Depression Among Women Experiencing Intimate Partner Violence in a Chinese Community

Janet Yuen-Ha Wong ▪ Agnes Tiwari ▪ Daniel Yee-Tak Fong ▪ Janice Humphreys ▪ Linda Bullock

► Background: Depression is one of the significant mental health impacts of intimate partner violence. However, there is a lack of empirical evidence on the factors associated with depression among abused Chinese women.

► Objective: The purpose of this study was to identify the factors associated with a higher level of depression among abused Chinese women.

► Methods: This was a cross-sectional study with participation of 200 abused Chinese women in a local community center in Hong Kong. The measurement tools used are the Chinese Abuse Assessment Screen, the Chinese Beck Depression Inventory Version II, the Revised Conflict Tactics Scale, the Interpersonal Support Evaluation List 12, and the demographic data. Structured multiphase regression analysis was used for data analysis.

► Results: Factors significantly associated with a higher level of depression in Chinese abused women were low educational level (estimate = −2.49, p = .038), immigration (estimate = 4.99, p = .025), financial support from friends and relatives (estimate = 4.72, p = .006), and chronic psychological abuse (estimate = 0.09, p < .001). A protective factor against depression is the perception of social support (estimate = −1.11, p < .001).

► Discussion: An overwhelming number of abused Chinese women have moderate or severe levels of depression. There is a need for more awareness of the detrimental mental health impact of abuse on women, screening for depression when women are found to be abused, and provision of social support at an earlier stage to minimize depression.

► Key Words: Chinese • depression • intimate partner violence

Intimate partner violence (IPV) is the use of physical, psychological, or sexual abuse with coercive control by a current or former partner who is or was in an intimate relationship (Ramsay, Rivas, & Feder, 2005). Approximately 95% to 99% of such violence is committed by men against women (Humphreys & Campbell, 2004). The lifetime prevalence of IPV against women ranges from 10% to 69% as reported in 48 population-based surveys worldwide (Krug, Daulberg, Mercy, Zwi, & Rafael, 2002).

Depression is one of the most common mental health problems in women. An estimated 73 million adult women suffer a depressive episode each year (World Health Organization, 2009). Depression has been associated with cancer (Bodurka-Bevers et al., 2000), immigration (Shin, Han, & Kim, 2007), and pregnancy (Bennett, Einarson, Taddio, Koren, & Elinarson, 2004). As a stressful life event, IPV is also known to be associated strongly with depression (Campbell, 2002). In a meta-analysis of 18 studies, Golding (1999) found that the weighted mean prevalence of depression among abused women was 47.6% compared with lifetime rates of 18.6% in the general population. Also, as shown in a 2009 study, the relative risk of depression in abused women is three times higher than that for nonabused women (Bonomi, et al., 2009).

Factors associated with depression in adult abused women include education (Gonzalez-Guarda, Peralgalo, Vasquez, Urrutia, & Mitrani, 2009), employment and poverty (Deyessa et al., 2009), frequency and severity of physical (Campbell, Kub, Belknap, & Templin, 1997) or psychological abuse (Coker et al., 2002), history of child abuse (Koopman et al., 2007), coping styles (Haden & Scarpa, 2008), lack of social support (Mburia-Mwalili, Clements-Nolle, Lee, Shadley, & Yang, 2010), and substance abuse (Horrgan, Schroeder, & Schaffer, 2000). However, evidence on the relative influence of the different types of IPV as risk factors for depression is inconclusive; some researchers have suggested that physical abuse is a stronger predictor of depression (Campbell et al., 1997), whereas others suggest that psychological abuse is a stronger predictor (Follingstad, 2007). Although IPV has been shown to be a risk factor contributing to depression in abused Chinese women (Tang, 1997) for the types of abuse, whether psychological abuse or physical abuse is the stronger predictor of depression has not been investigated.

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A psychodynamic theory named *self-in-relation* developed at Wellesley College states that women’s identity and sense of self are driven by interpersonal relationships with others (Gilligan, 1977), suggesting that devaluing relationship qualities can cause women to fail to recognize their own value, which may lead to depression (Kaplan, 1986). This theory explains why psychological abuse is a stronger predictor of depression than physical abuse. However, more study is needed to support this link. Such information is relevant in the Chinese population because evidence has been found of repeated psychological abuse, even when there is no evidence of physical or sexual abuse, among Chinese women in Hong Kong (Tiwari et al., 2008). Moreover, although some sociodemographic factors (such as financial hardship, a low educational level, in-law conflict) have been found to be risk factors for IPV among Chinese women (Chan, Brownridge, Tiwari, Fong, & Leung, 2008; Tiwari et al., 2008), whether such factors contribute to depression in the abused women has not been explored.

Furthermore, although the buffering effect of social support on the deleterious mental health outcomes for abused women has been reported in Western studies (Glass, Perrin, Campbell, & Soeken, 2007), the same effect cannot be assumed in the Chinese cultural context. It has been suggested that, for fear of losing face, Chinese people may be more reluctant than Westerners to seek help from outsiders (Yick, Shibusawa, & Agbayani-Siewert, 2003). Thus, there is a need to investigate the influence of the availability of social support on the mental health of abused Chinese women.

To study the causes and effects of IPV meaningfully, it is important to recognize IPV in cultural context, in which healthcare professionals should strive for cultural competence and interact sensitively and skillfully when caring for abused women (Campbell & Campbell, 1996). Given the lack of empirical evidence on the factors associated with depression among abused Chinese women, the aim of this study is to identify the factors contributing to the high levels of depression in Chinese women experiencing partner abuse. It is hypothesized that (a) psychological abuse or aggression is the stronger predictor of depression in IPV among Chinese women, (b) sociodemographic factors contribute to depression in IPV, and (c) social support is not a protective factor for abused women in Chinese cultural context. The findings of this study will provide important information that can inform healthcare professionals about the appropriate measures to be taken to reduce the risk of depression among abused Chinese women. Such information may assist the abused women to understand their mental health in spite of their experience of abuse.

**Methods**

Baseline data were used from a clinical trial that was conducted in Hong Kong from February 2007 through December 2008.

**Setting**

The study took place in a community center located in a district of Hong Kong. Of the 18 districts in Hong Kong, the target district is ranked third highest in terms of the number of least educated residents, third lowest household income, and fourth highest in the prevalence of IPV (Census and Statistics Department, 2008).

**Sample**

Study participants met the following inclusion criteria: women who (a) had a history of abuse as measured by the Chinese Abuse Assessment Screen (C-AAS; Tiwari et al., 2007), (b) were 18 years or older, and (c) were able to communicate in Cantonese or Mandarin. A total of 1,753 women were screened. Two women refused to participate in the study, giving a response rate of 99.9%. The 200 eligible women recruited lived or worked in the catchment area of the community center. Their mean age was 38 years (SD = 7.19), and most of them (72.5%) had at least Grade 7 education. The majority (89.3%) were married or cohabiting, and more than 60% were immigrants from Mainland China.

**Study Procedure**

The women were given an explanation of the purpose of the study and assured that participation was voluntary. The study was approved by the institutional review board of the University of Hong Kong, Hospital Authority Hong Kong West Cluster. A signed consent form was obtained from the women who agreed to participate. At the start of the study, data for each woman were collected in a face-to-face interview using structured questionnaires. A team of social workers working in the community center conducted these interviews after receiving intensive training on the conduct of research with abused Chinese women. They provided emotional support in a nonjudgmental manner during the interviews. If necessary, they asked the women if they needed referral to community resources or a call to the police.

**Measures**

**History of Abuse**

The C-AAS was used to screen potential subjects for IPV. The C-AAS addresses physical, psychological, and sexual abuse. It has been validated and has demonstrated satisfactory accuracy in the screening of a Chinese population (Tiwari et al., 2007). It is a five-item questionnaire requiring yes or no answers. Respondents were considered abused if they reported that they had been hurt physically or emotionally by someone or forced to have sexual activities within the past year, and the perpetrator was their intimate partner.

**Depression**

Depressive symptoms were assessed using the Chinese version of the Beck Depression Inventory Version II (BDI-II; Chinese Behavioral Sciences Society, 2000), which was developed from the BDI-II (Beck, Steer, & Brown, 1996). The Chinese version has been validated and has demonstrated good reliability and validity, with an internal consistency of .94 in study among Chinese community adolescents (Byrne, Stewart, & Lee, 2004). It is a 21-item questionnaire with scoring from 0 (*symptom not present*) to 3 (*symptom strongly present*), giving a total sum score ranging from 0 to 63. The higher the score, the more depressive symptoms were reported by the women.

**Chronicity of Abuse**

The Revised Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used because it indicates the type of IPV and...
provides information about the chronicity of the behavior used by the perpetrators during partner conflict over the past year. Of the 27 items in the CT52, 8 measure psychological aggression, 12 measure physical assault, and 7 measure sexual coercion. There is a 7-point scale for each of the items, indicating how often the behavior occurred (0 = never, 1 = once, 2 = twice, 3 = 3–5 times, 4 = 6–10 times, 5 = 11–20 times, and 6 = 20 or more times). The total chronicity scoring of psychological aggression ranges from 0 to 200, physical assault ranges from 0 to 300, and sexual coercion ranges from 0 to 175. The higher the score, the greater the chronicity. This indicates how frequently the perpetrator has resorted to these acts in respect of each woman.

**Social Support** The Interpersonal Support Evaluation List 12 (ISEL-12; Cohen, Mermelstein, Kamarck, & Hoberman, 1985), which has good psychometric properties and good internal consistency (Cronbach’s α = .88), was used to measure the perceived social support of abused women. The 12-item questionnaire comprises three subscales, appraisal, appraisal, and tangible support, each of which has four items. The scoring from 0 (definitely false) to 3 (definitely true) gives a total sum score ranging from 0 to 36. The higher the score, the more the women perceive that they received social support.

**Demographics** The demographic and the socioeconomic characteristics of the participants were collected. For the demographic data, age, immigration, years of living in Hong Kong, educational level, marital status, number of children, and presence of chronic illness were included. For the socioeconomic data, information on the women’s employment status, the receipt of social security, and the self-perceived financial difficulties was collected.

**Data Analysis** Descriptive statistics were used to characterize the sample. To examine the factors associated with depressive symptoms of abused women, a structured multiphase regression was used to account for a hypothesized sequential causal relationship between the independent variables in line with the previous literature (Campbell et al., 1997; Chan et al., 2008; Follingstad, 2007). First, the independent variables were grouped into four clusters according to their causal relationship. Demographic variables, including age, immigration, years of living in Hong Kong, educational level, marital status, number of children, and presence of chronic illness, were grouped into Cluster 1. The socioeconomic variables, including employment status and self-perceived financial difficulties, were grouped into Cluster 2. The social support variables, including whether the women were receiving social security, whether the women received financial support from others, and the ISEL score, were grouped into Cluster 3. The chronicity of the abuse, including psychological aggression, physical assault, and sexual coercion, was considered as Cluster 4. It was hypothesized that the variables in Cluster 1 can affect the variables in Clusters 2, 3, and 4, but not vice versa. Similarly, Cluster 2 variables were assumed to affect Cluster 3 variables and so forth.

Next, the structured multiphase regression analysis as used by Cohen, Rubin, Freedman, and Mozes (1999) was performed in four phases. Phase 1 analysis was a forward stepwise linear regression on all Cluster 1 variables. In Phase 2, a forward stepwise linear regression was done on all Cluster 2 variables after forcing variables that were significant in the Phase 1 analysis. In Phase 3, using the same forward stepwise approach, a linear regression on Cluster 3 variables was done after forcing variables that were significant in both the Phase 1 and the Phase 2 analyses. In Phase 4, the criteria for entry of the variables were the same for all variables in Cluster 4 and those that were found significant in Phases 1, 2, and 3.

The structured multiphase regression, rather than a free multiple regression, was used in this article to avoid simultaneous consideration of variables from the clusters, which may have resulted in confounded inference among the variables. Therefore, the variables, arranged in four phases, allowed a sequential causal relationship among the variables in the clusters. The automatic procedure of statistical model selection in structured multiphase regression was made from a number of potential explanatory variables with the consideration of the causal relationships among the variables and over time.

All data analyses were performed using the Statistical Package for the Social Sciences for Windows (Version 18; SPSS Inc., Chicago, IL). A 5% level of significance was used in all significance tests. The adequacy of the regression model was checked by examining the residuals using P-P plots and scatter plots.

**Results**

**Sample Characteristics**

The prevalence of IPV was 11.4% (95% confidence interval [CI] = 10.0%–13.0%). According to the C-AAS, 76% (n = 152) of participants suffered from psychological abuse only, whereas 22.5% (n = 43) suffered both physical or sexual abuse and psychological abuse (Table 1).

**Depression**

A majority of participants (74.5%, n = 149) reported severe levels of depressive symptoms as measured by the Chinese version of the BDI-II with scores higher than 29 (Table 2).

**Factors Associated With Depression**

Using the structured multiphase regression analysis, only four factors were associated with a higher level of depression in connection with IPV as illustrated in the next paragraph (Table 3).

In Phase 1 of the analysis, among the seven demographic variables entered in the stepwise linear regression model, educational level (b = −2.49, 95% CI = −4.83 to −0.14, p = .038) and immigration (b = 4.99, 95% CI = 0.63–9.35, p = .025) were found to be significant in contributing to a higher level of depression among abused Chinese women. In other words, the lower the level of education the women had received, the higher the level of the depression they suffered. Also, women born in places outside Hong Kong were found to become more depressed when they experienced IPV. Although immigration was one of the risk factors, when the number of years they had lived in
TABLE 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s age (years; mean ± SD)</td>
<td>38.07 ± 7.21</td>
<td>–</td>
</tr>
<tr>
<td>Husband’s age (years; mean ± SD)</td>
<td>44.52 ± 9.48</td>
<td>–</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ Grade 6</td>
<td>55</td>
<td>27.5%</td>
</tr>
<tr>
<td>Grades 7–13</td>
<td>136</td>
<td>68%</td>
</tr>
<tr>
<td>Tertiary or above</td>
<td>9</td>
<td>4.5%</td>
</tr>
<tr>
<td>Place of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Kong</td>
<td>76</td>
<td>38%</td>
</tr>
<tr>
<td>Mainland China</td>
<td>121</td>
<td>60.5%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Years of living in Hong Kong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 years</td>
<td>20</td>
<td>10%</td>
</tr>
<tr>
<td>3–6 years</td>
<td>39</td>
<td>19.5%</td>
</tr>
<tr>
<td>&gt;7 years (including permanent residents of Hong Kong)</td>
<td>138</td>
<td>69%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>Married or cohabited</td>
<td>179</td>
<td>89.5%</td>
</tr>
<tr>
<td>Separated or divorced</td>
<td>13</td>
<td>6.5%</td>
</tr>
<tr>
<td>No. of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>15</td>
<td>7.5%</td>
</tr>
<tr>
<td>1</td>
<td>82</td>
<td>41%</td>
</tr>
<tr>
<td>2</td>
<td>70</td>
<td>35%</td>
</tr>
<tr>
<td>3 or above</td>
<td>33</td>
<td>16.5%</td>
</tr>
<tr>
<td>Women have chronic illness</td>
<td>26</td>
<td>13%</td>
</tr>
<tr>
<td>Women employed</td>
<td>62</td>
<td>31%</td>
</tr>
<tr>
<td>Self-perceived financial difficulties</td>
<td>145</td>
<td>72.5%</td>
</tr>
<tr>
<td>Receiving social security</td>
<td>42</td>
<td>21%</td>
</tr>
<tr>
<td>Received financial support from friends or relatives</td>
<td>123</td>
<td>61.5%</td>
</tr>
<tr>
<td>C-BDI-II score (mean ± SD)</td>
<td>37.83 ± 15.01</td>
<td>–</td>
</tr>
<tr>
<td>ISEL score (mean ± SD)</td>
<td>6.85 ± 7.99</td>
<td>–</td>
</tr>
<tr>
<td>Psychological aggression (mean ± SD)</td>
<td>68.62 ± 43.72</td>
<td>–</td>
</tr>
<tr>
<td>Physical assault (mean ± SD)</td>
<td>2.76 ± 8.11</td>
<td>–</td>
</tr>
<tr>
<td>Sexual coercion (mean ± SD)</td>
<td>1.10 ± 7.66</td>
<td>–</td>
</tr>
</tbody>
</table>

Note. C-BDI-II = Chinese version of the Beck Depression Inventory Version II; ISEL = Interpersonal Support Evaluation List.

Hong Kong was entered into the model, it was not associated significantly with a higher level of depression resulting from IPV. Other variables, including marital status, number of children, and women and husbands having chronic illness, were not associated significantly with a higher level of depression attributed to IPV in this model.

When socioeconomic variables were entered, such as the women’s working status, perceptions of financial difficulties, and receipt of social security, none of them proved to be associated significantly with a higher level of depression resulting from IPV in Phase 2 of the analyses.

However, in Phase 3, when the variable that the women received financial support from other sources such as friends and relatives was entered into the model, a significant and strong association with a higher level of depression was found ($b = 4.72$, $95\%$ CI $= 1.39–8.06$, $p = .006$). In addition, the ISEL score showed that this variable had a significant protective effect on the level of depression of abused women ($b = -1.11$, $95\%$ CI $= -1.32$ to $-0.90$, $p = .001$). In other words, the higher the ISEL score, the lower the level of depression.

The history of IPV as measured by the CTS2 showed that psychological aggression was the only factor associated with a higher level of depression in abused women that was significant when it was entered into the regression model in Phase 4 ($b = 0.09$, $95\%$ CI $= 0.05–0.13$, $p = .001$). The more frequent the psychological aggression, the higher the level of depression manifested by the abused women. Neither physical assault nor sexual coercion was statistically significant when entered into the model at this phase.

**Discussion**

In this study, significant factors found to be associated with higher levels of depression in Chinese abused women were their educational level, immigration, whether they received financial support from friends or relatives, perceived social support, and chronicity of psychological aggression experienced. In view of the hypotheses identified, it was shown that (a) psychological aggression is the predictor of higher level of depression in IPV and (b) sociodemographic factors such as educational level and immigration contribute to depression in IPV; however, (c) social support is still the protecting factor in abused Chinese women.

**Educational Attainment**

Abused Chinese women with a lower educational level were found to be more depressed than those with a higher educational level. This finding is consistent with both local and Western studies (Carlson, McNutt, Choi, & Rose, 2002; Chan et al., 2008). It is possible that with lower education the women might be less able to obtain employment or acquire sufficient economic means to free themselves from poverty or the abusive relationship because of their economic dependency on their abusers. This situation may lead

<table>
<thead>
<tr>
<th>Level of Depression</th>
<th>C-BDI-II score</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal level</td>
<td>0–13</td>
<td>18 (9%)</td>
</tr>
<tr>
<td>Mild level</td>
<td>14–19</td>
<td>19 (9.5%)</td>
</tr>
<tr>
<td>Moderate level</td>
<td>20–28</td>
<td>14 (7%)</td>
</tr>
<tr>
<td>Severe level</td>
<td>29–63</td>
<td>149 (74.5%)</td>
</tr>
</tbody>
</table>

Note. C-BDI-II = Chinese version of the Beck Depression Inventory Version II.
to feelings of hopelessness and entrapment that can result in depression. However, the women’s working status and their perceptions of financial hardship did not prove to be associated significantly with a higher level of depression when they were entered into the model of this study. It is possible that the correlation of a lower educational level with a higher level of depression might not be due only to the lack of economic resources.

Another possibility is that depression in abused women with a lower educational level could be caused by a lower sense of self-efficacy because of a lower level of personal resources. The lower the level of self-efficacy, the more likely it is that individuals will experience depression, according to the social cognitive theory (Bandura, 1986). Such women in abusive relationships may perceive themselves as being incapable of controlling the abusive relationship and even their lives, and this would contribute to higher levels of depression. Because there appear to be conflicting suggestions about how lower educational attainment may contribute to higher levels of depression, further studies on this aspect are recommended.

Immigration

Abused women who had immigrated from Mainland China were found to be more depressed than abused women who were born and bred in Hong Kong. Although the immigration effect on abused women’s mental health has been documented (Midlarsky, Venkataramani-Kothari, & Plante, 2006; Yoshihama, 2002), the negative effect of immigration on depression for women in this study appears to be sustained even after they have obtained permanent residence status in Hong Kong (i.e., after living in Hong Kong for 7 years or longer). This is a new finding that has implications for social services and policy makers. It appears that the challenges and hardships associated with immigration do not fade away with the passage of time among the women in this study, although they share the same language and culture as that of the natives of Hong Kong. Therefore, it should not be assumed that the vulnerability of abused immigrant women would improve with time and that efforts to support these women should continue for as long as necessary.

Social Support

Perception of social support, as measured by the ISEL, was found to be the significant protective factor associated with a lower level of depression in Chinese abused women in this study. Abused Chinese women who had higher perceptions of social support were found to be less depressed than those who reported lower perceptions of social support. This is consistent with the findings on the protective effect of social support on abused women’s mental health as reported in Western studies (Carlson et al., 2002; Glass et al., 2007). The same studies have highlighted the role of social support in helping women to cope with living in an abusive relationship.

Unexpectedly, those abused women who received financial support from relatives or friends, as shown in the ISEL, were found to be more depressed than those who did not. Therefore, the impact of depression in abused women did not appear to be buffered by tangible financial assistance from others. It is possible that, in Chinese culture, if a person is in debt to relatives and friends, he or she may be more depressed unless he or she is in a position to reciprocate (Matsuda, 2003). Thus, abused Chinese women might perceive that having to accept financial support from others in an outside

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**TABLE 3. Structured Multiphase Regression of Depression in Chinese Abused Women**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Estimate</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (n = 200, $R^2 = 5.9%$, adjusted $R^2 = 4.9%$)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level</td>
<td>-2.49</td>
<td>(-4.83 to -0.14)</td>
<td>.038*</td>
</tr>
<tr>
<td>Immigration</td>
<td>4.99</td>
<td>(0.63 to 9.35)</td>
<td>.025*</td>
</tr>
<tr>
<td>Phase 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 3 (n = 198, $R^2 = 43.5%$, adjusted $R^2 = 42.4%$)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISEL score</td>
<td>-1.11</td>
<td>(-1.32 to -0.90)</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Received financial support from relatives and friends</td>
<td>4.72</td>
<td>(1.39 to 8.06)</td>
<td>.006**</td>
</tr>
<tr>
<td>Phase 4 (n = 196, $R^2 = 49.2%$, adjusted $R^2 = 47.9%$)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological aggression</td>
<td>0.09</td>
<td>(0.05 to 0.13)</td>
<td>&lt;.001***</td>
</tr>
</tbody>
</table>

Note. ISEL = Interpersonal Support Evaluation List; CI = confidence interval.

*p < .05

**p < .01

***p < .001.
group would mean that they would lose face, a consideration that has high value among the Chinese. This might lead to a lowering of their self-esteem and result in a higher level of depression. This finding shows that Chinese women value their personal efforts to handle their financial problems even when they are in a difficult situation and suffering hardship.

**Chronicity of Different Types of IPV**

It was found that the more frequent the psychological abuse, the higher the level of depression experienced by the abused women. This significant result was not found in physical abuse. Evan (1995) revealed that physical abuse might not be the most significant factor to cause mental health impact in most abusive relationships. Rather, abused women suffered from the strategy of intimidation, isolation, and control extending to all areas of their lives.

The results also support the theory of relation-in-self because the women’s sense of self-worthiness relies heavily on their building relationships. Psychologically abused women lose the affective connection with their intimate partners, which may lead to a sense of loss which contributes to depression. It was found that psychologically abused Chinese women were often ridiculed by the perpetrators of the abuse with respect to their traits and personal characters. The resultant shameful emotions could have led to depression (Tiwari et al., 2009).

Moreover, the study finding suggests that there is a dose–response relationship between psychological abuse and depression severity, consistent with previous studies conducted on non-Chinese abused women (Follingstad, 2007) and on Chinese pregnant women (Tiwari et al., 2008). The apparent dose–response relationship between psychological abuse and the severity of depression has not been explored in the Chinese population before this study. These findings underscore the importance of recognizing the impact of psychological abuse on the mental health of Chinese women.

**Severe Depression Level in Chinese Abused Women**

In previous studies conducted in abused women, the prevalence rate of depression was 60.6% in shelter samples, 39.2% in psychiatric patients, 41.3% in emergency room samples, and 44% in the community or in women seeking primary care (Golding, 1999). In this study on Chinese community-dwelling women, it was surprising that 74.5% of the abused women reported severe levels of depressive symptoms (BDI-II scores range = 29–63). Because most of the women in this study suffered from psychological abuse, the possibility was not ruled out that fear, anxiety, and depression were instilled by the combination of repeated but minor acts of psychological abuse such as intimidation and control, as suggested in previous studies (Evan, 1995). In addition, depression in abused women has been shown to have sustainable long-term negative mental health effects (Zlotnick, Johnson, & Kohn, 2006).

This finding underscores the need to address the mental impact of IPV on abused Chinese women to prevent even more debilitating effects on these women’s well-being and functioning. Also, it indicates the need to routinely assess for both IPV and depression. If depression is found in abused women, early treatment or referrals are necessary.

**Limitations of the Study**

There were several limitations in this study. The data reported in this study relied on self-report rather than clinical assessment. Also, some measurements, such as on the self-efficacy and self-esteem of the abused women, were not investigated but might be found to play an important role in the level of women’s depression. Moreover, as this was a cross-sectional study, the causal effect of the factors identified in the findings on the level of depression could not be guaranteed. However, the structured multiphase regression model used in the data analysis has maximized the causal relationship of associated factors on depression in IPV. Furthermore, only women who had experienced abuse were assessed. In future research, both abused and nonabused women should be included in the analysis to strengthen the understanding of factors that lead to greater depression resulting from IPV.

**Implications for Nursing**

“Primary Health Care: Now More Than Ever” is the latest World Health Organization (2008) theme stated in the World Health Report, urging the need to provide primary care by organizing a primary care network. This can provide a comprehensive range of integrated assessment, intervention, and prevention and could be effective for dealing with both the physical and the mental illnesses of abused women in the community.

For the assessment component, the use of the C-AAS is a feasible and an effective screening of abused women in the community. In this study, only 9% of abused women were not depressed or had a minimal level of depression, underlying the need for healthcare professionals to identify women with IPV early and to provide appropriate nursing care for enhancing their mental health. By using empathetic understanding, well-trained nurses or social workers can establish a relationship of mutual trust and rapport with those abused women who choose to disclose their history of abuse.

With respect to intervention, factors associated with high levels of depression in abused women in the Chinese community were identified. This constitutes the vital information needed to tailor interventions to Chinese women living in abusive relationships. For example, low educational attainment was shown to be an important factor that increases the tendency to depression in abused women. An empowerment intervention aimed at providing information about IPV and about access to social resources and help should be implemented to strengthen the resilience of abused women. This would help to improve their mental health even as they were enduring the abusive relationship. In addition, abused immigrants from Mainland China who are more vulnerable to depression need special attention and help to strengthen their sense of self-efficacy to overcome the hardship of coping with an abusive relationship. Moreover, the impact of psychological abuse on the abused women’s mental health should not be underestimated.

With respect to prevention, the perception of social support was found to be a significant protective factor against depression caused by IPV. Therefore, empathetic and nonjudgmental listening should be the first priority for healthcare professionals when dealing with abused women in both a community and a healthcare setting. This would help the abused women to be more willing to disclose their experiences of abuse,
share their feelings, and express their needs, in the process helping them cope with the abuse. The earlier the abused women receive treatment, the better the prospects for their mental health, even while they are struggling with an abusive relationship.

Conclusions

The findings of this study reveal factors associated with the high level of depression in abused women in the Chinese community. Nurses should focus on screening and treating abused women not only in a healthcare setting but also in the community. Special attention should be paid to those women who are immigrants from Mainland China; these women need more care and support from healthcare providers to reduce the detrimental impact of IPV on their mental health.

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