Slide 1

This lecture provides information relating to the mental health and physical health of women facing intimate partner violence. The study presented examines the relationships between physical, psychological, and sexual abuse along with vulnerability appraisals, positive and negative social relations, and socioeconomic resources on battered women’s depression and physical functioning. This lecture would be appropriate for advanced direct practice theory courses, such as Family Stress and Coping, or the Interpersonal Family Violence course. This lecture would also be appropriate for foundation research courses for illustrating how an ecological assessment is necessary for understanding and intervening with problems such as intimate partner violence (IPV). Lastly, paired with the journal article, this presentation may be useful for a research course to help students understand multiple regression analyses.

Slide 2

Article citation - this is the article used for the following presentation.

Slide 3

Prior to reviewing the slide, inform the class that intimate partner violence can occur in any type of intimate relationship (male-female, male-male, female-female), and both men and women can be victims or batterers. For this presentation and ease of discussion, the victim will be identified as the woman, as women were the sole participants of the study presented. Moreover, recent research indicates that partner violence tends to occur most frequently to women in intimate relationships with male partners and that the physical and mental health consequences of partner violence are more severe for women in comparison to men (see example: Tjaden & Theonnes, 2000).

Review the slide.

Discussion: Based on previous knowledge or experiences, what are some of the negative physical and mental health concerns associated with intimate partner violence?

Slide 4

Review the slide.

Discussion question: What are some signs of vulnerability for each of the dimensions identified?
Slide 5

Review the slide.

Note: Contrasted with behavioral measures of abuse, these vulnerability appraisals capture more of the diversity among women in the meaning that abuse actions hold, effects of prolonged stress because of the abuse, and efforts to manage the stress and violence. This reasoning is consistent with current models of stress and coping and prolonged stress effects and articulates a risk factor for battered women with implications for assessment and intervention planning.

Discussion question: What are some interventions that could help these vulnerability appraisals, while improving depression / physical functioning? How might social workers try to target these vulnerability appraisals in a way that facilitates empowerment yet also acknowledges the real risk and vulnerability that battered women likely face?

Slide 6

Review the slide.

Note: Social support has been associated with battered women’s ability to gain independence through several studies. However, in other populations it has been determined that negative social support can negatively impact physical and mental health, stressing the importance for a more complete risk and protective profile.

Discussion question: What types of social resources and interactions could be negative, creating or increasing risk for the battered woman? (An example may be family members or friends who blame the victim)

Slide 7

Review the slide.

Note: Socioeconomic resources signal risk or protection potential as a function not only of income, but employment, education, and related benefits (such as health insurance).

Slide 8

Review the slide.

Slide 9

Review the slide.
Note: The incident of abuse that led to the police report or the filing of the protection order constituted the index episode of abuse that led to the subject’s recruitment. Eligible participants were telephone approximately one month after the index incident and asked to participate in the study - following Human Subjects Review protocol of the University of Washington.

Note: The index event of this investigation constitutes the point of access to a diverse sample of battered women at relatively comparable points in their current violence exposures (sufficient to trigger police reporting), allowing analysis of the effects of violence, vulnerability, and resources on their depression and physical functioning at that point.

**Slide 10**

Review the slide.

Note: Remaining ethnicities not on power point: 7.2% Asian/Pacific Islander; 4.3% Native American/Alaska Native; 5.9% Biracial or a combination of race/ethnicity categories.

Note: Education not on power point: 2.2% eighth grade or less; 9.2% some high school; 7.8% post high school training but not college; and 3.3% advanced/graduate degree.

Note: Other occupations not listed in power point: 3.8% attending school; 9% both attending school and employed; less than 1% reported either being self-employed or disabled.

Note: Income ranges from less than $15,000 to 70,000 and above.

**Slide 11**

Review the slide.

Note: Data were collected through survey questionnaires that followed a structured format using several well evaluated measures.

1. **Conflict Tactics Scale** - severity of physical, sexual, and psychological abuse in the year prior to the index incident of abuse was measured; the response category for each item referred to frequency of that act of abuse.

2. **Women’s Experiences with Battering Scale** - developed as a supplement to behavioral measures, to capture the variability in how women appraise and experience violence. The WEB measures psychological vulnerability through women’s perceptions of susceptibility to physical and psychological danger, loss of power, and loss of control in a relationship with a male partner.

3. **Social Adjustment Scale** - measured social relations through items pertaining to engagement with friendships, leisure activities, and extended family members. Items were clustered into positive items (7 items) and negative sets (9 items).
4. Center for Epidemiologic Studies of Depression Scale - assess depressive symptoms among study subjects for the one-week period immediately preceding the interview. A score of 16 or less indicates no depression, mild depression is indicated by scores of 17-26, and severe depression is indicated when scores are greater than or equal to 27.

5. Physical Health Component of the SF-12 - used to measure the participant’s overall physical functioning level. Comprised of 8 health concepts.

6. Socioeconomic Resources - ordinal, ascending values: 1-7 for income (<$15,000 --- >$70,000), 1-7 for education (≥ eighth grade --- advanced/graduate degree), and 0-2 for employment/occupation at the time of the index event (not employed outside the home, was employed part-time or was student, and was employed outside the home full-time). Full-time employment was given the highest value because it represents both access to and supports outside of home as well as an important economic resource.

**Slide 12**

For non-research courses, this slide may be removed without compromising the power of the presentation.

Review the slide.

Note: This analysis plan allowed the authors to test the cumulative effects as well as the unique explanatory utility of each predictor set. As a result, in addition to the overall F test and $R^2$ for each completed regression model, each regression step was tested for significance using the F change and $R^2$ change.

**Slides 13 and 14**

Review the slides.

Note: Consistent with the study expectations, the four variable set cumulatively explained a significant proportion of variance in depression symptomatology and that each set provided significant additional explanatory utility.

**Slides 15 and 16**

Review the slides.

Note: The findings are generally consistent with study expectations relative to physical functioning, with some difference in comparison to depression.

**Slides 17, 18 and 19**

Review the slides.
Discussion question: Based on the findings of this study, what are the implications for providing services to women who are involved in intimate partner violence? Discuss possible interventions based on the results of the presented study.

**Slides 20 and 21**

Review the slides.

Note: In addition to developing more thorough assessments, services can be responsive in assisting victims of intimate partner violence to maintain physical and mental health as well as undertake courses of action in their own and their children’s best interests. This kind of responsiveness can include helping women make linkages in areas of their lives that support coping (supportive friends, jobs, etc.) and to mitigate the influence of aspects of their lives that impede coping. Given that violence cessation can be a lengthy process, responsive services will also expand interventions aimed to augment safety within her changing framework of vulnerabilities and resources to include a range of choices consistent with a woman’s life circumstances (Lindhorst, Nurius, & Macy, 2004).

**Slides 22 through 24**

References for information cited in the article and presentation.