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Research Article

Association between Depression, Anxiety and Coping Strategies in Female Victims of Gender Violence

Giselle Vetere[1]* and Marina Argañaraz[2]

[1]Department of Psychology, University of Buenos Aires, Argentina

[2]Department of Social Work, University of Buenos Aires, Argentina

*Corresponding author

Giselle Vetere, Department of Psychology, University of Buenos Aires, Institute of Cognitive-Behavioral Therapy, Acute Care Hospital of the Government of the City of Buenos Aires, "Dr. Cosme Argerich", Buenos Aires, Argentina, Email: gisellevetere@hotmail.com

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• Gender violence; Post-traumatic stress disorder; Depression; Coping strategies

Abstract

In Argentina, it is estimated that around 40% of the female population are abused by their partners. A high percentage of those women develop some form of anxiety or depressive disorder. Knowledge about coping strategies used in this population is scarce.

Objective: To explore the correlation between coping strategies and the development of anxiety and depression in female victims of domestic violence.

Sample: 65 women aged 18 and older who visited a family violence support team.

Methods: A correlation study was carried out to assess the relationship between depression, anxiety and coping strategies. After giving informed consent, participants filled a sociodemographic questionnaire, the adult coping response inventory (CRI-A) and the anxiety and mood disorder assessment module of the SCID-I.

Results: There were statistically significant differences between both groups in the use of Seeking Alternative Rewards, Avoidance and Emotional Discharge strategies, with significantly less frequent use in the PTSD and depression group. Statistically significant differences were found in the Seeking Guidance and Support and Cognitive Avoidance strategies, revealing an increased use in the PTSD and depression group.

INTRODUCTION

Gender-based violence is violence directed against a person or group on the basis of their gender. It is considered a violation of human rights, which makes it distinguishable from other forms of violence [1]. In this study, we approach a type of violence against women, more specifically intimate partner violence. This term includes aggressions occurring in the context of family cohabitation, ranging from intimidation to physical harm [2].

Violence against women from their partners or former partners exists in all social groups, regardless of their economic or cultural level or any other consideration.

Women who experience domestic violence are at an increased risk of suffering from different mental disorders, especially post-traumatic stress disorder, depression, and eating disorders, and are also more likely to attempt suicide [3]. Violence against women prevents them from engaging fully in the economic and social aspects of their communities with the resulting difficulty of finding a job, which in many cases perpetuates a situation of economic dependence. According to the UN [4], the lack of access to adequate housing as well as shelters for women suffering from abuse keeps victims from escaping their aggressors. Thus, the fear of becoming homeless can compel a woman to stay in an abusive relationship.

MATERIALS

1. Informed consent (in accordance with international ethical regulations in force)
2. Sociodemographic questionnaire: This consists of a series of questions on basic sociodemographic data, such as gender, age, educational level, etc.
3. Coping Responses Inventory –Adults (CRI-A) [5]: This is a self-rated questionnaire including 48 items on a Likert scale, which assesses the use of different coping strategies and the frequency each strategy is used.
4. Anxiety and depressive disorders module of the SCID I (DSM-IV): The SCID I (Structured Clinical Interview for DSM-IV Axis I Disorders) [6], is a structured clinical interview for the diagnosis of DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) Axis I mental disorders. Designed for psychiatric research, this interview can be divided in modules that correlate with the different sections of the DSM in order to administer only those that are of interest to the researcher. Its use enables researchers to determine whether the subjects being assessed meet the inclusion criteria for the different categories of mental disorder diagnosis according to the DSM-IV.

METHOD

A correlation study was carried out, interviewing a total of 65 women who visited a gender/domestic violence support team. The total sample was divided in two groups based on the presence or absence of post-traumatic stress disorder and/or depression. The main coping strategies used were identified. Subsequently the association between the different coping strategies and the presence/absence of anxiety and/or depressive disorders was assessed.

RESULTS

As regards sociodemographic variables, there were no significant differences between the groups in any of the variables considered (age, marital status, educational level and occupation), as can be observed in the following tables (Tables 1-5).

As for the presence of PTSD and depression in the sample under study, it is worth noting, first of all, that 56.25% of the women who visited a family violence team have developed PTSD and a depressive disorder as a result of the violent relationship with their partners.

Concerning the use of specific coping strategies, the comparison between the groups showed no statistically significant differences in Logical Analysis, Positive Reappraisal, Problem Solving, Acceptance/Resignation or Approach.

Statistically significant differences were observed in the use of the Seeking Alternative Rewards (t=-2.13; df=30; p>0.05), Avoidance (t= -2.69; df=30; p>0.05) and Emotional Discharge (t=-8.09; df=30 p>0.001) strategies, with significantly lower scores in the group with PTSD and depression.

Statistically significant differences were found in the Seeking Guidance and Support (t=2.36; df=30; p< 0.05) and Cognitive Avoidance (t= 2.72.45, df=30; p< 0.01) strategies, which were more frequently used in the PTSD and depression group (Table 6).

The results of the present study reveal that participants with PTSD and depression reported a decreased tendency to use the coping strategies of Emotional Discharge, Avoidance and Seeking Alternative Rewards compared to the control group participants. The first two above mentioned strategies have been correlated in several studies with a decrease in the severity of symptoms of both depression and anxiety, while the latter is associated with a decrease in symptoms of depression. Thus, it is possible that its infrequent use by patients with PTSD and depression is associated to an increase in such symptoms. More studies would be needed to evaluate this hypothesis and the impact of providing therapeutic interventions aimed at increasing the use of such strategies.

A result that is consistent with theoretical cognitive behavioral models as regards the persistence of PTSD is that patients with this condition are more likely to use Cognitive Avoidance strategies. This entails attempts to avoid thoughts and related emotional reactions that are perceived as unpleasant or painful. However, that strategy has been related in many investigations

Table 1: Age.

	Group	N	Mean	SD	T (df=30)
Age	PTSD	33	35.49	8.414	78 (ns)
	Control	32	42.15	6.982	

Table 2: Number of Children.

	Group	N	Mean	SD
Number of Children	PTSD	33	2.87	1.785
	Control	32	2.2	0.981

Table 3: Marital Status.

		Marital Status				Total	
Group		Married	Single	Widowed	Divorced		X^2
	PTSD	8	22	1	2	33	.087 (ns)
	Control	12	15	0	5	32	
Total		20	37	1	7	65	

Table 4: Education Level.

		Educational Level			Total	
Group		Primary	Secondary	College/ University		X^2
	PTSD	13	11	9	33	.125 (ns)
	Control	12	13	7	32	
Total		25	24	16	65	

Table 5: Occupation.

Group		Occupation				Total	X^2
		Unemployed	Underemployed	Freelance Worker	Employee		
	PTSD	7	5	6	15	33	.354 (ns)
	Control	9	8	5	10	32	
Total		16	13	11	15	32	

Table 6: The following table shows the comparison of the values for each coping strategy in both groups.

CRI Strategy	Group	N	Mean	SD	*T (df=30)*
Logical Analysis	PTSD MDD	33	13.72	1.994	-0.23
	Control	32	13.86	1.027	
Positive Reappraisal	PTSD MDD	33	12.56	5.227	-0.38
	Control	32	13.14	2.568	
Seeking Guidance and Support	PTSD MDD	33	12.78	3.116	2.36*
	Control	32	8.57	6.676	
Problem Solving	PTSD MDD	33	12.78	2.517	3.2
	Control	32	11.43	2.108	
Cognitive Avoidance	PTSD MDD	33	15.56	1.097	2.72**
	Control	32	14.29	1.541	
Acceptance/ Resignation	PTSD MDD	33	12.33	3.308	-0.54
	Control	32	13	3.595	
Seeking Alternative Rewards	PTSD MDD	33	12.56	3.312	-2.13*
	Control	32	14.71	2.054	
Emotional Discharge	PTSD MDD	33	12	2.058	-8.09***
	Control	32	16.57	0.514	
APPROACH	PTSD MDD	33	53.28	8.757	1.52
	Control	32	47	14.379	
AVOIDANCE	PTSD MDD	33	58.44	6.157	-2.69*
	Control	32	52.57	6.676	

*p<.05; **p<.01; ***p<.001

with the increase of depression and anxiety levels, so it would be of utmost interest to further explore how it relates to PTSD with a view to understanding how it can possibly contribute to the persistence of the condition. On the other hand, an increased use in the Seeking Guidance and Support strategies might be explained as an attempt to get help as a result of the awareness of suffering a mental disorder.

Knowing the coping resources used by women who are victims of gender violence might facilitate understanding of the resources associated with PTSD and depression and those which, by contrast, are not related to such conditions.

Though promising, the reported results are preliminary and must be considered carefully, since there could be some bias because of the sample size (n=65). Moreover, given the difference in the sample size in both groups, the results must be interpreted with caution.

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