 4.72$ ,  $p < .001$ ). The direct link between sexual victimization and the diffuse-avoidant identity style was not significant ( $B = .18$ ,  $SE = .08$ ,  $t = 2.34$ ,  $p = .02$ ). However, the indirect effects of anxiety was significant ( $B = .07$ ,  $SE = .02$ , 95%  $CI [.03, .11]$ ), suggesting that symptoms of anxiety after sexual victimization could explain the endorsement of the diffuse-avoidant identity style.

In model 10, psychological victimization significantly predicted anxiety ( $B = .17$ ,  $SE = .05$ ,  $t = 3.57$ ,  $p < .001$ ) however, there was no significant link between anxiety and the informational identity style ( $B = -.07$ ,  $SE = .07$ ,  $t = 1.12$ ,  $p$



= .26) nor for psychological victimization and the informational identity style ( $B = -.10$ ,  $SE = .07$ ,  $t = -1.56$ ,  $p = .11$ ). Additionally, the indirect effects of anxiety was non-significant ( $B = .01$ ,  $SE = .01$ , 95%,  $CI [-.01, .04]$ ).

In model 11, physical victimization significantly predicted anxiety ( $B = .23$ ,  $SE = .06$ ,  $t = 4.04$ ,  $p < .001$ ) however, there was no significant link between anxiety and the informational identity style ( $B = -.08$ ,  $SE = .07$ ,  $t = 1.13$ ,  $p = .26$ ) or for physical victimization and the informational identity style ( $B = -.12$ ,  $SE = .08$ ,  $t = -1.45$ ,  $p = .15$ ). Likewise, the indirect effects of anxiety was non-significant ( $B = .02$ ,  $SE = .02$ , 95%,  $CI [-.02, .05]$ ).

In model 12, sexual victimization significantly predicted anxiety ( $B = .20$ ,  $SE = .05$ ,  $t = 3.70$ ,  $p < .001$ ) however, there was no significant link between anxiety and the informational identity style ( $B = -.06$ ,  $SE = .07$ ,  $t = .86$ ,  $p = .40$ ) or for sexual victimization and the informational identity style ( $B = -.01$ ,  $SE = .07$ ,  $t = -.07$ ,  $p = .95$ ). Additionally, the indirect effects of anxiety and was non-significant ( $B = .01$ ,  $SE = .01$ , 95%,  $CI [-.02, .04]$ ).

In model 16, psychological victimization significantly predicted anxiety ( $B = .17$ ,  $SE = .05$ ,  $t = 3.57$ ,  $p < .001$ ) however, there was no significant link between anxiety and the normative identity style ( $B = -.03$ ,  $SE = .07$ ,  $t = -.43$ ,  $p = .67$ ) or for psychological victimization and the normative identity style ( $B = -.03$ ,  $SE = .07$ ,  $t = -.45$ ,  $p = .67$ ). Additionally, the indirect effects of anxiety was non-significant ( $B = .01$ ,  $SE = .01$ , 95%,  $CI [-.03, .02]$ ).

In model 17, physical victimization significantly predicted anxiety ( $B = .24$ ,  $SE = .06$ ,  $t = 4.04$ ,  $p < .001$ ) however, there was no significant link between anxiety and the normative identity style ( $B = -.03$ ,  $SE = .07$ ,  $t = -.45$ ,  $p = .66$ ) or for physical victimization and the normative identity style ( $B = -.02$ ,  $SE = .08$ ,  $t = -.29$ ,  $p = .78$ ). Additionally, the indirect effects of anxiety was non-significant ( $B = .01$ ,  $SE = .02$ , 95%,  $CI [-.04, .03]$ ).

In model 18, sexual victimization significantly predicted anxiety ( $B = .20$ ,  $SE = .05$ ,  $t = 4.30$ ,  $p < .001$ ) however, there was no significant link between anxiety and the normative identity style ( $B = -.02$ ,  $SE = .07$ ,  $t = -.26$ ,  $p = .80$ ) or for physical victimization and the normative identity style ( $B = -.10$ ,  $SE = .07$ ,  $t = -1.38$ ,  $p = .17$ ). Likewise, the indirect effects of anxiety was non-significant ( $B = -.00$ ,  $SE = .01$ , 95%,  $CI [-.03, .02]$ ).

## CHAPTER 5

### CONCLUSION

The present study sought to examine the relationship between IPV victimization and identity exploration styles, while also looking to see if mental health factors explained these relationships. Results showed direct relationships between both depression and anxiety and the diffuse-avoidant identity style across all models. Specifically, those who reported more depression and anxiety symptoms were more likely to adopt a diffuse-avoidant identity style. Likewise, IPV victimization also yielded direct results with both mental health constructs across all models. This indicates that those who victimized by IPV in the past were more likely to experience adverse mental health outcomes. Models with anxiety as the mediator also yielded positive indirect results when the diffuse-avoidant identity style was treated as an outcome variable. The remaining models, in which the informational identity style and the normative identity style were treated as outcome variables, found little results but did show significant direct relationships between all three types of IPV victimization and both mental health constructs in the informational and normative identity style models.

Results from the bootstrap models partially supported the first hypothesis that stated (H1) the experiences of IPV will relate to the identity exploration strategies. More specifically that (H1a.) IPV victimization would be negatively related to the informational identity style, and (H1b.) IPV victimization would be

positively related to the diffuse-avoidant identity style. Most of the significant results showed a significant relationship between the diffuse-avoidant identity style, IPV victimization, and the anxiety and depression variables. For instance, as expected, the occurrence of IPV victimization was positively related to the diffuse-avoidant identity style. These findings suggest that those who have experienced IPV victimization may be more likely to adopt a diffuse-avoidant identity style.

Findings from the current study also indicated a significant relationship between both mental health constructs and IPV victimization. In terms of the relationship between the diffuse-avoidant identity style and depression, those who endorsed higher levels of depression were also more likely to adopt a diffuse-avoidant identity style. Adverse mental health factors such as depression could explain the lack of, or disinterest in, the identity exploration process as some of the main symptoms of depression include discontinuity, social withdrawal, and uncertainty in mood, all of which have the ability to impact a person's ability, and interest, in engaging in identity exploration strategies (Kuwabara et al., 2016). If a person is experiencing a mental health crisis it may be difficult for them to also engage in an active identity exploration strategy. Alternatively, they may not even think to do so while trying to manage their mental health. Thus, in certain cases it may be unsurprising that depression was related to the diffuse-avoidant identity style. Experiencing high levels of anxiety was also related to the diffuse-avoidant

identity style. Similarly, symptoms of anxiety may lead to a lack of typical social interactions that may have otherwise aided in their identity exploration process.

When looking at how mental health can mediate the effects of IPV victimization it is clear that mental health factors play a significant role as all models for the diffuse-avoidant identity style yielded positive indirect results. These findings indicate that for IPV victims, symptoms of anxiety and depression explained the relationship between IPV victimization and the diffuse-avoidant identity style. For emerging adults post victimization, anxiety and depression may look like changing habits that were once typical such as seeing friends, going to parties, and attending class regularly (Bilton et al., 2015; Tanner, 2016). Should these feelings were not present pre-victimization, these potential changes in social behavior can be very influential to identity exploration strategies. Potentially shifting an individual from what could have been an informational identity style, where they were once eager to engage with new people and seek out othering points of views, into a diffuse-avoidant identity style where they have lost all interest in the identity exploration process, or are actively avoiding the process due to the fear of social interactions that the anxiety may cause (Berzonsky et al., 2013).

Moreover, previous studies have identified the significance IPV victimization can have on mental health, identifying adverse mental health factors such as anxiety and depression as one of the biggest risk factors post victimization

(Stein et al., 2009). Victimization has the potential to lower self-esteem, heighten shame, and increase or develop PTSD symptoms (Bilton et al., 2015; Stein et al., 2009; Vidourek, 2017). Adverse mental health outcomes have been identified as one of the biggest potential risk factors post-victimization with outcomes such as social withdrawal, depression, anxiety (Bilton et al., 2015; Stein et al., 2009; Tanner, 2016; Vidourek, 2017). All of these factors have the potential to change a person's habits. As the act of recentering is key in emerging adulthood, as young adults move from dependents to independents through exploration of identity, engagement in intimate relationships, and age-appropriate growth, it is important to understand how potentially traumatic experiences can affect a person's ability to carry on as they might have before the victimization (Arnett, 2014, Tanner 2016). A lot of the emerging adulthood's developmental period when looking at identity styles can be attributed to self-driven actions, for example, a person with an informational identity style will seek out identity-relevant information as well as othering points of view to see what they would like to actively incorporate into their identity, whereas a person with a diffuse-avoidant identity style will avoid the exploration process at all costs (Berzonsky et al., 2013). The capacity for trauma through IPV victimization can have the potential to change habits that may have previously led to the self-driven identity exploration process. If anxiety and depression were not previous experiences for a victim pre-victimization, this new occurrence of adverse mental health has the potential to be disrupting to the

victims personal and social systems. As an active engagement in the identity exploration process can be seen through characteristics of exploration, self-discovery in relation to the world around you, and active decision making, the symptoms of depression and anxiety can be viewed as almost opposites, such as social withdrawal and inconsistency in mood that could prevent emerging adults from engaging in the identity exploration process (Berry, 2004; Berzonsky et al., 2013; Kuwabara et al, 2007). Coupled with the stigma that IPV victimization can hold leading some victims to face isolation and a lack of social support in the wake of victimization (Tanner, 2016). As mental health factors mediated the relationship between IPV victimization and identity exploration strategies, specifically for the diffuse-avoidant identity style, there is a clear showing of the relationship mental health can play on a person's identity exploration process.

### **Limitations and Future Directions**

Limitations of the present study include that the sample was collected from only one small university on the east coast. In turn this also did not lead to much diversity in the sample. Likewise, the present study sought to examine the effects of IPV victimization on women in emerging adulthood as it relates to their identity exploration strategies. However, this study did not take into account how diverse points of views such as in sexuality, gender identity, or racial and ethnic backgrounds can affect the relationship between identity exploration and IPV victimization directly. While rates of IPV victimization are high during emerging

adults' college years, IPV victimization is not exclusive to this time frame in the life span. Further consideration should be given for those who were excluded from the study such as men, and people in different age groups. The present study also utilizes cross-sectional data thus limiting the ability to specify casual and temporal associations.

Future studies should utilize larger, more diverse sample sizes to further examine the effects IPV victimization can have on identity exploration strategies for the general population.

Furthermore, future studies should examine how an emerging adults' social systems can impact the effects of IPV victimization on mental health and identity exploration strategies. For emerging adults specifically, it was shown in previous studies that perception of peer support was seen as a strong positive protective factor against adverse mental health outcomes post-victimization (Barry et al., 2013; Kuwabara et al, 2007; Lisznyi et al., 2014). Future studies may find success in looking at the effects of IPV victimization on mental health outcomes and identity exploration strategies when examining perception of peer support as a mediator. Likewise, emerging adult mental health resources should be given greater consideration in the mediation of adverse mental health outcomes post victimization and for identity exploration strategies.

For emerging adults, the potential for adverse mental health outcomes can be a cause of concern as emerging adults are often least likely to seek out mental



health care, while also struggling with high rates of anxiety and depression (Kranzler et al., 2019; Tanner, 2016). From this study's findings, it may be inferred that the endorsement of a diffuse-avoidant identity style may continue due to the lack of proper mental health care for emerging adults as they are struggling with adverse outcomes post-victimization. One of the key protective factors for mental health in emerging adulthood is the perception of peer support (Barry et al., 2013; Kuwabara et al., 2007; Lisznyi et al., 2014). This could be especially key for emerging adult college women working through adverse mental health outcomes post victimization as one of the traits of the diffuse-avoidant identity style is to follow social norms to avoid identity crises (Berzonsky et al., 2013). If a person is able to view their peer relationships as safe it could aid in the process of recovery, and potentially lead to an interest in the identity exploration process again, should that interest have existed prior to victimization.

Relationships in all contexts can give way to identity exploration (Pittman et al., 2011). However, in emerging adulthood intimate relationships are a central focus as one of the milestones during this period is romantic partnership and commitment (Arnett, 2014; Erickson, 1969). As Erickson (1969) described emerging adulthood is a time of intimacy vs. isolation. Victimization and the effects that may follow have the potential to affect this aspect of a person's development. A person may have started by approaching relationships in a healthy way but through the course of victimization, and the potential onset of

depression and anxiety, moved into a state of isolation. Coupled with the fact that often IPV victimization can come in multiple forms from one partner, each with the ability to cause lasting effects (Saint-Eloi Cadely et al., 2020). Therefore, it is important that proper support are put in place for emerging adults navigating victimization.

Table 1. *Descriptive statistics for demographic variables. Percentages based on valid, non-missing responses (N = 412)*

<b>Demographics</b>		mean (SD)
Age		19.9 (1.4)
		<i>n</i> (%)
Race:		
Hispanic/ Latino		35 (8.5)
Black/ African American		19 (4.6)
American		
White		344 (83.1)
Asian American		8 (1.9)
Other		8 (1.9)
Education Level:		
First-year		88 (21.5)
Sophomore		124 (30)
Junior		107 (25.8)
Senior		84 (20.3)
Other		10 (2.4)
Sexuality:		
Heterosexual/ Straight		371 (89.6)
Bisexual		27 (6.5)
Lesbian		8 (1.9)
Gay		2 (0.5)
Other		6 (1.4)
First Generation to go to college		
Is first gen.		63 (15)
Is not first gen.		497 (88.8)

Table 2.

Predictor, Outcome, and Mediating Variables	Included ( <i>n</i> =414) <i>M</i> ( <i>SD</i> )	Excluded from Study ( <i>n</i> =146) <i>M</i> ( <i>SD</i> )	Total ( <i>n</i> =560) <i>M</i> ( <i>SD</i> )
<b>Diff-Avoid. Identity Style</b>	.974 (.702)	1.192 (.749) ***	1.031 (.720)
<b>Info. Identity Style</b>	2.870 (.648)	2.777 (.729)	2.846 (.671)
<b>Norm. Identity Style</b>	1.353 (.664)	1.506 (.688) *	1.393 (.673)
<b>Psy. Victimization</b>	.425 (.583)	.446 (.638)	.429 (.594)
<b>Phy. Victimization</b>	.093 (.328)	.182 (.476) *	.111 (.364)
<b>Sex. Victimization</b>	.154 (.374)	.176 (.445)	.158 (.389)
<b>Depression</b>	.828 (.898)	.856 (.911)	.833 (.90)
<b>Anxiety</b>	.832 (.793)	.885 (.807)	.841 (.795)

*Note.* Variable names from top to bottom; diffuse-avoidant identity style, informational identity style, normative identity style, psychological victimization, physical victimization, sexual victimization, depression, anxiety.

\**p*<.05, \*\**p*<.01, \*\*\**p*<.001

Table 3. Comparisons between analysis vs. excluded sample across demographics.

	In Study (n=414) % (n)	Excluded from Study (n=146) % (n)	Total (n=560) % (n)
<b>Demographics</b>			
<b>Race</b>			
White/ European	83.1 (344)	75.6 (65)	81.8 (409)
Minorities	16.9 (70)	23.1 (21)	18.2 (91)
<b>Orientation</b>			
Heterosexual/ Straight	83.9 (371)	82.6 (71)	88.4 (442)
Sexual Minorities	74.1 (43)	17.4 (15)	11.6 (58)
<b>First Gen. of College</b>			
No	84.8 (351)	72.6 (71)	84.4 (422)
Yes	15 (63)	13.4 (15)	15.6 (78)
<b>Education Level**</b>			
First-Year	21.5 (89) <sup>a</sup>	39.5 (34) <sup>b</sup>	24.6 (123)
Sophomore	30 (124)	22.1 (19)	28.6 (143)
Junior	25.8 (107)	20.9 (18)	25 (125)
Senior	20.3 (84) <sup>a</sup>	12.8(11) <sup>a</sup>	19 (95)
Other	2.4 (10)	4.7 (4)	2.8 (14)

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 4. *Correlations between identity styles, depression, anxiety, and demographic variables (n =412)*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Diff. Mean	-												
2. Info. Mean	-.133**	-											
3. Norm. Mean	.114*	-.069	-										
4. Psy.V Mean	.132**	-.010	-.002	-									
5. Phys.V Mean	.102*	-.053	-.001	.611**	-								
6. Sex.V Mean	.222**	-.050	.021	.496**	.605**	-							
7. Depression	.317**	-.016	-.022	.309**	.247**	.317**	-						
8. Anxiety	.254**	.068	-.065	.237**	.219**	.267**	.731**	-					
9. Orientation	.083	.135*	-.194**	.028	.059	.076	.252**	.230**	-				
10. Race	.038	-.054	-.004	.050	.117*	.078	.118*	.049	.147**	-			
11. Edu.	-.093	.112*	-.105*	-.001	-.068	-.088	-.051	-.083	-.007	-.009	-		
12. Age	-.092	.101*	-.093*	-.026	-.060	-.087	-.060	-.052	.046	-.007	.809**	-	
13. College	.080	.027	-.023	.049	.078	.019	.007	-.005	.038	.207**	.041	.066	-
M	.976	2.872	1.351	.425	.093	.154	.832	.835	.102	.170	2.52	19.92	.15
SD	.703	.649	.664	.583	.328	.374	.899	.794	.303	.376	1.108	1.433	.358

*Note.* Variables are as follows in numerical order as they appear on table; diffuse-avoidant identity style, informational identity style, normative identity style, psychological victimization, physical victimization, sexual victimization, depression, anxiety, sexual orientation, race, level of education, age, first generation to attend college. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 5. Direct and indirect effects between IPV, mental health, and the diffuse-avoidant identity style, models 1-6 (N = 412).

Models	Independent variable (IV)	Mediating variable (M)	Dependent variable (DV)	Effects of IV on M (a)	Effects of M on DV (b)	Direct effects (c')	Indirect effects (a x b) 95% CI
Model 1	Psy. Victim	Depression	Diff. Identity Style	.25***	.43***	.04	.11 .06 - .17
Model 2	Phy. Victim	Depression	Diff. Identity Style	.38***	.42***	.09	.16 .09 - .24
Model 3	Sex. Victim	Depression	Diff. Identity Style	.28***	.42***	.13	.12 .06 - .19
Model 4	Psy. Victim	Anxiety	Diff. Identity Style	.18***	.34***	.09	.06 .02 - .11
Model 5	Phy. Victim	Anxiety	Diff. Identity Style	.25***	.33***	.17	.08 .04 - .14
Model 6	Sex. Victim	Anxiety	Diff. Identity Style	.20***	.33***	.18	.07 .03 - .11

Note. Independent variables are psychological victimization, physical victimization, and sexual victimization. Mediating variables are depression and anxiety. Dependent variable is the diffuse-avoidant identity style.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 6. *Direct and indirect effects between IPV, mental health, and the informational identity style, models 7-12 (N = 412).*

Models	Independent variable (IV)	Mediating variable (M)	Dependent variable (DV)	Effects of IV on M (a)	Effects of M on DV (b)	Direct effects (c')	Indirect effects (a x b) 95% CI
Model 7	Psy. Victim	Depression	Info. Identity Style	.24***	-.03	-.08	-.01 - .04
Model 8	Phy. Victim	Depression	Info. Identity Style	.37***	-.03	-.09	-.01 - .06
Model 9	Sex. Victim	Depression	Info. Identity Style	.28***	-.05	.02	-.02 - .06
Model 10	Psy. Victim	Anxiety	Info. Identity Style	.17***	.08	-.10	.01 - .04
Model 11	Phy. Victim	Anxiety	Info. Identity Style	.24***	.08	-.12	.02 - .05
Model 12	Sex. Victim	Anxiety	Info. Identity Style	.20***	.06	-.01	.01 - .02

*Note.* Analysis controlled for demographic variables of age, sexual orientation, and level of education. Independent variables are psychological victimization, physical victimization, and sexual victimization. Mediating variables are depression and anxiety. Dependent variable is the informational identity style.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



Table 7. Bootstrap models from top to bottom 13-18

Models	Independent variable (IV)	Mediating variable (M)	Dependent variable (DV)	Effects of IV on M (a)	Effects of M on DV (b)	Direct effects (c')	Indirect effects (a x b) 95% CI
Model 13	Psy. Victim	Depression	Norm. Identity Style	.24***	.02	-.04	.00 - .03 - .04
Model 14	Phy. Victim	Depression	Norm. Identity Style	.37***	.02	-.04	.01 - .04 - .06
Model 15	Sex. Victim	Depression	Norm. Identity Style	.28***	.03	-.12	.01 - .03 - .05
Model 16	Psy. Victim	Anxiety	Norm. Identity Style	.17***	-.03	-.03	-.01 - .02 - .03
Model 17	Phy. Victim	Anxiety	Norm. Identity Style	.24***	-.03	-.02	-.01 - .03 - .03
Model 18	Sex. Victim	Anxiety	Norm. Identity Style	.20***	-.02	-.10	-.00 - .03 - .02

*Note.* Analysis controlled for demographic variables of age, sexual orientation, and level of education. Independent variables are psychological victimization, physical victimization, and sexual victimization. Mediating variables are depression and anxiety. Dependent variable is the normative identity style.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

## BIBLIOGRAPHY

- Archer. (2000). Sex Differences in Aggression Between Heterosexual Partners. *Psychological Bulletin*, *126*(5), 651–680. <https://doi.org/10.1037/0033-2909.126.5.651>
- Arnett. (2014). Emerging Adulthood. In *Emerging Adulthood*. Oxford University Press, Incorporated.
- Bagwell-Gray, Messing, J. T., & Baldwin-White, A. (2015). Intimate Partner Sexual Violence. *Trauma, Violence, & Abuse*, *16*(3), 316–335. <https://doi.org/10.1177/1524838014557290>
- Barry, Nelson, L. J., & Christofferson, J. L. (2013). Asocial and afraid: An examination of shyness and anxiety in emerging adulthood. *Journal of Family Studies*, *19*(1), 2–18. <https://doi.org/10.5172/jfs.2012.1979>
- Berzonsky, Soenens, B., Luyckx, K., Smits, I., Papini, D. R., & Goossens, L. (2013). Development and Validation of the Revised Identity Style Inventory (ISI-5): Factor Structure, Reliability, and Validity. *Psychological Assessment*, *25*(3), 893–904. <https://doi.org/10.1037/a0032642>
- Bliton, Wolford-Clevenger, C., Zapor, H., Elmquist, J., Brem, M. J., Shorey, R. C., & Stuart, G. L. (2016). Emotion Dysregulation, Gender, and Intimate Partner Violence Perpetration: An Exploratory Study in College Students. *Journal of Family Violence*, *31*(3), 371–377. <https://doi.org/10.1007/s10896-015-9772-0>

Caldwell, Swan, S. C., Allen, C. T., Sullivan, T. P., & Snow, D. L. (2009). Why I Hit Him: Women's Reasons for Intimate Partner Violence. *Journal of Aggression, Maltreatment & Trauma, 18*(7), 672–697.

<https://doi.org/10.1080/10926770903231783>

Centers for Disease Control and Prevention. (2020, September 23). Symptoms of Generalized Anxiety Disorder Among Adults: United States, 2019. Centers for Disease Control and Prevention. Retrieved December 7, 2022, from

<https://www.cdc.gov/nchs/products/databriefs/db378.htm>

Centers for Disease Control and Prevention. (2022, September 14). Mental health conditions: Depression and anxiety. Centers for Disease Control and Prevention.

Retrieved December 8, 2022, from

<https://www.cdc.gov/tobacco/campaign/tips/diseases/depression-anxiety.html>

Centers for Disease Control and Prevention. (2022, October 11). Fast facts: Preventing intimate partner violence |violence prevention|injury Center|CDC. Centers for Disease Control and Prevention. Retrieved December 8, 2022, from

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

Cui, Ueno, K., Gordon, M., & Fincham, F. D. (2013). The Continuation of Intimate Partner Violence From Adolescence to Young Adulthood. *Journal of Marriage and Family, 75*(2), 300–313. <https://doi.org/10.1111/jomf.12016>

- Duval, Lanning, B. A., & Patterson, M. S. (2020). A Systematic Review of Dating Violence Risk Factors Among Undergraduate College Students. *Trauma, Violence, & Abuse, 21*(3), 567–585. <https://doi.org/10.1177/1524838018782207>
- Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: review and revision (CESD and CESD-R). In ME Maruish (Ed.). *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment* (3rd Ed.), Volume 3: Instruments for Adults, pp. 363-377. Mahwah, NJ: Lawrence Erlbaum.
- Foshee, Benefield, T., Suchindran, C., Ennett, S. T., Bauman, K. E., Karriker-Jaffe, K. J., Reyes, H. L. M., & Mathias, J. (2009). The Development of Four Types of Adolescent Dating Abuse and Selected Demographic Correlates. *Journal of Research on Adolescence, 19*(3), 380–400. <https://doi.org/10.1111/j.1532-7795.2009.00593.x>
- Holmes, Johnson, N. L., Zlotnick, C., Sullivan, T. P., & Johnson, D. M. (2022). The Association Between Demographic, Mental Health, and Intimate Partner Violence Victimization Variables and Undergraduate Women’s Intimate Partner Violence Perpetration. *Journal of Interpersonal Violence, 37*(1-2), 33–57. <https://doi.org/10.1177/0886260520907354>
- Kranzler, Elkins, R. M., & Albano, A. M. (2019). Anxiety in emerging adulthood: A developmentally informed treatment model. In *Pediatric Anxiety Disorders* (pp. 499–519). <https://doi.org/10.1016/B978-0-12-813004-9.00022-0>

- Krebs, Breiding, M. J., Browne, A., & Warner, T. (2011). The Association Between Different Types of Intimate Partner Violence Experienced by Women. *Journal of Family Violence, 26*(6), 487–500. <https://doi.org/10.1007/s10896-011-9383-3>
- Kusunoki, & Barber, J. S. (2020). The Dynamics of Intimate Relationships and Contraceptive Use During Early Emerging Adulthood. *Demography, 57*(6), 2003–2034. <https://doi.org/10.1007/s13524-020-00916-1>
- Kuwabara, Sachiko A., M.A, Van Voorhees, Benjamin W., M.D., M.P.H, Gollan, J. K., & Alexander, G. Caleb, M.D., M.S. (2007). A qualitative exploration of depression in emerging adulthood: disorder, development, and social context. *General Hospital Psychiatry, 29*(4), 317–324. <https://doi.org/10.1016/j.genhosppsych.2007.04.001>
- LeFebvre, & Carmack, H. J. (2020). Catching feelings: Exploring commitment (un)readiness in emerging adulthood. *Journal of Social and Personal Relationships, 37*(1), 143–162. <https://doi.org/10.1177/0265407519857472>
- Lisznyai, Vida, K., Németh, M., & Benczúr, Z. (2014). Risk Factors for Depression in the Emerging Adulthood. *European Journal of Counselling Psychology (Trier), 3*(1), 54–68. <https://doi.org/10.5964/ejcop.v3i1.22>
- Mellins, Walsh, K., Sarvet, A. L., Wall, M., Gilbert, L., Santelli, J. S., Thompson, M., Wilson, P. A., Khan, S., Benson, S., Bah, K., Kaufman, K. A., Reardon, L., & Hirsch, J. S. (2017). Sexual assault incidents among college undergraduates:

- Prevalence and factors associated with risk. *PloS One*, *12*(11), e0186471–e0186471. <https://doi.org/10.1371/journal.pone.0186471>
- Montgomery. (2005). Psychosocial Intimacy and Identity. *Journal of Adolescent Research*, *20*(3), 346–374. <https://doi.org/10.1177/0743558404273118>
- Newman, B. M., & Newman, P. R. (2016). Theories of human development. New York, NY: Psychology Press.
- Pittman, Keiley, M. K., Kerpelman, J. L., & Vaughn, B. E. (2011). Attachment, Identity, and Intimacy: Parallels Between Bowlby's and Erikson's Paradigms. *Journal of Family Theory & Review*, *3*(1), 32–46. <https://doi.org/10.1111/j.1756-2589.2010.00079.x>
- Preacher, & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods*, *36*(4), 717.
- Riggs, & Han, G. (2009). Predictors of Anxiety and Depression in Emerging Adulthood. *Journal of Adult Development*, *16*(1), 39–52. <https://doi.org/10.1007/s10804-009-9051-5>
- Rodriguez, L. M., Beltran, V., & Chenneville, T. (2021). Intimate Partner Violence in College Settings - 135. (pp. 3317). Springer International Publishing. [https://10.1007/978-3-319-89999-2\\_138](https://10.1007/978-3-319-89999-2_138)
- Saint-Eloi Cadely, H. & Kisler, T. (2021). An integrative exploration of sexual, physical, psychological, and cyber-digital relationship abuse in adolescent and young adult

- relationships. In E. A. Kalfoglou & S. Kalfoglou (Eds.), *Sexual abuse-An interdisciplinary approach* (pp. 67-87). London, UK: IntechOpen.  
<http://dx.doi.org/10.5772/intechopen.98233>
- Saint-Eloi Cadely, H., Hutchinson, M. K., & Sutherland, M. A. (2022). The influence of pre-college behaviors and parenting practices on alcohol misuse, sexual risk-taking, and adverse outcomes among first-year college women. *Journal of American college health*, 1-12.
- Saint-Eloi Cadely, H., Pittman, J. F., Pettit, G. S., Lansford, J. E., Bates, J. E., Dodge, K. A., & Holtzworth-Munroe, A. (2020). Temporal associations between psychological and physical intimate partner violence: A cross-lag analysis. *Partner Abuse*, 11(1), 22-38. <https://doi.org/10.1891/1946-6560.11.1.22>.
- Schwartz, Côté, J. E., & Arnett, J. J. (2005). Identity and Agency in Emerging Adulthood. *Youth & Society*, 37(2), 201–229.  
<https://doi.org/10.1177/0044118X05275965>
- Spitzer, Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Archives of Internal Medicine (1960)*, 166(10), 1092–1097.  
<https://doi.org/10.1001/archinte.166.10.1092>
- Stein, Tran, G. Q., & Fisher, B. S. (2009). Intimate Partner Violence Experience and Expectations Among College Women in Dating Relationships: Implications for

Behavioral Interventions. *Violence and Victims*, 24(2), 153–162.

<https://doi.org/10.1891/0886-6708.24.2.153>

Straus, Hamby, S. L., BONEY-McCOY, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17(3), 283–316.

<https://doi.org/10.1177/019251396017003001>

Tanner. (2015). Mental Health in Emerging Adulthood. In *The Oxford Handbook of Emerging Adulthood*. Oxford University Press.

<https://doi.org/10.1093/oxfordhb/9780199795574.013.30>

Vidourek. (2017). Emotional Abuse: Correlates to Abuse Among College Students. *Journal of Aggression, Maltreatment & Trauma*, 26(7), 792–803.

<https://doi.org/10.1080/10926771.2017.1308980>

Vega. (2021). *Effects of Identity Styles and Insecure Attachment Dimensions on Internalizing Behaviors*. ProQuest Dissertations Publishing.