Examining Stress, IPV, and Mental Health in Latina Women: Are Ethnic Identity and Coping Factors?

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Abstract

The current study examined ethnic identity as an appraisal process in the link between stressors and health outcomes for Latina women. Fifty-seven women were given surveys containing measures related to IPV, perceived stress, ethnic identity, coping and mental health, which were available in both English and Spanish. The women were recruited via snowballing, personal contacts, and area organizations. Results supported the links of the model; physical abuse was related to anxiety, depression and vigor (r = .39, $p < 0.05$; r = .44, $p < 0.01$; r = -.44, $p < 0.01$, respectively) and psychological abuse was related to anxiety and depression (r =.45, $p < 0.01$; r = .35, $p < 0.05$, respectively). Perceived stress added unique variance to mental health outcome above frequency of IPV. Avoidance coping added unique variance to mental health above perceived stress. However, ethnic identity did not make a unique contribution to mental health.

Rationale and Purpose

∇Stress and coping have been linked with health outcomes (Lazarus & Folkman, 1984). In addition, cognitive appraisal has been linked to coping and health outcomes (Folkman, Lazarus, Dunkel-Shetter, et al.,1986)

∇Latinos are currently the largest ethnic minority in the U.S. (U.S. Census Bureau, 2000) and are in need of culturally competent services (Gloria & Peregoy, 1995)

∇One form of appraisal may be ethnic identity, which has been related to self-esteem and coping (Umaña-Taylor, Garcia et al., 2008; Umaña-Taylor et al., 2000). As a young population in the U.S. (average age of 25.9, U.S. Census Bureau, 2000), Latinos may feel closely linked to their ethnicity. In addition, ethnic identity may be associated with cultural values such as machismo and marianismo (Gloria & Peregoy, 1995) and thus may change how a Latina appraises events in her life.

∇One particular stressor for Latinas may be intimate partner violence (IPV), which has been associated with poorer mental health (Hazen et al., 2006; Torres & Han, 2000)

∇ The current study aimed to examined the links in the Lazarus and Folkman (1984) model on a Latina population. IPV was examined as a specific stressor and ethnic identity was assessed as a possible form of appraisal.

Method

Participants

∇ 57 women, ages 18-58, average age of 38.6 years old

∇ 43.4% Puerto Rican, 22.8% Mexican/Mexican American, 10.5%, Latina/Hispanic, 3.5% mixed ethnicity, 3.5% Columbian, 3.5% Salvadorian, and 1.8% Peruvian

∇ 50.9% self-identified as middle class, 40%, lower class

∇ 82.5% bilingual

∇ 41.1% born outside of the U.S., 35.7% first generation, 14.3% second generation, 7.2% could not identify generational status

∇ 34 out of the 57 women reported IPV

Procedure

∇Active data collection

- ∇ Recruited participants through churches and organizations specifically serve Latino population
- ∇Snowballing through personal contacts and internet listservs
- ∇ Surveys available both on-line and in paper form
- ∇ English and Spanish versions (professional translations done on sections not originally available in Spanish)

Measures

∇Adapted Woman Abuse Scale (WAS).

- ∇ The WAS is a modified version of the Conflict Tactic Scale (CTS; Straus, 1979) made by Saunders (1992) and adapted with the suggestions of Edelson, Hokoda and Ramos-Lira (2007).
- ∇ Consists of a 26-item checklist of psychological, physical and life threatening forms of abuse (e.g. he insulted or swore at you; he physically forced sex on you; he threatened you with a knife or gun) as well as a space after each item to report frequency over the past 3 months.
- ∇ Cronbach's alphas for the current sample were .82 for the psychological abuse scale and .79 for the physical abuse scale

∇ Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983)

- ∇ A 14-item Likert measure of the degree to which one appraises situations in life to be stressful. The PSS is designed to measure to what degree the participants find their lives unpredictable, uncontrollable, and overloaded. These three issues have been found to be central to experiences of stress.
- ∇ A sample item would be, "In the last month, how often have you been upset because of something that happened unexpectedly?".
- ∇ Participants answered each item based on WAS (if applicable) or another stressful event that had occurred in the last 3 months
- ∇ Cronbach alphas for the current sample was .53

∇ Ethnic Identity Scale (EIS; Umaña-Taylor, et al., 2004)

- ∇ The EIS is an ethnic identity measure developed from Erikson and Marcia's theories of identity development as well as Phinney's (1989) three-stage model of ethnic identity
- ∇ The 17-item Likert questionnaire. Examples of items include "My feelings about my ethnicity are mostly negative" and "I am clear about what my ethnicity means to me."
- ∇ The questionnaire has three subscales that measure exploration (exploring one's ethnicity and meaning), affirmation (positive or negative feeling towards one's ethnicity), and resolution (having an understanding of one's ethnicity).
- ∇ In the current sample the Cronbach alpha's were .76 for the affirmation, .86 for the exploration, and .82 for the resolution.

∇ Brief COPE (Carver, 1997)

- ∇ The Brief COPE (Carver, 1997) is a shortened version of the COPE inventory (Carver, Scheier, & Weintraub, 1989). The COPE inventory is derived from the Lazarus and Folkman (1984) coping model..
- ∇ The Brief Cope consists of 14 Likert subscales with two items each (28 items in total). The scales measure different forms of coping that include: active coping planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance, behavioral disengagement, and self-blame. A sample item would be, "I've been saying to myself 'this isn't real'" (Denial).
- ∇ Cronbach alpha's in the current sample were .280for self-distracting coping, .76 for active coping, .82 for denial, .80 for substance use, .79 for emotional support, .73 for behavioral disengagement, .65 for venting, .65 for positive reframing, .55 for planning, .64 for humor, and .74 for religious coping.

Table 1. Intercorrelations among the variables of interest (n = 57)

	1	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1															
2	.31*														
3	-.18	.06													
4	-.12	.03	.57**												
5	.17	.20	.21	.07											
6	.31**	-.03	-.17	-.26*	.33**										
7	.34**	.16	-.01	.01	.15	.58**									
8	.38**	.41**	.14	-.10	.51**	.40**	.39**								
9	.32**	.16	-.31*	-.33**	-.05	.58**	.48**	.20							
10	.28*	.53**	.121	.22	.61**	.21	.23*	.41**	.07						
11	.46**	.35**	-.01	.22	.24*	.33**	.42**	.31**	.30*	.47**					
12	-.23*	-.14	.31*	.29*	.30*	-.15	-.17	.02	-.27*	.22	-.12				
13	.62**	.13	-.17	-.17	.20	.58**	.50**	.46**	.44**	.11	.44**	-.28*			
14	.58**	.32**	-.03	-.03	.23*	.41**	.42**	.48**	.47**	.25*	.50**	-.28*	.71**		
15	-.44**	-.22	.25*	.34**	.12	-.40**	-.31**	-.13	-.37**	.02	-.36**	.42	-.59**	-.47**	

Note. 1= Perceived Stress Scale, 2 = Psychological Abuse, 3 = Physical Abuse, 4= Affirmation, 5= Exploration, 6= Resolution, 7= Active Coping, 8= Denial, 9= Substance Use, 10= Self-Distancing, 11= Behavioral Disengagement, 12= Planning, 13= Venting, 14= Religion, 15= Depression, 16= Anxiety, 17=Vigor

* p < .05, ** p < .001

Table 2. Hierarchical regression analyses of perceived stress as a unique contributor to anxiety and depression

Step	Variable	B	R^2	R^2_{inc}	F_{inc}	df
			Anxiety			
1	Psy	.46	.25	.25	9.89**	1, 30
2	PSS	.44	.44	.20	10.24**	1, 29
			Depression			
1	Psy	.38	.17	.17	5.91*	1, 30
2	PSS	.36	.29	.13	5.33*	1, 29

Note. Psy = Psychological Abuse

Table 3. Hierarchical regression analyses of perceived stress as a unique contributor to anxiety and depression

Step	Variable	B	R^2	R^2_{inc}	F_{inc}	df
			Anxiety			
1	Phy	.36	.15	.15	5.45**	1, 31
2	PSS	.45	.35	.20	9.21**	1, 30
			Depression			
1	Phy	.42	.19	.19	7.32*	1, 31
2	PSS	.33	.30	.12	4.56*	1, 30

Table 4. Hierarchical regression analyses for tests of avoidance coping as a unique contributor to anxiety and depression

Step	Variable	B	R^2	R^2_{inc}	F_{inc}	df
			Anxiety			
1	PSS	.41	.30	.30	20.73***	1, 49
2	Avoid	.41	.44	.15	12.60**	1, 48
			Depression			
1	PSS	.41	.32	.32	23.29***	1, 49
2	Avoid	.47	.52	.20	19.65***	1, 48

Note. PSS = Perceived Stress, Avoid = Avoidance Coping

Measures Continued

∇ Center of the Center for Epidemiologic Studies of Depression Scale (CES-D; Manson, et al., 1990)

- ∇ The CES-D (Manson, et al., 1990) is a self-report measure designed to measure symptoms of depression. The current sample was asked to think of the WAS or another stressful event, depending on what was applicable to them and to then answer each question based on a three month period of time
- ∇ A sample of one of the 20 Likert items would be, "I was bothered by things that usually don't bother me."
- ∇ The Cronbach alpha for the current sample was .912.

∇ Emotional Distress Scale (Perzek, Carver, & Price, 2000)

- ∇ The measure includes a list of adjectives that describe mood.
- ∇ Only the Likert based subscales for vigor and anxiety were utilized as to not repeat items already covered in the CES-D
- ∇ In this study the participants were instructed to think about the WAS (if applicable) or another stressor and answer the scale as it pertained to their emotions over the past three months
- ∇ The Cronbach's alpha for vigor was .873 and .161 for anxiety

Results

∇ Links in the Lazarus and Folkman (1984) model were examined on the current sample

- ∇ Physical abuse was related to anxiety, depression, and vigor (r = .39, $p < 0.05$; r = .44, $p < 0.01$; r = -.44, $p < 0.01$ respectively) and psychological abuse was related to anxiety and depression (r =.45, $p < 0.01$; r = .35, $p < 0.05$, respectively)
- ∇ PSS was related to anxiety, depression, and vigor (r = .58, $p < 0.01$; r = .62, $p < 0.01$; r = -.44, $p < 0.01$, respectively)
- ∇ Problem-focused was unexpectedly related to poorer mental health. Both active coping and planning were both positively related to anxiety (r = .23 and .25, respectively, $p < 0.05$)
- ∇ Emotion-focused coping was related to poorer mental health.
  - ∇Depression was positively related to the following types of emotion-focused coping; denial (r = .58, $p < 0.01$), substance use (r= .50, $p < 0.01$), self-distraction (r = .46, $p < 0.01$), behavioral disengagement (r = .44, $p < 0.01$), and venting (r = .44, $p < 0.01$).
  - ∇Anxiety was also positively correlated with these types of emotion-focused coping; depression (r = .41, $p < 0.01$), substance use (r= .50, $p < 0.01$), self-distraction (r = .48, $p < 0.01$), behavioral disengagement (r =-.38, $p < 0.01$), and venting (r = .50, $p < 0.01$).
  - ∇Thus, findings showed negative correlations with vigor; denial (r = -.40, $p < 0.01$), substance use (r = -.40, $p < 0.01$), self-distraction (r = - .31, $p < 0.01$), behavioral disengagement (r =-.38, $p < 0.01$), and venting (r = -.36, $p < 0.01$)
- ∇ PSS added unique variance to mental health outcomes above and beyond IPV. A hierarchical linear regression yielded the following significant results:
  - ∇ PSS added unique variance to anxiety and depression and above and beyond psychological abuse (R^2_{inc} = .20, F(1, 29) = 10.24, $p < 0.001$; R^2_{inc} = .12, F(1, 29) = 5.33, $p < 0.01$, respectively)
  - ∇ PSS also added unique variance to anxiety and depression above and beyond physical abuse (R^2 = .15, F(1, 31) = 5.45, p < 0.001; R^2_{inc} = .30, F(1, 30) = 4.56, $p < 0.01$, respectively)
- ∇ Avoidance coping added unique variance to anxiety and depression above and beyond PSS (R^2_{inc}= .15, F(1, 48) = 12.60, $p < 0.001$; R^2_{inc} = .20, F(1, 48) = 19.65, $p < 0.000$, respectively)

∇Ethnic Identity

- ∇ Ethnic identity exploration was analyzed but was not related to PSS and did not add any unique variance to mental health outcomes above and beyond PSS
- ∇ Affirmation was positively related to anxiety (r = .32, p < 0.01)
- ∇ Affirmation was positively related to self-distraction (r = .41, $p < 0.01$), planning (r = .53, $p < 0.01$), and venting (r = .353, $p < 0.01$)
- ∇ Exploration was positively related to vigor (r = .25, $p < 0.05$)
- ∇ Exploration was positively negatively related to behavioral disengagement (r = -.31, $p < 0.01$) and positively to religion (r = .31, $p < 0.05$)
- ∇ Resolution was positively related to vigor (r = .343, p < 0.01)
- ∇ Resolution was negatively related to denial (r = -.26, $p < 0.05$) and behavioral disengagement (r = -.33, $p < 0.01$) and positively to religious coping (r = .29, $p < 0.05$)
- ∇ 53.7% of the sample had perfect scores on positive affirmation

∇Exploratory Findings

- ∇ Religious coping was negatively related to depression and anxiety (r = -.28, p < 0.05; r = -.28, p < 0.05, respectively) and positively to vigor (r = .42, p < 0.01)

Discussion

∇ Appraisal is important to how IPV is linked to mental health and hasn't been examined in previous research with Latina women (Hazen et al., 2006; Torres & Han, 2000)

∇ Ethnic identity exploration was not related to PSS and did not add any unique variance to mental health outcomes above and beyond PSS. In fact, although identity exploration has been related to poorer mental health (Kidwell, et al., 1995; Meeus, 1996), ethnic identity exploration has been related to higher levels of self-esteem among ethnic minorities in a sample of high school and university students (Umaña-Taylor et al., 2004)

∇ A majority of the sample had high scores on positive affirmation which may be related to social desirability

∇ There is a need for further development of ethnic identity measures (Cokley, 2007; Helms, 2007)

∇ Acculturation may be a more appropriate form of appraisal for future research to examine.

∇ Religious coping seems to be beneficial to Latinas and linked to their ethnic identity

∇ **Limitations**

- ∇ Small N size
- ∇ Possible translations problems with a sample of differing educational background
- ∇ Ethnic identity measure (particularly affirmation)