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The Relation Between Domestic Violence and PTSD in Impoverished Rural Women

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Throughout the country there are many women that are living within poverty who have experienced domestic violence throughout their life. Over time, many of these women begin to experience symptoms of Posttraumatic Stress Disorder (PTSD). Unfortunately, because these women are impoverished, they tend to have a harder time receiving the treatment needed. Women who are impoverished and have experienced domestic violence have many more incidences of PTSD related symptoms than their more affluent counterparts. I propose to examine the influence of PTSD and domestic violence in women from rural areas, a population typically understudied. My sample group will contain women that live in rural areas of Upstate New York. I will be looking at their socioeconomic status, PTSD symptoms, and levels of domestic violence. My study will be correlational and the participants will be given various questionnaires including the Childhood Trauma Questionnaire, the Severity of Violence Against Women Scale, and the PTSD Scale for Battered Women.

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Domestic violence is prevalent worldwide, and occurs in all groups of people. Those that have experienced domestic violence firsthand will usually experience some form of stress or anxiety (Comer, 2006). Jones, Hughes, and Unterstaller (2001) state that domestic violence can include child abuse, or sexual abuse that can happen throughout adulthood. In addition, women that have multiple experiences of violence in their life heighten their chances of being diagnosed with Posttraumatic Stress Disorder. The type of abuse and the amount of time it was experienced can influence the severity of the PTSD symptoms. Those that experience domestic violence are more likely to develop PTSD (Jones, Hughes, & Unterstaller, 2001).

PTSD is a psychological stress disorder that can be

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caused by a traumatic event in which the person feels their life or the life of someone they care about is being threatened. If someone has experienced this kind of traumatic event they might start to experience anxiety and/or depression. As Comer (2006) reviews, for someone to be diagnosed with PTSD, they would have to experience these symptoms for longer than a month. In actuality, the symptoms could arise over the spectrum of months or years after the traumatic event happened. Some specific symptoms include playing the traumatic event over in your head, avoiding specific activities that remind you of the event, and feeling guilt towards the event. PTSD can happen to anyone at any age, and can affect numerous realms of a person's life. Women are much more likely to be diagnosed with a stress disorder compared to their male counterparts (reviewed in Comer, 2006). Poverty also seems to increase the prevalence of stress disorders.

There can be significant risk factors for PTSD that those in poverty may experience, starting as early as childhood. Environmental conditions such as low socioeconomic status (SES) can contribute to the

development of PTSD (Koenen, Moffitt, Poulton, Martin, & Caspi, 2007). Similarly, Nikulina, Widom, and Czaja (2011) examined the relation between childhood neglect and poverty on PTSD as well as mental health. Neglected children are more often diagnosed with PTSD, in particular children who deal with childhood, family, and neighborhood poverty. Another study focuses on low-income, African-American women dealing with PTSD who previously experienced violence among partners as well as thoughts of suicide. In conclusion, women who were abused in childhood as well as by a spouse or intimate partner were found to have PTSD related symptoms (Bradley, Schwartz, & Kaslow, 2005).

Evans, Gonnella, Mareynyszyn, Gentile, and Salpekar (2005) examined the significant effect of chaos within the realms of poverty and children's socioemotional adjustment. The study included children from a rural part of Upstate New York. The researchers found that chaotic living conditions are much more prominent in low-income families rather than those who are much more well off. Those who self reported their psychological distresses were increasingly affected by income. In all, chaotic conditions were found to negatively affect children's socioemotional development.

Anderson and Bang (2012) examined PTSD in adult daughters who experienced domestic violence in childhood and their resilience to it. The daughters whose mothers had solid, full time jobs compared to those who didn't always hold a steady job, or a job at all had a greater amount of resilience.

Women who have experienced any form of intimate abuse (abuse from someone you are close with) throughout their life have significantly more diagnoses of psychological disorders. Roberts, Lawrence, Williams, and Raphael (1998) studied the effects of domestic violence on the mental state of women. They hypothesized that women who experienced both childhood and adult abuse would have more psychological issues than women, who only experienced abuse during childhood, or adulthood, or who never actually experienced any abuse. The highest rates of disorders fell into the category of women who had experienced both child and adult abuse. Specifically looking at PTSD, 33% of women were diagnosed for lifetime PTSD, and 11.4% for current PTSD. Women that experienced both child and adult abuse had a 48.5% rate of lifetime PTSD (Roberts et al., 1998).

It is evident that support has an impact on how people cope with domestic violence and symptoms of PTSD. Support for women that are dealing with domestic violence as well as PTSD can come from people around them and treatment programs. Samuels-Dennis, Ford-Gilboe, Wilk, Avison, and Ray (2010) examined trauma, personal and social resources, and PTSD among single mothers in an income-assisted home. The design created by the researchers fit well with the data, which supports

the theory, that trauma and social issues among single, income assisted mothers can put a strain on their PTSD related symptoms.

Schumm, Briggs-Phillips, and Hobfoll (2006) take aim at cumulative interpersonal traumas as well as group support when looking at how inner-city women deal with PTSD as well as depression. In conclusion, women who have dealt with child abuse and rape, without any kind of support have a much higher chance of having symptoms of PTSD. In addition, those who undergo multiple traumas within their lifetime are more prone to PTSD and depression.

Prelow, Weaver, Bowman, and Swenson (2010) examined the parenting skills of low-income Latina mothers, and more specifically how ecological risks, parental distress, and support from social network plays a role in their parenting. Ecological risk affected the mothers by causing them distress, which brought about changes to their parenting behaviors. These behaviors include maternal monitoring, trust and communication between mother and child, and school involvement. It was found that women who had a strong social network were less likely to have ecological factors affect distress.

Cook, Flick, Homan, Campbell, McSweeney, and Gallagher (2010) examined psychiatric disorders and treatment among low-income pregnant women. The results of this study show that 30.9% of the participants had either one or more disorders during the previous twelve months. Some of the disorders that were recorded include affective disorders, anxiety disorders, and substance abuse disorders. The most prevalent of the anxiety disorders was PTSD at 7.7%. Also indicated, 24.3% of the women who were diagnosed with a twelve-month diagnosis had received treatment for their disorder.

Women who partake in treatment had lower symptoms of PTSD (Krupnick, Green, Stockton, Miranda, Krause, & Mete, 2008). Group interpersonal psychotherapy effectiveness for low SES women dealing with PTSD is important. The participants within the study had experienced with numerous bouts of trauma, usually starting in childhood and were diagnosed with PTSD. Unfortunately, women that have low SES don't always have the chance to get the therapy they need in conjunction with the domestic violence and mental hardships they are facing. This is why support is so important.

Additionally, Levendosky, Bogat, Theran, von Eye, and Davidson (2004) studied the various social supports of women that have experienced domestic violence in a community setting, rather than from a shelter. Both structural (number of social supporters) and functional (emotional support) were compared among women that were pregnant and battered and women that were not pregnant and battered. The researchers came up with four reasons for a lack of social support and they include social

isolation, not telling anyone about the abuse, low SES, and supporters who are also dealing with abuse. The results conclude that women who are experiencing domestic violence have less support than women who are not abused.

Another important aspect is health conditions in people who are dealing with either poverty or PTSD. Those that are impoverished can have issues receiving the treatment they need for health conditions or getting help with their PTSD. Kasper, Ensminger, Green, Fothergill, Juon, Robertson, and Thorpe (2008) examined how poverty and family stress affect the functioning of older African-American women. Although the results show that 27% of the women were in good health later on, more women had health declines, which started quite early, causing a low functioning status.

Lantz, House, Mero, and Williams (2005) studied how serious traumatic life events and stress coupled with low SES can bring about differences in healthcare across a society. Items that were measured included socioeconomic position, various areas of chronic stress and traumatic life events, health status, and demographics. The results of this study show that having a low socioeconomic status (SES) can affect one's health. In addition, people that have experienced major traumatic life events also had related outcomes of fatality. The research within this study is helpful in understanding poverty and health. Similarly, Gill, Szanton, Taylor, Page, and Campbell (2009) examined various symptoms and conditions correlated with PTSD among women with low SES in an urban setting. Women living in urban areas with lower incomes, and having PTSD tend to have significantly more medical conditions such as chronic fatigue and pain, as well as high blood pressure.

Davis, Ressler, Schwartz, Stephens, and Bradley (2008) examined low-income African-Americans, living in various urban communities who are dealing with undiagnosed PTSD due to various obstacles that hinder them from treatment. In all, 22% of the people that were interviewed for this study had related PTSD. The various obstacles dealt with in receiving the proper treatment for PTSD included issues with transportation as well as low SES.

It is evident in the above research that those who experience domestic violence as well as PTSD go through many hardships. These issues seem to be exacerbated when poverty is added into the mix. My research will expand on the knowledge of women who have a low (SES) and are experiencing domestic violence as well as PTSD. Through this knowledge we can better understand what issues women are dealing with and hopefully find ways to help them. Additionally, my research will focus on women from different races, rather than African-American women, like previous studies. I have found that most research focuses on African-American women. Finally, my

research will focus on women living in rural areas in Upstate New York, typically understudied. I hypothesize that women who are impoverished and have dealt with domestic violence have many more incidences of PTSD related symptoms than their more affluent counterparts.

PROPOSED METHOD

Study Design

In this quantitative research, I propose conducting a correlational study to examine the relationship between domestic violence and PTSD in impoverished women. I hypothesize that impoverished women who have experienced domestic violence have higher incidences of PTSD than those who are more affluent.

Population

Two hundred women from a rural area of Upstate New York will be recruited as participants. These women will not be of one specific race; their ages will range from twenty to forty. The women will come from both battered women's shelters and also from the community. As for the community, I will have an advertisement placed in the local newspaper about my study, and there will be guidelines such as experience of domestic violence and minimum monthly income.

Method

The women will be placed into two separate groups, one for the impoverished, and the other for the affluent. One hundred women will be placed in each group depending on their eligibility. The women that are placed in the impoverished group will be women from battered women's shelters. The women placed in the affluent group will be from the community. The interviews will be conducted either at the research office, the shelters, or the women's home. The questionnaires and scales I will use include the Childhood Trauma Questionnaire (CTQ; Bernstein, Fink, Handelsman, & Foote, 1994), the Severity of Violence Against Women Scale (SVAWS; Marshall, 1992), and the PTSD scale for battered women (Saunders, 1994). The Childhood Trauma Questionnaire (CTQ; Bernstein, Fink, Handelsman, & Foote, 1994) will assess childhood abuse, the Severity of Violence Against Women Scale (SVAWS; Marshall, 1992) will assess relationship violence, and the PTSD scale for battered women (Saunders, 1994) will assess DSM criteria for PTSD. The SES of the women will be based on their jobs, income, and neighborhood. This study will last for a year and the women will be compensated with \$100.

CONCLUDING REMARKS

Significance

This research will make at least three contributions to the area of domestic violence and PTSD. First, the study will contribute to the expanding knowledge of women who have a low (SES) and are experiencing domestic violence as well as PTSD. In gaining more knowledge about this specific group of women, we can better understand what issues they are dealing with and hopefully find ways to help them. Second, this study is the first to use women that are not from an urban setting but rather a rural one. Many studies of women suffering from PTSD have just examined women from urban communities. I want to get a better understanding of the effect that PTSD and domestic violence has on women in these areas. Finally, this study will use women of all different races rather than just once specific one. I think it is important to not just look at one race, because I want to get a better understanding of all women experiencing domestic violence and PTSD as a whole.

Limitations

A limitation of this study is using women from only New York. Although the population is open to women of different races, I am only looking at women from one state, not the entire United States. The second limitation of this study is its generalizability.

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