

# INTIMATE PARTNER VIOLENCE AND THE USE OF THE SOCIAL SERVICES

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**Abstract:** *This study was developed in the U.S.A. – California and represented an investigation based on the population exposed to the intimate partner violence and the use of the social services. It also explained the effects of other types of violence at adult age, as well as the post-traumatic stress disorders (PTSD). These data indicated that the acute exposure to the intimate partner violence was significant among the women under social aid. Although, it seemed that it was about the cumulative experience of the women exposed to the interpersonal violence and other PTSD associated symptoms. These data emphasized the acceptance level of violence against women and its consequences for this segment of population. The results of the study suggest that preventing and identifying violence represent a major social problem and requires more ample research.*

**Keywords:** *intimate partner violence, mental health, post-traumatic stress disorders.*

**Rezumat:** *Prezentul studiu s-a desfășurat în USA – California și este o investigație bazată pe populația expusă violenței partenerului de viață și apelarea la ajutorul serviciilor sociale, în timp ce explică efectele altor violențe experimentate la vârsta adultă și simptomele de tulburări de stres post-traumatic (TSPT). Aceste date indică faptul că expunerea acută la violența partenerului de viață este semnificativă în rândul femeilor care beneficiază de ajutor social. Totuși, se pare că este experiența cumulativă a femeii expuse la violență interpersonală și alte simptome asociate ale TSPT care sunt asociate în mod unic cu participarea socială. Aceste date subliniază acceptarea violenței împotriva femeilor și consecințele sale pentru această populație. Rezultatele sugerează că prevenirea și detectarea violenței este o importantă problemă socială și subliniază nevoia unei cercetări mai ample în acest domeniu.*

**Cuvinte cheie:** *Violența partenerului de viață; Sănătate mintală; Tulburări de stres post-traumatic.*

filled with violence predisposes women to unemployment and poverty, while poverty increases the risk of women to further victimization (Bassuk & Rosenberg, 1988; Byrne, Resnick, Kilpatrick, Best & Saunders, 1999). Nevertheless, certain data suggest that violence against women, especially the intimate partner violence is not only associated with poverty but also with the use of the social aid. The research made on the population benefiting from social aid registered higher rates of violence against the intimate partner than those found in the general population or in women with reduced incomes (Brush, 1999; Romero, Chavkin Wise, Smith & Wood, 2002; Tjaden & Thonnes, 2000; Tolman & Rosen, 2001). These studies started to make inquiries on the problems of the women, associated to employment, physical and mental health. The association is to be remarked as it suggests that violence against women may be one of the causes for the use of the social aid.

**Violence against the intimate partner among the women benefiting from social aid.**

Tolman and Rosen (2001) used a modified version of the Conflict Tactics Scale (CTS) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) on a sample of 753 of social aid beneficiaries from Michigan and discovered that 23% of the women experienced moderate and serious physical violence during the year previous the research. The women exposed to violence during the previous year presented significant higher rates regarding the physical disorders, including depression, PTSD and disorders due to the drugs use, as against the unexposed women.

Another research made on 122 of social aid beneficiaries engaged in professional training discovered that 38% of the women reported at least one episode of physical violence within their most recent intimate relations (Brush, 1999).

A research made on mothers with reduced incomes and with children chronically ill administered a short test with 3 items about the intimate partner violence exposure during lifetime (Feldhaus et al., 1997) and discovered significant reduced rates of violence among the women who have never benefited from social aid (16,4%), in comparison with the women who are benefiting from social aid today (31,7%) and women who are expecting to benefit from social aid (40%) (Romero et al., 2002). These estimations suggest an association

## INTRODUCTION

This study suggests that the intimate partner violence may represent an important barrier for the process of education and employment (Horwitz & Kerker, 2001; Tolman & Rosen, 2001). The assumption that violence against women is both an ethyologic factor and one of maintaining the women in poverty may be a plausible one. The prospective data reveal that a past

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between the violence exposure and the use of the social aid.

Many authors observed that the increased access to services concentrating on violence could not only increase the safety of women and of their children, but it also facilitates the employment and the transition from the economic dependence (Tolman & Raphael, 2002). Nevertheless, the social context of the domestic violence should be taken into consideration, because the exposure to the domestic violence usually occurs within the context of other types of violence. The poor women exposed to domestic violence presents an increased risk to live in violent communities (Hien & Bukszpan, 1999) and may be victimized when adult (Tjaden & Thonnes, 2000). More, the consequences of violence on the mental health, such as post-traumatic stress disorders are very well represented among the individuals living in poverty (Bassuk, Dawson, Perloff & Weinreb, 2001; Davidosn, Hughes, Blazer, & George, 1991). In order to fully understand the mental health needs of the women who benefit from social aid, the investigations on the relation between the domestic violence and the social aid should also examine the role of the previous exposure to violence and PTSD. The ethnic diversity of the sate of California makes the population samples be relevant especially for the examination of such problems.

**The purpose of this study is:** a) to examine the force of the relation between the domestic violence of the previous year and the present use of the social services after the adjustment to the relevant demographic factors; b) to examine the force of this relation after explaining the effects of other types of violence lived at maturity; c) to establish if the effects of the domestic violence and of other types of violence are explained by their psychological traumas, symptoms of PTSD.

### METHOD

The research was accomplished by interviewers trained after standardized procedures and developed by the Research and Sound Group of the Public Health Institute. The personnel and the procedures were identical with those of the administration of the Californian System For Behavioural Risk Surveillance (Stein, Lederman & Shea, 1993). The first author, a psychologist, brought an extra training to the interviewers regarding the items related to violence. The questions were formulated in English and Spanish and the period of time for filling in the questionnaire was of about 30 minutes.

Out of a sample of 4018 women over 18 years old, 74% answered. This investigation used 3617 women with complete data for all violence variables. The data were analyzed in order to reflect the distribution on age and ethny of the Californian women.

#### **Measures**

Intimate partner violence was assessed according to the definitions recommended by the Centres for Diseases Control and Prevention (Building up the data systems for monitoring and response to the violence against women, 2000), for the last 12 months. The items included physical, sexual violence, violence threatening

and emotional/psychological abuse. All the items referred to the existing partner. The interpersonal violence past was evaluated using items from the Traumatic Stress Programme (TSP) (Norris, 1990), a widely used measure for moderate traumatic events. (TSP) is a valid and trustworthy measure which proved its efficacy in epidemiological studies (Norris, 1992; Norris & Riad, 1997). The items referring to the physical, sexual attack, theft/robbery/violence attack were used in this research. The respondents were asked to mark each item in case they have lived the respective event during maturity (over 18 years old).

The symptoms of post-traumatic stress disorders were assessed by using a test with 5 items, which proved the identification of the clinically significant PTSD with excellent sensibility and specificity and which performed superiorly to a standard instrument of 17 evaluation items (Prins et al., in mass media). The items included a general trauma test which questioned the presence or the absence of four major factors of PTSD symptoms in the last 4 months (Asmundon et al., 2000): thoughts about trauma, avoiding the signs related to trauma, emotional benumbing or psychological overexcitation. The participants were classified as having PTSD symptoms (not a PTSD diagnosis), if they registered positive results for trauma and marked one or more of the symptoms items. Violence against the intimate partner and the violence items immediately preceded the PTSD items.

Social aid receiving was defined as a mark of poll items which inquired on the receiving money from State on a regular basis, sometimes called "social aid AFDC or CalWorks".

#### **Statistical analyses**

Bivariad and multivariable logistics regression analyses were accomplished in order to examine the relation between the domestic violence and the demographic characteristics (age, race/ethny, education, marital status, presence of children under the age of 18, home income), the present use of CalWorks, previous violence history and PTSD symptoms. The analyses of multivariable logistics regression were then used in order to examine the domestic violence, the interpersonal violence past, PTSD symptoms and the correlation with the actual use of CalWorks, being adjusted to the demographic characteristics.

### RESULTS

10% of the women reported the intimate partner violence in the last year and 2,7% used the CalWorks services. The table below presents the frequency of the intimate partner violence items.

#### **Prevalence of the intimate partner violence.**

<i>Intimate partner violence</i>	<i>item</i>
.....%	%
Did he try to control the majority or the entire daily activities	5,3
Did he push / slap you	4,6
Did you fear for your safety due to anger or threats.....	

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.....	4,2
Did he throw something on you .....	2,9
Did he follow or spy on you .....	2,4
Did he beat/attack/hit you .....	1,2
Bitten with violence, strangled .....	0,9
Sex with force .....	0,7
Threaten with a knife or any other weapon .....	0,4
He used a knife or fired at you .....	0
Intimate partner violence .....	10 %

The women exposed to domestic violence of the previous year were mainly Afro-American or Hispanic young women separated or divorced and who did not graduate from faculty or high school. Violence exposure was more common for the minor women with children, who lived at home together with their minor children. A quarter of the women exposed to violence were living at or under the federal poverty level, a rate twice bigger than for the unexposed women. The exposed women used the CalWorks services three times more than the unexposed women. The previous interpersonal violence exposure was linked to the violence experience of the previous year, suggesting that violence usually occurs within a violent life context. Almost a quarter of the women exposed to violence were submitted to a sexual attack and half of them to the physical attack. Significantly, more women exposed to violence in the previous year experienced theft, robbery or violent attacks as against the unexposed women. The majority of women (63,4%) who were exposed to violence in the previous year reported PTSD symptoms, as against 24,2% of the women who were not exposed to violence. The bivaried analyses indicate the clear effects for the association of each PTSD symptom (negative thinking, avoidance, hypervigilance, or emotional numbing) with the previous violence exposure.

### **Factors related to the use of the social aid.**

Among the women who received social aid, 27,6% of them lived domestic violence in the previous year, 53,2% lived an episode of violence as adult and 45,7% reported current symptoms of PTSD. The Afro-American ethny, the young age, the status of being separated or divorced, not having finished studies, the presence of children, each of these factors was associated with the use of the social aid nowadays. The intimate partner violence in the previous year was associated with the actual use of the social aid even after the adjustment to these factors. Specifically, the domestic violence of the previous year almost doubled the chances of a woman to use the CalWorks services today. The exposure of an adult woman to violence doubled the chances that the woman should use the social aid today. The exposure to

violence as an adult and the presence of the PTSD symptoms almost doubled the chances that a woman could benefit from social aid today.

### **DISCUSSION**

The results identify some of the problems which are relevant for the psychological services regarding the women who receive social assistance. The data confirm that the acute exposure to the violence of the intimate partner is very representative for the women who receive social aid at present. Yet, it seems that the cumulative exposure of a woman exposed to interpersonal violence and the symptoms associated to PTSD are uniquely associated with the participation to CalWorks. These data suggest the important part of the exposure to trauma and its consequences for this segment of population, as well as the need for mental health services aiming at these problems.

The data of this study can be found in sections although causality can not arise from the present analyses. Nevertheless, the plausible explanations for the relation between the violence exposure and the use of the social aid were emphasized in the specialized literature. While these theories are still preliminary, their discussion may help to the interpretation of the present results. For example, power and control are a central problem regarding the violent relations which manifest by the financial dependence of the women in relation with her intimate partner. The reports of the States where the poll was made and the personnel working in the domestic violence shelters suggest the fact that the financial assistance of the social aid is used to help the women to take care of themselves and of her children, taking into account the fact that these women have violent marriages (Barusch, Taylor, & Deer, 1999; Curcio, 1997). This corresponds with the discovery of the fact that the chances of the women exposed to violence in the previous year to participate to the social aid are twice bigger than those observed to the unexposed women. The relation was observed as a result of the conservative statistical analyses which controlled the demographic factors linked to the participation to the social aid, including age, ethny, education, marital status and the presence of the children under 18 years old. It is possible that the direction of the relation should be inverse, that is the participation to the social aid maintains or increases the risk of the woman to be exposed to violence. For example, living in an already violent relationship determines violence and increases the risk of mortality (McFarlane, Campbell & Watson, 2002), bringing near the relation between the exposure to violence and the use of the social aid. The women who use the social aid report perceptions according to which reaching the financial independence would increase more the risk of being hurt by the ex intimate partners. (Riger & Krieglstein, 2000). It is necessary to make inquiries centred on violence regarding the women who use the social aid with a view to solve these problems.

One of the most striking implications for the mental health services supplied by these results is the importance of the trauma history and of the PTSD

symptoms. The effective services for the women who use the social aid should extend beyond the crisis services and based on the shelters for persons aggressed by their intimate partner. The access to these services is absolutely imperative for providing women's safety. Yet, these services are not sufficient for helping the women to surpass the significant clinical symptoms and to face the employment challenges, the financial independence and to provide wellbeing for their children. Acknowledging these problems which form the basis for a well functioning of the individual and family is important because the majority of the women exposed to violence have minor children. The domestic violence was significantly associated with a violent past and with the present (past month) symptoms of PTSD. When the violence history and PTSD were added to the multivariate patterns, the domestic violence was not uniquely associated with the use of the social aid any more. As these results suggest, in case domestic violence of the previous year is a marker for the women with an interpersonal chronic violence past or who are fighting with PTSD, the access, both to the services of violence prevention and to the formal services of mental health is absolutely necessary for coping with the present problems. Regarding these data, the exposure to interpersonal violence as adult and the PTSD symptoms prove the unique effects and almost double the chances of using the CalWorks services. The interventions, which help women to heal their post violence sequels and chronic PTSD, may be essential for preventing a further exposure and may help a lot of women to earn their financial independence regarding the social services.

Nevertheless, it is important to mention the fact that facilitating the access of the women to the mental health services is not sufficient for preventing violence and the harmful social/economic impact. These data suggest that preventing violence against women may incur serious economic costs for society, as it has been proposed by many studies (Max, Rice, Golding, & Pinder-Hughes, 1998). Within this context, preventing violence is seen as an important problem of social policy. The wellbeing of the women exposed to violence and of their children depends not only on the social services and mental health services but also on important financial resources. Few programmes and procedures were developed, so as to take advantage of these financing mechanisms, still the implementation of these services would address the important problems of these women and their children.

The results of this study should be interpreted taking account a few boundaries. First of all, the digital techniques for a random call are not the ideal methods for studying the population with reduced incomes. The relatively large batch of this poll and the high rate of responses give credibility to these data, yet there is the need for further research focused on the population. The longitudinal data would test better the hypothesis regarding the violence exposure and the initiation of the social services use, as well as the length for using the social aid.

Within the context of these limits, the data still suggest the potential social and clinical benefice of collaboration between the social and psychological services. Scanning and identifying violence within the context of the social services help to the identification of the women with undiscovered mental health needs. A large group of researchers identified certain efficient methods for scanning violence within the health care system (ex. Feldhaus et al., 1997; McFarlane, Soeken & Wilst, 2000; Waalen, Goodwin, Spitz Petersen Saltzman, 2000), yet few things are known about the level in which these practices are adopted within social services. The psychological research which studied the methods for improving the access to the mental health services for the poor women (Miranda et al., 2003), may further inform on these collaborations and may offer a unique possibility for addressing the undiscovered mental health problems regarding this segment of population served by the implementation of the intervention which improved the functional status and the wellbeing of the family of the social aid beneficiaries.

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