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Original Article

Comparative study of anger and anxiety in normal women and victims of domestic violence referring to Forensic Medicine Center in South Khorasan

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Abstract

Introduction: In recent decades, violence against women has been considered as the most serious social problem beyond cultural, social and regional borders. Thus, the present research aims to compare anger and anxiety in normal women and victims of domestic violence who referred to Forensic Medicine Center in South Khorasan.

Materials and Methods: the methodology is descriptive and of comparative causative kind. Statistical community includes two groups of abused and ordinary women. Abused group involved all women who referred to Forensic Medicine Center in South Khorasan whom identified as the abused by forensics and physical examinations (in a two months interval, totally 60 persons). The ordinary cases were normal women who referred to Forensic Medicine Center in South Khorasan. To select the sample of abused women, all women who tended to participate in the research were selected as the sample due to the small size of the community; and the ordinary group also was selected with the same number among the normal women who referred to Forensic Medicine Center and had similar demographic features as the abused group including age and educational level. For collecting data, emotional control questionnaire (questions in anxiety and anger dimension) was used. Multivariate variance analysis was used to analyses the research hypothesis.

Results: There is a significant statistical difference between the amount of anger and anxiety between the normal women and abused ones. Moreover, results demonstrated that the mean scores of abused women are higher than the normal ones in anger and anxiety components.

Conclusion: Domestic violence makes to appear many psychological problems for the individual. Accordingly, considering this social problem requires enormous efforts and the authorities' attention and this study could have a significant achievement for mental health professionals of the country in order to devise some plans for primary and secondary prevention against domestic violence as well as to pave the way for policymakers in regulating rules to reduce domestic violence.

Keywords: Anger, Anxiety, Victim

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Introduction

In recent decades, violence against women has been mentioned as the most serious social problem beyond cultural, social and regional boundaries (1). According to the definition of the United Nations Declaration on the Elimination of Violence against Women in 1993, violence against women is any type of gender-based violence that results in physical, sexual or psychological harm to women or is likely to occur, for suffering women or lead to forced deprivation of personal or social freedom (2).

Domestic violence against women varies according to cultures and societies, but its existence is a social reality, and it happens in all cultures, social classes, religions and geographical situations (3).

Woodhouse and Dempsey (4) reported that about 4.5 million women are victims of domestic violence in England. Devrais et al. (5) reported this rate as 30% based on the reports obtained from 81 countries. Research by the Australian Bureau of Statistics (6) showed that 37% of Australian women experienced violence before the age of 18. In the World Health Organization report, in a study of 24,000 women in 10 countries, 13-61% of women reported physical violence, 6-59% of sexual violence, and 20-75% of psychological violence. There have been studies on this issue in Iran. Ramezani et al. (7) reported the prevalence of 4.84% of physical violence, 2.81% of psychological violence and 3.25% of sexual violence. Qahari et al. (8) reported the prevalence of 6.82% and 9.68% of physical and emotional violence, and 5.70% of sexual and emotional violence.

Women victims of domestic violence often suffer from physical injuries and many chronic health problems (9). Domestic violence can lead to a 50-70% increase in central nervous system problems, disorders in the percentage of central nervous system problems, and antisocial personality disorders in women (10).

Pico-Alfanzo et al. (11) reported that women who were victims of spousal violence were compared to women in the control group in terms of scores (withdrawn, avoidant, doomed to failure, and also in the three pathological personality scores of withdrawn, borderline, and paranoid). They had a higher score. Other researchers found high prevalence of neuroticism, low agreeableness, lack of flexibility (12), low score in openness to experience and extroversion and higher score in conscientiousness (13), high prevalence of suicidal thoughts (5), antisocial personality disorder and disorder reported obsessive-compulsive personality (14) even with paranoid fantasies (15) in female victims of spousal violence.

Women subjected to domestic violence are more likely to suffer from mental disorders such as depression, anxiety and aggression (16). Therefore, the purpose of the present study is to compare the level of anger and anxiety in normal women and victims of spousal abuse referring to South Khorasan Forensic Medicine Center.

Materials and Methods

This descriptive research is causal-comparative. The statistical population of the research includes two groups, the abused group, which includes all women referred to South Khorasan Forensic Medicine Center who were abused by their husbands and after physical and physical examinations, the injuries were confirmed, according to the opinion of experts, the number of these people in a period of two months, there are about 60 people, due to the small size of the community, all the people who wanted to participate in the research were selected as a sample, and the group of normal people included all the normal women referring to the forensic medicine, which in terms of Demographic characteristics such as age and education were similar to the abused sample and the number of abused people was selected. The criteria for entering the research included not having specific psychological disorders.

Research instruments

A) Emotional Control Scale: It is a tool to measure the level of control of people over their emotions. This scale includes 42 questions with 4 sub-scales with the titles of anger (1-34-30-28-11-16-39), depressed mood (37-29-27-25-19-13-4-3), anxiety (40-38-35-33-26-24-21-20-17-15-9-7-5) and positive emotion (42-41-36-32-31-23-22). The grading scale is likert, where the person declares his success in each question on a 7-point

scale, and questions 38-4-9-12-16-17-18-21-22-27-30-31 are scored in reverse. Williams and colleagues reported the validity of this questionnaire using Cronbach's alpha of 0.72, depressed mood 0.91, anxiety 0.89, and emotion 0.84 and the total coefficient 0.94, and in the retest phase, anger was 0.73. 0, depressed mood 0.76, anxiety 0.77, positive affect 0.66 and the total coefficient 0.78. This test was standardized in Iran by Tahmasbian, Khazaei, Arefi, Saeedipour, and Hosseini, and the internal consistency and reliability of the emotional control questionnaire scales using Cronbach's alpha test, for the group of students, was 0.782. 0.818 students, 0.889 teachers, 0.935 professors and 0.909 nurses were more than 0.75. The reliability of the test using correlation showed that there is a relative relationship between the subscales of the emotion control test. Therefore, the questionnaire has good reliability among all groups. Also, a significant correlation of anger subscale with depressed mood 0.45, anxiety 0.575, positive emotion 0.558, depressed mood with anxiety 0.530 and positive emotion 0.484 was obtained (18,17).

Results

The age range of the subjects was between 18 and 55 years, with an average age of 48.70 ± 27.29 for abused women and 47.60 ± 15.30 for the normal group, with no significant difference between the groups ($P< 0.05$).

Table 1. Descriptive statistics including mean and standard deviation for dependent variables

Variable	Group	Mean	Standard deviation
Anger	Abused	31.30	7.71
	Ordinary	27.92	7.55
Anxiety	Abused	52.66	14.74
	Ordinary	41.83	11.03

The results of the box test are presented to determine the homogeneity assumption of variance-covariance matrices. As it is clear in the table, the value of F and the significance level which is less than 0.01 indicates the non-establishment of the assumption of homogeneity of the variance-covariance matrices for the independent variable levels of group membership.

Table 2. Box test results to determine the assumption of homogeneity of variance-covariance matrices

	Value
Box test	55.37
F value	5.35
Significance level	0.0001

The results of Bartlett's sphericity test show the statistical significance of sufficient correlation between dependent variables. This index tests the null hypothesis that the residual covariance matrix fits a heterogeneous variable (Table 3).

Table 3. Bartlett's sphericity test results to determine the correlation of dependent variables

	Value
Chi square	267.77
Freedom degrees	9
Significance level	0.0001

The evaluation of the characteristics of the data, including normality, showed that the main assumptions are valid and therefore the analysis can be performed. Table 4 presents the results of multivariate analysis of variance on the scores of dependent variables. Pillai's effect test shows that the effect of group membership on the linear combination of dependent variables is significant and there is a significant difference in at least one of the dependent variables between the group of normal and abused women.

Table 4. The results of multivariate analysis of variance on the scores of dependent variables

Test name	amount	F	Assumed freedom level	Error freedom level	Significance level
Pillai effect	0.33	15.96	4	127	0.0001

Since the multivariate test is statistically significant, we can continue to evaluate each of the dependent variables. Table 5 reports Levin's test for equality of variances. As it is clear in the table, Levin's statistic for all variables, except for anxiety, equals the error variance in the levels of group membership.

Table 5. Levene's test for the equality of error variances

Variable	F	P
Anger	0.13	0.72
Anxiety	7.31	0.008

Table 6. The results of the between-subjects effects test related to the comparison of the averages in the dependent variables of the normal and abused groups.

Dependent variable	Squares sum	Freedom degree	Mean squares	F	Significance level
Anger	Group	1	376.73	6.46	0.012
	Error	130	7580.56		
Anxiety	Group	1	3872.91	22.84	0.0001
	Error	130	22043.83		

Univariate ANOVA statistics were performed on each dependent variable separately to determine the source of multivariate statistical significance. Table 6 shows the results.

Table No. 6 shows that membership in the normal-disturbed group has a significant effect on anxiety ($P< 0.01$) and anger ($P< 0.01$). The mean and standard deviation of the dependent variables showed that the mean scores of abused women are higher in anger and anxiety components compared to normal women.

Discussion

The present study was conducted with the aim of comparing anger and anxiety in normal women and victims of spousal abuse referring to South Khorasan Forensic Medicine Center. The results of the research showed that there is a statistically significant difference between the level of anger and anxiety of normal and afflicted women. Also, the results showed that the average scores of abused women are higher in anger and anxiety components compared to normal women.

Violence against women is one of the priorities of public health all over the world, and domestic violence has a negative impact on women's mental health and leads to disorders such as depression, anxiety, stress, and suicidal behaviors in this group of people. 16). Women victims of domestic violence often suffer from physical injuries and many chronic health problems (9). Victims of domestic violence may feel powerless, be discouraged from using problem-solving behaviors, and attribute negative consequences to their fixed and internal characteristics (19), which leads to dysfunctional thoughts (20). In addition, such people suffer from low self-esteem and this leads to overgeneralization of negative

consequences (21). Anxiety and depression caused by violence affects the person and the environment, because misbehavior has harmful effects such as anxiety, shame and guilt (22). Stressful environments related to misbehavior by a spouse or a close person make it more difficult and time consuming for women to calm down and return to personal emotional baselines, and this leads to higher levels of chronic negative emotions such as sadness, Fear, anxiety, shame, etc. These problems may extend beyond abusive relationships and persist even after an abusive relationship has ended. This can lead to depression, anxiety, helplessness, problems in decision-making, shame and self-blame, and interpersonal problems. In addition, when constant emotions such as sadness or shame are felt, abused women perceive themselves to be mistreated by others. They isolate and experience irritability, which reduces the opportunity for social support and further aggravates anxiety disorders, anger and depression. In other words, abused women may develop persistent and significant problems related to regulating their emotions. Such problems may occur in certain situations (23).

Conclusion

In this research, the level of anger and anxiety between normal and abused women was compared, and the results indicated a difference between these two groups, therefore providing therapeutic solutions to improve communication skills between couples and also identifying the factors affecting interpersonal relationships. In couples, it is one of the requirements.

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