



CWHS

Data Points

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

The prevalence of experiencing racial discrimination as reported in survey data ranges from 30 percent to 84 percent,¹⁻³ demonstrating that racial discrimination is still a common experience for many adults in the general population.⁴ Racial discrimination has been studied as a risk factor in the persistent health disparities observed across races and ethnicities.⁵ Perception of racial discrimination may result in delays in seeking healthcare and poor adherence to treatment, which in turn increase the risk of poor health outcomes. Some researchers have found an association between perceptions of past racial discrimination and poor mental health among women.⁶⁻⁷

Another adverse health outcome with large racial and ethnic disparities is the history of intimate partner violence (IPV). Violence against women is quite prevalent, with about 4.8 women million in the United States experiencing IPV.⁸ IPV rates are higher among American Indian/Alaska Native women (18.2 per 1,000) than among African American/Black women (8.2 per 1,000), Caucasian women (6.3 per 1,000), or Asian women (1.5 per 1,000).⁹ According to the California Women's Health Survey (CWHS), about 40 percent of California women reported experiencing IPV in their lifetime.¹⁰ Research has also shown that women who experience IPV are more likely to report poor mental health, compared with women without, a history of IPV.¹¹⁻¹⁴

Little research has been done comparing the separate and combined impact of IPV and discrimination on women's mental health. Only one study was found, which

showed that among African American/Black women who reported both IPV and discrimination, the prevalence of mental health problems was higher than among those who reported either or neither exposure. However, these conclusions were limited by small samples.¹⁵ The purpose of this data point was to determine the prevalence of racial discrimination and IPV within sociodemographic subgroups of California women.

In 2009, CWHS respondents were asked: *Have you ever experienced discrimination because of your race or ethnicity?* The women were also asked about any physical violence in the previous 12 months¹⁶ and psychological violence by a partner or former partner.¹⁷⁻¹⁸ In addition, women reported their race/ethnicity (categories collapsed into non-White and White); age; whether they were limited in any way because of physical, mental or emotional problems; health insurance status; and education level. Federal poverty level (FPL) was calculated (at or below 200 percent of the FPL vs. above 200 percent of the FPL). Regarding their mental health, women were asked whether they had felt overwhelmed and how many days during the past 30 days that their mental health was not good.

Using the discrimination and the IPV questions, the women were divided into three groups: (1) women who reported both discrimination and IPV; (2) those who reported discrimination only; and (3) those who reported IPV only. Responses were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population. Differences

Demographic Characteristics and Poor Mental Health of California Women Who Report Discrimination and Intimate Partner Violence, 2009

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Public Health Message: *Demographic characteristics varied depending on whether women experienced discrimination or IPV alone, or both together. Both IPV and discrimination continue to impact the health of women, and efforts to screen women and monitor the prevalence of this issue should continue. Knowing the characteristics of women who report more discrimination and/or IPV can assist in tailoring interventions to subgroups, particularly mental health clients who are impacted by racial discrimination and IPV alone or in combination.*

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among each group were evaluated using Chi square statistics.

- Of the respondents, 19.9 percent reported having ever experienced racial discrimination, and 6.9 percent reported experiencing IPV in the past 12 months.
- Of the respondents, 17.2 percent reported only experiencing racial discrimination, 4.4 percent reported only experiencing IPV, and 2.5 percent reported experiencing both discrimination and IPV.
- Concerning feeling overwhelmed in the past 30 days, 5.2 percent reported very often feeling overwhelmed, 5.7 percent reported often feeling overwhelmed,

20.7 percent reported sometimes feeling overwhelmed, 27.4 percent reported rarely feeling overwhelmed, and 41.0 percent reported never feeling overwhelmed.

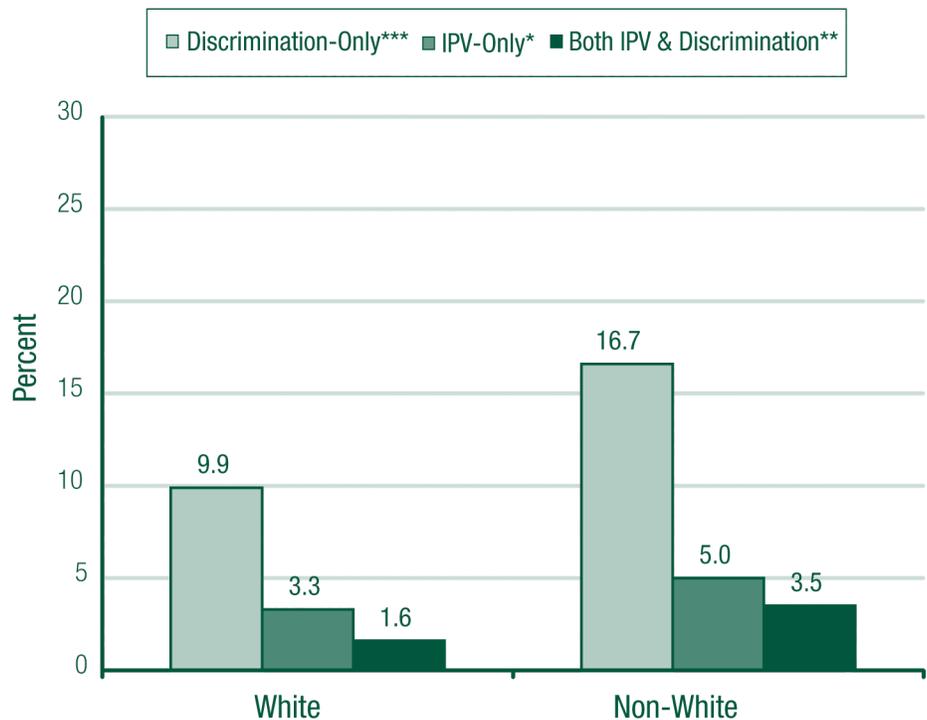
- Of the respondents, 88.0 percent reported having fewer than 14 days when their mental health was not good, and 12.0 percent reported having 14 or more days in when their mental health was not good.

Discrimination-Only

- Non-White women reported higher rates of discrimination-only (16.7 percent) than White women (9.9 percent; $P < .0001$) (Figure 1).

Figure 1

Reported Discrimination-Only, Intimate Partner Violence (IPV)-Only, and Both Discrimination and IPV Rates by Race/Ethnicity Among California Women, 2009



* $P < .01$; ** $P < .001$; *** $P < .0001$

Source: California Women's Health Survey, 2009

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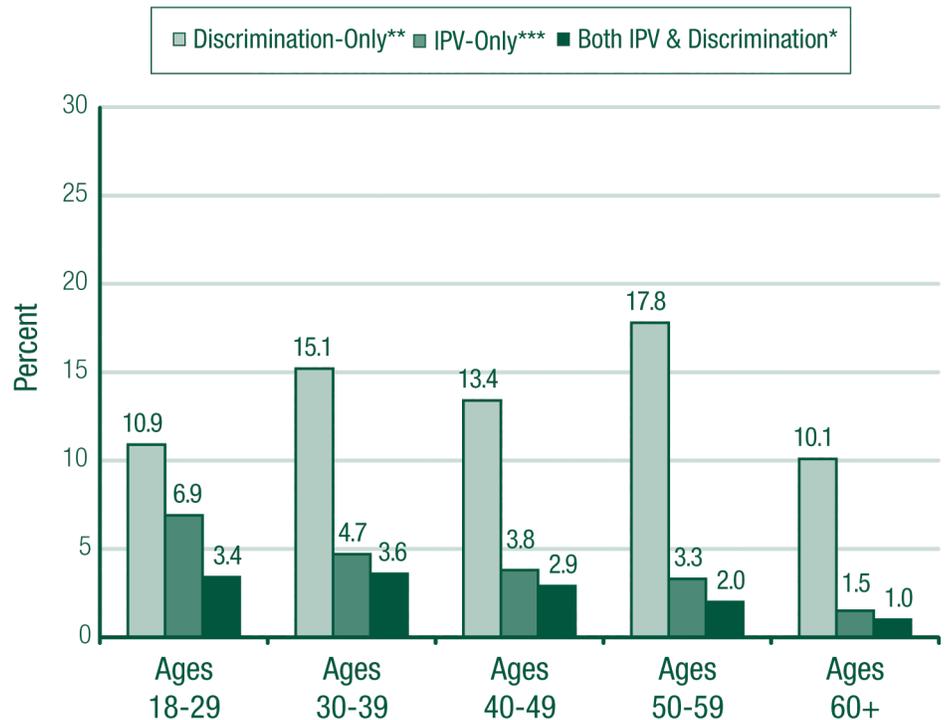
- Women ages 50 to 59, ages 30 to 39, and ages 40 to 49 reported higher rates of discrimination-only (17.8 percent, 15.1 percent, and 13.4 percent, respectively) than women ages 18 to 29 (10.9 percent) and women ages 60 and older (10.1 percent; $P < .001$) (Figure 2).
- Women above 200 percent of the FPL reported higher rates of discrimination-only (15.5 percent) than women below that level (11.1 percent; $P < .001$) (Figure 3).
- Women with more education (i.e., college/postgraduate) reported higher rates of discrimination-only (18.9 percent) than women with a high school diploma/GED (12.4 percent)
- and those with less than a high school diploma (10.4 percent; $P < .0001$).
- No significant difference was found in rates of discrimination-only with respect to disability, health insurance status, being overwhelmed, and in the number of mental health days.

IPV- Only

- Non-White women reported higher rates of IPV-only (5.0 percent) than White women (3.3 percent; $P < .05$) (Figure 1).
- Women ages 18 to 29 and ages 30 to 39 reported higher rates of IPV-only (6.9 percent and 4.7 percent, respectively) than women ages 40 to 49 (3.8 percent), ages 50 to 59 (3.3

Figure 2

Reported Discrimination-Only, Intimate Partner Violence (IPV)-Only, and Both Discrimination and IPV Rates by Age Among California Women, 2009



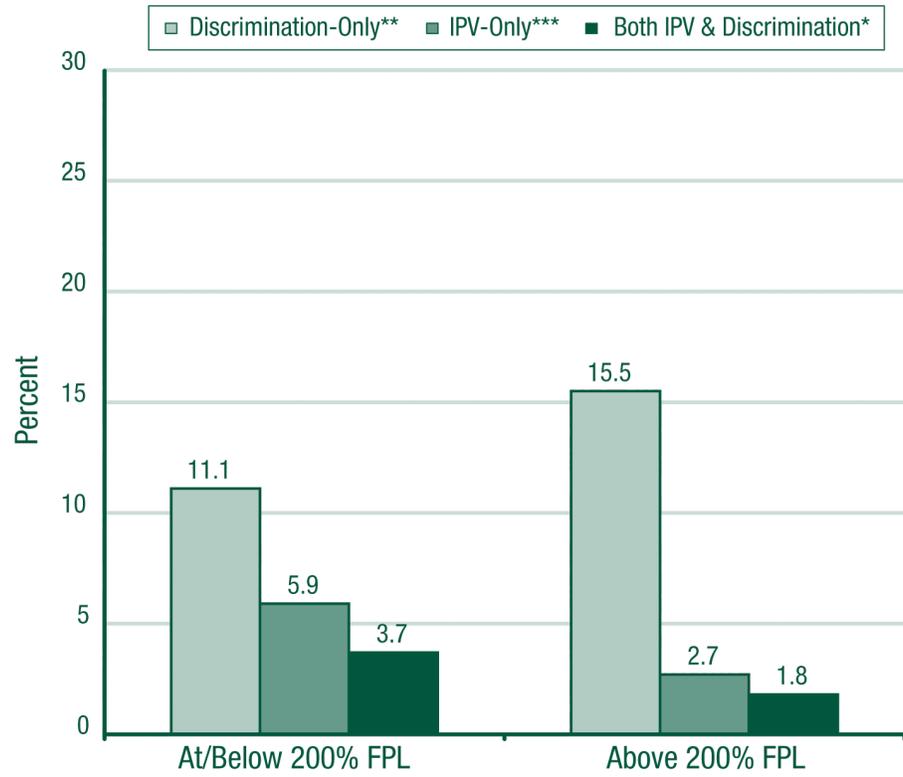
* $P < .01$; ** $P < .001$; *** $P < .0001$

Source: California Women's Health Survey, 2009

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Figure 3
Reported Discrimination-Only, Intimate Partner Violence (IPV)-Only, and Both IPV and Discrimination Rates by Federal Poverty Level (FPL) Among California Women, 2009



* $P < .01$; ** $P < .001$; *** $P < .0001$

Source: California Women's Health Survey, 2009

percent), and ages 60 and older (1.5 percent; $P < .0001$) (Figure 2).

- Women at or below 200 percent of the FPL reported higher rates of IPV-only (5.9 percent) than women above that level of income (2.7 percent; $P < .0001$) (Figure 3).
- Women without insurance reported higher rates of IPV-only (5.9 percent) than women with insurance (3.6 percent; $P < .05$).
- Women with more education (i.e., college/postgraduate) reported lower rates of IPV-only (2.6 percent) than women with less than a high school diploma (5.9 percent) and those with a

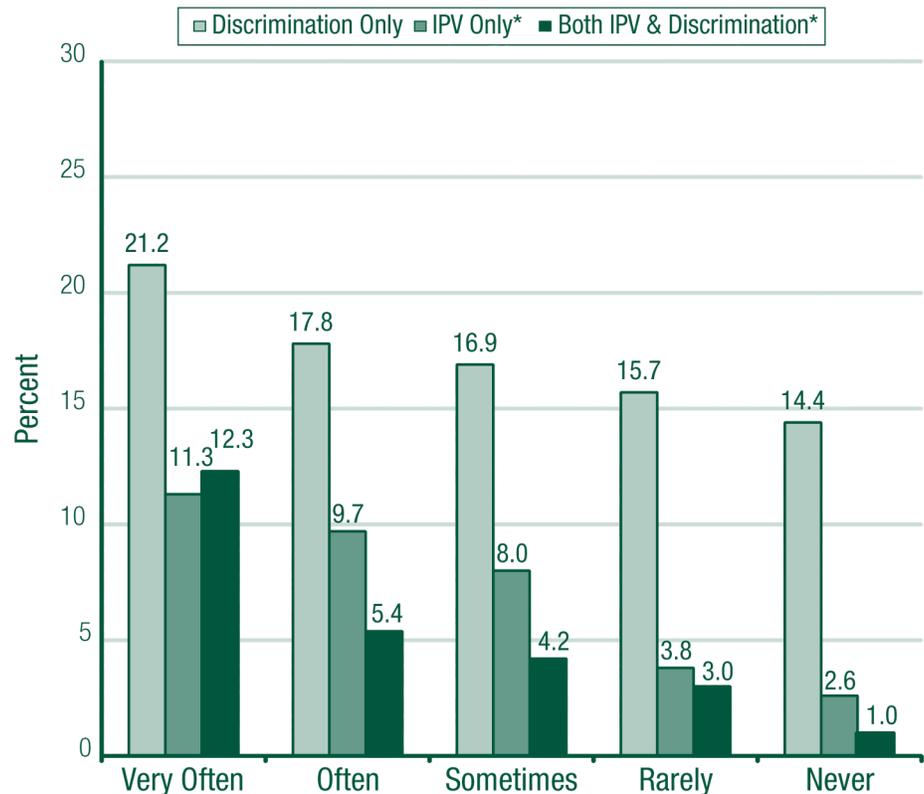
diploma/GED (5.1 percent; $P < .01$).

- Women who more often felt overwhelmed noted higher rates of IPV-only (very often, 11.3 percent; often, 9.7 percent; and sometimes, 8.0 percent) than women who less often felt overwhelmed (rarely, 3.8 percent and never, 2.6 percent; $P < .0001$) (Figure 4).
- Women who reported 14 or more days of poor mental health noted higher rates of IPV-only (8.3 percent) than women with less than 14 days of poor mental health (3.5 percent; $P < .0001$) (Figure 5).

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Figure 4
Reported Discrimination-Only, Intimate Partner Violence (IPV)-Only, and Both IPV and Discrimination Rates by How Often Felt Overwhelmed Among California Women, 2009



* $P < .0001$

Source: California Women's Health Survey, 2009

- No significant difference was found among women concerning IPV-only with respect to disability status, among women concerning IPV-only.

- Women with a disability reported higher rates of both IPV and discrimination (5.0 percent) than women without a disability (2.0 percent; $P < .001$).

Both IPV and Discrimination

- Non-White women reported higher rates of experiencing both IPV and discrimination (3.5 percent) than White women (1.6 percent; $P < .001$) (Figure 1).
- Women ages 18 to 29 and ages 30 to 39 reported higher rates of both IPV and discrimination (3.4 percent and 3.6 percent, respectively) than women ages 40 to 49 (2.9 percent), ages 50 to 59 (2.0 percent), and women ages 60 and older (1.0 percent; $P < .01$) (Figure 2).

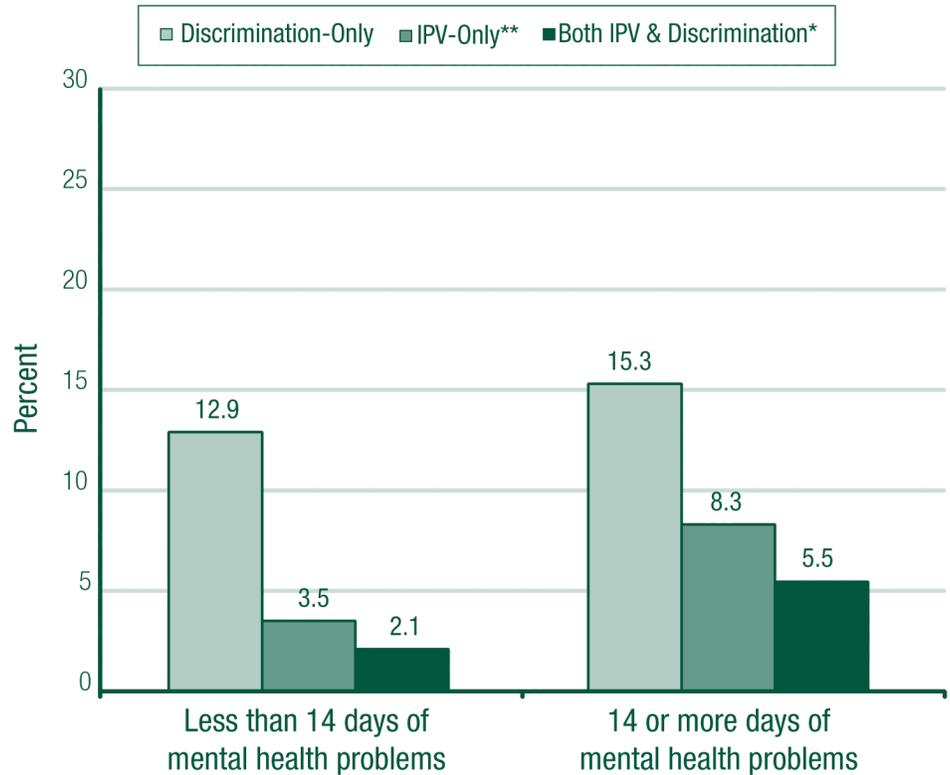
- Women at or below 200 percent of the FPL reported higher rates of both IPV and discrimination (3.7 percent) than women above that level (1.8 percent; $P < .01$) (Figure 3).

- Women who had feelings of being overwhelmed more often reported higher rates of both IPV and discrimination (very often, 12.3 percent; often, 5.4 percent; and sometimes, 4.2 percent) than women who less often had feelings of being

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Figure 5
Reported Discrimination-Only, Intimate Partner Violence (IPV)-Only, and Both IPV and Discrimination Rates by Number of Poor Mental Health Days Among California Women, 2009



* $P < .01$; ** $P < .001$; *** $P < .0001$
 Source: California Women's Health Survey, 2009

overwhelmed (rarely, 3.0 percent and never, 1.0 percent; $P < .0001$) (Figure 4).

- Women who reported having 14 or more days of poor mental health reported higher rates of both IPV and discrimination (5.5 percent) than women reporting fewer than 14 days of poor mental health (2.1 percent; $P < .001$) (Figure 5).
- No significant differences were found among women concerning both IPV and discrimination with respect to education level and health insurance status.

Concerning mental health, women who reported experiencing both IPV and discrimination reported more often having feelings of being overwhelmed, while those who reported IPV alone or having been discriminated against reported having more poor mental health days.

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- 1 Perez DJ, Fortuna L, Alergria M. Prevalence and correlates of everyday discrimination among U.S. Latinos. *J Community Psychol.* 2008;36(4):421-433.
- 2 Krieger N, Sidney S. Racial discrimination and blood pressure: the CARDIA study of young black and white adults. *Am J of Public Health.* 1996;86(10):1370-1378.
- 3 Borrell LN, Kiefe CI, William DR, Diez-Roux AV, Gorden-Larsen P. Self-reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study. *Soc Sci & Med.* 2006;63:1415-1427.
- 4 Ro AE, Choi KH. Social status correlates of reporting gender racial discrimination and gender discrimination among racially diverse women. *Women Health.* 2009;49(1):1-15.
- 5 Pascoe EA, Richman LS. Perceived discrimination and health: a meta-analytic review. *Psychol Bull.* 2009;135(4):531-554.
- 6 Smedley B, Jeffries M, Adelman L, Cheng J. *Race, racial inequality and health inequities: separating myth from fact. Unnatural Causes.* Briefing paper. 2008. http://www.unnaturalcauses.org/assets/uploads/file/Race_Racial_Inequality_Health.pdf. Accessed October 2010.
- 7 Schulz AJ, Gravlee CC, Williams DR, Israel BA, Mentz G, Rowe Z. Discrimination, symptoms of depression, and self-rated health among African American women in Detroit: results from a longitudinal analysis. *Am J of Public Health.* 2006;96(7):1265-1270.
- 8 Centers for Disease Control and Prevention. Understanding Intimate Partner Violence – Fact Sheet. 2011. http://www.cdc.gov/ncipc/dvp/ipv_factsheet.pdf. Accessed May 2011.
- 9 Weinbaum Z, Stratton T, Roberson S, Takahashi E, Fatheree M. Women experiencing intimate partner violence, California, 1998-2002. In Weinbaum Z, Thorfinnson T. (eds.) *Women's Health: Findings From the California Women's Health Survey, 1997-2003.* California Department of Health Services, Office of Women's Health. Sacramento, California, May 2006. Chapter 12.
- 10 Bachman R, Zaykowski H, Kallmyer R, Poteyeva M, Lanier C. Violence against Native Americans and Alaska Native women and the criminal justice response: what is known? Washington, DC; National Institute of Justice. 2008;47: <http://www.ncjrs.gov/pdffile1/nij/grants/223691.pdf>. Accessed May 2011.
- 11 Chen PH, Rovi S, Vega M, Jacobs A, Johnson MS. Relation of domestic violence to health status among Hispanic women. *J Health Care Poor Underserved.* 2009;20(2):569-582.
- 12 Bonomi AE, Anderson ML, Ried RJ, Rivara FP, Carrell D, Thompson RS. Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Arch Intern Med.* 2009;169(18):1692-1697.

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- 13 Change JC, Cluss PA, Burke JG, et al. Partner violence screening in mental health. *Gen Hosp Psychiatry*. 2011;33(1):58-65.
- 14 Eberhard-Gran M, Schei B, Eskild A. Somatic symptoms and diseases are more common in women exposed to violence. *J Gen Intern Med*. 2007;22(12):1668-1673.
- 15 Waltermaurer E, Watson CA, McNutt LA. Black women's health: the effect of perceived racism and intimate partner violence. *Violence Against Women*. 2006;12(12):1214-1222.
- 16 Defined as whether an intimate partner threw something at them; pushed, kicked, beat, or threatened with (or used) a knife or gun; or forced to have sex.
- 17 Defined as having an intimate partner cause them to be frightened for their own safety, or that of their family or friends; or who tries to control most or all of their daily activities; or who follows or spies on them.
- 18 Questions concerning domestic violence were funded by the Office of Family Planning Branch of the California Department of Public Health.

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