

## Synergistic effects of child abuse and intimate partner violence on depressive symptoms in women

Colleen T. Fogarty<sup>a,\*</sup>, Lisa Fredman<sup>b</sup>, Timothy C. Heeren<sup>c</sup>, Jane Liebschutz<sup>d</sup>

<sup>a</sup> Department of Family Medicine, University of Rochester, 777 South Clinton Avenue, Rochester, NY 14620, USA

<sup>b</sup> Department of Epidemiology, Boston University School of Public Health, USA

<sup>c</sup> Department of Biostatistics, Boston University School of Public Health, USA

<sup>d</sup> Department of Medicine, Boston University School of Medicine, USA

Available online 22 January 2008

### Abstract

**Objective.** Few population-based studies have examined the association of both child abuse (i.e., physical and sexual abuse) and intimate partner violence (IPV) with depressive symptoms in women. This study estimated the odds of depressive symptoms over the prior week among women exposed to child abuse or IPV alone, and both child abuse and IPV.

**Method.** Cross-sectional analysis of 7918 women respondents to the 1995 National Violence Against Women Survey (NVAWS).

**Results.** The prevalence of self-reported depressive symptoms was 50.2% in women reporting both child abuse and IPV, followed by women reporting IPV (35.7%) or child abuse alone (34.9%), and 25.2% in those with no reported abuse. Multivariable logistic regression found that women who reported both child abuse and IPV had over twice the odds of depressive symptoms than women reporting no abuse (adjusted odds ratio, OR=2.80 95% confidence interval, CI=2.35, 3.32). Smaller, though significantly elevated odds of depression were found among respondents with child abuse only (OR=1.63, 95% CI 1.42, 1.86) and IPV only (OR=1.55, 95% CI 1.30, 1.84).

**Conclusion.** The results demonstrate a super-additive risk of depressive symptoms in women exposed to both child abuse and IPV, and underscore the adverse psychological effects of these exposures.

© 2007 Elsevier Inc. All rights reserved.

**Keywords:** Child abuse; Cross-sectional studies; Depressive disorder; Spouse abuse; Mental disorders; Multivariate analysis; Violence; Women's health

### Introduction

U.S. women have a high prevalence of depression, which results in considerable morbidity and social impairment. (Kessler, 2003; Kessler et al., 2003) There is evidence that child abuse (Chapman et al., 2004; Tjaden and Thoennes, 2000a; Kessler et al., 1997) and intimate partner violence (IPV) (Coker et al., 2002; Kramer et al., 2004; McCauley et al., 1997) are independent risk factors for depressive symptoms in adult women. Studies in clinical populations (McCauley et al., 1997; Roberts et al., 1998a; Thompson et al., 2003; Nicolaidis et al., 2004) suggest that these two factors may have a synergistic effect on the development of depressive symptoms: i.e., persons

exposed to both child abuse and IPV have a greater risk of developing depressive symptoms than persons who experienced either condition alone. Because the prevalence of abuse and depressive symptoms among women in clinical settings is higher than in the general population, it is unknown whether this association occurs in community-based populations. This study examined the combined associations of child abuse and IPV on depressive symptoms in a national, community-based sample of women, the National Violence Against Women Survey (NVAWS).

Child abuse comprises physical abuse, sexual abuse, neglect, and emotional abuse of a person under the age of majority. (Merrick and Browne, 1999; Behl et al., 2003) The measured prevalence of child abuse varies depending on definition and methodology. According to the National Longitudinal Study of Adolescent Health (U.S.), 28% of teens reported physical assault

\* Corresponding author. Fax: +1 585 442 8319.

E-mail address: [colleen\\_fogarty@urmc.rochester.edu](mailto:colleen_fogarty@urmc.rochester.edu) (C.T. Fogarty).

during childhood and 4.5% reported contact sexual abuse. (Hussey et al., 2006) Other population-based studies found that 13.5% of women reported child sexual abuse (defined as rape and/or molestation) (Molnar et al., 2001) and 30% had experienced at least one type of childhood abuse. (Scher et al., 2004) Child abuse and IPV often co-occur in families. (Dube et al., 2002; Lee et al., 2004; McGuigan and Pratt, 2001) Childhood exposure to physical violence is associated with a 3–6-fold risk of victimization by IPV (Bensley et al., 2003) and an increased risk for lifetime major depressive disorder. (Widom et al., 2007) Childhood sexual abuse (CSA) is likewise associated with increased risk of subsequent physical and sexual victimization and poor mental health. (Roberts et al., 2004) including depressive symptoms. (Noll, 2005; Noll et al., 2003) Compared with extrafamilial CSA, intrafamilial CSA is thought to be associated with greater trauma, longer duration, and poorer later mental health. (Mian et al., 1994; Bulik et al., 2001).

Intimate Partner Violence (IPV), defined as physical, sexual, psychological and/or verbal abuse in the context of marriage or other intimate relationships, is a risk factor for current and future mental health problems. (Hathaway et al., 2000; Scholle et al., 1998; Tjaden and Thoennes, 2000b; Coker et al., 2002; Danielson et al., 1998; Flitcraft, 1995; McCauley et al., 1997) The lifetime prevalence of physical IPV against U.S. women by male partners ranges from 5%–22% (Schafer et al., 1998; Tjaden and Thoennes, 2000b; Tjaden and Thoennes, 2000a). Increasing severity of IPV is associated with greater psychological distress among women surveyed in clinical settings in the U.S. (McCauley et al., 1998; McCauley et al., 1997; Kovac et al., 2003) and worldwide (Jaffe et al., 1986; Roberts et al., 1998a; Roberts et al., 1998b; Maziak et al., 2002).

This study tested the hypothesis that women who had experienced both child abuse (physical and/or sexual) by a family member and IPV (physical and/or sexual) were at higher risk for depressive symptoms than women who had never experienced either condition, or women who had experienced either child abuse or IPV alone.

## Methods

### Sample

The National Violence Against Women Survey (NVAWS) is a nationally representative, cross-sectional survey of the 1995 U.S. adult population (men and women) conducted between November 1995 and May 1996 by random-digit dialing of households. (Tjaden and Thoennes, 2000b; Tjaden and Thoennes, 2000a) The participation rate was 72.1%. The sample for our analyses included 7918 of the 8005 women respondents to the NVAWS who had complete data on the child abuse, adult IPV, and depressive symptoms variables. This analysis of de-identified data was approved by the Boston Medical Center Institutional Review Board.

### Measures

The NVAWS measures the prevalence of sexual assault, physical assault, threats, emotional abuse, and stalking victimization, and includes questions regarding the perpetrators of any reported violence. Additional questions address demographic characteristics and health status.

The Child Abuse and IPV variables were constructed from items on physical abuse from the Conflict Tactics Scale, (Straus, 1979) and items on sexual abuse from the Forced Sex questions from the National Women's study (Kilpatrick et al., 1992). The Conflict Tactics Scale (CTS) includes a 12-item physical

assault sub-scale which was adapted for the NVAWS (Straus, 1979). The NVAWS uses the scale twice, first, to assess experience of physical abuse as a child (by a parent, step-parent, or guardian) and second, as an adult (by an intimate partner). Responses were scored dichotomously (yes/no).

### Physical violence

Physical violence in childhood (i.e., this was respondent's definition of "childhood"; survey instructions did specify an age range) was defined as the respondent's report of two or more of the twelve abusive behaviors, with the perpetrator being a parent, step-parent or guardian (Coker et al., 2002). Similarly, physical IPV in adulthood (respondent's definition; no age specified in survey instructions) was defined as ever experiencing two or more of the abusive behaviors by a spouse, former spouse, current or former boyfriend or girlfriend.

### Forced sex

Sexual abuse was based on four items: forced vaginal sex, forced oral sex, forced anal sex, or forced sex with objects. In order to maintain consistency with published studies on IPV and health, this definition excluded attempted rape (Coker et al., 2002; Coker et al., 2000; Resnick et al., 1997). We defined childhood sexual abuse as any reported forced sex by a relative when the respondent was aged 18 or younger. We chose to focus on sexual abuse by a relative because our objective was to examine the impact of family violence on depressive symptoms. The NVAWS did not measure other behaviors commonly included in the definition of sexual abuse, like fondling or genital–genital contact other than intercourse (Sapp and Vandeven, 2005). Sexual abuse by an intimate partner in adulthood was the report of ever experiencing any of these acts of forced sex by a spouse, former spouse, current or former boyfriend or girlfriend.

### Child abuse and IPV combined

A 4-category variable was created by combining the variables for physical abuse in childhood (by parent/guardian), physical abuse by an intimate partner in adulthood, sexual abuse in childhood (by a relative), and sexual abuse by an intimate partner in adulthood. The categories were as follows:

1. *No measured abuse*: No abuse in childhood (by relative) or adulthood (by partner) reported by respondent.
2. *Childhood abuse*: Physically or sexually abused in childhood (by relative), but no IPV.
3. *IPV*: Physically or sexually abused in adulthood (by current or former partner), but no abuse in childhood.
4. *Childhood abuse and IPV*: Physically or sexually abused in both childhood and adulthood.

### Depressive symptoms

Depressive symptoms over the previous week were measured with eight items from the first edition of the Beck Depression Inventory, short form, which was validated against diagnostic interviews (Beck and Steer, 1984). Each item was scored from least symptomatic to most symptomatic on a 4-point Likert scale. These eight items constitute neither the entire Beck short form (13 items)

1. How often in the past week did you feel full of pep?
2. How often in the past week have you been very nervous?
3. How often in the past week have you felt so down in the dumps that nothing could cheer you up?
4. How often in the past week did you have a lot of energy?
5. How often in the past week did you feel downhearted and blue?
6. How often in the past week did you feel worn out?
7. How often in the past week have you been a happy person?
8. How often in the past week did you feel tired?

Fig. 1. National Violence Against Women Survey: Depressive Symptoms Questions.

Download English Version:

<https://daneshyari.com/en/article/3101712>

Download Persian Version:

<https://daneshyari.com/article/3101712>

[Daneshyari.com](https://daneshyari.com)