

Intimate Partner Violence and Mental Health: Does the Threat of Violence A Woman's Mental Health as Much as the Act of Violence?

Introduction

The prevalence of intimate partner violence (IPV) is not a new phenomenon. It is commonly understood that individuals who engage in intimate relationships with another will always experience conflict; however, conflict where one partner uses psychological aggression and violence to control another can be detrimental to the health and well-being of the victim. The mental health effects of intimate partner violence are significant. Women who are victims of IPV are more likely to suffer from generalized anxiety disorder, post-traumatic stress disorder, depression, suicidality, stress, lower mental and social functioning ability, sleep disorders, and substance abuse than women who have not experienced IPV (Adams et al. 2013; Afifi et al. 2009; Beck et al. 2014; Beydoun et al. 2017; Bonomi et al. 2006; Campbell 2002; Coker et al. 2000, 2002; Follingstad 2009; Golding 1999; Goodman et al. 2009; Helfrich, Fujiura, and Rutkowski-Kmitta 2008; Houry et al. 2006; J C Coyne and Downey 1991; Jansen et al. 2008; Lalley-Chareczko et al. 2017; Nathanson et al. 2012; O'Leary 1999; Stewart, Donna Eileen 2017; Street and Arias 2001; Tjaden and Thoennes 2000). Two theories used to frame this area of research include: 1) Social Learning Theory, which suggests that violence is learned within a family, and a partner-victim stays caught up in a cycle of violence and forgiveness; and 2) Feminist Theory, which suggests that male intimates who use violence do so to control and limit the independence of women partners.

Research Question

Some researchers argue that intimate partner violence in the form of psychological abuse can be as detrimental on the mental health of a victim as physical abuse (Coker et al. 2000; Nathanson et al. 2012; O'Leary 1999; Street and Arias 2001). This research analyzes this supposition using data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS). The research question for this analysis is the following: Does the threat of violence (psychological aggression) affect a woman's mental health as much as the act of

violence? We hypothesize that women who are threatened with violence are just as likely to suffer from poor mental health as women who are victims of physical violence.

Data

Data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) were used. In this study, twelve states used the BRFSS optional module on Intimate Partner Violence in 2005, resulting in a total sample size of 29,668 adults.

Methods

Because the BRFSS sample is not representative of the general population, each observation is assigned a weight so that biases in the sample do not create inaccurate results when trying to generalize to the population. The following formula reflects the factors used in weighting the 2005 BRFSS data.

$$\mathbf{FINALWT = STRWT * 1 OVER NPH * NAD * POSTRAT}$$

The dependent variable is self-reported mental health and the two main independent variables were threat of violence and act of violence. The BRFSS question related to self-reported mental health is the following: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? The two BRFSS questions related to intimate partner violence were as follows: 1) Has an intimate partner EVER threatened you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way; and 2) Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?

Complete-case analysis was implemented where only participants who provided complete data were included in the study. A survey-corrected chi-square test was performed to examine the percentage of respondents that were threatened by their intimate partner and reported poor mental health and the percentage of respondents that were threatened and hurt by their intimate partner and reported poor mental health. Logistic regression models were used to estimate poor mental health for intimate partner threat, intimate partner hurt, and the

sociodemographic variables sex, marital status, education, and employment. Results in the form of odds ratios, where values above one indicates higher odds of poor mental health and values below one indicates lower odds of poor mental health, are reported.

Preliminary Results

The descriptive statistics in Table 1 included 29,668 individual responses to the subset of the 2005 BRFSS used in this analysis.

Table 1: Descriptive statistics for self-reported poor mental health (N= 29,668)

(Weighted %)

Variable	Percent Complete Sample	Percent reporting Poor Mental Health
Poor mental health (dependent variable)	34.6 (mean)	
Threatened by Intimate Partner (only)	15.9	50.0
Threatened and Hurt by Intimate Partner	17.0	55.3
Female	60.5	41.6

Table 2 presents five models that evaluate the effect of the variables on self-reported poor mental health. The results indicate that individuals who have experienced IPV in the forms of psychological abuse (threat) and physical abuse (hurt) have significantly higher odds of poor mental health (OR=1.74 and OR=1.54, respectively, $p < .001$ for both) than those who have not. Individuals who reported cohabitating, divorced, never married, and separated have higher odds of reporting poor mental health than those who are married, with the highest odds for those cohabitating and never married (OR= 1.69 and OR= 1.77, respectively, $p < .001$ for both). Model 5 was used to evaluate the effects of poor mental health on individuals who were threatened, hurt, women, and sociodemographic variables that included education level and employment. The results indicate that those with less than a high school degree, some college and college graduates have slightly higher odds of reporting poor mental health than those who are high school graduates, but the results were not significant.

Individuals who were not employed had slightly higher odds of reporting poor mental health than those who were employed.

Table 2

Odds Ratios of Poor Mental Health of Women Who Experience Intimate Partner Violence

		Poor Mental Health				
		Model 1	Model 2	Model 3	Model 4	Model 5
IPV	Threat	2.443***		1.714***	1.542***	1.530***
	Hurt		2.328***	1.548***	1.500***	1.486***
Sex	Female				1.601***	1.619***
Marital	Cohabiting				1.694***	1.627**
	Divorced				1.237**	1.212*
	Never Married				1.771***	1.714***
	Separated				1.472	1.412
	Widowed				0.757**	0.757**
Education	Less than HS					1.200
	Some College					1.124
	College					1.004
Employment	Not in Labor Force					0.946
	Not Employed					1.291

*p < .05; **p < .01; ***p < .001

Individuals who were not threatened are the reference group used in the models in Table 2.

The results from this analysis support the hypothesis presented above and further support the literature that psychological violence can be just as harmful as physical violence on the mental health of a victim.

Future Direction

Future research on this topic will expand on the extent of IPV in the U.S., integrating the feminist and social learning theories and highlight the psychological effects of IPV on women’s mental health. Additional research regarding the effects of psychological aggression of IPV on mental health will provide justification for policymakers, practitioners and individuals to extend support beyond providing shelter and emergency services for women in the most extreme battering cases.

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