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Psychological health in Chilean women based on the history of mistreatment

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Abstract

In this paper we have studied the circumstances of violence and the influence of social support in the mental health of a sample of 97 Chilean women. The results highlighted the importance of perceived social support on the health of women. It was concluded that living with the person responsible for the aggressions predicts better mental health than the abandonment of the relationship by either one.

Keywords: Gender violence; depression; post-traumatic stress disorder (PTSD), psychopathology;

1. Introduction

Upon recognition of violence against women as a serious social problem, there has been a considerable increase in research on gender violence in recent decades. This acknowledgment is due to the high frequency and severity of the consequences in the lives of victims and physical/ psychological health of women involved in such violence. To define this form of violence is necessary to use the Declaration on the Elimination of Violence Against Women (United Nations, 1994), the first international instrument of Human Rights that explicitly addresses gender violence. The first article provides a descriptive concept of this kind of violence, considering that "…any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". The use of gender to understand that inequality derived from the hierarchy between men and women is part of a

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system of relationship power that maintains the subordination of women through cultural practices that have a discriminatory sense.

While any type of victimization can produce psychological effects, in the case of battered women by their partners, the impact of this increase due to the following characteristics: violence often involves a combination of abusive acts of physical, psychological and/or sexual kind; it usually has a progressive and chronic development; it occurs repeatedly and intermittent, within the home and the person with whom one lives (Follingstad et al., 1988; Herman, 1997). The high impact on the health of those who suffer these abuses have made consider this form of violence as one of the major health and human rights issues (World Health Organization, 2000). Women who are victims of gender violence are at higher than twice the risk of getting sick as much and suffer from physical and mental health problems compared to women who have not been battered (World Health Organization, 2005). The severity of the consequences on the victims would be related to the intensity of the abuse, persisting long after the violent relationship has ended (Krug et al., 2002).

Depression and Post-Traumatic Stress Disorder (PTSD) are the psychological consequences that have been studied more often in women who have been victims of violence by an intimate partner (Walker, 1999; Dutton, 1993). Golding (1999) conducted a meta-analysis in which 18 research studies that evaluated the presence of depression in battered women were reviewed. The severity of depression symptoms in samples of battered women has been associated with increased frequency, severity, duration and combination of types of abuse, with the time elapsed since the cessation of violence, and with less social support received by women (Campbell et al., 1996; Patró et al., 2004; Villavicencio et al., 1999).

In Chile, gender violence was visible in different forms of aggression and abuse experienced by women both in public and privately is a phenomenon that has recently begun to be named, acknowledged and quantified. However, it is not yet known level of violation of women human rights. Studies and statistics available are partial and these relate primarily to intimate partner violence, sexual violence and to a lesser extent, sexual harassment at work. The information available in the field of intimate partner violence, according to a prevalence study conducted in 2001 by the National Women´s Service (SERNAM) (Servicio Nacional de la Mujer, 2002) in the metropolitan area, reflects that 50.3% of married women or unwed couples, have experienced some kind of violence by their partners, 34% have experienced physical or sexual violence, 16.3% psychological abuse, 42.7% have suffered sexual violence before age 15 years, 22% have been threatened with weapons, and 33% have been victims of sexual violence after physical violence.

2. Method

2.1. Participants and procedure

The sample of this research consists of 97 Chilean women, who are victims of gender violence. These women went to different Centers of Women SERNAM (National Women´s Service) in various regions of the capital, Santiago de Chile. On Table 1 the characteristics of the sample are described. In general, it is young women (M = 41.86) that have a long history of abuse, mostly married but has a significant percentage separated or divorced or are in the process of doing so. All women participated voluntarily, written informed consent about the research and the confidentiality of their data. The application of the instruments is made individually in a single session by a clinical psychologist.

2.2. Instruments

The assessment instruments used in this study were as follows:

Semi-structured interview for victims of abuse: specifically designed for this research. This interview assesses sociodemographic characteristics of victims and circumstances of abuse.

Scale of Severity of Symptoms of Posttraumatic Stress Disorder (Echeburúa et al., 1997b)*:* a structured interview used to assess the severity and intensity of the symptoms of this condition, according to the diagnostic criteria of DSM-IV (American Psychiatric Association, 1994), victims of different traumatic events. This scale is structured in a Likert format from 0 to 3. Consists of 17 items, 5 of which refer to symptoms of re-experiencing, 7 avoidance and 5 to the hyper arousal. The diagnostic efficacy of the scale is very high (95.45%) when establishing a global cut-off of 15 and a partial cut-off of 5, 6 and 4 on the subscales of re-experiencing, avoidance and hyperarousal, respectively. The psychometric properties are also very satisfactory (α Chonbach = 0.92).

General Health Questionnaire (GHQ-12) (Goldberg, 1988): consists of 12 items and is used to detect psychological disorders. It is a self-administered questionnaire that analyzes the current status of the person tested, asking if you have experienced a symptom or behavior recently (during the last weeks). Under this method the maximum obtainable is 36 points and the minimum is 0 points.

Table 1. Sociodemographic characteristics of the sample

	Total sample (N=97)	
	N	%
Marital status		
Singles	16	16.5
Married	35	36.1
Living in couple	12	12.4
In the process of separation or divorce	9	9.3
Separated or divorced	25	25.8
Education level		
No studies	0	0
Basic incomplete	7	7.2
Basic complete	22	22.7
Professional technical	48	49.5
University	20	20.6
Employment status		
Housewife	22	22.7
Informal work	35	36.1
Fixed work	34	35.1
Unemployed	3	3.1
Retired	2	2.1
Student	1	1.0
Socioeconomic level		
Low	18	18.6
Médium-Low	57	58.8
Médium-High	20	20.6
High	2	2.1
	M	SD
Age (Range 20 to 69 years)	41.86	9.99

3. Results

We proposed a model where the dependent variable mental health (good or bad) was included and as independent or predictor variables were selected: age, perceived social support, living with the abuser and PTSD. These variables were chosen taking into account clinical criteria. First, we performed logistic regression analysis separately for each of the variables included in the model. Then, we used bivariate logistic regression models to calculate odds ratios with confidence intervals of 95% (forward Wald

method). See Table 2. The data from this study confirms the importance of perceived social support on women's health. Battered women with good perceived social support report better health than the ones that did not perceive social support. As for living with the abuser, it is shown how women living with a partner have better health than those not living. This could be explained by the need to be physically alert and in good physical and mental strength, in order to withstand the abusive situation. Finally, it is shown, as is evident, how PTSD is a predictor of a poorer mental health.

Table 2. Variables entered in the logistic regression equation

	β	E.T.	Wald	p	OddsRatio Exp (β)	IC 95% Exp(β) Infer.	Super.
Step 3							
Perceived social support	-1.168	.508	5.289	.021	.311	.115	.842
Living with a partner	-1.072	.528	4.126	.042	.342	.122	.963
PTSD	2.494	.624	16.00	.000	12.116	3.569	41.12
Constant	.920	.984	.875	.350	2.510		

4. Conclusions

A limitation of this study is the cross-cutting nature of it, which only allows us to speak of association, and can not determine whether the lack of support increases the vulnerability of women to be abused, or if the abuse results in social isolation.

Research on the impact of gender violence on women´s health has significant implications for the development of intervention and prevention strategies at the level of public health. Setting up therapeutic groups and specialized centers where women can meet can be an effective prevention strategy do that they find that support by sharing their experiences, talking to other victims, therapists to better understand their problems and possibly solve their issues.

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