

Intimate Partner Violence and Psychological Distress: Mediating Role of Stockholm Syndrome

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Intimate Partner Violence and its physical and psychological effects have been extensively studied. What the literature still lacks is the understanding of the role of Stockholm Syndrome in explaining the relationship between Intimate Partner Violence and Psychological Distress, especially in a non-Western setting. Psychological Distress is considered as a natural consequence of Intimate Partner Violence, the present study explored victims choosing to justify the abuse they experienced, hence, diminishing the negative psychological effects. The current study undertakes Stockholm Syndrome as a mediator between Intimate Partner Violence and Psychological Distress in a community sample of 212 individuals in married or dating relationships (from the cities of Islamabad and Rawalpindi, Pakistan). The three aspects of Stockholm Syndrome; Core Stockholm Syndrome; rationalising abuse through distorted cognitions, Psychological Damage; negative effects of ongoing abuse, and Love-Dependence; the belief that survival is only possible through the love and compassion of the abuser, were tested as mediators. The analyses revealed that Core Stockholm Syndrome did not mediate the relationship between Intimate Partner Violence and Psychological Distress. Although, Psychological Damage fully mediated the said relationship, and Love-Dependence partially mediated the direct effect of Intimate Partner Violence on Psychological Distress.

Keywords: Intimate partner violence, Stockholm syndrome, psychological distress

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“None are more hopelessly enslaved than those who falsely believe they are free.”

Goethe, Die Wahlverwandtschaften.

The significance of Intimate Partner Violence (IPV) or domestic violence, over the years has been downplayed with taboos and privacy labels (e.g., Krug, Dahlberg, & Mercy, 2002). Yet, the measurable cost of the relationships concerning deterioration in physical and mental health of the victims and the family members involved, the fatal threat to human life, serious injury, and the repercussion the children face are now being seen as a crippling economic factor for individuals involved on all levels, including the national health services, the community and the family itself (Snively, 1995). Through the ever growing influx of knowledge, understanding of violent and traumatic incidences which deviate from the norm and are increasingly troublesome (for example, Green et al., 2000) indicates IPV. Zakar, Zakar, and Krämer (2011) stated that IPV previously experienced and/or being currently experienced has significant negative implications on both physical and psychological health status of the victim. Cross-cultural empirical studies have shown high psychological distress resulting from IPV (McCloskey, Treviso, Scionti, & Dal Pozzo, 2002). This also goes to show that “violence makes a significant, independent and nonspurious contribution to the psychological distress” experienced by victims (Gelles & Harrop, 1989, p. 415).

The term IPV refers to physical violence, threats of physical violence, sexual and psychological/emotional aggression including coercive acts by one’s partner or spouse, current or former. Yoshihama, Bybee, Dabby, and Blazevski (2013) reported that in Pakistan 64.3% of women are subjected to sexual violence. According to another research, approximately 70 to 90 percent of Pakistani women experience some sort of spousal violence i.e., four in every five women (Chowdhry, 2013).

The term Stockholm Syndrome (SS) was coined based on the failed 1973 bank heist in Stockholm, Sweden; whence the captives developed intimate bonds with their captors. This incident led many mental health professionals to observe a similar pattern in the victims of multiple scenarios. These terror bound situations include rape, abusive relationships, incest, and numerous other high threat hostage situations (Demarest, 2009). This also led the professionals to identify the central symptom of SS as being the development of positive feelings in the victims towards the aggressor or abuser which

strengthens as the relationship progresses (Graham, Rawlings, & Rimini, 1994).

Graham (1995) conceptualized SS based on four precursors necessary for its development; perceived threat to survival, perceived kindness, perceived isolation, and perceived inability to escape. SS is considered as a coping mechanism with three main components. These occur in combination or separately with each other: positive feelings on part of the captive towards the captor, positive reciprocal feelings by the captor towards the captives, and negative feelings on part of the captives towards authority and/or authority figures. This condition results from specific external settings: power imbalances in hostage situations, or kidnappings, and abusive relationships (Auerbach, Kiesler, Strentz, Schmidt, & Serio, 1994; Graham, Rawlings, & Rimini, 1994).

In the original scale (Graham, 1995) represented the items via three subscales: Core Stockholm Syndrome, Psychological Damage, and Love-Dependency. Core SS contains the central aspects of Stockholm Syndrome including cognitive distortions and interpersonal trauma of the victim. The cognitive distortion indicates rationalisation and/or minimisation of the aggressor's behaviour, self-blame, and reporting acts of love and care in place of fear. Psychological Damage managed the low self-esteem, depression/anxiety and other interpersonal troubles. Love-Dependency was captured by the victim's firm belief that their survival is solely dependent on their partner's love and nurturance, intense idealization of the abusive partner, and the strong belief that without their partner in their life, they have nothing to look forward to and nothing to live for.

George (2015) investigated the role of SS and pathological attachment in abusive relationships. The Stockholm Syndrome Scale (SSS) was put through psychometric testing for confirmation of a three-factor solution for the scale, the predictive qualities of the scales were found to be linked to relationship violence. The study further showed that this association between relationship violence and all three components of SS are moderated by insecure attachment in male partners and anxious attachment resulted in a stronger positive correlation between Love-Dependence and relationship violence among female partners.

The underlying causes of intimate partner violence are ambiguous and often disputed due to varying sociocultural context in which it is experienced. Especially, in the Pakistani context where spousal violence has been reported to be understood as a religiously and culturally integral part of marriage (Zakar et al., 2011). Over the

years, gender differences in both victims and abusers have also been noted. Acts of violence committed by women in both urban and rural Pakistani settings (Walayat, Hasan, & Ajmal, 2013) provides a unique psychosocial perspective to IPV. Male dominant societies, poverty and unemployment are also among the most widely quoted causes of IPV (Jewkes, Levin, & Penn-Kekana, 2012). These undoubtedly result in physical health consequences for the victim but apart from physical health problems, numerous studies have shown a strong association between IPV and its negative mental health consequences (e.g., Pico-Alfonso, 2005).

The most highlighted mental health consequences of IPV are namely, depression (e.g., Constantino, Sekula, Rabin, & Stone, 2000), anxiety (e.g., Hathaway, Mucci, Silverman, Brooks, Mathews, & Pavlos, 2000) and post-traumatic stress disorder (e.g., Woods, 2000). Women are said to experience depression twice as much as men and this difference has been explained with reference to more women facing poverty, conflicting social roles, gender discrimination, adverse life experiences, and violence at home (WHO, 2009).

Depression has been significantly related to IPV but causation remains questionable. Some studies have shown that the perpetrator's abuse may or may not contribute to depression (e.g., WHO, 2009). However, clear evidence documented stating that when IPV is eliminated from the equation, the symptoms of depression reduce (e.g., Kernic, Holt, & Stoner, 2003). Multiple studies have documented that the implication of IPV is not only limited to women's reproductive and sexual health consequences, rather it encompasses the victim's entire well-being, the structure of the victim's household and family organization and the very fabric of their community (e.g., Ellsberg, 2000). Stress as a major construct is not significantly quoted in literature, and the current study aimed to relatively fill this literature gap. Women are said to place great emphasis on their personal relationships, especially with their partners, which tends to cause them to avoid small or big conflict but in the process, they tend to suppress their own feelings of anger. Men on the other hand are more vocal with their feelings of hostility. This type of inequality leads to a polarization of the relationship where the victim unconsciously imposes upon themselves an act of self-silencing which in turn leaves them feeling entrapped leading to Psychological Distress (WHO, 2000).

Anna Freud's (1936/1937) concept of identification with the abuser, or with a dominant authority figure in one's life is a defence mechanism for avoiding anxiety and punishment. This relates with the concept of SS when the abused victim of IPV identifies with their

perpetrator in an effort to avoid confronting their helplessness in the situation. Thus, their response in the form of SS becomes a coping strategy to survive IPV (Dutton & Painter, 1993). The longer an abusive relationship stretches with the abuser's repeated acts of violence, the victim more heavily begins to rely on their partner not just for basic needs which are under the abuser's control but for simple comforts in life. The repeated abuse not only makes the victim weak and fearful but also instils in the victim the idea of helplessness that their partner is the central force of the relationship. The polarization of the relationship with the intermittent nature of abuse, the victim begins to rationalize the experienced abuse, this gives the perpetrator basis to dominate even further. The interactional techniques the aggressor uses in order to gain further control, such as negotiations, assertiveness, and problem-solving enhance the abuser's chances of being the central pole of the relationship, and the small acts of kindness by the perpetrator, genuine or not, further still cement the polarization and the dynamics of the relationship (Dutton & Painter, 1993; Graham et al., 1995).

This toxic amalgamation of acts of compassion interlaced with abusive episodes gives way to doubts and convinces the victim to hold onto the relationship. This results in reinforcing the tormentor and fuelling the cycle to continue (Crane, 1997). The underlying mechanism of SS states that the more friendly the abused feels towards the perpetrator, the less the negativity they would experience. Auerback et al. (1994) are to date the only ones to have studied SS in a controlled and empirically replicated setting. The main problem was the morality of inflicting terror on the participants, even though, their consent was taken. In their study Auerback et al. (1994) staged a hostage situation, which resulted in symptoms of SS exhibited by the participants. The researchers noted that SS in the participants resulted because of an interplay of domination, that is, the aggressors' control over their hostages, and a strong affiliation, that is, the victims' idolization and identification with the aggressors. This presented the conclusion that SS is an unconscious effort for survival, a form of self-delusion through trying to find mutual ground with the abuser. This form of coping is quite similar to avoidance coping which has been shown to relate with Psychological Distress (e.g., Holahan, 2005). Although, SS as a form survivor's avoidance coping has been linked to Psychological Distress among the general population (e.g., Blalock & Joiner, 2000) and clinical samples (e.g., Sherbourne, Hays, & Wells, 1995). The underlying mechanism through which this relationship exists leading to Psychological Distress is still unclear. Yet, the stress arousing component of avoidance coping exhibits a

central path through which coping strategies are linked to emotional and Psychological Distress. This form of coping strategy is also related to SS because survivors who show the symptoms of SS often delude their own thinking by not only minimizing the abuse they experienced but also completely refusing to acknowledge it (Graham et al., 1995).

The aim of the present study was to understand the relationship of IPV and Psychological Distress mediated by SS among intimate Pakistani partners. It is intriguing to study the reason behind why victims choose to stay with their abusive partners; multiple theories have been presented over the years to explain terror or traumatic bonding in relation to recidivism, but there is a dearth of empirical data available for the Pakistani population. The present study tried to provide empirical grounds for SS keeping in mind that most victims do not recognize that they have experienced abuse (Graham et al., 1995). The cases and their circumstantial scenarios are extreme and traumatic which has resulted in the difficulty of studying this phenomenon in a large number of people with any control. Since there seems to be no simple research based explanation for why victims remain with their abusive partners. However, the current study, propagated to understand SS as a mediating mechanism for IPV and psychological distress. Using the modified version of Graham's (1995) scale, SSS, by George (2015), which has also not been used in a non-western population to date, the present study aimed to explain that SS may describe why victims choose to remain in abusive relationships (see Figure 1).

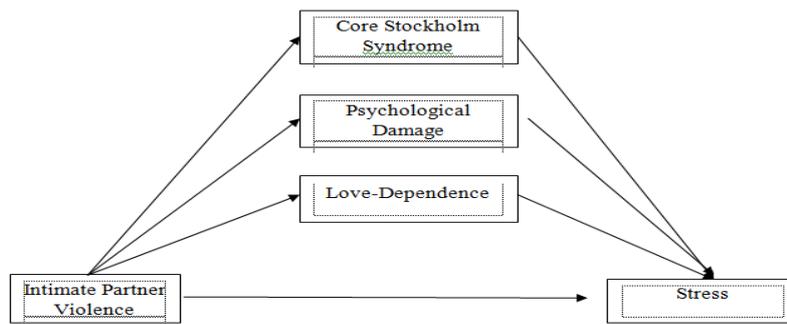


Figure 1. The proposed mediated role of Stockholm Syndrome.

Regarding the basic relationship between the constructs, the following effects were proposed:

1. Intimate partner violence positively relates to all three components of psychological distress and Stockholm syndrome.

2. All three components of Stockholm syndrome negatively relate to all three components of Psychological Distress.
3. The positive relationship between intimate partner violence and the Stress component of psychological distress to be negatively affected via the subscales Core Stockholm Syndrome, Psychological Damage, and Love-Dependence.
4. The positive relationship between intimate partner violence and the Anxiety component of psychological distress to be mediated by the subscales Core Stockholm Syndrome, Psychological Damage, and Love-Dependence.
5. The positive relationship between intimate partner violence and the Depression component of psychological distress to be negatively affected via the subscales Core Stockholm Syndrome, Psychological Damage, and Love-Dependence.

Method

Participants

Individuals in married and dating relationships were approached through purposive convenient sampling. A total of 212 individuals (men = 123, women = 89) were reached with an age range of 20 years to 68 years ($M = 35.69$, $SD = 11.37$). No specification in regards to on-going or prior psychological treatment was made, the researcher also did not include individuals from shelter homes or who had been previously through medical or at official levels identified as “battered”. The only condition the researcher imposed was that the participants must be in an ongoing relationship to satisfy the requirement of Stockholm Syndrome (married individuals = 131, dating individuals = 81), as SS is said to be more prevalent during an ongoing relationship and not after it (Demarest, 2009). All the participants were from the cities of Islamabad and Rawalpindi, Pakistan.

Instruments

The Following instruments were used in the study:

Hurt Insult Threaten Scream (HITS). Hurt Insult Threaten Scream (HITS; Sherin, Sinacore, Li, Zitter, & Shakil, 1998) is a short IPV screening tool. It has four items, measured on a five-point scale. The responses range from *Never* (1) to *Frequently* (5). The scores range from four to 20 and a score above the cut-off point of 10

indicates high levels of IPV. Its simple statements, good internal validity, reliability ($\alpha = .80$), and concurrent consistency with Conflict Tactics Scale (CTS; Straus, 1979) as reported by the authors has made HITS a common tool across the globe.

Depression Anxiety Stress Scale (DASS). Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) is a 42-item scale widely used for measuring negative emotional states of depression, anxiety and stress. The current study made use of its shorter version, namely, DASS-21, which has a set of 21 items following the same subscales (i.e., Depression, Anxiety & Stress) and measures on a four-point Likert scale. Each subscale has seven items and the scores are calculated separately for each subscale. The Cronbach alpha for the subscales as reported by the developers are, Depression, $\alpha = .88$, Anxiety, $\alpha = .82$, and Stress, $\alpha = .90$.

Stockholm Syndrome Scale (SSS). The Stockholm Syndrome Scale (SSS; Graham et al., 1995) is a 49-item scale to identify the existence of SS. The items are equally divided in three subscales; Core SS, Psychological Damage, and Love-Dependence. The current study used the modified version of the original scale (George, 2015). The modified version has 24 items, eight items for each subscale of SS. The responses range from *Never* (1) to *Always* (7). The score range for each subscale is 8 to 56, with high scores indicating high levels of Core SS symptoms, Psychological Damage, and Love-Dependency, respectively. SSS is measured on a 7-point Likert Scale with two items of Psychological Damage reversed scored. The Cronbach alphas for the subscales as reported by the authors are, Core Stockholm Syndrome, $\alpha = .94$, Psychological Damage, $\alpha = .89$, and Love-Dependence, $\alpha = .74$.

Procedure

Participants were presented with an information sheet about the study, which gave a thorough explanation about the aims of the study, the level of possible personal discomfort, sensitivity, and the approximate time it would take to finish the questionnaire booklet. Ethical protocol was maintained: participants were assured of the confidentiality and anonymity of their information, and their right to withdraw at any stage of the research. The battery of tests was presented to the participants with the information of the primary researcher as well as self-help websites, and contact information of counsellors, psychologist and social workers in case of possible distress. The primary researcher was available for all the participants

who wished for a debriefing session about the study as well as those who needed a moment of catharsis.

Results

The present study aimed to explore the relationship between IPV and Psychological Distress (Stress, Anxiety, and Depression) via the mediating role of SS. The proposed mediating role of SS was measured through a Multiple Mediation Model analysis. The tabulated results are as follows:

Table 1

Descriptive Statistics and Correlations of Study Variables (N = 212)

Measure	1	2	3	4	5	6	7
1.HITS	(.90)	.05	.14*	.14*	.65**	.64**	.38**
2.Stress		(.78)	.70**	.70**	.15*	.26**	-.07
3.Anxiety			(.80)	.76**	.23**	.36**	.12
4.Depression				(.87)	.27**	.43**	.20
5.Core SS					(.83)	.76**	.53**
6.PD						(.79)	.52**
7.LD							(.90)
<i>M</i>	8.72	8.02	6.08	6.41	32.24	30.39	35.24
<i>SD</i>	4.49	4.38	4.54	5.36	11.01	9.42	12.37
Range	4-20	0-19	0-20	0-21	8-52	8-50	8-56
Skewness	.68	.10	.57	.74	-.22	-.02	-.48
Kurtosis	-.75	-.67	-.11	.13	-.99	-1.10	-.64

Note. HITS = Hurts Insult Threaten Scream; Stress, Core SS = Core Stockholm Syndrome, PD = Psychological Damage, LD = Love-Dependence. Alpha reliability coefficients are given in diagonals.

* $p < .05$. ** $p < .01$.

While HITS positively and significantly correlated with all the subscales of SS; Core SS, PD, and LD, it does not significantly correlate with one subscale of Psychological Distress; Stress (Table 1). Where it is significantly correlated with Anxiety and Depression. Similarly, the subscales of Psychological Distress correlates positively with both HITS and SS. Two out of three subscales of SS (Core SS and PD) correlate positively with both HITS and Psychological Distress, while LD correlates significantly and positively with HITS but not with Psychological Distress.

Table 2

Indirect Effects of Intimate Partner Violence on Psychological Distress via Proposed Mediators (N = 212)

Mediator	Bootstrap effect	Normal effect	Normal theory test			Bias-corrected and accelerated CIs	
			SE	Z	p	LL	UL
Mediated effect on Stress							
Total effect	.23	–	–	–	–	.09	.36
Core SS	.03	.04	.07	.58	.56	-.07	.18
PD	.27	.33	.08	3.92	.00	.15	.43
LD	-.08	-.10	.04	– 2.73	.01	-.15	-.04
Mediated effect on Anxiety							
Total effect	.28	–	–	–	–	.16	.40
Core SS	-.01	-.02	.07	-.22	.82	-.13	.11
PD	.31	.39	.09	4.41	.00	.17	.44
LD	-.02	-.02	.03	-.68	.49	-.07	.03
Mediated effect on Depression							
Total effect	.36	–	–	–	–	.25	.47
Core SS	-.02	-.02	.08	-.28	.78	-.14	.11
PD	.43	.64	.11	6.04	.00	.29	.57
LD	-.06	-.09	.04	– 2.18	.03	-.13	-.01

Note. Core SS = Core Stockholm Syndrome; PD = Psychological Damage; LD = Love-Dependence.

As shown in Table 2, the three components of Psychological Distress through the analysis are not mediated by the Core SS component of SS. Hence, the direct effect of IPV on Stress is not affected. Whereas, Psychological Damage is an effective indicator of a significant indirect effect (with $p < .001$) on all three components of Psychological Distress. The Love-Dependence component of SS has no effect on Anxiety ($p = .49$) but is significantly affecting the Stress ($p = .01$) and Depression ($p = .03$) components.

Mediation analyses were conducted using the bootstrapping method (5000 samples) with bias corrected confidence estimates (Preacher & Hayes, 2008).

Discussion

The underlying question of the present study was to understand a possible reason as to why individuals in abusive relationships choose to stay with their tormentors. Thus, understanding SS as a coping mechanism formed the basis to measure potential cognitive distortions i.e., a dissonance in the thinking patterns, and the justifications an abuse victim associates to IPV (Dutton & Painter, 1993). The assaults the aggressor makes on the victim's self-concept, progression in life, the blocks that the abuser adds between the victim and the outside world, the effects of the physical, psychological and/or sexual violence, as well as the intermittent acts between violence and kindness result in unpredictability of the relationship. Thus, the victim not only finds it difficult to leave the relation, fails to recognise the abuser and rescuer as the same individual but also entirely depends on the perpetrator for their survival (Graham et al., 1995; Sullivan & Lasley, 2010).

The present study aimed to explore the relationship of IPV and Psychological Distress, incorporating SS as a mediator for this relationship. Based on the theoretical grounds that individuals who choose to stay in abusive relationships do not report experiencing Psychological Distress because it is overcome by the distortions and disorganised attachment caused by SS (e.g., Dutton & Painter, 1993; Graham et al., 1995).

Consistent with previous literature (e.g., Demarest, 2009; George, 2015), the current study found positive and significant correlations between IPV and Anxiety and Depression as well as all three components of SS. However, IPV did not significantly correlate with Stress. In addition, all three subscales of Psychological Distress did not correlate with Love-Dependence. Hence, the findings only partially supported the first and second hypotheses, which stated that IPV would positively relate to all components of both Psychological Distress as well as SS, and that SS would negatively relate to Psychological Distress, respectively.

To study the role of SS as a mediator in the interaction of IPV and Psychological Distress, certain directional paths were proposed. To the best of the researcher's knowledge, the proposed paths of mediation via SS have not been reported in any previous study. The multiple mediation analysis (Preacher & Hayes, 2008) showed a significant indirect effect of IPV on Psychological Distress via SS. The predicted path of IPV's association with Stress was mediated by two components of SS i.e., Psychological Damage and Love-Dependence. The direct effects were both positive and significant.

This result coincides with the definition of Psychological Damage (by Graham et al., 1995) that an individual experiencing low self-esteem and a loss of sense of self would not experience stress since SS occurs at an unconscious level while stress is when the individual perceives the discrepancy in the environment and actively acts to modify the situation. On the other hand, Core SS did not mediate any of the subscales of Psychological Distress, although, the Love-Dependence component mediated both Stress and Depression but not Anxiety. According to Graham et al. (1995), SS may cause unconscious cognitive disturbances, which in turn would result in anxiety among the victims. The results on the other hand, only partially supported this notion as Core SS and Love-Dependence did not mediate Anxiety. In an abusive relationship, there are moments when the abuser shows an act of kindness, thus, leaving the victim feeling unsure if the relationship could ever be violent or abuse free. This sense of hope causes the victim to become more dependent on the abuser and the distortion in their thinking pattern results in the form of Core SS. The minimising and/or rationalising of the abuse also occurs out of the need for social desirability and the feeling of responsibility to commit and invest more in the relation (Brockner, Rubin, & Lang, 1981; Staw, 1976). This coincides with the notion that the destructiveness of an abusive relationship is manifested through internalizing the abuse (McCarthy, 1990). In the current study, two out of three components of SS (Core SS and Psychological Damage) overall showed a positive and significant effect on Psychological Distress.

IPV is generally predicted to be mildly severe in a general community sample (e.g., George, 2015), and in the current study, it highly correlates with all three components of SS. Previous researches state, that the Core SS component moderately predicts IPV (e.g., Demarest, 2009), this study also showed this consistency but with a novel result for a positive and significant predictive association with Psychological Damage.

Implications

The current study provides empirical data to better understand and add to the aforementioned gap in non-western literature related to SS. SS may be an ineffective coping strategy (Demarest, 2009) but it serves as a substantial explanation for why victims choose to stay in abusive relationships. Thus, providing a platform to further explore the buffering nature of SS which minimizes the psychological effects of IPV. The study provides insight into the cognitive distortions among the victims of IPV providing important structural directions to be taken under consideration for therapies like Cognitive Behavioural

Therapy that aim to rehabilitate and modify such faulty thinking patterns. As exemplified in previous studies that developing a treatment plan for Psychological Distress through medication and/or with both medication and psychotherapy without taking into account the extent and exposure a victim has had to violence can undermine the effectiveness of the entire treatment strategy (for example, Wathen, Jamieson, MacMillan, & MacMaster, 2007).

The study also successfully checked the reliability of the Stockholm Syndrome Scale, which has not been used on a non-western sample before. The nurses and lower staff who communicate more regularly with the patients could also be trained for screening of IPV as well as understanding the signs of SS which may need further exploration since victims of abuse who exhibit SS cognitions are not aware of their own condition (Graham et al., 1995). The public could be made aware of the taboo to extend a collaborative effort to overcome the growing issues of abusive relationships. Thus, the variety, volume and predictive nature of the presented corpus could be used to assist counsellors and clinicians to respond with more accuracy and clarity to the victims and at-risk individuals facing such personal and intimately damaging issues.

Limitations and Suggestions

Due to the cross sectional research design used in the current study, causal association between the constructs may be limited to being inferred but may not be confirmed. This also impacts the generalizability and predictive values of the result. The use of self-report measures result in high social desirability, hence, the research design may also have been effected by the subjectivity of the participants. As the sample was gathered through purposive convenient sampling, it fell short of representing the general population.

Future may target going for a bigger sample size in terms of the numbers of participants as well as gathering the sample from multiple cities across the country for better generalizability. Translating and adapting the scales used in the current study to make the instruments more indigenous to Pakistan for further enhancing their reliability and validity. Further studies may add the demographics of religious beliefs and socioeconomic statuses, as well as make use of an exploratory study to understand how duration of an abusive relationship interact with SS. Furthermore, a cross-cultural study could be conducted to examine the difference between collectivistic and individualistic societies, exploring how these societal values affect the type and

perception of abuse in terms of SS. Another recommendation is to study IPV among stigmatized minorities, for example, *hijras*, in terms of SS. Further studies need to be conducted to understand abuse in terms of Love-Dependence in the victim, as the current study does not show consistent results as compared to previous research. A longitudinal study could explain the reasons behind this discrepancy as well as giving further insight into SS as a coping response mechanism to IPV.

Conclusion

The growing problems of Psychological Distress across the globe is an inescapable and devastating phenomenon and affects all genders and societies without discrimination. It results in a variety of settings in the form of Stress, Anxiety and Depression. IPV is one way to explain this phenomenon but research shows a discrepancy in that IPV does not always result in Psychological Distress. The current study chose a form of coping strategy called SS to explain this relationship. The analyses revealed that, although, IPV results in Psychological Distress, the interplay of SS in this relationship acts as a buffer in reducing the effects of distress. While, the Core SS component of SS did not mediate any of the three components of Psychological Distress, Psychological Damage fully mediated the relationship, and Love-Dependence partially mediated the direct effect of IPV on Psychological Distress. As the study indicates, the causes and their relationship with this social phenomenon are extensively intricate and, thus, require an equally complex therapeutic and societal management strategy. The associations found between IPV, Psychological Distress, and SS in the present study, demonstrate some of the façades of this social issue which may provide the incentive for further exploration. The current study has added to the literature of the understudied phenomenon in a non-western setting with empirical support but a sizeable amount of additional investigations will be required to understand the baseline reasons of relationship abuse to effectively address the issues.

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