Contextualizing depression and physical functioning in battered women: Adding vulnerability and resources to the analysis

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Mental health and physical health when intimate partner violence is involved

- Many negative mental health and physical health issues as evidenced by depression and impaired daily physical functioning
- Emotional and physical functioning are critical components of battered women’s well-being and capacity for decision-making and action plans
- These consequences need a more contextualized analysis to be able to provide a differentiated picture of the effects of vulnerabilities and resources to develop appropriate interventions
Dimensions of vulnerability

- Psychological Health
- Social Resources
- Socioeconomic Resources
- Physical Health
Psychological Vulnerability

- Results from women's perceptions of her abuser, his potential for harm, and her degree of powerlessness and entrapment.
- Symptoms of chronic vulnerability – feelings of shame, fear, entrapment, loss of control, loss of hope, and the conflicting desire for love and intimacy from their partner.
- Efforts to reduce these cognitive appraisals hold promise for the improvement of depression and physical functioning impairment complementing the efforts to reduce acts of partner aggression.
Social and Socioeconomic Resources

- Have been found to be important in supporting resiliency in coping with extremely stressful life situations (Hobfoll, 1991; Updegraff, Taylor, Kemeny, & Wyatt, 2002), well-being and decision making (Tan, Basta, Sullivan, & Davidson, 1995).
- Vulnerability in social or socioeconomic resources can foster or erode batter women's coping capacity and resilience.
- Social support has also been associated with battered women's ability to gain independence (Riger, Raja, & Camacho, 2000), but can also strain social ties with family and friends.
- It is important to assess both positive and negative dimensions of social relationships to distinguish their risk and protective potential for physical health and mental health (Finch et al., 1999; Lincoln, 2000).
Depression and Poor Health Functioning

Low SES is significantly associated with depression and poor health functioning (Hemmingway et al., 1997; Steffens & Schumm, 1999); particularly for battered women who have the cumulative disadvantage of abuse and low SES (Sutherland et al., 2001).

Physical and mental effects of violence (depression) have been found to be an obstacle for getting and keeping work (Raphael, 1999), facilitating economic entrapment and lack of social supports through employment venues.

Interventions to reduce depression and physical functioning impairment are vitally important to create feelings of empowerment and increase coping options.
Current Study Hypotheses

- Higher levels of physical, psychological, and sexual violence will significantly explain higher levels of depression and lower levels of physical functioning.

- The appraised nature of the violence (its meaning for the woman relative to her perception of danger, fear, and powerlessness) will provide significant predictive utility above and beyond that provided by characteristics of the forms of abuse actions.

- Battered women's social and socioeconomic resources will each add further explanation of depression and physical health status.
Current Study Sample and Recruitment

- 448 participants: adult female victims of abuse by a male intimate partner that resulted in a police-reported incident or the filing of a protection order in Seattle, Washington.

- Stratified random sampling used based on police reported incidents or protection order filings within a 13-month period.

- Option of completing interviewer-administered telephone interview or self-administered mailed copy of the survey.

- Participants complete a baseline questionnaire and 3 follow-up questionnaires at 3 months, 9 months, and 2 years after the index incident.
Participant Demographics

- Ages ranged from 18-70 (M=32.01, SD=9.46)
- Race/Ethnicity: 54.3% Caucasian; 21.5% African American; 25% Hispanic/Latino
- Education attained: 37.5% Some college; 24.6% High school graduate/GED; 15.4% College graduate
- Occupational status: 48.9% Full-time; 25.3% Not employed outside the home; 12.3% Part-time
- Household income: 43.9% less than $15,000/yr.; 14.5% $25-34,999/yr.; 12% $35,-49,999/yr.
- Less than 5% of the sample reported being a citizen of another country besides the US
Measures

- Behavioral characteristics of partner violence
  Conflict Tactics Scale (CTS2) (Straus et al., 1996)

- Appraisal dimensions of partner violence
  Womens Experiences with Battering Scale (WEB) (Smith et al., 1999; Smith et al., 1995)

- Social relations
  Social Adjustment Scale (SAS-M) (Cooper et al, 1982; Weissman et al., 1978)

- Depression
  Center for Epidemiologic Studies of Depression Scale (CES-D)

- Physical functioning
  the physical health component of the SF-12 (Ware et al., 1995)

- Socioeconomic resources
  traditional indicators of income, education, and employment (ordinal data with ascending values from 1-7)
Analysis

Examination for the correlations of the explanatory variables with the dependent variables depression and physical functioning

Sequential regression of the four sets of explanatory variables

1) physical, psychological, and sexual abuse acts by the intimate partner,
2) women’s appraisal of the violence,
3) positive and negative social relationships, and
4) socioeconomic indicators of employment, income, and education on depression symptomatology and physical health functioning
Explaining Depression

- Physical and psychological abuse achieved significance, but sexual abuse did not.
- Addition of vulnerability appraisals significantly augmented the overall model, while reducing the unique contribution of psychological abuse to depression to a non-significant level.
- Addition of positive and negative social relations significantly improved explained variance; each contributed independently and in expected directions.
Explaining Depression (cont.)

- Behavioral characteristics of abuse no longer maintained independent contributions to depression.
- SES resources further improved the explanatory power of the model with income and education emerging as significant independent contributors.
Explaining Physical Functioning

Among the behavioral characteristics of abuse, physical and sexual abuse achieved significance, but psychological did not.

Addition of vulnerability appraisals improved the overall explanatory power of the model, and physical and sexual abuse remained significant explanatory variables.

Addition of social relations significantly improved the model, with positive and negative relations contributing independently and in expected directions.
Explaining Physical Functioning (cont.)

- Physical abuse characteristics no longer retained their significance; sexual abuse maintained significance.
- Addition of socioeconomic resource set also significantly improved the model – employment achieved independent significance relative to physical functioning.
- Negative social relations no longer remained independently significant; sexual abuse, vulnerability appraisals, and positive social relations remained significant.
Current Study More Results

- The magnitude of physical abuse significantly explained both elevated depression and impaired physical functioning, whereas psychological abuse and sexual abuse were more uniquely associated with these outcome variables.

- The relevance of appraised meaning that the violence experiences hold for the woman and her social support resources proved to be consistent and robust across both dependent variables.
Higher appraisals of vulnerability and powerlessness hold erosive potential for battered women's mental and physical health, as well as her capacity to self-protectively cope with the violence and the abuser. Vulnerability appraisals may be a realistic analysis of dangerous circumstances.

An important element in buffering stress effects and fostering more hopeful, efficacious appraisals and coping strategies is promotion of supportive relationships.
Not only are the absence of positive relationships, but the presence of negative relationships are also a risk factor for higher levels of abuse and greater vulnerability appraisals as well as depression and impaired physical functioning.

Socioeconomic indicators of income and education significantly augment the explanation of depression, but not physical impairment. Alternatively, the indicator of employment augments the explanation of physical impairment, but not depression.

Employment is positively correlated with positive social relations and inversely correlated with negative social relations.
Discussion

In addition to cessation of discrete acts of violence, decreases in appraised vulnerability and negative social relations, and increases in positive social relations and socioeconomic resource base are uniquely additive in their association with lower levels of depression and higher physical functioning.

Interventions targeting resources and vulnerabilities that make a significant difference in survivors mental and physical resiliency can be crucially important in sustaining women toward eventual escape from or cessation of violence in addition to improved adaptation.
A more contextualized assessment of battered women's resources and vulnerabilities provides a crucial addition toward defining the characteristics of abuses against her.

Indicating unique components of characteristics of abuse, vulnerability appraisals, and social and socioeconomic resources is useful to assessment and intervention planning.
References

Additional references cited in this presentation:


Reference (cont.)


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