



Pursuing College Education in the Context of Gender-Based Violence and Psychiatric Hospitalization

An Analysis of Stressors and Coping Resources

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Abstract

There is growing evidence that educational settings present meaningful opportunities to resume life journeys interrupted by psychiatric distress and trauma, redefining selves in terms of strengths and goals. The current study draws on **Cultural & Developmental, Resilience & Recovery, and Feminist Ecological Resource Rights & Empowerment** frameworks to investigate resources needed and challenges faced by women pursuing college educations in the face of *both* gender-based violence and past psychiatric hospitalizations.

Participants included 286 female college students enrolled at a diverse, urban, public university. Women reporting a psychiatric hospitalization only (N =12), gender-based violence only (N= 83), or both (N=34), scored significantly higher than controls (N=157) on a Realistic Life Stressors measure which looks at major areas of stress identified among diverse urban commuter students (i.e. family, financial resources and employment, health, time and logistics, and experiences of discrimination). Those reporting gender-based violence alone or in combination with a psychiatric hospitalization reported significantly higher levels of distress, and women who experienced *both* a psychiatric hospitalization and gender-based violence uniquely reported significantly fewer coping resources than controls on the Resilience Scale for Adults.

Results support the value of Resilience & Recovery/Resource Rights & Empowerment models for women in recovery pursuing college educations. The research suggests a need for ongoing inquiry and dialogue regarding how campuses can partner with communities to increase resources and better support these students in reaching their educational and recovery goals.

Goals and Objectives

For women coping with major mental illness, experiences of gender-based violence both prior to and subsequent to diagnosis and hospitalization increase their burdens as they work toward resuming their lives and achieving life goals (Goodman, Rosenberg, Mueser, & Drake, 1997; Mueser & Rosenberg, 2003; Neria, Bromet, Carlson, & Naz, 2005; Thomas, 1998). There is evidence that educational settings can provide meaningful opportunities to resume life journeys interrupted by psychiatric distress and trauma and to redefine selves in terms of goals, strengths and abilities (Parr, 2000; Unger, 2007; Weiner, 1999), however, previous studies have focused predominantly on the experience of pursuing college education in the context of either gender-based oppression or psychiatric distress, and not the important and meaningful ways in which these may intersect.

The following study represents the quantitative component of a larger mixed-methods study looking at the resources needed and challenges faced by female students with histories of both gender-based violence and psychiatric hospitalizations in order to achieve their educational and recovery goals. This study takes a feminist ecological approach (Ballou et al., 2002) to psychopathology and resilience in adulthood, recognizing that individual behavior and experience cannot be understood without taking into account the multiple adaptive contexts in which the individual is situated (Ballou et al., 2002; Belsky, 1980; Bronfenbrenner, 1977, 1979; Grauerholz, 2000; Heise, 1998; Luthar & Brown, 2007; Schulenberg et al., 2004; Shapiro & Santa, 2005). As such, it looks not only at self-reported distress/symptoms, but also at realistic life stress (concerns re: family, financial resources and employment, health, time and logistics) and available internal and external coping resources across groups. These findings, in conjunction with data from qualitative interviews, will be used to inform and advocate for appropriate campus outreach and supports for female students pursuing their college education in the context of both psychiatric hospitalizations and gender-based violence.

Research Question: How might stressors and available coping resources differ in important ways between female students who have and have not had experiences of gender-based violence and psychiatric hospitalization(s)?

Hypothesis: Exposure to multiple risk factors (i.e. a psychiatric hospitalization and gender-based violence) will be associated with higher levels of realistic life stress and self-reported distress, as well as reduced access to coping resources.

Methods:

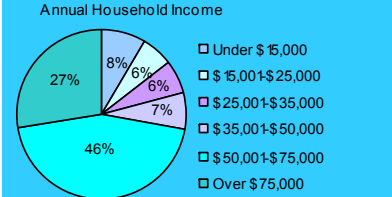
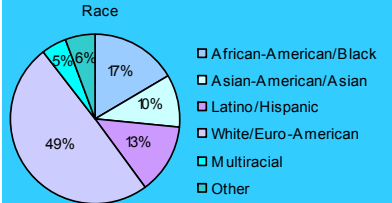
Measures:

The Hopkins Symptom Checklist-21 (Green et al., 1988) is an abbreviated form of the Hopkins Symptom Checklist, which focuses on 3 areas of distress especially relevant to student academic success: Performance, Overall Distress, and Somatization. Participants rate the extent to which they have experienced 21 different distress items in the past 7 days on a scale of 1 (not at all) to 4 (extremely). Each of the three subscales has demonstrated high discriminant and concurrent validity (Deane et al., 1992; Hopson & Cunningham, 1995), as well as sufficient internal consistency ($\alpha = 0.75-0.86$) (Green et al., 1988). This scale is particularly appropriate for diverse undergraduates as its validity has been supported across diverse racial and ethnic groups (Cepeda-Benito and Gleaves, 2000).

The Realistic Life Stressors Scale (RLS) is a comprehensive, multidimensional experimental measure of stress developed specifically for Student Resources for Success Survey (Shapiro et al., 2007) and adapted from Andrews and Wilding's (2004) Realistic Stressors Checklist, and informed by Hobfall's (1993) Conservation of Resources (COR) Theory and COR-Evaluation (2001). It is comprised of 43 items that span major areas of stress that have been identified among nontraditional and diverse student populations, including: family, financial resources and employment, health, time and logistics, and experiences of discrimination (Andrews & Wilding, 2004; Dill & Henley, 1998; Hobfall & Lilly, 1993). The 43 items are rated on a 5 point Likert scale, where 0= not applicable, 1= none (no perceived stress), but the presence of a stressor, 2= low stress, 3= medium stress, and 4 = high stress. This scale demonstrates high internal consistency ($\alpha = 0.94$).

The Resilience Scale for Adults (RSA) (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Friborg, Martinussen, & Rosenvinge, 2006) takes a multidimensional, ecological approach to measuring resilience. It is made up of 33 items which comprise five different subscales: Personal Strength (comprised of Perceptions of Self and Perceptions of the Future), Social Competence, Family Cohesion, Social Resources, and Structured Style. These protective factors have been found to buffer the development of psychiatric distress in the aftermath of stressful life events (Hjemdal, Friborg, Stiles, Rosenvinge & Martinussen, 2006). All 5 subscales have demonstrated adequate internal consistency ($\alpha = 0.67-0.90$) and test-retest reliability ($r=0.69-0.84$), as well as adequate convergent and discriminant validity.

Participant Demographics:



Age Range = 17-48yrs (M= 23.6yrs)

Marital Status:
8.9% married
18.3% living w/ partner
70.0% single
2.1% divorced
0.6% separated

Children:
11.4% have children

Employment:
13.2% not employed
14.2% working full time
72.6% working part time

School:
28.9% ESL students
88.6% full-time students
10.4% part-time students

Table 1: Rates of Gender Based Violence Experienced by Women with and without Psychiatric Hospitalizations

	No Psych Hosp (N=220)	Psych Hosp (N = 46)
Any Violence Experienced	35.3%	75.0%
Physical Violence in Childhood	21.2%	46.2%
Physical Violence in Adulthood	11.7%	40.4%
Sexual Violence in Childhood	15.7%	50.9%
Sexual Violence in Adulthood	13.1%	45.3%

Findings/Conclusions:

A MANCOVA was conducted with stressful life event exposure group (4 levels) as the fixed factor and age, part-time vs. full-time student status, and parental status entered as covariates. Dependent variables included mean score on the Realistic Life Stressors Scale (RLS), mean score and subscale scores on the Hopkins-21, and total score and subscale scores on the Resilience Scale for Adults (RSA). There was a main effect of exposure group on the RLS ($F[3, 279] = 14.618, p < .001, \eta^2 = .14$). Women who reported a psychiatric hospitalization only (N =12), gender-based violence only (N= 83), or both (N=34), all scored significantly higher than controls (N=157) on the RLS measure though the event-exposed groups did not differ significantly from one another. Those who experienced gender-based violence alone or in combination with a psychiatric hospitalization reported significantly higher levels of distress than controls on the Hopkins-21 ($F[3, 279] = 5.878, p < .001, \eta^2 = .059$). Group means on the RLS and the Hopkins-21 are displayed in Figure 1. Women who experienced both a psychiatric hospitalization and gender-based violence uniquely reported significantly fewer coping resources than controls on the RSA overall ($F[3, 279] = 3.348, p < .05, \eta^2 = .035$). In particular, women who experienced both risk factors (GBV and PH) reported significantly more negative perceptions of themselves ($p < .05$) and significantly less family cohesion ($p < .05$). Group means on each of the subscales of the RSA are displayed in Figure 2. The fact that the 3 risk-exposed groups reported similarly elevated levels of realistic life stress in relation to the controls, yet the multiply-exposed group reported both greater distress/symptoms and fewer available coping resources to deal with the stressors in their lives suggests a need for greater attention to the lived experiences of women who have experienced both gender-based violence and psychiatric hospitalization(s) in future research.

Figure 1: Self-Reported Levels of Distress and Realistic Life Stress by Group

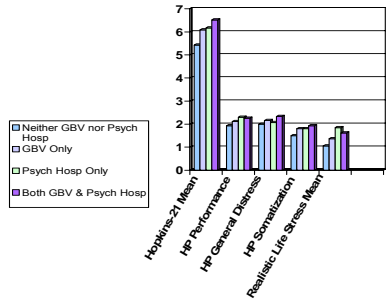


Figure 2: Resiliency Scale for Adults (RSA) Subscale Scores by Group

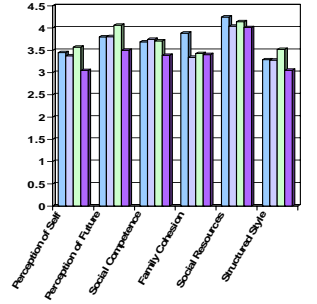


Table 2: Top Stressors* Reported by Women who have experienced both Gender-Based Violence and Psychiatric Hospitalizations

School-Related:	
Inadequate Time for School Work	75.0%
Concerns about Educational Advancement	71.7%
School Missed due to Illness	69.8%
Basic Needs:	
Inadequate Savings and Emergency Funds	62.3%
Inadequate Money for Essentials	54.7%
No Access to Financial Help if Needed	50.9%
Work-Related:	
Inadequate Income	51.1%
Work Missed due to Illness	49.0%
Number of Hours Worked per Week	46.7%
Health & Well-Being:	
Inadequate Time to Spend with Loved Ones	66.0%
Inadequate Time for Sleep	65.4%
Personal Mental Illness	51.0%

*Percentages Reflect Proportion Reporting the Stressor Listed caused them Moderate to High Stress in Last 6 Months

Table 3: Resources Most Heavily Used by Women who have Experienced both GBV & PH:

On Campus:	
Academic Advising	71.1%
Academic Support Services	24.5%
Off-Campus:	
Family Doctor	28.3%
Outpatient Psychotherapy	18.9%
Volunteer Work	18.9%

Common barriers to resource use reported in student comments:
 *Difficulties reaching and forming a relationship with academic advisors
 *Unclear where to turn for specific issues/concerns
 *Inadequate guidance provided by academic support services & advisors
 *Inadequate finances/unable to afford

Implications for Research/Practice/Policy:

Results suggest the value of employing frameworks emphasizing resilience, recovery and resource rights and identifying campus communities as spaces to increase resources available to women pursuing their college educations in the context of having experienced both gender-based violence and psychiatric hospitalization(s).

In the next phase of the study, we will gather qualitative data to better understand the lived experience of barriers to resources these women have faced and the ways in which they have attempted to negotiate these barriers, so that feedback may be provided to campus communities and treatment settings as to how to better support them in achieving their educational and recovery goals.