

**Original Article**

## **Psychopathology dimensions of females experiencing family violence and a perspective to their habilitation**

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**Objectives:**Violence is a widespread problem that occurs all over the world among all ages, genders, races, educational level and socio- economic groups

The aim of this study was to investigate modeling of different processes that could account for the link between experiencing spouse abuse in women and psychology, psychopathology, social and demographic factors.

**Method:**Data were gathered through a family violence survey study. 230 married women participated in this study. Participants were selected by a multi-cluster sampling method from 4 different randomized regions of Tehran. They completed 1- Conflict Tactic Scale-2, 2- Personal and Relationship Profile, 3-Symptoms Check List Inventory, 4- Marital Attitude Survey, 5-Social and Demographic Measures .

**Results:**Based on participants' scores in Conflict Tactics Scale-2, women who were experiencing violence (victims) were recognized and in compare to non-experiencing women (non-victims) a model of family violence victimization was drawn. This model showed the paths from psychology, psychopathology, Social and Demographic factors to experiencing violence.

**Conclusion:**Based on the model with a series of paths which may act as effective determinants for experiencing violence (family violence victimization) in women, habilitation services must consider the influence of each factor which may change or modify by some recognized mediating interventions .So, it may be concluded that based on present study, a reduction of psychopathology would have a beneficial impact over experiencing spousal violence.

**Key words:**Psychopathology dimensions, Experiencing, Spouse abuse, Domestic, Family Violence ,Habilitation

### **Introduction**

It is now widely recognized that relationships between partners in marital, cohabiting, and dating relationship are often violent(1-3) . Aggression is an extremely important aspect of psychological functioning and social life, and one that has profound implications for physical and mental health of the aggressor and the targets of aggression. There is controversy over the extent

to which violence between intimate partners has its origins in the psychological characteristics such as depression and borderline personality as compared to social characteristics of the setting or the relationship such as dominance by one partner (4) or as argued by Dutton (1994) and Dutton,Starzomski (1993)(5, 6) the interaction of psychological and social risk factors. In this regard there is considerable evidence that expe-

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riencing violence in women is associated with psychopathology and cognitive malfunctions (7). On the other hand Straus and Ramirez at (<http://pubpages.unh.edu/~2> 2005) reviewed theory which extreme forms of violence are more likely to reflect individual deviance or psychopathology. While less extreme forms of violence are more likely to reflect social characteristics. Also Johnson (8, 9) says social factors may be most important for “ordinary violence” of American married life.

Psychological and psychopathology are exemplified in work such as Dutton (1993), Holtzworth-Munroe et al, Holtzworth-Munroe & Stuart (1999, 1994), O’Leary (1993)(6, 10-12), and Saunders (1992)(13). The social theories are exemplified in the work of Doubash and Doubash (1979), Rouse (1990), Coleman and Straus (1990), and Yllo (1984)(14-17). Straus & Ramirez at (<http://pubpages.unh.edu/~2> 2005) say that part of the reason for the controversy probably lies in the disciplinary training of the investigators. Psychologists naturally, and appropriately, tend to focus on psychological causes, and sociologists naturally and appropriately tend to focus on social causes.

The aim of this study is to investigate modeling of

different processes that could account for the link between experiencing violence and psychology, psychopathology, social and demographic factors.

**Method:**

**Participants:** In this study by using data related to a family violence survey study, (Tehran, 2004) factors which were related to experiencing violence in women are discussed. Subjects were selected through a multi-cluster sampling method. At first stage, 4 regions of Tehran were randomly selected as the main clusters of research. Public, entertainment centers and family court of the 4 regions were recognized as the second-rank clusters. The final participants were selected randomly from the above centers (N=230).

All subjects must be married, having ability to read and write, living in Tehran at the time of the study and finally having tendency to participate in the study. Consent form was filled by all participants. If the subjects reported a history of substance abuse or they had apparent psychotic features, they were excluded from the research. There for from 255 women regarding all mentioned criteria 25 were excluded.

Table 1 shows demographic characteristics of 230 women who participated in this study.

**Table 1:** Demographic characteristics of subjects

Variables	Level of Variables		
Age	17-27 (years)	28-38 (years)	38 (years) and older
	N=70	N=75	N=75
education	Lower than high school	high school	university graduate
	N=15	N=105	N=100
Job	Employed	house wife	others
	N=113	N=93	N=27
Marriage duration	Less than 5 years	6- 10 years	more than 20 years
	N=67	N=67	N=99
Number of children	1-2 children	2-3 children	more than 3 children
	N=64	N=132	N=34

### **Procedure:**

Regarding cultural issues, instruments were prepared and interviewers were trained to administer the interview and data gathering. Then they were introduced to the centers with a kit contained a cover letter and all instruments. They described the aim of the study for participants and assured them of research confidentiality although subjects were allowed to leave the study any time.

Interviewers invited subjects and asked them to complete the questionnaires after describing the aim of the study. In this article the data regarding to these subjects are presented.

### **Instruments:**

1-Conflict Tactic Scales-Revised (CTS-2) (18): The CTS is the most widely used instrument for obtaining data on partner violence, and has sometimes been described as the standard instrument. It is the only instrument designed to differentiate between Minor and severe aggression among partners and to have explicit procedures for doing so for each of the four aspects of partner violence. It is also the only standard instrument that provides data on the chronicity for each aspects of partner violence(18). Straus et al (1996) reported that the reliability of CTS2 ranges from 0.79 to 0.95. All the scales had good internal consistency: Negotiation ( $\alpha=0.86$ ), Psychological Aggression ( $\alpha=0.79$ ), Physical Assault ( $\alpha=0.86$ ), Sexual Coercion ( $\alpha=0.87$ ) and Injury ( $\alpha=0.95$ ) (18).

In a recent study the samples for psychometric data of CTS2 include students from 33 universities ( $N=7179$ ) (19).

Straus has reported 3 sets of evidence of validity for CTS2(19): (1) Correlation of Assault and Injury: The question of whether students at universities with high rates of students assaulting a dating partner also have high rates of injury inflicted by a dating partner, is highly suited for examining construct validity as defined above because, by definition, they are related. The correlations of 0.77 and 0.75 between assault and injury was, as expected, lower than the zero order correlation, and is a good evidence for construct validity. (2) Correlation of Corporal Punishment with Partner Violence: that larger the proportion of students

who reported experiencing corporal punishment, the higher the percentage who had hit a dating partner in the past year. The correlations of 0.44 and 0.43 are much higher than the correlations typically found for the relation between childhood corporal punishment and violence as an adult, this result is consistent with many American Studies, including prospective studies, which show that corporal punishment as a child is a risk factor for violence and therefore provides further data on the cross cultural construct validity of the CTS2 Physical Assault Scale. (3) Dominance in Dating Relationships: the more dating relationships are characterized by the dominance of one partner, the greater probability of violence exists. The correlations of 0.44 and 0.39 provide an additional bit of evidence for the construct validity of the CTS2 Physical Assault Scale. Although CTS-2 has 5 scales, but in this study, "Negotiation Scale" as a non violent relationship scale was not used. This study used CTS2 for the first time in Iran. Research data of CTS-2 was used to divide the samples in to two groups (victims and non – victims) based on calculated cut-off point ( $SD+2$ ). Then two groups were compared in regard to their responses to research questionnaires.

2- The Personal and Relationships Profile (PRP): The PRP is a 23 scales instrument designed explicitly for research on partner violence (20). One of the 23 scales is adapted from the Reynolds form of the Marlowe-Crowne Social Desirability Scale (21). The 22 risk factor scales were selected on the basis of review of research on the correlates of couple violence and theories concerning the etiology of couple violence, with attention to including scales that measure variables to test psychological theories and sociological theories of partner violence. The scales in the PRP are:

Personal or Intrapsychic Scales

- ASP Antisocial Personality Symptoms
- BOR Borderline Personality Symptoms
- CH Criminal History
- DEP Depression Symptoms
- GHM Gender Hostility to Men
- GHW Gender Hostility to Women
- NH Neglect History
- PTS Post-Traumatic Stress Disorder

SD Social Desirability  
 SI Social Integration  
 SUB Substance Abuse  
 STR Stressful Conditions  
 SAH Sexual Abuse History  
 VA Violence Approval  
 Relationship Scales (scales which include items that refer to behavior towards or beliefs about the partner).

AM Anger Management  
 CP Communication Problems  
 CON Conflict  
 DOM Dominance  
 JEL Jealousy  
 NA Negative Attribution  
 RC Relationship Commitment  
 RD Relationship Distress

The design of the PRP follows four principles.

The items are almost all brief descriptions about the respondent or their partner such as “I have bad dreams about terrible things that have happened to me” (PTS symptoms scale) or “My partner doesn’t have enough sense to make important decisions” (Dominances scale).

The respondent is asked the degree to which agree that they are like statement.

Four response categories are used.

The items are at the 5th to 6th grade reading level.

Reliability and Validity: Considering the brevity of the scales, all 21 of the PRP substantive scales have at least a minimally adequate level of internal consistency reliability (0.60 to 0.69) for the student sample. About a third has what we consider good reliability (0.70 to 0.79), and another third have high reliability (0.80 to 0.87). The mean reliability was 0.75. For the forensic sample, the reliability coefficients were slightly lower, with a mean of 0.70 and range of 0.54 to 0.84 (20).

Construct validity is suggested by the fact that almost all the scales differentiate significantly between men and women, and that for the most part these differences are consistent with previous research on gender differences. Comparison of the mean scores of male students with male

domestic violence offenders found significantly higher scores at the 0.05 level for the offenders on 92% (11 of the 12) of the substantive scales available for the male students suggests that, after adjusting the scores for social desirability response bias, the PRP is valid for use with domestic violence offenders(20). This study used PRP for the first time in Iran.

3- The Symptom Check List (SCL-90-R): At this study, psychopathology was assessed by the Symptom Check List (SCL-90-R) inventory(22). The SCL-90-R is a 90-item self-report symptom inventory and is designed primarily to reflect the psychological symptom patterns of psychiatric and medical patients. A preliminary version of the scale was introduced by Derogatis and his colleagues and based on early clinical experiences and psychometric analysis was modified and validated in the present revised form(22). Each item of the “90” is rated on a 5-point scale of distress (0-4), ranging from “not-at-all” at one pole to “extremely” at the other. The “90” is scored and interpreted in terms of 9 primary symptom dimensions and 3 global indices of distress. These are labeled:

- I. Somatization
- II. Obsessive-Compulsive
- III. Interpersonal Sensitivity
- IV. Depression
- V. Anxiety
- VI. Hostility
- VII. Phobic Anxiety
- VIII. Paranoid Ideation
- IX. Psychoticism

Global Severity Index (GSI)

Positive Symptom Distress Index (PSDI)

Positive Symptom Total (PST)

Reliability measures concerning the 9 primary symptom dimensions of the SCL-90-R are quite satisfactory ranking between a low of 0.77 for psychoticism to a high of 0.90 for Depression. About the validation of SCL-90-R,(22) indicates that “by demonstrating positive correlations between scale values and external criteria felt to be good

reflection of the construct, validation is initiated." Several Studies have contrasted the SCL-90-R with other established multidimensional measures of psychopathology(22). Derogatis, (1992) contrasted the dimension scores of the "90" with scores from the MMPI(22). Each dimension has its highest correlation with a like contrast, except in the case of O-C for which there is no directly comparable MMPI scale. Results of the study reflected a high degree of convergent validity for the "90" which represent a very important step in the validation program. In present study, the mean reliability coefficient was estimated 79%.

4. Marital Attitude Survey (MAS): At the present study MAS was administered for assessing the attributions and expectations of male subjects (as Psychological factor). MAS (23) is designed to evaluate specific content of attributions in couple relationships and contains eight scales:

1. Perceived ability of couple to change relationship.
2. Expectancy of improvement in the relationship.
3. Attribution of causality to own behavior.
4. Attribution of causality to own personality.
5. Attribution of causality to spouse's behavior.
6. Attribution of causality to spouse's personality.
7. Attribution of malicious intent to spouse.
8. Attribution of lack of love to spouse.

The Alpha coefficients for scales vary from 58% to 93%. The mean reliability coefficient in a sample of Iranian population was 78%(24). Baucom and Epstein (1990) reported acceptable evidences for validity of MAS(23).

5- Social-Demographic Measure: Age, Job, Education, Socio-Economic Status, Residence Status (low level, middle and high level) and social effect of male Violence against women as social-demographic factors were considered to show the role of each one in violence.

#### **Results:**

As it is presented in table 2, by using logistic regression, experiencing violence was considered as a dependent variable. Also nine significant independent variables (residence status, social ef-

fect of male violence against women, depression symptoms of PTS disorder in PRP, social integration in PRP, Hostility in SCL-90-R and conflict-relationship distress in PRP and attribution of lack of love to spouse) were found.

This research focused on understanding the process by which psychopathology, Psychology and demographic risk factors lead to experiencing spouse violence in women.

Research data of CTS-2 was used to divide the samples in to two groups (victims and non-victims) based on calculated cut-off point ( $SD \geq +2$ ). Then two groups were compared in regard to their responses to research questionnaires.

Figure 1 displays the results in table 1 in the form of path diagram. The diagram follows the conventions for path analysis based on OLS regression, but because they are based on the logistic regression results, the numbers on the path are the odds ratios. Only paths that are statistically significant at  $p < 0.05$  level (one-tailed test) are shown. Although the odds ratios that appear on some of these paths may seem small, the effects accumulate across each level of the independent variable.

Figure 1 shows the model estimated for women, using experiencing assault by husbands as the dependent variable. The upper path shows a direct relationship between low residence status and experiencing violence. The odds ratio of 0.227 shows that increase in one category in the three-category residence index, multiplies the odds ratio by 0.227 or 23%. There are also direct relationship between social effect of male violence against women and hostility and the dependent variable with the odds ratios of 0.337 and 1.151 respectively. The second independent variables has also a significant indirect path to experiencing violence ( $OR=0.266$ ).

Although conflict is the most critical mediating variable ( $OR=1.040$ ), Depression is the other important factor which links to experiencing violence through some indirect paths: (1) Conflict, (2) Relationship Distress and (3) Attribution of lack of love to spouse.

The role of PTS disorder in experiencing violence

**Table 2:** Regression Models Testing Direct and Indirect Paths

Independent Variables	Odds Ratios For			
	Relationship/Interpersonal Risk Factors in PRP		Marital Attitude Factor in MAS	Experiencing violence
	Conflict	Relationship distress	Attribution of lack of love to spouse	
Low level Status Residence	0.909	1.605	0.907	0.227***
Social Effect of male violence against women	0.266***	0.448	1.598	0.337*
Depression Symptoms (in PRP)	1.063***	1.078**	0.896**	1.014
PTS Disorder (in PRP)	1.082*	0.962	1.008	0.973
Social Integration (in PRP)	0.952	0.934*	1.034	1.017
Hostility (in SCL-90-R)	1.026	1.019	1.065	1.151*
Conflict (in PRP)	-	-	-	1.040*
Relationship Distress (in PRP)	-	-	-	0.926*
Attribution of lack of Love to Spouse (in MAS)	-	-	-	0.929*
Model c2	21.94*	16.764*	23.97*	28.52*

N=230 \*p<0.05 \*\*p≤0.01 \*\*\*p≤0.001 (One-tailed tests)

is supported by the path linking conflict to dependent variable (OR=1.040). Moving down on the diagram shows that each increase of one category in Social Integration in this study, multiplies the odds of being high in Relationship Distress by 0.934 or 93%. As noted before, Hostility has just a direct relationship to experiencing violence in female subjects of the study. Each increase of this index multiplies the odds ratio by 1.151 or 15%.

**Discussion:**

The model presented at figure 1 assumes that there are a series of paths which may act as effective determinant for experiencing spouse abuse in

women. The influence of each risk factor may be changed or modified by some recognized mediating variables (e.g. conflict, relationship distress and attribution of lack of love to spouse) that may encourage the development of spouse abuse.

It is shown in figure 1, residence status of the family as (a socio-economic variable) was directly related to experiencing assault. Consistent with many other studies, (25) this factor had a significant role in spouse abuse.

The effect of depression in experiencing spouse violence of women was drawn by intensification of all three mediating factors: conflict, relation-

ship distress and attribution of lack of love to spouse.

The result of this research also suggests that social disintegration can indirectly lead to experiencing violence by increasing the levels of distress in partner relationships. As Kalmus & Straus (1993) said, "continuous contact of abused women with their assaulting husbands that might have different reasons including economic dependency, social attitudes and fear from loneliness, aggravates the relationship distress." (26)

There are considerable evidences that confirm, experiencing violence in women is associated with psychopathology and cognitive malfunctions. Andrew, Ustun & Kessler (2000) noted that intimate partner violence is identified as an avertable risk factor for mental disorder(7). The present study was aimed to specify three processes: psychopathology, Psychology, social and demographic variables as the most important risk factor domains that may contribute to this process.

The other aim of this study was to understand the social aspects of spouse abuse. The research was posited on the assumption that identifying social variable (e.g. social approval of violence against women) will provide a more adequate understanding of experiencing violence in females. The role of psychopathology as a major aspect of the etiology of partner violence was explicitly rejected by many authors(14). Many researchers in 1980s emphasized the effects of social and cultural risk factors such as male dominance and conflict about it on experiencing spouse abuse.

As Straus and members of the International Dating Violence Consortium (2005; at <http://pubpages.unh.edu/~2>) indicated "the belief that sociological factor were more important that psychological factors had wide acceptance among

family violence researchers and formed the basis of most primary prevention and treatment programs."

At the present study the significant role of cultural approval about male violence against women in experiencing violence in females was re-emphasized and consistent with previous professional literature although Psychopathological and psychological factors showed important role in experiencing violence.

It seems that elimination of such social attitudes can reduce some of the psychological and social processes that increase the likelihood of marital violence and as Andrew, Ustun & Kessler (2000) said "perhaps other violence as well" (7),and also based on the model with a series of paths which may act as effective determinants for experiencing violence (family violence victimization) in women, habilitation services must consider the influence of each factor which may change or modify by some recognized mediating interventions .So, it may be concluded that based on present study, a reduction of psychopathology would have a beneficial impact over experiencing spousal violence.

The limitations of this study are related to design to design. Apparently in retrospective studies could not be discussed. Another limitation is related to the number of subjects. It is obvious that more subjects lead to more validity of the study.

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