



## Prospective study on the reciprocal relationship between intimate partner violence and depression among women in Korea



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### ABSTRACT

This study aimed to examine the bi-directional relationship between intimate partner violence (IPV) and depression using prospective data. Data from the Korean Welfare Panel Study (KOWEPS) were used to test whether IPV was associated with an increased overall level of depression and with the rate of change over time in depressive symptoms and whether this model of change in depressive symptoms was associated with subsequent incidences of IPV.

This study utilized data from 3153 married women who participated in the KOWEPS from 2006 through 2009. The KOWEPS is a panel study of a nationally representative sample of Korean households. The women's responses to multiple questions adopted from the Conflict Tactics Scale (CTS) were used to create a dichotomous IPV variable at Wave1 and Wave4. The CESD-11 was used to measure the women's level of depression. We utilized a latent growth model (LGM) of depression using IPV at Wave1 as a predictor and IPV at Wave4 as an outcome predicted by the model parameters of the LGM of depression.

We found that after controlling for the effects of age, education, social support and income, IPV at Wave1 was positively associated with overall depression levels and negatively associated with the growth rate of depression. Further, IPV at Wave4 was associated with the intercept and the slope of the depression LGM and with IPV at Wave1. The overall model fit the data well.

This study indicated that experiencing IPV influences a woman's level of depression in terms of its overall level and rate of change, which, in turn, influences the victim's likelihood of experiencing subsequent IPV.

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### Introduction

Intimate partner violence (IPV) is a major public health concern in many countries. In Korea, a recent national study showed that approximately 54 per cent of couples reported experiencing some type of IPV, and 17 per cent of couples specifically reported physical IPV (Ministry of Gender Equality and Family, 2010). These IPV rates are comparable to the results from a U.S. based study, which reported that 25–50 per cent of women in the U.S. experienced IPV in their adult lifetime (Bonomi et al., 2006).

The damaging effects associated with IPV victims have been well-documented in the literature. IPV is associated with various physical health problems, such as injury (CDC, 1998) and other physical health conditions (Campbell et al., 2002; Coker et al., 2002; Hathaway et al., 2000). Myriad detrimental mental health

outcomes, including depression, substance use, and other chronic mental illnesses have been associated with IPV (Coker et al., 2002).

Depression is among the most significant outcomes associated with IPV experiences. Women with an IPV victimization history were more likely to be depressed than women without any experience of IPV victimization (Bauer, Rodríguez, & Pérez-Stable, 2000; Petersen, Gazmararian, & Clark, 2001). Additionally, women who were diagnosed with depression reported IPV prevalence rates that were twice as high as those of the general population (Dienemann et al., 2000). However, the causal direction of the association between IPV experience and depressive symptoms has not been consistently demonstrated in the literature. While studies that examined the etiology of depression have noted IPV victimization history as a risk factor for depression, a growing body of research proposed depression as a predictor for IPV, as well (Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Krause, Kaltman, Goodman, & Dutton, 2006; Lehrer, Buka, Gortmaker, & Shrier, 2006). It remains to be determined whether IPV leads to depression among victims and how the pre-existing condition of

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depression is associated with IPV victimization. Although there have been legitimate concerns related to victim-blaming connotation in studying women's depression as a risk factor for IPV (Iverson et al., 2011), it is still critical to identify factors that can be treated to reduce the risk for future IPV among IPV survivors (Dutton, 2009; Noll, 2005). As such, understanding the potentially reciprocal relationship between IPV and depression may be an important first step to keep IPV survivors safer (Goodman, Dutton, Vankos, & Weinfurt, 2005).

This study aimed to disentangle the relationship between IPV and depression by testing a longitudinal model of the relationship between depressive symptoms and IPV. We hypothesized a reciprocal model of IPV and depressive symptoms. Using data from the Korean Welfare Panel Study (KOWEPS: Korea Institute for Health & Social Affairs(KIHASA) & Seoul National University Social Welfare Research Center, 2008), we tested whether IPV was associated with an increased overall level of depression and with the rate of change in depressive symptoms over time, and, in turn, whether this model of change in depressive symptoms over time was associated with subsequent IPV.

## Review of the literature

A number of studies have reported high levels of depressive symptoms to be present among women who were exposed to IPV (Campbell, Sullivan, & Davidson, 1995; Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005; Golding, 1999; Jarvis, Gordon, & Novaco, 2005; Kim, Kim, Nam, Park, & Lee, 2003). For instance, Golding's (1999) meta-analysis study reported that across 18 studies that utilized different types of depression measures (e.g., the Center for Epidemiologic Studies-Depression Scale (CES-D), the Beck Depression Inventory), the prevalence of depression among women who experienced IPV ranged from 15 to 83 per cent, with a weighted average prevalence of 48 per cent. The proportion of the sample that was classified as depressed in the studies of IPV was somewhat or significantly higher than the 12–27 per cent range reported in studies of the general population in both Korea and Western countries (Aneshensel, Frerichs, Clark, & Yokopenic, 1982; Cho, Nam, & Suh, 1998; Johnson, Mcleod, Sharpe, & Johnston, 2008; North West Adelaide Health Study, 2007; Radloff, 1977).

### *Association between IPV and depression*

There has been extensive research on IPV and its association with depression (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Haj-Yahia, 1999; Hegarty, Gunn, Chondros, & Small, 2004; Krause et al., 2006; Lee, Pomeroy, & Bohman, 2007; Leiner, Compton, Houry, & Kaslow, 2008; Lindhorst & Oxford, 2008; Perez & Johnson, 2008; Pico-Alfonso et al., 2006; Rodriguez et al., 2008). These studies have attempted to test three widely held assumptions: 1) that IPV is a risk factor for depression; 2) that depression is a risk factor for IPV; and, 3) that reciprocal relationship exists between IPV and depression.

### *IPV as a risk factor for depression*

A growing body of research has proposed that IPV is an etiological factor of depression and has documented that exposure to IPV was associated with an increase in depressive symptoms (Bonomi et al., 2006; Calvete, Corral, & Estevez, 2007; Chandra, Satyanarayana, & Carey, 2009; Coker et al., 2002; Deyessa et al., 2009; Dorahy, Lewis, & Wolfe, 2007; von Eye & Bogat, 2006; Filson, Ulloa, Runfolo, & Hokoda, 2010; Fletcher, 2010; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Nixon, Resick, & Nishith, 2004; Rodriguez et al., 2008; Williams & Grimley, 2008). Much of this research used cross-sectional study

designs. For example, utilizing data from the National Violence Against Women Survey in the U.S. (women = 6790; men = 7122), Coker et al. (2002) reported that physical IPV victimization was associated with an increased risk of depressive symptoms for both men and women. Similarly, Williams and Grimley's (2008) study utilized a sample of 455 African-American women who were recruited from an urban clinic in the U.S. The authors reported that those women who presented a history of interpersonal victimization were more likely to experience higher levels of depressive symptoms compared with those women without such a history of IPV experience. In one of the few available longitudinal studies, Fletcher (2010) utilized data from a national sample of young adults in the U.S. and reported that even after controlling for numerous confounding variables (i.e., previous IPV, childhood abuse), higher levels of current IPV were significantly related to higher levels of depressive symptoms. Another longitudinal study, this one by Lindhorst and Oxford (2008), examined 229 adolescent mothers from Washington State, U.S., and reported that exposure to IPV in adolescence had a significant effect on depression later in adulthood over and above other factors. A set of longitudinal studies (Blasco-Ros, Sánchez-Lorente, & Martínez, 2010; Campbell et al., 1995; Kernic, Holt, Stoner, Wolf, & Rivara, 2003) examined the relationship between cessation of IPV and recovery from depression. These studies consistently indicated that the cessation of physical violence was associated with reduced depressive symptoms even after controlling for the effect of other factors (e.g., age, social support, baseline depression). These findings support that IPV increases the risk for depression.

### *Depression as a risk factor for IPV*

While depression has been understood to be a psychological outcome of IPV, only a few studies have proposed the alternative model, in which psychological distress increases the risk for IPV (Foshee et al., 2004; Krause et al., 2006; Lehrer et al., 2006). Women who suffer from psychological distress, such as PTSD and depressive symptoms may experience impaired social relationships, a diminished support system, and/or a decreased awareness of potential risks or danger (Lehrer et al., 2006; Schumm, Briggs-Phillips, & Hobfoll, 2006; Stice, Ragan, & Randall, 2004; Ullmana, Najdowska, & Filipas, 2009), which may increase their vulnerability for IPV. Lehrer et al.'s (2006) longitudinal study of 1659 girls from various schools in the U.S. reported that depressive symptomology among adolescent girls was associated with an increased risk of later exposure to physical violence by an intimate partner, even after controlling for childhood abuse and prior experience with dating violence. Cogle, Resnick, and Kilpatrick (2009) longitudinally analyzed a national household sample of 2863 adult women in the U.S. and reported that depression at baseline predicted subsequent exposure to interpersonal violence victimization. Similarly, Krause et al.'s (2006) longitudinal study, which used a sample of 324 women who were recruited from IPV agencies (e.g., shelters, courts) in the U.S., found that PTSD symptoms, numbing in particular, contributed to the likelihood of IPV reoccurrence over time. These symptoms affected the likelihood of IPV reoccurrence even after controlling for a history of violence and the characteristics of the abusive relationship (i.e., the severity and duration involved).

### *Reciprocal relationship between IPV and depression*

Several studies have also suggested that IPV and psychological distress are reciprocally related, which indicates that the negative psychological effects from earlier victimization may create or increase vulnerability for later victimization (Barnett, 2001; Iverson et al., 2011; Lindhorst, Beadnell, Jackson, Fieland, & Lee, 2009; Messman-Moorea & Long, 2003; Perez & Johnson, 2008). Perez

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