Does Religiosity Exacerbate or Buffer the Experiences of Depression and Anxiety among Intimate Partner Violence Victims?

Kimberly Turner and Shane Sharp
(University of Wisconsin—Madison)

The positive influence of personal religiosity on mental health is well-documented. Numerous researchers have shown that individuals who attend religious service regularly, perform religious behaviors such as prayer and scripture reading, and feel that religion is a very important part of their lives suffer less from depression and anxiety and score higher on measures of general mental well-being than their nonreligious counterparts (e.g., Bjorck and Thruman 2007; Eliassen et al. 2005; Ellison 1991; Ellison et al. 2001; Nooney 2005; Petss and Jolliff 2008; Salsman and Carlson 2005; Vilchinksy and Krasetz 2005).

However, two questions remain unanswered. First, scholars do not know if religiosity buffers the incidences of negative mental health among individuals who experience intimate partner violence (IPV), a group previous research has shown experience higher rates of depression and anxiety than comparable non-abused individuals (e.g., Bean and Moller 2002; Golding 1999; Hourly, Kaslow, and Thompson 2005; Taft et al. 2007; Zlotnick, Johnson, and Kohn 2006). Very few studies have attempted to answer this question, and those that have for the most part rely solely on convenience samples that make the generalizability of the findings tenuous (e.g., Fowler and Hill 2004; Gillum et al. 2006; Humphreys 2000).

A second question that remains unanswered is if religiosity influences mental health directly or through its effects on other factors that influence mental health, such as social support and substance abuse behaviors. Some scholars argue that the effects of religiosity are direct (e.g., Chang, Skinner, and Boehmer 2001; Nelson et al. 2002), while others argue that the effects are indirect (e.g., Sherkat and Reed 1992; Thearle et al. 1995). Thus, more research investigating whether religiosity influences mental health directly or indirectly is needed.

To answer these questions, we use data from the Fragile Families and Child Well-Being Study (Wave III) to assess the influence of personal religiosity and possible mediating factors on mental health outcomes for abused and non-abused women in co-residential relationships. We consider three types of IPV: physical abuse, controlling behaviors, and emotional abuse through verbal insults. Personal religiosity is measured by religious affiliation, religious attendance, and scripture reading. We also include measures of religious conservatism. Mental health outcomes are determined by the CIDI scales for anxiety and depression, and include an additional indicator representing an overall dissatisfaction with life. Controls for demographic characteristics, perceived social support, and substance abuse are also included in the analysis.

Preliminary results suggest that all three forms of IPV – physical, controlling behavior, and verbal – contribute to negative mental health outcomes, with physical abuse having the most dramatic influence across all measures of mental health. Except for Catholicism, type of religious affiliation does not

consistently buffer adverse mental health outcomes. Religious conservativism does not significantly improve or impair mental health. Individuals that attend religious services and read scripture at least once a week report better mental health. Personal religiosity is more predictive of depression and dissatisfaction with life than anxiety. Generally, the positive gains associated with personal religiosity are relatively small when compared to the negative consequences associated with IPV. Also, our results indicate that the effects of religiosity on the mental health of IPV victims is mediated by level of perceived social support and substance abuse behaviors (See Table 1 as an illustration of preliminary findings).

These findings have important empirical, theoretical, and practical implications. Empirically, our findings show that religiosity only slightly buffers the incidences of negative mental health for some negative life events, which challenges prevailing empirical work. Theoretically, the findings demonstrate that while religiosity does influence experiences of negative mental health, this effect is explained by religiosity's influence on other factors that influence negative mental health outcomes, such as perceived social support and substance abuse behaviors. Practically, mental health professionals can use the study's findings on the mediating factors that explain the relationship between religion and mental health to develop programs and treatments that will help both the religious and nonreligious.

References

Bean, Jacqueline and Andre T. Moller. 2002. "Posttraumatic Stress and Depressive Symptomatology in a Sample of Battered Women from South Africa." *Psychological Reports* 90:750-2.

Bjorck, Jefferey P. and John W. Thruman. 2007. "Negative Life Events, Patterns of Positive and Negative Religious Coping, and Psychological Functioning." *Journal for the Scientific Study of Religion* 46:159-67.

Chang, Bei-Hung, Katherine M. Skinner, and Ulrike Boehmer. 2001. "Religion and Mental Health among Women Veterans with Sexual Assault Experience." *International Journal of Psychiatry in Medicine* 31:77-95.

Eliassen, A. Henry, John Taylor, and Donald A. Lloyd. 2005. "Subjective Religiosity and Depression in the Transition to Adulthood." *Journal for the Scientific Study of Religion* 44:187-99.

Ellison, Christopher G. 1991. "Religious Involvement and Subjective Well-Being." *Journal of Health and Social Behavior* 32:80-99.

Ellison, Christopher G., Jason D. Boardman, David R. Williams, and James S. Jackson. 2001. "Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study." *Social Forces* 80:215-49.

Fowler, Dawnovise N. and Hope M. Hill. 2004. "Social Support and Spirituality as Culturally Relevant Factors in Coping among African American Women Survivors of Partner Abuse." *Violence Against Women* 10:1267-82.

Gillum, Tameka L., Cris M. Sullivan, and Deborah I. Bybee. 2006. "The Importance of Spirituality in the Lives of Domestic Violence Survivors." *Violence Against Women* 12:240-50.

Golding, Jacqueling M. 1999. "Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis." *Journal of Family Violence* 14:99-132.

Hackney, Charles H. and Glenn S. Sanders. 2003. "Religiosity and Mental Health: A Meta-Analysis of Recent Studies." *Journal for the Scientific Study of Religion* 42:43-55.

Hourly, Debra, Nadine J. Kaslow, and Martie P. Thompson. 2005. "Depressive Symptoms in Women Experiencing Intimate Partner Violence." *Journal of Interpersonal Violence* 20:1467-77.

Humphreys, Janice. 2000. "Spirituality and Distress in Sheltered Battered Women." *Journal of Nursing Scholarship* 32:273-8.

Nelson, Christian J., Barry Rosenfeld, William Breitbart, and Michele Galietta. 2002. "Spirituality, Religion, and Depression in the Terminally Ill." *Psychosomatics* 43:213-9.

Nooney, Jennifer G. 2005. "Religion, Stress, and Mental Health in Adolescence: Findings from Add Health." *Review of Religious Research* 46:341-54.

Petts, Richard J. and Anne Jolliff. 2008. "Religion and Adolescent Depression: The Impact of Race and Gender." *Review of Religious Research* 49:395-414.

Salsman, John M. and Charles R. Carlson. 2005. "Religious Orientation, Mature Faith, and Psychological Distress: Elements of Positive and Negative Associations." *Journal for the Scientific Study of Religion* 44:201-9.

Schnittker, Jason. 2001. "When is Faith Enough? The Effects of Religious Involvement on Depression." *Journal for the Scientific Study of Religion* 40:393-411.

Sherkat, Darren E. and Mark D. Reed. "The Effects of Religion and Social Support on Self-Esteem and Depression among the Suddenly Bereaved." *Social Indicators Research* 26:259-75.

Taft, Casey T., Patricia A. Resick, Jillian Panuzio, Dawne S. Vogt, and Mindy B. Mechanisc. 2007. "Coping among Victims of Relationship Abuse: A Longitudinal Examination." *Violence and Victims* 22:408-18.

Thearle, M. J., J. C. Vance, J. M. Najman, G. Embleton, and W. J. Foster. 1995. "Church Attendance, Religious Affiliation and Parental Responses to Sudden Infant Death, Neonatal Death and Stillbirth." *Omega* 31:51-8.

Zlotnick, Caron, Dawn M. Johnson, and Robert Kohn. 2006. "Intimate Partner Violence and Long-Term Psychosocial Functioning in a National Sample of American Women." *Journal of Interpersonal Violence* 21:262-75.

Table 1 Example Results
Controlling Behavior and Scripture Reading on Depression

Independent Variables	Physical Violence *Odds Ratio*	Scripture Reading *Odds Ratio*	Demographics *Odds Ratio*	Perceived Support *Odds Ratio*	Substance Abuse *Odds Ratio*
DV: Depression - CIDI - Conservative					
Intercept	0.13 ***	0.14 ***	0.20 ***	0.34 ***	0.25 ***
Controlling Behavior	2.34 ***	2.30 **	2.60 ***	2.37 ***	2.26 ***
Read Scripture >1x per Week		0.75 ***	0.70 **	0.69 **	0.77
25-29			0.94	0.91	0.98
30-34			1.01	1.00	1.08
> 35			1.18	1.13	1.17
Married			1.14	1.18	1.17
Current Partner - Not Child's Father			1.67 **	1.62 **	1.62 ***
High School Diploma or Equivalent			0.75 *	0.78	0.81
Some College/Vocational School			1.10	1.15	1.17
Four-Year College or Graduate Degree			0.90	0.98	1.02
Black			0.88	0.82	0.90
Hispanic			0.56 **	0.55 **	0.64 **
Other Race			0.89	0.82	0.97
Poverty Ratio			0.83 ***	0.87 **	0.86 **
Perceived Social Support				0.86 ***	0.86 ***
Drug Use					2.39 ***
Alcohol Abuse					1.96 ***

*** p = <.001; **p = <.05; *p = <.1