



Agency, Depression, and Social Support in Residents of a Domestic Violence Shelter

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Intimate partner violence (IPV) is a pervasive and persistent social problem that requires attention and further study for us to understand its impact on American homes and communities.^{1,2} IPV can manifest itself through physical, emotional, sexual, financial, and psychological abuse. This threat is particularly concerning for women, as seen in a recent study of the National Institute of Justice and the Centers for Disease Control and Prevention. In this study of sixteen thousand participants, 25.5% of women reported experiencing rape, physical assault, or stalking by an intimate partner at some point in their lives, while 7.9% of men reported such experiences.³ Another study by the United States Department of Justice found that violence against women is primarily intimate partner violence: 76% of women surveyed who had been raped and/or physically assaulted since age 18 reported assault by a current or former husband, cohabiting partner, or date, compared with 18% of men.³ One study found that IPV towards women is so prevalent that an adult female is more likely to be a victim of violent crime by her male partner at home than anywhere else or by anyone else.⁴ Such significant statistics point to the importance of further study to better understand violent behavior in a domestic setting, as well as its antecedents and future implications. Domestic abuse is often severe and pervasive, resulting in physical injuries, numerous physical health problems,⁵⁻⁷ mental health issues,^{5,8-11} and sometimes death.^{1,12,13} Such severe outcomes impact the whole of a woman's functioning, and the implications pervade into other spheres of her life.

Violent domestic relationships have a considerable impact on the mental health of those experiencing the abuse. Depression is a particularly concerning implication of engaging in an abusive relationship. One study found that in a sample of 110 abused women, 65% of them reported clinically significant levels of major depression.¹⁴ Previous research has also found that abused women present more depressive symptoms than other women.¹⁵

Individuals who are depressed often feel worthless, fearful, guilty, and powerless to control their situations, while those with more severe cases of depression may consider suicide.¹⁶ Abused women tend to have low self-esteem and often consider themselves failures as partners and peacemakers; some consider suicide as a way to end such feelings.¹⁷ Post-traumatic stress

disorder, major depression, alcohol abuse and dependence, and avoidant personality are more prevalent among abuse survivors than in a control group.¹⁴

Furthermore, people are particularly vulnerable to depression when they have poor social support.¹⁸ Therefore, it is important to look at social support as a protective factor in regard to depression. The concept of social support includes an umbrella of various constructs such as support network resources, supportive behaviors, and subjective appraisals of support.^{13,19-22} Some researchers have also discerned different modes of social support.²² Emotional support involves behaviors such as listening, encouraging, and showing sympathy, while practical support involves behaviors such as providing monetary assistance, child-care, and transportation. Both forms of support have been found to relate positively to well-being. Previous research has found that the presence of a social network reduces mortality,²³ enhances psychological well-being, and protects against the distress that can accompany negative life events.²⁴ Social support also serves as a protective factor against burnout,^{25,26} which is defined as a state of emotional and cognitive exhaustion caused by investment in emotionally taxing situations.²⁷ Social support, particularly from sympathetic and understanding people, improves overall health and increases life expectancy.²⁸

Social support may be a particularly important factor for women in abusive relationships. Abusers often isolate their victims from interpersonal contact with others, preventing the victim from realizing that their relationship may be unhealthy.²⁹ Perpetrators of IPV often use social isolation to effectively control and assault women with less fear of detection.^{12,30} Abused women often experience psychological entrapment and develop symptoms of learned helplessness,³¹ which may prevent them from reaching out to others for help. Women in abusive relationships often state that their ability to communicate with family and friends had been seriously truncated and that they feel they had no one to turn to for help.³² Social support is an important outlet, as women report that receiving help from family or friends is helpful in their ability to leave their abusive relationship.³³ However, few studies have directly examined the role that social support may play in protecting abused women from experiencing depression. It is likely that victims of domestic violence will experience higher levels of

depression if they do not have the social support of their family and friends, both in terms of practical support, which can be critical for women attempting to leave an abusive relationship, and of emotional support. Thus, the first goal of the study is to examine the role of social support in depression among domestic violence survivors.

Alongside social support, women are often in need of more community services to assist in building a healthy life. Resources such as medical care,³⁴ child-care,³⁵ safe and affordable housing,³² and social service assistance³⁴ are often necessary for women to become independent. Communities with organized social institutions to respond to issues of IPV have had successes.^{35,36}

One such community institution is a domestic violence shelter, which provides a safe haven for individuals who are looking to escape the threat of an abusive partner. Domestic violence shelters often offer services including individual and group counseling, networking with social agencies for funds and employment, and contacts with landlords for secure and reasonably priced housing. Through contact with both residents and staff in a domestic violence shelter, a new resident has the opportunity to develop a safe social support system outside of her previous abusive relationship.

However, previous studies have not examined the relation between women's utilization of shelter-based support systems and women's experiences of depression. Extrapolating from the general research on social support and mental health, it seems reasonable to postulate that women who are willing to rely on shelter staff and residents for social support may experience less depression during their shelter stay than women who are unable or unwilling to do so. The second goal of the study, therefore, is to examine the relationship between experiences of support in the shelter and depression levels at discharge.

If social support and networking have a positive impact on a woman's mental health, it is critical to look more closely at the ways in which social support can be established and maintained in the lives of survivors of IPV. Even under very difficult circumstances, such as with an abusive and controlling partner, some women are better able than others to seek out and experience social support from family and friends. Identifying these individual difference variables may be an important step in better understanding the relationship between social support and mental health in abuse survivors.

One such variable is agency. Agency is a term defined to reflect a fundamental modality of human existence as an individual,³⁷ and reflects an orientation towards the self: self-assertion, self-expansion, self-control, and self-direction.³⁸ Agency is linked to gender, in that men tend to have higher levels than women because typical gender-socialization experiences emphasize the development of these qualities in males.

In contrast, gender socialization processes are more likely to emphasize communion, or the fostering of connections, with females.³⁷ Previous research indicates that agency is also present in women and it has a pervasive and positive influence on psychological well-being for both men and women.³⁸ Agency is associated with reduced depression,^{39,40} reduced anxiety,⁴⁰ enhanced self-esteem,⁴¹ and reduced distress.⁴²

Previous research has also indicated that social support is positively related to agency.³⁷ For individuals who are high in agentic qualities, high social support serves as a buffer against

stress.⁴³ Agency has also been connected with help-seeking behavior.³⁷ This is consistent with research showing that women who are employed and less economically dependent are more likely to bring assault charges against their partner, obtain a protection order, and finally leave their abusive partner.³¹ Protective factors such as employment and economic independence are agentic in nature. Thus, it may be the case that women with higher levels of agency are more willing or able to seek out and accept social support, lowering their levels of depression. The third goal of the study is to examine the hypotheses that women with higher levels of agency will report greater social support from both people outside the shelter and inside the shelter, and that this support will result in lower levels of depression upon leaving shelter.

In summary, it is clear that domestic violence is a serious and pervasive issue for both individuals and the wider community. Implications of abusive relationships impact women in notable ways, and many women who have been abused experience increased levels of depression. Additionally, women who have been abused often experience isolation, which may disconnect them from social support, further increasing their levels of depression. However, women with agentic traits may be more likely to seek out and receive social support even under these difficult conditions and thereby experience lower levels of depression. Therefore, it is reasonable to speculate that social support may be a mediator in the relationship between depression and agency. Understanding the relation between these variables in this sample is important for being able to provide effective services for women in need.

Present Study

This study examined the relationship between agency, social support, and depression in a sample of female residents at a domestic violence shelter. Residents were assessed within one week of entering shelter (Time 1) and at a second appointment, within one week of their discharge from shelter (Time 2). Agency may be a contributing factor for abused women in the development of social support, both inside and outside of shelter life. This study hypothesized that abused women high in agentic traits at Time 1 would present lower levels of Time 2 depression, controlling for their initial depression level. In other words, women who came to shelter with high levels of agency would exhibit lower levels of depressive symptoms at the time of their discharge. Furthermore, social support of family and friends at Time 1 would be associated with lower levels of depression at Time 2, and social support in women's lives outside of shelter was predicted to be a mediator in the relationship between agency and depression. Finally, willingness to rely on the support of staff in the shelter was also predicted to be a mediator of the relationship between agency and depression.

Participants

Location: The participants of this study were residents of a domestic violence shelter for women and children located in southeastern Michigan. This study recruited a sample of fifty-eight abused women between the ages of 19 and 59, with a mean age of 33.42.

Racial Profile: 56.9% African American, 22.4% Caucasian, 5.2% Asian or Pacific Islander, 3.4% American Indian; 8.6%

of participants did not identify with any of these groups.

Education levels: 43.1% completed or attended some college, 50% completed high school or a general equivalency degree, and 5.2% completed only junior high school.

Abusive individual: All participants had recently (in the past seven days) been involved in an abusive relationship in a domestic setting and had been admitted to the shelter due to the imminent danger of further violence in their relationship. Most participants' (63.8%) abusive relationships were with a boyfriend, while 24.1% of participants were abused by a husband, and 10.3% had an abuser that was neither their boyfriend nor their husband.

Time of involvement with abusive individual: 58.6% of the women had been involved with the abusive individual for over one year, 24.1% had been with their abuser between six months and one year, and 15.5% had been involved with their abuser for less than six months.

Method

Each study participant was invited to complete paper and pencil measures on two separate occasions: once at a set time within a week of their arrival at the shelter (Time 1), and once during a set time within a week prior to their discharge (Time 2). Average time between initial assessment and subsequent follow-up was approximately three and a half weeks. The women were offered monetary compensation of a total of ten dollars for their participation; five dollars for each appointment. Average length of time of each appointment was approximately thirty to forty-five minutes. Each appointment was conducted in a quiet room away from the other shelter residents. An occupancy sign was posted on the outside door of the room for the entirety of the appointment, to allow for the greatest privacy possible. Of the initial sample of 58 women, only 22 participated in the follow-up session, despite efforts to follow-up with each woman. Analyses indicated that the women who completed the Time 2 data did not differ from the women who failed to participate at Time 2, on measures of depression, agency, or social support assessed at Time 1.

Participants were requested to complete measures about demographic information, depression (Center for Epidemiological Studies Depression Scale, CES-D), gender-related personality traits (The Extended Personal Attributes Questionnaire, EPAQ), social support (Social Support Behaviors Scale, SSBS), and emotional reliance. The CES-D was used both at Time 1 and Time 2, the EPAQ was used only at Time 1, the SSBS was used only at Time 1, and the ERQ was used only at Time 2.

Results

Table 1 presents the means and standard deviations for all study variables. Table 2 presents the Pearson correlations among the variables. Analyses involving depression at Time 2 included only 22 of the original 58 women who were included in the Time 1 analyses. Results showed that agency was positively associated with perceived social support from both family ($r=.32, p<.05$) and friends ($r=.39, p<.05$). Although not reaching significance, there was a trend indicating that agency, assessed at Time 1, was also associated with greater willingness to rely on shelter staff at Time, and with less depressive symptoms at follow-up. Social support received from friends at Time 1 was negatively

related to Time 2 depressive symptoms ($r=-.46, p<.05$), and willingness to rely on shelter staff was marginally negatively related to depressive symptoms ($r=-.37, p<.10$). Perceived social support from family and friends at Time 1 was also positively correlated with women's willingness to rely on shelter staff at Time 2 ($r=.45, p<.05$ and $r=.41, p<.05$, respectively).

Because the relation between agency and Time 2 depressive symptoms did not reach significance, an indirect relationship between agency and depressive symptoms was hypothesized to exist through the woman having: (a) greater social support from friends; and (b) greater willingness to rely on shelter staff for support.

In order to test the hypothesis that agency was associated with decreased levels of depression through a subject's higher level of social support from friends, the variables were first mean-centered, and two hierarchical regressions were employed. First, the social support variable was regressed onto agency, after first entering Time 1 depression. Second, Time 2 depression was regressed onto social support, while holding agency and Time 1 depression constant by entering them first. The resulting unstandardized path coefficients and standard errors were used in the equation to assess the significance of the indirect relationship between agency and depressive symptoms through friends' social support. The indirect relationship was significant ($z'=1.49, p<.01$). The model accounted for 24% of the variance in Time 2 depressive symptoms ($F(3,17) =3.12, p<.05$).

It was also hypothesized that agency would result in less Time 2 depression through greater willingness to rely on shelter staff for support. Following the steps outlined above, a significant indirect relationship between agency and less depression was found through the pathway of greater willingness to rely on shelter staff ($z'=.94, p<.05$). Figure 1 depicts the results of the mediational analyses.

Analysis

The first goal of the study was to examine the role of social support in depression among domestic violence survivors. Results showed that there was a significant relation between social support at Time 1 and decreased levels of depression at Time 2. In other words, women who entered shelter with high levels of support from friends exhibited lower levels of depression at their time of discharge. The measure used to determine social support from friends was administered at Time 1, to most accurately assess the participant's social

Mean Standard Deviation

Agency	3.55	0.67
SSFam ^a	2.84	1.25
SSFr ^b	3.38	1.16
WRSt-T2 ^c	5.33	1.74
WRRe-T2 ^d	3.63	1.89
DepressT2 ^e	2.15	0.65

Table 1: a Social support from family. b Social support from friends. c Time 2 willingness to rely on shelter staff for support. d Time 2 willingness to rely on shelter residents for support. e Time 2 depression.

Correlations among the study variables

	Agency	SSFam ^a	SSFr ^b	WRSt-T2 ^c	WRRe-T2 ^d	Depress T2 ^e
Agency	–	.32*	.39**	.22	.08	-.18
SSFam ^a	56	–	.38**	.45*	.36	.18
SSFr ^b	56	–	.41*	.33	-.46*	–
WRSt-T2 ^c	22	21	21	–	.53*	-.38 [^]
WRRe-T2 ^d	22	21	21	22	–	-.25
Depress T2 ^e	21	56	56	22	22	–

Table 2: Pearson correlation coefficients are present above the diagonal; N is present below the diagonal.

[^]p <.10, *p <.05, **p <.01, two tailed; a. Social support from family; b. Social support from friends; c. Time 2 willingness to rely on shelter staff for support; d. Time 2 willingness to rely on shelter residents for support; e. Time 2 depression.

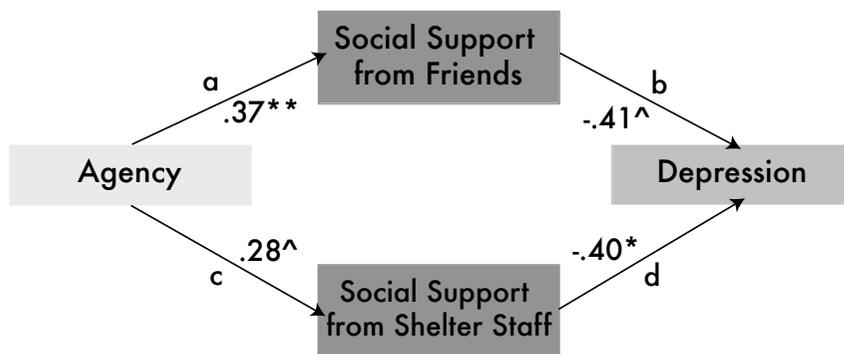


Figure 1: The standardized coefficients derived from multiple regressions are presented for ease of comparison. The coefficients for paths b and d represent the coefficients after controlling for agency and Time 1 depression in the mediational analyses. [^]p <.10, *p <.05, **p <.01, two tailed.

support system before their arrival to shelter. Furthermore, social support from friends at Time 1 predicted less depression at Time 2 even when controlling for depression at Time 1. These results are consistent with previous research indicating that social support is associated with increased psychological well-being.²³⁻²⁵ Results from this sample expand upon previous findings from normative samples, indicating that social support is an important element in protecting the mental health of women who have been in abusive relationships. Since many abusers tend to isolate their partners²⁹ and thereby limit their social support resources, this would clearly be an important area for counselors to focus on in working with women.

It is interesting that support from friends emerged as an important factor, both in terms of practical and emotional support. It is possible that relationships with friends foster connections with the greater community. It would make sense that women who are in the process of leaving an abusive relationship and establishing their own independence would need to rely on friends for practical support such as financial assistance and transportation, as well as for having another person to reach out to for emotional support. It is also important to note that while social support from family was also associated with less depression, it was not measured at statistically significant levels. This might be connected to previous studies that assert that support from family can be perceived as interference as opposed to a helpful resource.⁴⁴ Future work could usefully examine this issue further in a larger sample, to determine more definitively the relationship between depression and social support from family and friends in survivors of abuse.

The second goal of the study was to examine the relationship between experiences of support in the shelter and depression levels at discharge. Results indicated that willingness to rely

on shelter staff was significantly related to lowered depression at Time 2, even when controlling for Time 1 depression. Measures of willingness to rely on support from shelter staff were taken at Time 2, in order to give the women a chance to acclimate to their new environment and gain access to socially supportive resources. This strength lends itself to the longitudinal setup of this study. These results are consistent with previous findings that social support, particularly from sympathetic and understanding people, is a protective factor against distress.²⁷ It is important to note that this relationship was not significant in regards to the women's willingness to rely on support from other residents in shelter. These results emphasize the impact of training shelter staff as well as the importance of effective communication between shelter staff and residents. This indicates that shelter programming, which strengthens the relationships between residents and staff, as opposed to networking among residents, would better benefit women receiving services. Furthermore, this indicates that services such as individual counseling may be more effective than group counseling sessions for reducing the symptoms of depression during a stay in shelter. The implications of these findings on applied shelter programming could be a meaningful area of future research.

The third goal of the study was to examine the hypothesis that women with higher levels of agency would report greater social support from both people outside the shelter and inside the shelter, and that this support would result in lower levels of depression upon leaving shelter. Results showed that women who exhibited agentic qualities at Time 1 also reported higher levels of social support from friends, as well as a greater willingness to rely on shelter staff, which in turn was significantly associated with lower levels of depression at Time 2. Agency, marked by an orientation toward the self such as self-direction

and self-assertion,³⁸ has been positively associated with social support in previous research with normative samples.³⁷ This study confirmed these results, indicating that agency and social support are positively associated in a sample of female residents of a domestic violence shelter. Previous studies also indicate that agency is associated with help-seeking behavior.³⁸ Results from this study were consistent with these findings, showing that agency was positively associated with willingness to rely on shelter staff. Furthermore, previous studies have also found that agency is positively correlated with psychological well-being and lowered levels of depression.³⁹ Results from this study concurred with previous findings, as women entering shelter with high levels of agency also reported decreased levels of depression at the time of discharge, even when accounting for levels of depressive symptoms during intake. This significant relationship between agency and depression can have important implications for a woman's experience in shelter. It would be effective for shelter programs to teach agentic skills, such as assertiveness, in order to help women gain the social support they need, and in turn to decrease depressive symptoms. Additionally, it is also important for counselors to keep in mind that women who come to shelter low in agency may have difficulty asking for assistance from shelter staff. These women, in particular, would benefit greatly from training in agentic skills.

Limitations

There are several important limitations to address as a part of this study. First, all data gathered from participants was in the form of self-report measures. As a result, we are unable to compare participants' responses to those of an objective observer. This increases the possibility for bias. Another important limitation to address is the reduction in sample size from Time 1 (n=58) to Time 2 (n=22). While it is generally difficult to ensure Time 2 participation in many studies, a main reason for this drop in participation is the transient nature of this particular sample. The shelter's maximum length of stay is 30-days; many women do not stay for this maximum allowance. While some women return to their abusers, and others move on to independent living, many residents desire to leave shelter and move in with friends or family; the shelter is often used a temporary safe haven at times when the woman is in fear of imminent abuse. With women residing in shelter so temporarily, it is difficult to ensure participation in Time 2 of the study.

Conclusion

Despite these limitations, the current study provides valuable information in the realm of domestic violence and experiences of abused women. Findings from this study regarding the relationship between agency, social support, and depression point to the need for continued research in this area.

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