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The Correlation Between Date Violence And Disordered Eating In College Aged Women

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Eastern Illinois University

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THE CORRELATION BETWEEN DATE VIOLENCE AND
DISORDERED EATING IN COLLEGE AGED WOMEN

HARTMAN

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The Correlation Between Date Violence and Disordered Eating in College Aged
Women

BY

Kenzia N. Hartman

THESIS

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FOR THE DEGREE OF

Master of Science

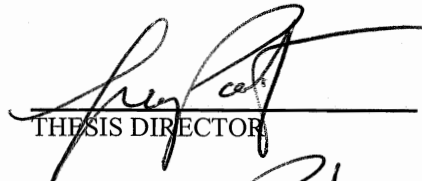
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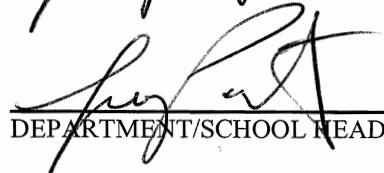
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THE CORRELATION BETWEEN DATE VIOLENCE AND DISORDERED
EATING IN COLLEGE AGED WOMEN

ABSTRACT

Objective: Research has shown a correlation between date violence and disordered eating behaviors in adolescent females. Those who have experienced verbal, physical, or sexual date violence report an increased incidence in the use of unhealthy weight control practices such as fasting, diet pills, laxatives, vomiting, and binge eating. In addition to unhealthy eating practices, lowered body image has also been associated with date violence. This study was designed to determine if there is a correlation between date violence, disordered eating behaviors, and lowered body image in college age women. Method: Questionnaire data were gathered from 150 college-aged female students at a Midwestern University. Participants responded to questions regarding demographic information; verbal, physical, and sexual abuse; body image and unhealthy eating practices. Data gathered from the questionnaire were analyzed using SPSS (Statistical Package for the Social Sciences) data analysis program. Results: Findings suggest that date violence is correlated to unhealthy eating behaviors and lowered body image. The results of this study indicated that there is a relationship between date violence and unhealthy eating practices. It was found that among participants, those who have experienced physical abuse while in a dating relationship fasted more often than those who have not experienced physical abuse. This study also found that those who have experienced sexual abuse in a dating relationship more often reported the use of diet pills and use of exercise as a means to lose weight. As for the relationship between date violence and body image, it was found that participants who have

experienced verbal and sexual abuse were more likely to have a lower Body Mass Index than those who have not experienced any violence. According to this study, participants who have experienced verbal abuse reported having a lower perceived body weight than rest of the participants. It is also noteworthy that normal weight participants who have experienced verbal, physical, or sexual abuse are more likely to report wanting to lose weight. Conclusion: Findings suggest that date violence has a significant relationship with unhealthy eating behaviors and lowered body image.

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CHAPTER ONE

Introduction

Recent studies have shown a correlation between date violence and disordered eating in adolescent girls. According to the 1999 Massachusetts Youth Risk Behavior Survey, 1 in 5 female adolescent girls have experienced physical and or sexual violence from a dating partner, 1 in 10 have experienced physical abuse but not sexual abuse from a dating partner, and 1 in 25 have experienced sexual abuse but not physical abuse from a dating partner (Silverman, Raj, Mucci, & Hathaway, 2001). Adolescent girls who have experienced date violence are more likely to report extreme sadness, suicidal action, use of illicit drugs, engage in risky sexual behavior and be involved in other violent behaviors (Howard & Wand, 2003). Many adolescent girls who had reported date violence also use unhealthy weight control practices which include fasting, the use of diet pills, laxatives, vomiting, and binge eating (APA, 2001). After experiencing a date violence act, many girls feel they have lost control of their lives. Many girls believe controlling the way they eat is a way to regain some control over their lives (Dolan & Gitziner, 1994). In addition to unhealthy eating practices, lowered body image has also been associated with date violence. Although the relationship has not been directly studied, those who have experienced date violence are more likely to report weight and eating problems than those who have not experienced date violence (Zweig, Crockett, Sayer, & Cicary, 1999).

Date Violence: Defined

Occurring mostly in young women, date violence occurs in every racial, social, and economic bracket. Date violence is when one partner, usually the male, tries to maintain control and power over the other through verbal, physical, or sexual abuse (Cauffman, Feldman, Jenson, & Arnet, 2000).

Eating Disorder: Defined

An eating disorder is a serious psychological condition where the person is obsessed with food, diet, and body image to where their quality of life suffers and their health is at extreme risk from long-term or inadequate diet. Many times those with an eating disorder do not recognize that they have a problem and will refuse treatment (Robert-McComb, 2001).

Body Image: Defined

Influenced by feelings, body image actively influences much of ones behavior, self-esteem, and psychopathy. Body image is one's attitude toward one's body, particularly size, shape, and aesthetics. It refers to an individual's evaluation and experiences regarding to their physical attributes (Hoyte & Kogan, 2001).

Research Objectives

The objective of this study is to determine the relationship between date violence and the unhealthy weight control practices of college age students at Eastern Illinois University. The research questions proposed by this study are:

- 1) Is there a relationship between date violence and unhealthy eating practices among college-aged women?

- 2) Is there a relationship between date violence and the body image of college-aged women?

Summary

Date violence is extremely prevalent in high school and college aged girls. Recent studies have shown those who have experienced date violence have turned to disordered eating patterns such as the use of fasting, diet pills, laxatives, vomiting, and binge eating. Chapter 2 will summarize the literature on date violence and unhealthy weight control practices among high school and college aged women.

CHAPTER TWO

Review of Literature

Extremely prevalent in high school and college aged females, date violence occurs in every racial, social, and economic bracket (Silverman et al., 2001). According to the 1999 Massachusetts Youth Risk Behavior Survey, 1 in 5 adolescent females have experienced physical and or sexual violence from a dating partner; 1 in 10 have experienced physical violence but not sexual violence from a dating partner; and 1 in 25 have experienced sexual violence but not physical violence from a dating partner (Silverman et al., 2001). Nearly 20 per 1000 women age 16 to 24 experience date violence, the highest per capita rates (Bureau of Justice Special Report, 2000). Adolescent girls who have experienced date violence are more likely to report extreme sadness, suicidal action, use of illicit drugs, engage in risky sexual behavior, and be involved in other violent behaviors (Howard & Wang, 2003). Unhealthy weight control practices, such as fasting, the use of diet pills, laxatives, vomiting, and binge eating, have also been shown to be correlated with date violence (APA, 2001).

There are many beliefs as to why females who experience date violence often develop eating disorders. Although it has not been directly studied, a lowered body image has been linked to those who have experienced date violence. The violence experience and the powerlessness that is often felt by those who experience date violence may be an important factor in the development of an eating disorder (Zweig et al., 1999). According to Dolan and Gitziner, females feel they have lost control over their lives, therefore, in order to

regain control, those who have experienced date violence restrict what they eat (1994). Another theory is that the victim is afraid to report the violence or feels ashamed to admit what has happened. She fears that she will not be believed or will be made to feel responsible for what has happened. As a result she may develop an eating disorder as a way to cope with the violence (Howard & Wang, 2003). It is also believed that adolescent girls who have been victims of date violence use unhealthy weight control practices to "project the painful experience onto their body." They use fasting, diet pills, laxatives, vomiting, and binge eating as a way to punish their body into becoming unattractive to others in order to reduce the likelihood of repeated experiences (APA, 2001).

Body Image

Repeatedly, body image has been identified as the most important factor in the development of an eating disorder (Hoyt & Kogan, 2001). When girls reach puberty, they experience an increase in body fat and the broadening of their hips. These physical changes move girls further away from society's ideal body shape for women (McCabe & Ricciardelli, 2004). With the onset of puberty, many girls report higher levels of body dissatisfaction and poorer self-image (Swarr & Richards, 1996). While some may use healthy eating choices and exercise as a way to combat the increase in body fat, others use unhealthy methods such as fasting or vomiting. These behaviors are of concern to many professionals because studies have shown that dieting in adolescence is a risk factor for the development of an eating disorder (Dunkley, Wertheim, & Paxton, 2001).

Although not consistent, victims of date violence have been linked to lower self-esteem. It has been shown that adolescent females who experience date violence were more likely to report weight problems than those who have not experienced date violence (Zweig et al., 1999). This suggests that the incident of date violence and the powerlessness that is often felt by those who experience date violence may be an important contributing factor to the development of an eating disorder (Zweig et al., 1999).

Eating Disorders

Although the causes of eating disorders are unknown, it is thought that a variety of factors impact the development. However, there are some general issues known to contribute to the development of an eating disorder. Those with eating disorders often use food and the control of food in an attempt to compensate for feelings and emotions that may otherwise seem over-whelming. For some, dieting, bingeing, and purging may begin as a way to cope with painful emotions and to feel in control of one's life. However, these behaviors will ultimately damage a person's physical and emotional health, self-esteem, and sense of competence and control (Robert-McComb, 2001).

As complex conditions, eating disorders may arise from a combination of long-standing behavioral, emotional, psychological, interpersonal, and social factors. Psychological factors that can contribute to eating disorders include low self-esteem, feelings of inadequacy or lack of control in life, depression, anxiety, anger, or loneliness (Robert-McComb, 2001). Interpersonal factors that can contribute to eating disorders include troubled family and personal relationships,

difficulty expressing emotions and feelings, a history of being teased or ridiculed based on size or weight, and a history of physical or sexual abuse (Swarr & Richards, 1996). Cultural pressures that emphasize thinness and place value on obtaining the perfect body, narrow definitions of beauty that include women of specific body weights and shapes, cultural norms that value people based on physical appearance and not inner qualities and strengths are social factors that can contribute to eating disorders (Dunkley et al., 2001). Scientists are still researching possible biological or psychological causes of eating disorders. In some individuals with eating disorders, an imbalance of chemicals has been found in the brain that controls hunger, appetite, and digestion. However, more research needs to be conducted to better understand these imbalances (Leone, 2001).

Anorexia nervosa.

Affecting 6 to 10 million American females, anorexia nervosa is defined as weighing 15% or less than what is expected for age and height, or having a body mass index of 17 or less (Nash, 1999). The *American Anorexia Bulimia Association* defines anorexia as a disorder in which preoccupation with dieting and thinness leads to excessive weight loss. This disease develops as a result of a distorted body image and thinking one is fat even though dangerously thin (Leone, 2001). Overtime, the desire for thinness becomes secondary and the need for control over the body develops (Cassell, 1994). Although there are a number of factors that may contribute to the onset of anorexia nervosa, many experts believe that the ultimate goal is driven by the need for control in their

lives (Leone, 2001). Anorexics may also use purging without bingeing or excessive exercise as additional methods of weight loss.

Those with anorexia nervosa set very high standards for themselves and feel they always have to prove their competence. Almost always, they put the needs of others ahead of their own needs. Many with anorexia nervosa feel the only area in their life they have control over is in the area of food and weight. If they can't control what is happening around them, they can control what they eat and their weight. Each morning, the number on the scale determines if they have succeeded or failed. Those with anorexia nervosa feel powerful and in control when they can make themselves lose weight. Used as a way of blocking out feelings and emotions, many focus on calories and losing weight. For them it is easier to diet than it is to deal with their problems directly (Cassell, 1994).

Anorexics usually have low self-esteem and sometimes feel they do not deserve to eat. Many times they do not recognize they are underweight and still feel fat at 80 pounds. Therefore they will deny that anything is wrong and resist any attempts of help. Hunger is strongly denied, therefore, the idea of therapy is seen only as a way to force them to eat (Cassell, 1994). Once they admit they have a problem, they are willing to seek help. Unfortunately, it is estimated that 10%-20% will die from complications related to anorexia nervosa (Leone, 2001).

Bulimia nervosa.

Unlike those with anorexia nervosa, those with bulimia nervosa turn to food in times of stress (Dolan & Gitzinger, 1994). For them, food becomes their only source of comfort. Characterized by a cycle of binge eating followed by

purging to rid the body of unwanted calories, those with bulimia nervosa are unable to cope with the hunger from fasting; therefore they gorge themselves with food to relieve the hunger pains. They then purge the food because of the guilt they feel (Nash, 1999). Purging includes methods such as vomiting or the use of diuretics or laxatives, fasting, and strenuous exercise (Binge Eating Disorder, 2000). Bulimia Nervosa can go undiagnosed for several years because bingeing and purging are done secretly and weight loss may fluctuate but not to a great extent (Cassell, 1994).

Bulimics are usually people who do not feel secure about their own self worth. Those with bulimia tend to do whatever they can to please others while hiding their own feelings. Bulimia also serves as a function for blocking or letting out feelings. Unlike those with anorexia nervosa, bulimics recognize they have a problem and are more likely to seek help (Fairburn & Wilson, 1993).

Usually starting in adolescent or early adulthood, bulimia often emerges at a developmental time in a female's life (Nash, 1999). A typical bulimic is a professional woman in her mid to late twenties, college educated, single, working in a large city, and an over achiever (Cassell, 1994). Problems that co-exist with bulimia nervosa include depression, anxiety disorders, and substance abuse. Bulimics who are substance abusers are often victims of sexual abuse (Nash, 1999). According to Zweig, a high percentage of bulimic women have been sexually abused (Zweig et al., 1999).

For each individual a binge is different. For one person, a binge may range from 1,000 to 10,000 calories. However, for another person, eating a

cookie may be considered a binge. Purging method usually involve vomiting and laxative abuse, however there are other forms of purging. These include excessive exercise, fasting, use of diuretics, use of diet pills, and enemas (Cassell, 1994).

Binge eating disorder.

Associated with both bulimia nervosa and anorexia nervosa, binge eating is an eating pattern that is considered an eating disorder (Nash, 1999). In reference to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) of the American Psychiatric Association, Fairburn and Wilson stated binge eating is defined as recurrent episodes of binge eating characterized by eating in a discrete period of time (with in any 2 hour period), eating an amount of food that is definitely larger than most people would eat in a day or in a similar situation or setting, a sense of no control over eating during the episode (1993). A usual binge lasts 60-75 minutes with the consumption of 3400 calories and is only stopped when there is no more food to eat. A true binge eater stops eating only when it is physically impossible to consume any more food (Cassell, 1994). It is estimated that 2% of the adult population in the United States is affected by binge eating (Binge Eating Disorder, 2000).

Much like bulimia nervosa, those with binge eating disorder use food as a way to cope with or block out feelings and emotions they do not want to feel. However, the individual does not use any type of purging. The more weight the person with binge eating gains, the harder they try to diet. Dieting is usually what leads to the next binge. During a binge, many individuals feel out of control.

Feelings of powerlessness, guilt, shame and failure often follow a binge episode. Binge eaters use food as a way to numb themselves, to cope with daily life stressors, to provide comfort for themselves, or to fill a void they feel within. Like bulimia nervosa, those with binge eating disorder recognize they have a problem; however, dieting and bingeing can go on forever if the emotional reasons for bingeing are not dealt with. Binge eating disorder is a serious disorder and can be overcome through proper treatment (Fairburn & Wilson, 1993).

Compulsive overeating.

Characterized by uncontrollable eating and constant weight gain, compulsive overeaters use food as a way to cope with stress, emotional conflicts, and daily problems. They believe that food can block out feelings and emotions. Compulsive overeaters usually feel out of control and are aware their eating patterns are abnormal (Cassell, 1994).

Unlike other eating disorders, compulsive overeating usually starts in early childhood when eating patterns are formed. Most people who become compulsive eaters are those who never learned the proper way to deal with stressful situations and use food as a way of coping with these situations. Some may develop compulsive overeating as a result of sexual abuse. They see fat as a protective barrier. For them, being overweight will keep others away from them and make them less attractive (Brown, 1997).

In today's society, compulsive overeating is not yet taken seriously. Instead of being treated for the serious problem of compulsive overeating, many are directed to diet centers and health spas. Like anorexia nervosa and bulimia

nervosa, compulsive overeating can result in death (Binge Eating Disorder, 2000).

Date Violence

Mostly occurring in young women, date violence occurs in every racial, social, and economic bracket. Date violence is when one partner, usually the male, tries to maintain control and power over the other through abuse (Cauffman et al., 2000). As a result of abuse many have feelings of negative attitude towards the body, feelings of shame and guilt, ineffectiveness and inadequacy, low self esteem, substance abuse, dissociation and self-mutilation (Brown, 1997), all of which are also precursors of eating disorders. Among females between the ages of 15-20 who reported at least one violent act during a dating relationship, 24% reported experiencing extremely violent incidents such as rape or the use of weapons against them (Intimate partner violence and healthy people 2010 fact sheet). According to the latest United States Bureau of Justice Statistics, women are 5 to 8 times more likely to experience date violence than men (Intimate partner violence and healthy people 2010 fact sheet). Approximately 25% of adolescents have experienced physical and/or sexual date violence (Silverman et al., 2001). It is estimated that between 20% and 52% of high school and college age dating couples have engaged in physical abuse (Statistics about Domestic Abuse). One in 5 college females will experience some form of dating violence (APA, 2001).

Correlation of eating disorders and date violence

Research has shown that eating disorders are associated with date violence. As a result of date violence, many females have negative feelings towards the body. Women who have suffered date violence exhibit problems with intimacy and trust, and have negative feelings about sex and sexual relationships which are also shown by women with anorexia and bulimia (Brown, 1997). Body-directed theories view the violation and the intrusion into the body as re-enacted directly in the eating disorder. Attempts to destroy the body are symbolically and literally 'acted out' on the body (Brown, 1997). Survivors of violence often feel their bodies have betrayed them by being small, weak and vulnerable or by experiencing some amount of pleasure during the abuse itself (Young, 1992). Adolescent females who experienced sexual violence were 1.5 to 3.5 times more likely to practice weight control techniques than females who did not report any episodes (Vaugh et al., 2002).

Surveying 2629 ninth to twelfth grade girls, Thompson et al. (2001) assessed the association between sexual violence and weight control practices among adolescent girls. The survey that participants completed asked questions regarding date violence, unwanted sexual contact, purging, and diet pill consumption. The findings of this study suggest girls who have experienced a violent dating situation were 3 times more likely to practice purging and twice as likely to take diet pills. Girls who experienced an unwanted sexual contact during a dating situation were 5 times more likely to practice purging and 2 ½ half times more likely to take diet pills. This suggests that sexual violence may result in the

practice of less acceptable weight control behaviors (Thompson et al., 2001). To assess the prevalence of physical and sexual violence from dating partners among adolescent girls and to determine if physical or sexual violence are associated with substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidal tendencies; Silverman et al. used data from the Youth Risk Behavior Survey in Massachusetts administered in 1997 and 1999.

Participants of the study consisted of four thousand-one hundred and sixty three females in ninth to twelfth grade. Silverman et al. found those who reported physical dating violence had an increased usage of diet pills and laxative use. Those who reported sexual date violence had an increased usage of diet pills, laxative use, and vomiting, and those who reported physical and sexual date violence were more likely to use unhealthy weight control behaviors (Silverman et al., 2001). Females between the ages on 16 and 24 are more likely to be sexually assaulted than females in all other age groups. Adolescents who have experienced a rape or attempted rape are twice as likely to experience another assault during their college years (Vaugh et al., 2002).

Effect of date violence on body image

Lowered body image has been linked to those who have experienced date violence (Zweig et al., 1997). Ackard and Neumark-Sztainer (2002) examined the association between date violence and disordered eating behaviors among ninth to twelfth graders. Their study found that 9% of girls have experienced date violence. Those who have experienced date violence were more likely to use laxatives, vomiting, diet pills, or binge eating. This study suggests abusive

experiences during dating relationships may disrupt normal developmental processes including the development of a stable self-concept and integrated body image during adolescences (Ackard & Neumark-Sztainer, 2002).

This chapter has reviewed literature on date violence, disorder eating, and the effects of date violence on adolescent females. The next chapter outlines the methodology for addressing the objective of this study.

CHAPTER 3

Methods

The main objective of this study was to examine the relationship between date violence and unhealthy weight control practices among college aged women. The research questions proposed by this study include:

- 1) Is there a relationship between date violence and unhealthy eating practices among college-aged women?
- 2) Is there a relationship between date violence and the body image of college-aged women?

Sample Selection

The study utilized a convenience sample of 155 college aged females of all academic levels.

Survey Development

A questionnaire was developed using the Youth Risk Behavior Survey which was developed by the Center of Disease Control. The questionnaire included questions on demographics; physical, verbal, and sexual abuse; unhealthy eating practices and body image.

Data Collection

Data was collected over a two day period in April 2005. Questionnaires were distributed and collected by the researcher between eleven o'clock in the morning to one o'clock in the afternoon.

Implementation

The questionnaire was approved by the IRB on March 23, 2005 (Appendix B). Modifications were made to the questionnaire and on April 7, 2005 the questionnaire was re-approved (Appendix C). The self-reported questionnaires were distributed to females in the University food court and Residence Dining Halls. All participants were informed about the purpose of the study and asked to complete a questionnaire. Participants were informed that their participation was voluntary and they could withdraw from the study at any time. Females enrolled in Food Selection and Preparation and Nutrition Therapy also completed the questionnaire. The questionnaire took approximately 5 minutes to complete. Responses were kept confidential.

Data Analysis

Data gathered from the questionnaire was analyzed using the SPSS (Statistical Package for the Social Sciences) data analysis program. Statistical procedures used included frequency and *t* tests.

Summary

The objective of this study was to determine if there was a relationship between date violence and disordered eating in college aged women. To establish this, a questionnaire was handed out to college women at Eastern Illinois University. Responses were compared and analyzed to determine if date violence is correlated to eating disorders and body image.

CHAPTER 4

Results and Discussion

The objective of this study was to determine if there was a relationship between dating violence and unhealthy weight control practices among college aged students. The research questions addressed in this study include:

- 1) Is there a relationship between date violence and unhealthy eating practices among college-aged women?
- 2) Is there a relationship between date violence and the body image of college-aged women?

Description of Sample

The sample for this study consisted of 155 female university students. A self reported survey (see Appendix A) was utilized for data collection. Participants included 27.1% freshman, 13.5% sophomores, 23.3% juniors, 20.6% seniors, and 14.2% graduate students (Table 1). The predominantly Caucasian sample (82.3% Caucasians; 10.3% African Americans; 1.9 % Hispanic; 1.3 % Asian; 0.6% American Indian/ Alaskan Native, 2.6% other) ranged in age from 17 to 52 years (Table 2 & 3). Academic level ranged from freshman to graduate. Median age of participants was 21.5 years old. Self reported heights and weights were used to calculated Body Mass Indices ($BMI = \text{weight (kilograms)} / \text{height (meters}^2\text{)}$). The average BMI for participants was 24.09, which is within the healthy weight range (A BMI between 18.5 and 24.9 is considered healthy for adults.) (Kruse's Food, Nutrition, and Diet Therapy, pg. 424).

Table 1

Academic Level of Participants

Academic Level	Frequency	Percent
Freshman	42	27.1
Sophomore	21	13.5
Junior	36	23.2
Senior	32	20.6
Graduate	22	14.2
Did not answer	2	1.3
Total	155	100

Table 2

Ethnicity of Participants

Ethnicity	Frequency	Percent
American Indian/Alaska Native	1	0.6
Asian	2	1.3
African American	16	10.3
Hispanic	3	1.9
Caucasian	129	83.2
Native Hawaiian or other	4	2.6
Total	155	100

Table 3

Age of Participants

Age	Frequency	Percent
17	1	0.6
18	21	13.5
19	25	16.1
20	22	14.2
21	27	17.4
22	23	14.8
23	8	5.2
24	4	2.6
25	2	1.3
26	1	0.6
28	1	0.6
31	2	1.3
32	1	0.6
44	1	0.6
46	1	0.6
50	1	0.6
52	1	.06
Total	155	100

Frequency of Abuse

The data show that 36.1% of females have experienced verbal, physical, or sexual abuse (Table 4).

Table 4

Frequency of Total Verbal, Physical or Sexual Abuse among College-Aged Women

Total Abuse	Frequency	Percent
Have suffered	56	36.1
Have not suffered	95	61.3
Did not answer	4	2.6
Total	155	100

It was found that 32.9% of participants have experienced verbal abuse by a boyfriend (Table 5).

Table 5

Frequency of Verbal Abuse among College-Aged Women

Verbal Abuse	Frequency	Percent
Have been verbally abused	51	32.9
Have not been verbally abused	102	65.8
Did not answer	2	1.3
Total	155	100

According to this study 1 out of 9 (11.6%) of participants had been hit, slapped, or physically hurt on purpose by her boyfriend (Table 6). This statistic is a little higher than what was reported for youth females in East Central Illinois (I Sing the Body Electric). In 2004, it was reported that 11% female youth of East Central Illinois have been physically hurt by their partners. The national 2003 statistic showed that only 8.8% of adolescent females have been hit, slapped, or physically hurt on purpose by their partner (I Sing Body Electric, 2004). Silverman et al. (2001) reported 1 in 10 adolescent females reported physical abuse.

Table 6

Frequency of Physical Abuse among College-Aged Women

Physical Abuse	Frequency	Percent
Have been physically abused	18	11.6
Have not been physically abused	134	86.5
Did not answer	3	1.9
Total	155	100

One in 9 females (11%) reported sexual abuse (Table 7). Silverman, Raj, Mucci, Hathaway found 1 in 25 adolescent females reporting to have experienced physical violence (Silverman et al., 2001). National research indicates that one in four adolescent girls have been sexually assaulted before the age of 18. One in 7 (13.2%) East Central Illinois female youth have been

victims of sexual abuse (I Sing Body Electric, 2004). The occurrence of sexual abuse among females in our study is reportedly lower than the national and local occurrence.

Table 7

Frequency of Sexual Abuse among College-Aged Women

Sexual Abuse	Frequency	Percent
Have been sexually abused	17	11.0
Have not been sexually abused	135	87.1
Did not answer	3	1.9
Total	155	100

Frequency of disordered eating behaviors

Fasting, or going without food for 24 hours or more is one way to control weight. According to this study about one in five of the participants (21.9%) had used fasting as a way to lose or control their weight (Table 8). The East Central Illinois Youth Risk Behavior Survey found that fasting is the third strategy teens cite in order to manage their weight. Almost one in six East Central Illinois females (17.5%) reported they fasted to keep from gaining weight. National research indicates that 18.3% of females use fasting as a way to maintain their weight (I Sing Body Electric, 2004). The frequency of fasting is greater in females in our study, compared to the National and East Central Illinois statistics.

The use of diet pills is one of the most prevalent methods of weight loss in females. According to the study 35.5% of participants have used diet pills as a way to manage their weight (Table 8). This statistic is much greater than the national and local statistics. Both the 2003 Youth Risk Behavior Survey and the 2004 East Central Illinois Youth Risk Behavior Survey reported only 11.3% of females using diet pill.

One in seven participants (14.2%) reported the use of vomiting or the use of laxatives as a method of weight control (Table 8). This statistic is much greater than both national and local. The national statistic of vomiting or laxative use is 8.4% where as the local statistic is 8.9%. Vomiting or laxative use among participants in our study was 5.8% higher than the national or local level.

Although a reasonable exercise program is a healthy way to approach weight management and the best prevention for many health risks, it can also be used excessively. This study indicated that 78.1% of females exercised (Table 8). The relationship between exercise and abuse will be analyzed in the next section.

Table 8

Frequency of Disordered Eating Behaviors Among College-Aged Women

Disordered Eating Behaviors	Frequency	Percent
Fasting		
Yes	34	21.9
No	121	78.1
Did not answer	0	0
Total	155	100.0
Diet pills		
Yes	55	35.5
No	99	63.9
Did not answer	1	0.6
Total	155	100
Vomiting/Laxative use		
Yes	22	14.2
No	131	84.5
Did not answer	2	1.3
Total	155	100
Exercise		
Yes	121	78.1
No	32	20.6
Did not answer	2	1.3
Total	155	100

Results for Research Objectives

Research Objective 1: Is there a relationship between date violence and unhealthy eating practices among college-aged women?

In order to determine if date violence was associated with unhealthy eating practices among college aged females, several questions were asked on the questionnaire. These questions included: has your boyfriend or ex-boyfriend ever verbally abused you; has your boyfriend or ex-boyfriend ever hit, slapped, or physically hurt you on purpose; has your boyfriend or ex-boyfriend ever physically forced you to have sexual intercourse when you did not want to; have you ever vomited or taken laxative to lose weight or to keep from gaining weight; have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight; have you ever taken any diet pills without a doctor's advice to lose weight or to keep from gaining weight; do you exercise? The questions about verbal, physical, and sexual abuse were answered as yes or no (Appendix A). Questions pertaining to disordered eating and exercise were answered as yes or no. If answered yes, they were asked how often: less than once a month, twice a month, once a week, twice a week, more than twice a week. To determine significance between date violence and unhealthy eating practices, participants who answered yes to questions pertaining to disordered eating and exercise were asked how often. Their answers to how often were scored one to five: less than once a month, 1; twice a month, 2; once a week, 3; twice a week, 4; and more than twice a week, 5.

Combined with a healthy nutrition program, exercise is a sensible approach for weight control. However, some may use it as an unhealthy and addictive means to lose weight.

Complete questionnaires were analyzed through using SPSS using a *t* test. Equal variances were not assumed. Considering the subjective nature of this self reported behavioral survey the .10 level was used for determining significance.

The data revealed that there was no significant relationship between total abuse (verbal, sexual, and physical abuse combined) and disordered eating behaviors (Table 9). It was found that verbal abuse was not significantly ($p > .10$) related to disordered eating behaviors (Table 10). In comparing physical abuse and disordered eating behaviors, it was found that fasting was significantly ($p < .10$) related to physical abuse $p = .063$ (Table 11). The use of diet pills (.796), vomiting or laxative use (.796), and exercise (.389) were found to have no significant ($p > .10$) relationship to physical abuse. However, the study found that among those who have experienced sexual abuse there was a significant relationship ($p < .10$) with the use of diet pills (.051), and exercise (.027) (Table 12). The use of vomiting or laxatives (.693) and fasting showed no significant relationship ($p > .10$). This study showed those who experienced sexual abuse reported exercising more often than those who have not experienced sexual abuse.

Table 9

Relationship of Verbal, Sexual, and Physical Abuse and Disordered Eating Behaviors

Disordered Eating Behaviors	P	M	SD	df	Significance*
Fasting				28.501	.615
Have	19	2.0526	1.50826		
Have not	14	1.7857	1.47693		
Diet pills				49.750	.246
Have	24	4.2083	2.26465		
Have not	31	3.4839	2.27846		
Vomit/Lax				16.350	.693
Have	13	3.6154	2.14237		
Have not	9	3.2222	2.33333		
Exercise				77.012	.750
Have	43	2.2791	1.00772		
Have not	80	2.3375	.88509		

t test for equality of means; equal variances not assumed.

Table 10

Comparison of Verbal Abuse and Disordered Eating Behaviors

Disordered Eating Behaviors	P	M	SD	df	Significance*
Fasting				28.501	.615
Have	19	2.0526	1.50826		
Have not	14	1.7857	1.47693		
Diet pills				49.750	.246
Have	24	4.2083	2.26465		
Have not	31	3.4839	2.27846		
Vomit/Lax					
Have	12	3.4167	2.10878	18.287	.932
Have not	10	3.5000	2.36878		
Exercise				69.221	.596
Have	40	2.2500	1.00639		
Have not	83	2.394	.88942		

* *t* test for equality of means; equal variances not assumed.

Table 11

Comparison of Physical Abuse and Disordered Eating Behaviors

Disordered Eating Behaviors	P	M	SD	df	Significance*
Fasting				6.171	.063
Have	6	3.3333	1.75119		
Have not	27	1.6296	1.24493		
Diet pills				9.633	.796
Have	8	4.0000	2.26779		
Have not	47	3.7660	2.30512		
Vomit/Lax				6.747	.796
Have	4	3.2500	1.50000		
Have not	18	3.5000	2.33263		
Exercise				14.218	.389
Have	13	2.5385	1.05003		
Have not	108	2.2685	.90281		

* *t* test for equality of means; equal variances not assumed.

Table 12

Comparison of Sexual Abuse and Disordered Eating

Disordered Eating Behaviors	P	M	SD	df	Significance*
Fasting				3.300	.138
Have	4	3.7500	2.06155		
Have not	29	1.6897	1.22776		
Diet pills				7.651	.051
Have	6	5.3333	1.63299		
Have not	49	3.6122	2.28962		
Vomit/Lax				7.777	.416
Have	6	4.1667	2.48328		
Have not	16	3.1875	2.07264		
Exercise				14.674	.027
Have	13	2.9231	.95407		
Have not	109	2.2385	.90164		

* *t* test for equality of means; equal variances not assumed.

Research Objective 2: Is there a relationship between date violence and the body image of college-aged women?

To determine significance relationship between date violence and body image the BMI was calculated from all participants. BMI was determined by (weight (kilograms) / height (meters²)).

BMI for participants of this study ranged from a minimum of 16.77 to a maximum of 58.40 with a mean of 24.08 (Table 13).

Table 13

Description of Participant's Body Mass Index

	P	Minimum	Maximum	M
BMI	152	16.77	58.40	24.08

This study concluded that there was significant ($p < .10$) relationship between date violence and BMI (Table 14). It was found that physical and sexual abuse were not significantly ($p > .10$) related to a lower BMI. However, there is a significant ($p < .10$) relationship between verbal abuse (.036) and a lower BMI (Table 15).

Table 14

Relationship of Date Violence and Body Mass Index

BMI	P	M	SD	df	Significance*
Abuse				147.72	.031
Have	55	22.89	4.05		
Have not	96	24.75	6.45		

**t* test for equality of means; equal variances not assumed.

Table 15

Relationship of Verbal, Physical, and Sexual Abuse and Body Mass Index

BMI	P	M	SD	df	Significance*
Verbal				136.793	.036
Have	50	22.84	4.19		
Have not	100	24.69	6.35		
Physical				29.62	.589
Have	18	23.59	3.88		
Have not	131	24.07	6.01		
Sexual				25.462	.176
Have	16	22.79	3.72		
Have not	133	24.27	5.97		

* *t* test for equality of means; equal variances not assumed.

In order to determine if date violence is associated with body image in college aged women, several questions were asked (Appendix A) including: how do you describe your weight, answers included very underweight, slightly underweight, about the right weight, slightly overweight, and very overweight. Answers were scored one to five: very underweight, 1; slightly underweight, 2; about the right weight, 3; slightly overweight, 4; very overweight, 5. Another question asked what are you doing about your weight, answers included lose weight, gain weight, stay the same weight, and not trying to do anything about my weight.

This study suggests that there is not a significant ($p > .10$) relationship between date violence and perceived weight (Table 16). While there is not a significant relationship between date violence and perceived weight, when broken down into separate entities it was found that verbal abuse (.083) had a significant ($p < .10$) relationship with perceived weight. Physical abuse (.712) and sexual abuse (.449) were found to be not significant ($p > .10$) (Table 17).

Table 16

Relationship of Date Violence and Perceived Weight

Perceived Weight	P	M	SD	df	Significance*
Abuse				133.457	.112
Have	54	2.24	.581		
Have not	96	2.41	.749		

* *t* test for equality of means; equal variances not assumed.

Table 17

Relationship of Verbal, Physical, and Sexual Abuse and Perceived Weight

Perceived weight	P	M	SD	df	Significance*
Verbal				117.52	.083
Have	49	2.22	.587		
Have not	100	2.42	.741		
Physical				21.894	.712
Have	17	2.42	.618		
Have not	131	2.35	.712		
Sexual				20.997	.449
Have	16	2.25	.577		
Have not	132	2.37	.714		

* *t* test for equality of means; equal variances not assumed.

Participants of the study who have a BMI between 20 and 25 (normal weight) were analyzed to determine the frequency of those who want to lose weight. This study concluded that participants who have experienced verbal, physical, or sexual violence had a greater frequency of wanting to lose weight than participants who have not experienced any type of date violence (Table 18).

Table 18

Frequency of Normal Weight Participants who have and have not been Verbally, Sexual, or Physically Abused and want to lose weight

Want to lose weight	Frequency	Percent
Verbal		
Have	32	76.2
Have not	45	61.6
Physical		
Have	10	71.4
Have not	67	65.7
Sexual		
Have	11	68.8
Have not	66	66.0

CHAPTER 5

Summary, Limitations, Recommendations, and Conclusions

Summary

According to Silverman et al., those who have experienced physical date violence are more likely to use diet pills and laxatives as a means of weight control. Those who have experienced sexual date violence were more often to report the use of diet pills, laxative use, and vomiting as a means of weight control (Silverman et al., 2001). It has also been found those who have experienced a violence dating situation are 3 times more likely to purge and twice as much to use diet pills. Those who have experienced sexual date violence are 5 times more likely and 2 ½ more likely to use diet pills (Vaughn et al., 2002). Thompson found those who have experienced sexual violence increased the chances of purging and diet pill consumption by 6 to 13% (Thompson et al., 2001).

Many female university students have experienced date violence at some point in their lives. Abusive experiences during a dating relationship may cause implementation of unhealthy eating practices. Recent studies have shown a correlation between date violence and disordered eating practices (Vaughn et al., 2002).

The prevalence of this issue in the university population makes it an important area to address in research. This study focused on the relationship between date violence and disordered eating practices in college-aged women. The purpose of this study was to examine the relationship between date violence

and unhealthy weight control practices in college-aged women. Two research questions were constructed to guide this study:

- 1) Is there a relationship between date violence and unhealthy eating practices among college-aged women?
- 2) Is there a relationship between date violence and the body image of college-aged women?

In order to address these research objectives, data was collected using a self-reported questionnaire which was distributed to females in the University food court, residence dining halls, and females enrolled in Food Selection and Preparation and Nutrition Therapy. The questionnaires included questions on demographics; verbal, physical, and sexual abuse; and unhealthy eating practices.

The results of this study indicated that there is a relationship between date violence and unhealthy eating practices. It was found that those who had experienced physical abuse while in a dating relationship fasted more often than those who have not experienced physical abuse. This study also found that those who had experienced sexual abuse in a dating relationship more often reported the use of diet pills and use exercise as a means to lose weight. As for the relationship between date violence and body image, it was found that participants who had experienced verbal and sexual abuse were more likely to have a lower Body Mass Index than those who had not experienced any violence. According to this study, participants who had experienced verbal abuse reported having a lower perceived body weight than rest of the

participants. It is also noteworthy that participants who had experienced verbal, physical, or sexual abuse are more likely to report wanting to lose weight.

Limitations

Based on the results of from this study, three limitations are identified by the researcher: population sample, questionnaire, and lack of information. Population sample is one limitation that was identified by the researcher. Although the sample size was adequate at one-hundred and fifty-five females, a larger sample size would have given the researcher a better understanding of vastness of this dilemma. The researcher would have also liked to have identified those who have been diagnosed with an eating disorder and asked them if they have experienced date violence. This would have allowed the researcher to better understand the severity of this problem. The researcher also identified that the sample questioned was a convenience sample and not a random sample. Therefore, the results cannot be applied to the university at large. Although a shorter questionnaire is ideal for maximum participation, a longer questionnaire would have helped the researcher to better identify those who have unhealthy eating practices. Another limitation that the researcher identified is the lack of information on the severity of the reported abuse, the duration and recency of the reported abuse, and the current relationship to the perpetrator.

Recommendations

It is recommended that findings such as these be reported to counselors who work with those with disordered eating. By providing counselors with this information, they may better help their clients.

Conclusions

Date violence against females is a major public concern. Recent studies have suggested that more than 1.5 million females are physically or sexually abused by a dating partner each year in the United States (Silverman et al., 2001). Our findings indicated that 36.1% of participants have experienced some form of date violence. About 1 in 3 (32.9%) of the participants have experienced verbal abuse, 1 out of 9 (11.6%) have been physically abused, and 1 out of 9 (11.0%) have been sexually abused. According to the 2004 Youth Risk Behavior Survey, 11.0% of adolescent females in East Central Illinois have been physically abused by a dating partner and 13.2% of adolescent females have been sexually abused by a dating partner (I Sing the Body Electric, 2004). Silverman et al. found 1 in 5 (20%) have experienced either physical or sexual abuse, 1 in 10 (10%) have experienced physical abuse and 1 in 25 (4%) have experienced sexual abuse (Silverman et al., 2001). Our findings are similar to the findings of the 2004 East Central Illinois Youth Risk Behavior Survey; however, they are higher than the finding of Silverman and his team.

Recent studies have shown a relationship between date violence and disordered eating practices. Findings indicate that date violence is related with disordered eating practices and lowered body image. Findings suggest that

there is a significant relationship between fasting and physical abuse. Findings also show a relationship between sexual abuse and the use of exercise and diet pills as a way to reduce weight. Those who have experienced verbal abuse while in a dating relationship reported lowered BMI and lowered perceived weight. Participants of the study who experienced verbal, physical, or sexual abuse during a dating relationship reported a greater frequency of wanting to lose weight than those who did not report any abuse in a dating relationship. With the vastness of females who have experienced some type of date violence, it is important to understand the consequences of these experiences. Further research is necessary to identify the consequences of date violence on women and disordered eating. Efforts need to be taken to decrease date violence. Interventions to prevent date violence will likely reduce the rates of disordered eating practices.

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APPENDIX

Appendix A

Thesis Questionnaire

This questionnaire is about date violence and eating behavior. It has been developed so you can tell me if having an experience with date violence affects eating behaviors. The information will be used to complete my thesis.

DO NOT write your name on this questionnaire. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing this questionnaire is voluntary. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Thank you very much for your help.

1. How old are you? _____
 - A. Freshman
 - B. Sophomore
 - C. Junior
 - D. Senior
 - E. Graduate
2. What is your academic level?
 - A. Freshman
 - B. Sophomore
 - C. Junior
 - D. Senior
 - E. Graduate
3. How do you describe yourself?
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or other Pacific Islander
 - D. White
4. How tall are you? _____
5. How much do you weigh? _____
6. Do you exercise?
 - A. Yes
 - B. No
7. If yes, how often?
 - A. Once a week.
 - C. Two to three times a week.
 - D. Four to five times a week.
 - E. Six to seven times a week.
8. Has your boyfriend or ex-boyfriend ever verbally abused you?
 - A. Yes
 - B. No
9. Has your boyfriend or ex-boyfriend ever hit, slap, or physically hurt you on purpose?
 - A. Yes
 - B. No
10. Has your boyfriend or ex-boyfriend ever physically forced you to have sexual intercourse when you did not want to?
 - A. Yes
 - B. No
11. How do you describe your weight?
 - A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
12. Which of the following are you trying to do about your weight?
 - A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight.
13. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No
14. If yes, how often?
 - A. Less than once a month.
 - B. Once a month.
 - C. Twice a month.
 - D. Once a week.
 - E. Twice a week.
 - F. More than twice a week.
15. Have you ever **taken any diet pills** without a doctor's advice to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No
16. If yes, how often?
 - A. Less than once a month.
 - B. Once a month.
 - C. Twice a month.
 - D. Once a week.
 - E. Twice a week.
 - F. More than twice a week.
17. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No
18. If yes, how often?
 - A. Less than once a month.
 - B. Once a month.
 - C. Twice a month.
 - D. Once a week.
 - E. Twice a week.
 - F. More than twice a week.

Appendix B

IRB Protocol

Dear Ms. Hartman,

The Protocol for Research Involving Human Subjects for your project "The Correlation Between Date Violence and Disordered Eating in College-aged Women" has been determined to be exempt from IRB review by the IRB. The IRB file number is 05-023. You may proceed with your project.

Cheryl

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Appendix C

IRB Protocol Modification Review

Dear Ms. Hartman,

The proposed modifications to the survey for your project "The Correlation Between Date Violence and Disordered Eating in College-aged Women", IRB file number 05-023, has been approved by the IRB.

Cheryl

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