Social Support, Coping Mechanisms and Mental Health of Women Suffering From Spouse Abuse

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ABSTRACT

Objective: This survey aimed at finding a model for determining the direct and indirect effects of spouse abuse on the psychological health of victimized women as well as analysis of the mediating roles of social support and coping mechanisms on the relationship between spouse abuse and psychological health condition.

Methods: A total of 192 women were selected by random sampling. They completed the following questionnaires: Spouse abuse questionnaire, general health questionnaire 12 (GHQ28), social support scale, and coping scale.

Results: The conceptual model was evaluated using path analysis. Social support and passive coping mechanisms had moderating effects on the relationship between spouse abuse and mental health.

Conclusion: Our findings indicated that social support and coping mechanisms can decrease the negative physical and psychological influences of spouse abuse on health condition.

1. Introduction

Domestic violence is a major public health concern in the world and includes child abuse, spouse abuse, and elder abuse. However, the most noticeable type of domestic violence is the one through which men exert their physical power or social domination over women. By definition, "spouse abuse" refers to a wide range of aggression, including emotional abuse, batter, threat, verbal aggression, humiliation, sexual aggression, and murder by partner (Crowell & Burgess, 1996).

Different studies have found that spouse abuse is a major problem in many countries (Clark, 2001). Even in developed countries where there are strict rules in the favor of abused women, violence against women is a matter of concern (Heidi, Nygren, McInerney, & Klein, 2004).

Although there is a dearth of official information on violence against women in Iran, recent studies unveil its broad incidence (Najafi Doulat-Abadi et al., 2007; Ahmadi et al., 2006; Eftekhar et al., 2004).

Different psychological consequences may be found in the victims of violence, including depression, somatization, substance abuse, feelings of inadequacy, and low self-esteem along with mood and anxiety disorders, especially posttraumatic stress disorder, self-defeating behavior, and suicide attempt (Fogarty, Freedman, Heeren & Liebschutz, 2008; Berg, 2004; Smith & Gittelman, 1994; Ellesberg, 1999; Mechanic, Weaver, & Resick, 2008; Ruiz-Perez & Plazaola-Castano, 2005; Petretic-Jackson & Jackson, 1996).

Social support acts as a buffer and protective factor against negative consequences of abusive relationships and prevents psychological disorders in abused victims.

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It can also improve quality of life, promote mental health, and help to cope with the abusive condition (Goodman, Dutton, Vankos, & Weinfurt, 2005; Lee, Sanders, Thompson, & Mechanic, 2002; Coker et al., 2002; Busch & Rosenberg, 2004; El-Bassel et al., 2001; Wenzel et al., 2004; Salazar et al., 2004).

Coping mechanisms as significant factors in mental health are defined as behavioral and psychological attempts to control stress and confront stressful situations. Therefore, they are helpful in prevention, diagnosis, and moderation of the problem (Terry, 1994; Dempsey, 2002; Huang & Gunn, 2001; Cassidy, 2000). With regard to different coping strategies, individuals are categorized to 3 groups of problem oriented, emotional oriented, and avoidant (Endler & Parker, 1990). In Mitchell and Hodson's study (1983), findings suggested that abused women who used active and fewer avoidance coping mechanisms, experience less depression, are more resilient, and rate higher on self-esteem. Also Arias and Pape (1999) showed that emotional coping mechanisms are correlated with more severe PTSD symptoms among abused women. Kemp, Green, Hovanitz, and Rawlings (1995) found that coping skills such as avoidance and separation strategies, including problem avoidance, self-blame, and social withdrawal are related to higher levels of distress.

Several conceptual models have been developed to show the mediating effects of social support and coping mechanisms on the link between spouse abuse and psychological problems (Nurius, Furrey, & Berliner, 1992; Yates, Tennstedt, & Chang 1999; Lee, Pomeroy, & Bohman, 2007). In these studies, social support is considered as a coping aid that may also initiate helpful coping strategies in abused women to promote their mental health condition. It is worth mentioning that limited social support produces deviation in the coping attempt made by this group of women (Nurius et al., 1992). A social support system encourages women to separate easier, feel healthier, and suffer less tension. In addition, those women who are supported by law are less likely to use passive coping mechanisms like avoidance (Mitchell & Hodson, 1983).

Coker and colleagues (2002 & 2003) representing structural models, realized that strong social support leads to less physical and psychological health problems, anxiety, depression, PTSD symptoms, and suicide attempts. A good emotional support was considered to be a moderating factor on the effects of intimate partner violence. Also it was suggested that enhancement of social and emotional support for abused women may ameliorate the negative consequences on their physical and mental health condition. Furthermore, coping mechanisms decrease the negative psychological effects of Intimate Partner Violence (IPV) among African-American women but they could not improve their physical health.

Coping strategies had substantial moderating effects on physical assault and rape among Euro-American and Mexican-American women but they did not have any specific moderating effects on the negative consequences of psychological abuse on mental health (Chase et al., 2005). Rodriguez (2011) in a study of psychological well-being and coping mechanisms of battered women reported that these women should not stay long at home or remain in the abusive relationship but run for shelter and seek help to promptly restore their shattered psychological well-being. An excellent psychological well-being helps them to cope with the crisis through problem-focused type of coping mechanisms. However, emotion focused coping mechanisms are used when psychological well-being is not in excellent condition (Rodriguez, 2010).

This study seeks to define a model based on the interactive nature of psychological health, social support, and coping mechanisms.

2. Methods

This survey is a part of a more comprehensive study that was conducted based on a household survey (Ghahary et al., 2006) that used postal codes of residents of Tehran. In this study, a number of 192 women from 13 and 18 municipality districts completed spouse abuse, social support, coping mechanisms, and general health questionnaires.

Table 1. The mean and SD of scales.

Active	5.66	1.81	2.33	10.67
Passive	11.27	4.44	4.50	41.00
GHQ12	10.0351	5.92868	0.00	25.00
Social Support	10.4867	2.10491	3.00	12.00

Measures

In this study the following instruments were used

General health questionnaire (GHQ12): This 12-item questionnaire was designed by Goldberg (1972). The higher grades show poorer general health condition while the lower ones refer to better health conditions.

Social support questionnaire (SSS): This scale (Cassidy & Long, 1996) consists of 12 sentences based on a double-value grading. The higher grades refer to high perceived social support.

Spouse abuse questionnaire: This questionnaire (Ghahary et al., 2006) consists of 44 items that evaluate emotional, physical, and sexual mistreatment through 20, 10, and 14 items, respectively. It includes physical abuse (batter and every kind of physical aggression), emotional abuse, and anxiety (humiliation, lack of economic and emotional need provision, mimicry and any kind of undermining behavior), and sexual abuse (exertion of any kind of unusual obligatory act during intercourse, obligatory sexual intercourse, and so forth).

Face and content validity of the questionnaire were approved by psychiatrists and clinical psychologists in Tehran Institute of Psychiatry and the Cronbach α coefficient was used to determine the internal consistency.

Coping mechanism scale: A 32-item questionnaire validated by Ghadamgahi (1997) was used in this study. The stability of the test was examined by test-retest and Pearson correlation. The coefficient α was 0.79. The coefficient of Cronbach for different subscales of the questionnaire were as follows: The coping based on problem solving (3 items), 0.9; The coping based on anxiety control (11 items), 0.65; The coping based on cognition (5 items), 0.68; The coping based on somatization (9 items), 0.9; and the coping based on seeking social support (4 items), 0.9.

We used descriptive methods (SPSS software) and Path analysis (LISREL software) to analyze the data of this study.

3. Results

The average age of volunteers in this study was 35.86±9.85 years and the mean period of their marriage time was 14.2±11.39 years. The means and standard deviations of scales scores used in this study are shown in Table 1.

The method of path analysis was conducted to examine conceptual model (Figure 1). The final model is shown in Figure 2.

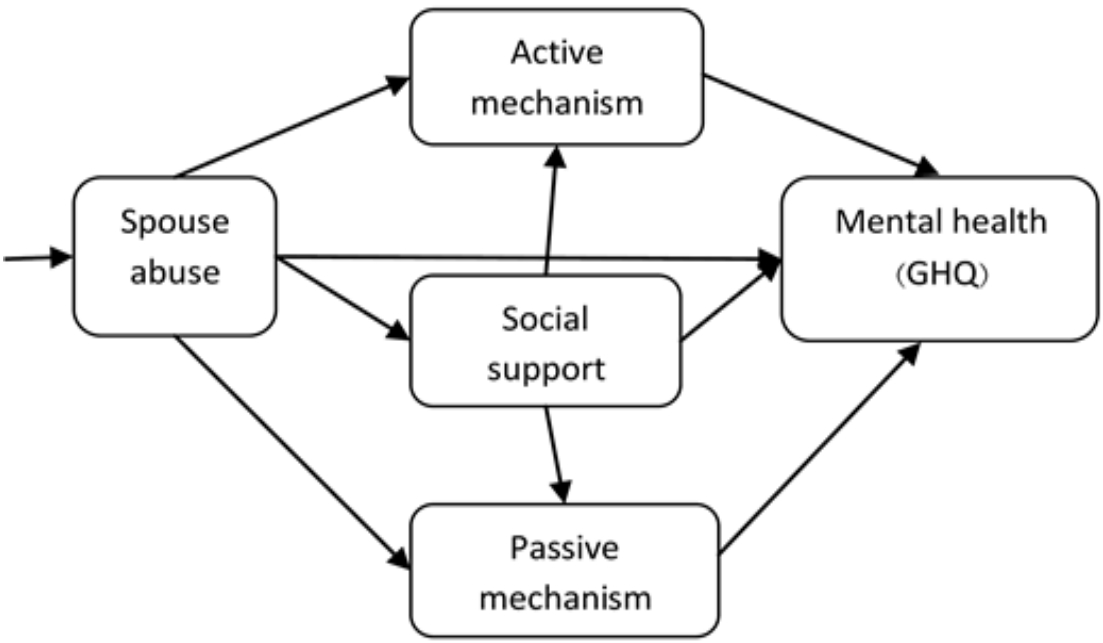


Figure 1. The conceptual model.

The results showed that the value of Chi-square (df=3) is not significant (P=0.2, χ^2=4.8) , which refers to the fitness of the conceptual model. RMSEA index is 0.06 that verifies the good fitness of the model. Other fitness indices, including CFI, NFI, GFI, and AGFI are more than 0.9 and confirm the good agreement of the model fitness with the input data.

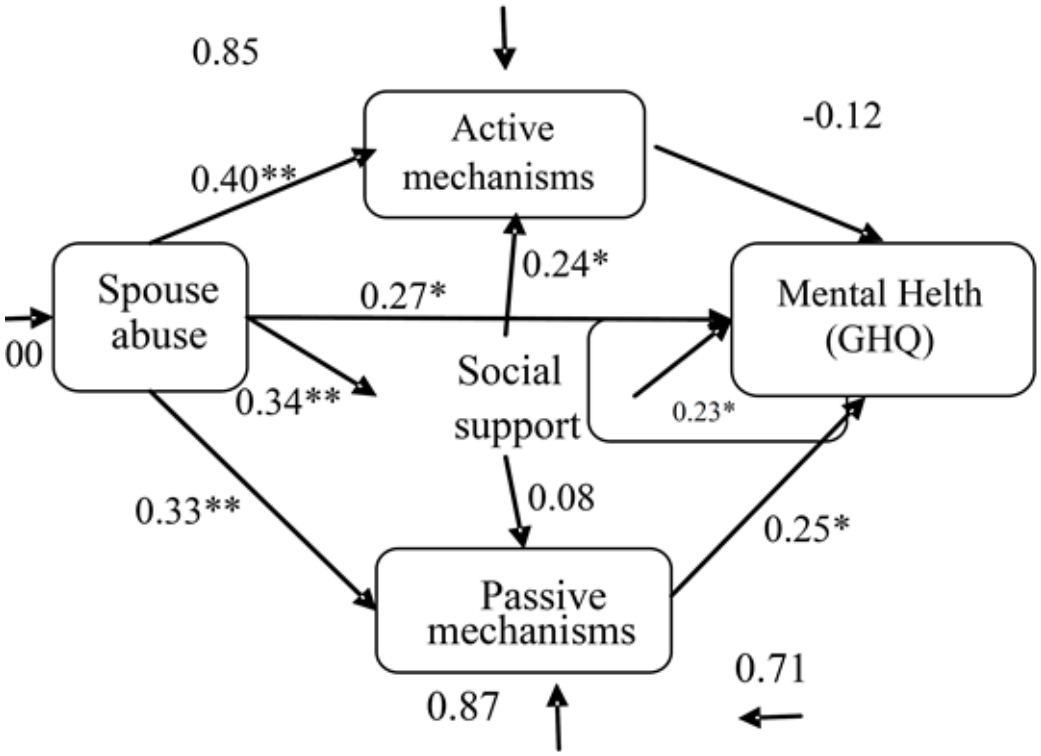
As it is apparent in the model, spouse abuse beyond its direct negative effects on psychological health (P=0.27), have two other indirect effects by passive coping mechanisms [(0.33)-(0.25)]=(0.082) and social support [(-0.34)-(0.23)]=(0.08). A comprehensive analysis of these factors indicated that the effect of spouse abuse on psychological health is quite the same for both social support and coping skill mechanisms. The difference is that social support increases psychological health but passive coping mechanisms have a reverse effect. Also, the direct influence of partner abuse on psychological health (0.27) was more than the overall impact of the two indirect effects (0.162). The total effect of spouse abuse on psychological health was found to be 0.432.

In addition, the perceived social support had a positive substantial effect on active coping mechanisms; however, the effects of active coping mechanisms on psychological health and subsequently the alternative path of spouse abuse, social support, active coping mechanism, and psychological health are not validated in this model. The impact of social support on passive coping mechanism use was not noticeably validated either.

4. Discussion

The aim of this study was to analyze the relationship between domestic violence and psychological health and to explore the ways that social support and coping mechanisms affect this relationship.

Path analysis showed that spouse abuse had significant reverse relationship with general health (increase in the general health grade is consistent with its decrease). In a study conducted by Petretic-Jackson and Jackson (1996), it was found that violence has negative influence on the mental health of victimized women, especially when it runs for a long time. Several studies conducted on vic-



NFI	AGF	GFI	CFI	RMSEA	df	P	χ^2
0.95	0.97	0.98	0.98	0.06	3	0.22	4.48

* P<0.01, ** P<0.001

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Figure 2. The meditative effects of social support and active and passive coping.

timized women of domestic violence revealed its negative effects on their health. For instance, Walker (1999) pointed out the battered women syndrome that included symptoms of depression, anxiety, suicide attempt, arousal, physical disorder, and lack of self-esteem.

Ellsberg's survey (1999) also confirmed that mood disorders, anxiety disorders, especially posttraumatic stress disorders (PTSD) are widely seen among women who are victims of violence, and self-defeating behavior, also suicide attempt is probably more prevalent in them.

Path analysis was also revealed that perceived social support had noticeable diverse relationship with spouse abuse. Mitchell et al. (2006) found that abused African-American women are provided with less social support service compared to the control group. Dobash and Dobash (1998) found that social withdrawal is prevalent among abused women.

Other notable paths in the survey indicated that there is a positive relationship between spouse abuse and using active and passive coping mechanisms in this model. Victimized women of violence used different strategies to cope with the stressful situations and studies suggest that demographic variables like culture, sexual desires, violence quantity, and intensity, as well as previous records of violence influence the coping mechanism adopted by abused women (Mattlin, Wethington, & Kessler, 1990; Moos & Swindle, 1990; Yoshihama, 2002).

Gondolf and Fisher (1988) found that some active coping mechanisms in aggressive violence situations are used more than the others and women who decide to stay in camps (as a type of active coping mechanism) suffer more compared to women who do not use this method. In other words, applying active coping mechanisms in order to avoid violence (going to camps and separation) is more dependent on demographic variables like the rate of violence compared to active coping mechanisms aimed at protecting the relationship (talking to partner, calling the police, talking to a friend). Intensity of violence is another relevant variable to the coping mechanism used by abused women.

Mitchell and Hodson (1983) showed that women who had previous experiences of violence in their family are more likely to use active coping mechanisms in case of violence increase. They found that women who do not believe in their society's traditional standards are more willing to apply active coping mechanisms. On the other hand, women who suffer from long-term partner violence may fail in applying coping strategies, due to the severity of their anxiety and distress (Roberts, 1996b). They turn to avoidance mechanisms if they fail to get what they expected from active coping mechanisms (Waldrop & Resick, 2004).

Another significant path was the mediating positive effect of social support on spouse abuse and general health variables. The report by El-Bassel and colleagues (2001) was also in agreement with that finding. They found that social support had moderating effects on the stress initiated on abused women caused by violence. Wenzel et al. (2004), Goodman et al. (2005), and Lee et al. (2007) found that the increase of social support for abused women can act as a buffer against negative effects of domestic violence.

All of the above-mentioned findings are in agreement with the results of the current study. They show that deficit in the social support system for abused women leads to negative consequences, including low psychological health condition in victimized women, so any improvement in social support provision can decrease the negative psychological effects.

The mediating effects of active coping mechanisms were not significant in the model of this study but the result related to passive coping mechanisms were reversed. For instance, Arias and Pape (1999) showed that using emotional coping mechanisms is in correlation with the more severe PTSD symptoms in abused women. Krause, Kaltman, Goodman, and Dutton (2008) in a longitudinal study, reported a negative relationship between avoidance coping mechanisms and PTSD symptoms in victimized women. Kemp et al. (1995) found that coping mechanisms of withdrawal and separation that include problem avoidance, self-blame, and social withdrawal affect distress disorder in an increasing trend.

In the current study, social support path and application of active coping mechanisms were significant. Mitchell and Hodson (1983) suggested that women in abusive relationships who experience enough social support from active communities and intimate friends are more likely to use activism as a coping strategy. The effect of social support as a mediating variable in the relationship between active coping mechanisms and women's psychological health was not notable in this study, although a direct relationship was found between social support and active coping mechanisms. This finding is not in discordant with Kocot and Goodman's research (2003) in which social support had a mediating role between problems oriented mechanisms and psychological distress. They found that increase in problem-oriented coping mechanisms causes decrease

in depression and PTSD symptoms among women with lower social support service.

Although in this study social support did not have a notable effect on the passive coping mechanisms, there was a negative relationship between using those mechanisms and psychological health of women.

In another research conducted by Lee et al. (2007) the influence of social support and coping mechanisms on the relationship of violence and its psychological outcome with the health condition of victimized women's health condition were approved. They found that there is an indirect relationship between the amount of violence and its psychological outcome and the variables of the provided social support and passive coping mechanisms.

Considering the importance of domestic violence prevention, especially spouse abuse that may lead to psychological disorders, it seems that we can improve some areas of social services by developing preventive programs and offering them to the authorities of the ministry of health to improve official social support system, train abused women to seek help from different resources, improve active coping skills such as seeking social support, problem solving, and cognition in them as well as change in the general attitude about family contradiction confidentiality in order to increase their involvement. Offering social support to abused women can be considered as a way of decreasing physical and psychological problems caused by domestic violence.

In the current study, a small sample of women was selected. It is suggested that future studies use larger samples so that the results can be generalized to larger population. This study was limited to women who are victims of violence. We recommend that the relevant variables are assessed and compared on samples of men who are victimized by violence. Since there is a dearth of information about mental health and therapeutic programs, further studies on psychological interventions are recommended too.

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