The role of world assumptions in predicting mental health following IPV

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Trauma and Mental Health

PTSD:
- 51% of women and 61% of men report lifetime prevalence of at least one traumatic event
- 7.8% lifetime prevalence of PTSD
- 10% conditional lifetime prevalence
- 9% conditional, current prevalence

Depression:
- 17.1% lifetime prevalence; 4.9% current depression
- 96% of those with depression report having experienced at least one traumatic event in his/her life
- 51% of those with depression report childhood abuse

IPV and Mental Health

A strong connection between IPV exposure and
- PTSD:
  - 30-80%, depending on measures and population
  - 63.8% weighted mean prevalence
- Depression:
  - 1.5 to greater than 2 times more likely to be diagnosed with a mood disorder or a major depressive episode
  - 80% of women enter a DV shelter with mild depression
  - >50% of these women stay depressed 10 weeks post-shelter exit and up to six months later

Variety of explanations for why trauma adversely impacts mental health
- Psychophysiological:
  - Conditioned physiological responses, dysregulation of the HPA axis
- Behavioral:
  - Conditioned responses, reinforced behaviors related to anxiety and depression
- Cognitive:
  - Thought distortions and challenges to schematic cognitions about the world, self and others
- Psychodynamic:
  - Disrupted and/or unhealthy object relations, disrupted ego functioning
Constructive Narrative Perspective

- CNP views individuals, groups and communities as story telling entities who construct narratives about themselves, others, the world and the future (Meichenbaum)
- Individuals develop narratives that are typically intelligible, meaningful and coherent
- Trauma can disrupt these narratives and either:
  - Confirm previously held negative beliefs OR
  - Challenge more positive beliefs
- Trauma can lead to:
  - Self-blame
  - Self-focused and negative cognitions and beliefs that challenge a sense of meaning and safety

Three fundamental assumptions about the world:
- Benevolence of the world
- Meaningfulness of the world
- Worthiness of self

Trauma can disrupt these assumptions, leading to a disintegration of an internal world that provides one with a sense of safety, meaningfulness, or worthiness of self

In the aftermath, individuals may display symptoms of PTSD because they may not be assured of fundamental safety, meaningfulness, or worthiness of self

Trauma is worse if interpersonal in form:
- Rape survivors show diminished world assumptions
- Firefighters do not show diminished world assumptions related to job-related trauma exposure
- Cops show only particular declines in world assumptions:
  - Benevolence of people

Explore the role that world assumptions play in mental health following IPV and trauma:
- 1: Study of PTSD in survivors of intimate partner violence
  - Looking at the role of IPV exposure and ethnicity
- 2: Study of depression in survivors of intimate partner violence
  - Looking at the role of interpersonal versus non-interpersonal violence
## Two studies: Demographics (N=97)

### Ethnicity:
- 47.4% African American
- 46.4% European American
- 5.2% Hispanic American
- 1.0% Biracial

### Relationship Status:
- 52.6% Single
- 12.4% Married
- 19.6% Separated
- 6.2% Living with a partner
- 8.2% Divorced
- 1.0% Widowed

### Education:
- 22.6% Some high school
- 32.0% Some College
- 32.0% High School degree
- 13.4% >= College degree

### Income last month
<table>
<thead>
<tr>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>$92</td>
<td>$943</td>
<td>0-4000</td>
</tr>
</tbody>
</table>

### Age (years)
- Mean: 33.2
- SD: 8.75
- Range: 17-58

### Living with the violent partner
- 2.1%

### Past/Current Shelter Use
- 71.1%

### Working
- 28.9%

### PTSD Diagnosis
- 56%

## Two studies: Violence exposure

- Violence exposure of the sample (in the last year):

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Violence</td>
<td>298</td>
<td>163</td>
<td>1-759</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td>38</td>
<td>46</td>
<td>0-175</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>84</td>
<td>73</td>
<td>1-275</td>
</tr>
<tr>
<td>Injury</td>
<td>23</td>
<td>25</td>
<td>0-140</td>
</tr>
<tr>
<td>Psych Aggress</td>
<td>107</td>
<td>49</td>
<td>0-200</td>
</tr>
<tr>
<td>Negotiation</td>
<td>49</td>
<td>28</td>
<td>0-133</td>
</tr>
</tbody>
</table>

## Two studies

- Women from southeastern and central Michigan recruited from shelters, service agencies, commercial advertisements

- Completed a 60-90 minute interview and were reimbursed $25 for their time

- Interviewed by a masters or doctoral level student trained in clinical interviewing
Two studies: Measures

Demographic questions
Conflict Tactics Scale – Revised (CTS-R) \( \alpha = .92 \) (Straus et al., 1996)
Posttraumatic Stress Diagnostic Scale (PDS) \( \alpha = .82 \) (Foal, 1995)
World Assumptions Scale (WAS) \( \alpha = .85 \) (Janoff-Bulman, 1989)
Center for Epidemiologic Studies Depression Scale (CES-D) \( \alpha = .88 \) (Radloff, 1977)

STUDY 1: WAS and PTSD

World assumptions have been explored in a number of trauma populations, but
- Has been infrequently explored in repeat trauma survivors and never in IPV survivors
AND
- Never in relationship to ethnicity, which is related to trauma exposure and individual’s experience of the world

STUDY 1: WAS and PTSD

IPV and world assumptions:
- As an interpersonal trauma, one would expect world assumptions to be diminished in relationship to IPV exposure (dose-response)
- One would also expect it to mediate the relationship between IPV exposure and PTSD

In regards to ethnicity:
- Research has consistently shown that ethnicity is related to IPV exposure
- Ethnic minority women more at risk for more frequent and severe IPV exposure
- However, research has been conflicted in regards to rates of PTSD following IPV and risk factors for developing PTSD as a function of ethnicity has not been shown
In regards to ethnicity:
- Given the relationship between ethnicity and IPV exposure, one might expect:
  - Assumptions to be more diminished in African American women via increased rates of IPV exposure
  - One might also expect a direct relationship between ethnicity and world assumptions related to adverse life events
  - Being an ethnic minority places one at risk for enduring interlocking systems of oppression and racism

The inter-relationships between these variables is theorized as follows:

20% of the variance in PTSD accounted for by ethnicity, world assumptions and IPV exposure

Standardized Total Effects on PTSD:
- Ethnicity: .09
- World assumptions: -.221
- IPV exposure: .391
**STUDY 1: WAS and PTSD**

- **Goodness of fit statistics:**
  - $\chi^2 = .94$ (p=.33)
  - CMIN/df = .94
  - NFI (normed fit index) = .98
  - CFI (comparative fit index) = 1.00*
  - RMSEA (Root mean square error of approximation) = .000

- **Discussion:**
  - World assumptions were related to IPV exposure and PTSD symptoms.
  - Accounts for additional variance in PTSD over and above the direct effect of IPV on PTSD symptoms.
  - Ethnicity had an indirect effect on PTSD via IPV exposure, but not via world assumptions.
  - Limitations:
    - Sample size (about 7 per parameter), though CFI was strong.
    - Other variable related to ethnicity and PTSD?

**STUDY 1: WAS and PTSD**

A high percentage of IPV survivors frequently report revictimization, including:
- childhood maltreatment
- sexual assault
- witnessing family violence

A high percentage of trauma survivors and IPV survivors in particular report symptoms of depression.
**WAS theory provides a framework for understanding increased vulnerability to depressive symptomatology following IPV.**

- World Assumptions Theory suggests different forms of trauma will have a different effect on our core assumptions.
  - Non-interpersonal trauma:
    - Event was random
    - Common misfortune of people
    - Victims receive social support
  - Interpersonal Trauma:
    - Malicious perpetrator
    - Personal attack with intention to harm
    - Humiliation

**Hypotheses:**
- Diminished world assumptions will mediate the relationship between trauma exposure and depression severity.
- Diminished world assumptions will mediate the relationship between interpersonal trauma exposure and depression severity.
- Diminished world assumptions will not be related to non-interpersonal trauma exposure.

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**Regression 1**
- Outcome: Depression
- Predictor: Total Trauma

**Regression 2**
- Outcome: World Assumptions
- Predictor: Total Trauma

**Regression 3**
- Outcome: Depression
- Mediator: World Assumptions
- Predictor: Total Trauma

\* \( P < .05 \) \* \( P < .01 \)
Non-interpersonal trauma exposure was not significantly related to depression severity scores ($r=.20$, $p>.05$)

**Discussion:**
- Interpersonal trauma undermines our positively biased core assumptions
- Perception of invulnerability is shattered
- World is now uncontrollable, threatening, and hostile
- Helplessness and/or hopelessness that may result places interpersonal trauma victims at risk for depressive symptomatology

**Implications**
- Constructive narrative perspective is at the heart of a variety of treatment approaches:
  - Cognitive behavioral approaches for trauma
  - Stress inoculation training
  - Brief eclectic therapy
  - Cognitive Processing therapy
  - Psychodynamic approaches
Limitations

- Sample size
- Highly traumatized sample – subject to memory impairment
- Convenience sample collected largely from shelters
  - Disproportionately high rates of (severe) violence
  - Fewer resources than other women
  - Limited to two ethnic groups / generalizability
- Cross-sectional design:
  - Limits interpretations that can be made
  - IPV (reports may be higher as a result of post-trauma pathology)
  - World assumptions is not measure longitudinally

Questions??