



# Data Points

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Intimate partner violence (IPV), also referred to as domestic violence, is defined as physical or sexual violence or psychological/emotional abuse by a current or former husband, partner, boyfriend, or girlfriend.<sup>1</sup> Research has indicated that IPV is consistently associated with negative health outcomes, both physical and mental.<sup>2</sup> Depression is associated with IPV as well as impairment in physical and social functioning.<sup>3</sup> This report examines the association between IPV in the past year and clinically significant symptoms of depression. This report also investigates the association between sexual assault and clinically significant symptoms of depression among California women.

This study used data from both the 2006 and 2007 California Women's Health Survey (CWHS). The CWHS included

nine questions on types of IPV. The six physical violence questions asked whether the respondent's intimate partner threw something at her; pushed, grabbed, or slapped her; kicked, bit or hit her; beat or choked her; forced her to have sex against her will; or used a knife or gun on her during the previous 12 months. Respondents answering "yes" to any of the physical violence questions were defined as having experienced intimate partner physical violence (physical IPV).

The three psychological/emotional abuse questions asked whether the respondent was frightened, controlled, or followed by an intimate or former partner. A respondent with no physical IPV who said "yes" to one of the psychological/abuse questions was defined as having psychological-only IPV.

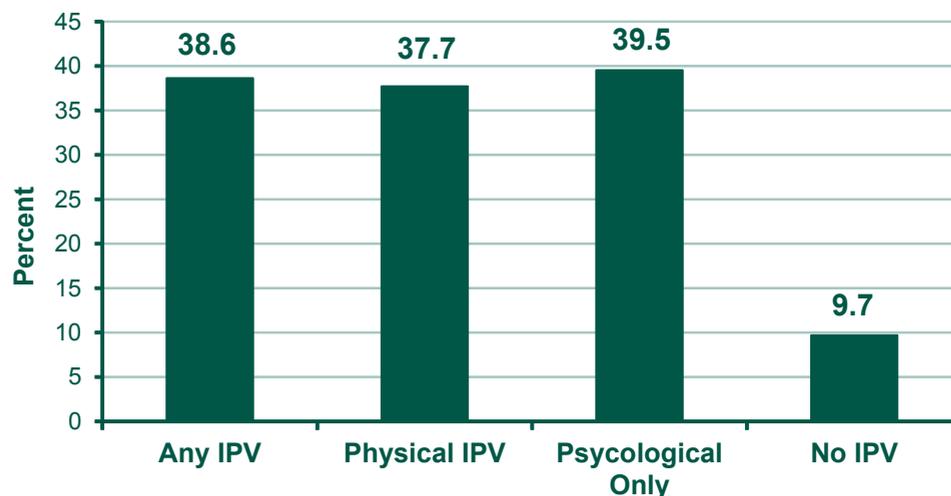
## *Symptoms of Depression Among Women Who Have Experienced Intimate Partner Violence and Women Who Have Experienced a Sexual Assault*

California Department of Public Health  
Chronic Disease Surveillance  
Research Branch  
Survey Research Group Section

### **Public Health Message:**

*When treating women who have experienced any type of IPV or sexual assault it is important to be aware that these women are at high risk for depression. Therefore, it would be important to screen women who have experienced any IPV or sexual assault for depression so that those who are affected can receive the treatment they need.*

Figure 1 **Current Depression by Intimate Partner Violence (IPV), 2007**



Source: California Women's Health Survey, 2007

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The 2006 and 2007 CWHS included two additional questions asking “*whether anyone ever forced you into unwanted sexual activity by using force or threatening to harm you.*” One question asked if this happened before age 18 and the second asked if this happened after age 18.

The 2006 and 2007 CWHS also included the patient health questionnaire (PHQ-8) to measure clinically significant symptoms of depression.<sup>4</sup> The PHQ-8 consists of eight questions asking how often respondents have been bothered by a symptom over the last two weeks.<sup>3-5</sup> Women with a score of ten or greater were defined as having clinically significant symptoms of depression.<sup>6</sup> The analysis on IPV and symptoms of depression included 8,992 respondents. All reported differences were significant at  $p < .05$ .

The results of the analysis indicated a strong significant association between IPV and symptoms of depression. The rate of clinically significant symptoms of depression among women with any IPV (38.6 percent) was almost four times higher than the rate among women with no IPV (9.7 percent). The rates of clinically significant symptoms of depression among both women with physical IPV (37.7 percent) and women with psychological IPV (39.5 percent) were significantly higher than the rate among those with no IPV (9.7 percent).

The results also indicated a strong association between sexual assault and clinically significant symptoms of depression. Women who experienced a sexual assault at any time in their life had significantly higher rates of clinically significant symptoms of depression (26.1 percent) than women who never experienced a sexual assault (8.6 percent). Women who experienced a sexual assault were divided into three mutually exclusive groups: those who experienced a sexual assault before the age of 18; those who experienced a sexual assault after the age of 18; and those who experienced an assault before and after the age of 18. The rate of depression among women who reported being sexually assaulted before the age of 18 (20.3 percent) and the rate among women who reported being sexually assaulted after the age of 18 (22.3 percent) were significantly higher than the rate among women who reported never being sexually assaulted (8.6 percent). Also, women who experienced a sexual assault both before and after the age of 18 had a significantly higher rate of depression (41.7 percent) than women who were sexually assaulted only before age 18 and women who were sexually assaulted only after age 18 (see Figure 2).

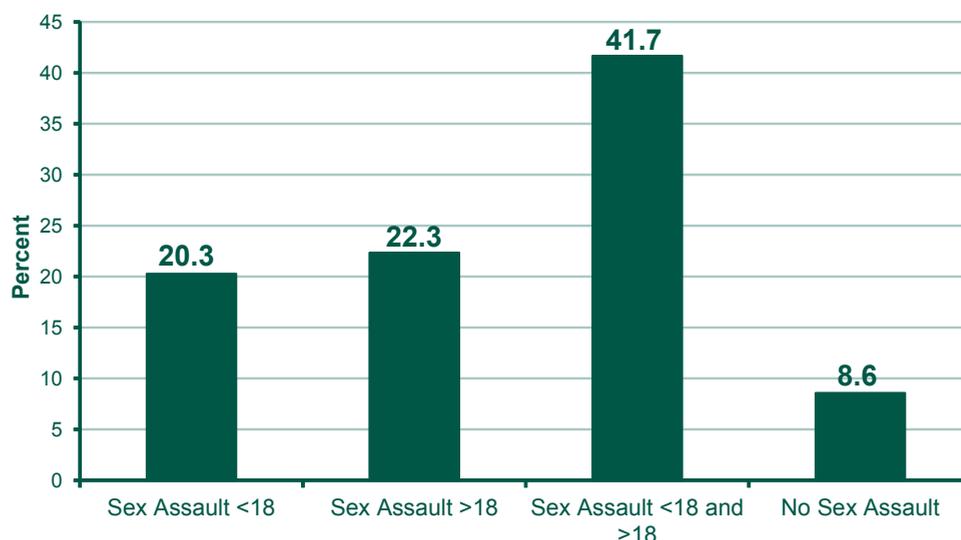
The results of this study emphasize how prevalent symptoms of depression are among women who have experienced any type of IPV or sexual assault.

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Figure 2

**Current Depression by Sexual Assault, 2007**



Source: California Women's Health Survey, 2007

- 1 King G, Hershey LS, Trent R. Women with disabilities and their health, health care access and utilization. *Women's Health: Findings from the California Women's Health Survey, 1997-2003*. California.2006. <http://www.cdph.ca.gov/programs/owh/pages/default.aspx>. Published May 2006. Accessed June 2008.
- 2 Ellsberg M, Jansen H, Heise L, Watts C, Garcia-Moreno C. Intimate partner violence and women's physical and mental health in the WHO multi-county study on women's health and domestic violence: an observational study. *Lancet*. 2008;371:1165-72.
- 3 Kroenke K, Spitzer R. The PHQ-9: A new depression diagnostic and severity measure. *Psychiatr Ann*. 2002;32(9):1-7.
- 4 The CWHS response set was slightly modified from the response set in the original PHQ-8. Each CWHS question asks about the number of days a symptom occurred during the last two weeks. The response set is based on days rather than "not at all," "several days," "more than half the days," or "nearly every day" in the original PHQ-8. To score the questions, days are converted to points (0-1 day = 0 points: 2-6 days = 1 point: 7-11 days = 2 points: and 12-14 days = 3 points) and summed to obtain a total score.
- 5 Kroenke K, Spitzer R, Williams J. The PHQ-9 validity of a brief depression severity measure. *J Gen Intern Med*. 2001;6(9):606-13.
- 6 Kroenke K, Strine T, Spitzer R, Williams J, Berry J, Mokdad A. The PHQ-8 as a measure of current depression in the general population. *J Affective Disord*. 2008;in press.

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