



## Comparison of Anxiety and Depression in victims of spousal abused and Non-Abused women in Primary Health Care (PHC) in Babol-Iran

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### **ABSTRACT**

**Purpose:** The present study is conducted to compare anxiety and depression in victims of spousal abused and non abused women in Primary Health Care (PHC) in Babol. Main research question is that is there any significant difference between women victims of violence and normal women in terms of amount of anxiety and depression?

**Methods and Materials:** from all healthcare centers of Babol City in Iran, 3 centers were selected randomly and all women referred to these centers from September of 2014 to March of same year filled the spousal abuse questionnaire. 120 women were identified as victims of husband's violence. Following that, 120 women who were similar to first group in terms of age, job and education level were selected as control group. Then, both groups filled the Beck's Anxiety Inventory (BAI) and Beck's Depression Inventory. Data were analyzed using independent t-test.

**Results:** Results showed that mean anxiety and depression scores of women victims of violence has been higher than non abused women and this result is significant statistically ( $p < 0.01$ ).

**Conclusion:** according to high level of anxiety and depression in women victims of spousal abuse compared to non- abused, it is necessary to use methods to prevent any kind of domestic violence, especially spousal abuse against wife in Iran. Such goal could be achieved through strengthening the laws to prevent spousal abuse in Iran and use technology e.g. smart phone apps to allow women to understand the negative impacts of spousal abuse and report spousal abuse during crisis. This can typically be effective in regard with preventing of mental disorders such as anxiety and depression.

### **Keyword:**

spouse abuse, anxiety, depression, women, and health centers.

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## 1. Introduction

The violence is a global problem that can destroy configuration of the society and can be a threat for life, health and happiness of individuals (Correia et al., 2014). The most common type of violence is spouse violence, which can have many negative effects on physical and mental health of victims (Vives-Cases et al., 2010). This kind of violence usually occurs in private environment and between individuals linked as a result of intimacy, blood relationship or legal relationship (Mirzaei, 2006). Spouse abuse as one type of domestic violence includes any kind of violent behavior taken by husband practically against wife. This kind of violence is used to apply dominance, authentication and force on victim and is considered as a serious threat to mental health of women and can be main reason for mortality of many women across the world (Allen et al., 2009; Anderson and Light, 2010; Keltner et al., 2007). The phenomenon of domestic violence against women is origin of many individual and social damages and is existed in all developed and developing countries and in all social and economic classes, different age and job groups (Sullivan et al., 2010) and can result in mortality of 15-44 age women more than diseases such as breast cancer, womb cancer and accidents (Chong et al., 2014). Review of previous studies indicates that women victim of violence suffer from psychological disorders and depression & suicide (Ghahari et al., 2008; Coke et al., 2002, Ghahari et al 2018,), drug abuse, depression, Post-traumatic stress disorder, obsessive compulsive disorder and generalized anxiety disorder are high in women (Coke et al., 2002). Abused women mostly suffer from Treatment-resistant depression with anxiety (May & Katz, 2003) and depression, anxiety, physical symptoms and low self-esteem is common among them (Hosseini Padenjani, 2012) and sexual dysfunctioning (Ghahari et al 2017). Study of Poornaghash-Tehrani (2011) and study of Ghasemi et al.(2014) in Iran showed that women victim of sexual violence suffer from psychological disorders, especially depression. Also, Study of Gilroy (2015) showed that among women victim of violence referred to Health Centers, the most common disorder has been anxiety and depression. According to negative effects of domestic violence, especially spouse abuse, this study has compared anxiety and depression in women victims of spouse abuse and non abused women.

## 2. Method

The method in this study is a case – control study. Statistical population consists of all women referred to Health Centers of Babol City in Iran for purpose of monthly healthcares such as children vaccination, pregnancy and family planning. Among health centers of Babol, 3 centers were selected randomly and women referred to the centers for 5 months filled the Spousal Abuse Questionnaire and those victims of violence were selected as samples. As participating in this study was optional and consciously, those samples dissatisfied to participate in the study were excluded and 120 women participated in the study. Normal samples consisted of 120 women referred to same centers, who were not victims of spousal abuse. Both groups filled the Beck's Anxiety Inventory and Beck's Depression Inventory. Data were analyzed by using independent t-test.

## 2.1 Instrument

Demographic questionnaire: the questionnaire measures demographic information including age, job, education, income, years of marriage and number of children.

## 2.2- Beck's Depression Inventory-II (BDI-II)

The Beck Depression Inventory-Second Edition (Beck, Steer, & Brown, 1996) is a 21-item scale and one of the most widely used self-report measures of depression. The psychometric properties of the original BDI are well established, and the BDI-II also appears to be psychometrically strong (Evans et al., 2008). Total score is in range of 0-63 and the designers have considered score 10 and higher scores as mild depression, 20-28 to moderate depression and 29-63 to severe depression. The Persian version of this inventory has validity coefficient equal to 70%, reliability coefficient of 77% and internal consistency of 91% (Kaviani & Mousavi, 2009).

## 2.3 Beck's Anxiety Inventory (BAI)

The BAI (Beck & Steer, 1990) is a 21-item scale that was developed to address and discriminate anxiety from depression each item on the scale describes a symptom of anxiety. The respondent is Asked to rate how much he or she has been bothered by each symptom over the past week on a 4-point scale Ranging from 1 to 3. The items are summed to obtain a Total score that can range from 0 to 63. The scale obtained high internal consistency and item-total Correlations ranging from .30 to .71 (median = .60) and studies have demonstrated its convergent and discriminate validity (Evans et al., 2008). Studies on the instrument show that the inventory has high validity and reliability. Its consistency factor is alpha coefficient to 92% and the reliability of the inventory is obtained to 75% using retest with the interval of 1 week. The correlation of the inventory is obtained to 75% using retest with interval of 1 week and its correlation varies from 30% to 76% (Fathi-Ashtiani, 2009).

2-4- **Ghahari's Spouse Abuse Questionnaire:** the questionnaire has been provided based on diagnosis criteria of spouse abuse existed in literature of psychology and deep interview with battered women from their husbands and measures types of abuse such as physical, sexual and emotional abuse. Face validity of the questionnaire is confirmed by psychological and clinical psychology professors of Tehran Psychological Institute. For internal validity, Cronbach alpha is used and internal consistency of items has been obtained to 94%. To determine reliability of the questionnaire, test-retest method is used. In this regard, this test is reported to 0.97 on 30 women in age range of 20-40 years old using test-retest method. Also, reliability of different sections of the questionnaire measuring types of physical, sexual and emotional abuses is respectively obtained to 0.98, 0.96 and 0.98 (Ghahari et al., 2008).

## 3. Results

The main research question was that is amount of anxiety and depression in women victims of violence more than non abused women?

In general, 240 women referred to 3 health centers of Babol participated in this study to fulfill Spouse Abuse questionnaire and Beck's Anxiety and Depression Inventory. Majority of samples to 149 people (62% of individuals) were below 35 years old and 106 people (44%) has

education level from secondary school to diploma. Demographic information of samples is presented in Table 1. Obtained results from the study show that among 120 victims of spouse violence, 63% have experienced emotional abuse, 24% have experiences physical abuse and 13% sexual abuse. Moreover, 43% of samples individuals have reported simultaneous experience of two kinds of physical and emotional abuse and 23.4% have mentioned that they have experienced all 3 types of abuse at the same time. Assessment of role of demographic variables in abuse is done using Chi Square test. Obtained results have demonstrated that there is significant correlation between abuse, low education level and low age ( $p < 0.05$ ). Moreover,

abuse in early years of marriage has been more than other times ( $p < 0.05$ ). In order to answer research objective based on comparing anxiety and depression in women victims of violence and normal women, mean values of their anxiety and depression have been compared with each other. Mean value of depression in victims of violence is obtained to 26.28 and mean value of depression of normal women is equal to 12.32 and the difference is significant statistically (Table 2). Mean values of anxiety in women victims of violence has been equal to 28.19 and mean values of anxiety of normal women has been obtained to 11.48 and the difference of mean values has been significant statistically (Table 3).

Table 1. Demographic information in abused and non- abused women

Demographic variables	non abused	victims	Percent	Chi square	Sig
Age	15-25	34	39	X <sup>2</sup> =2.24	P<0.05
	25-35	44	49		
	35-45	21	32		
Education	Illiterate	9	7	X <sup>2</sup> =3.10	P<0.05
	Elementary	30	23		
	Secondary	42	40		
	Diploma and higher	11	18		
Job	Housewife	58	62	X <sup>2</sup> =2.81	P<0.05
	Laborer and farmer	24	25		
	Employee	36	33		
Number of children	No child	4	6	X <sup>2</sup> =3.11	P<0.05
	1-3 children	53	20		
	4-6 children	46	54		
	More than 6 children	19	40		
Years of marriage	Below 5 years	4	41	X <sup>2</sup> =2.91	P<0.05
	5-15 years	56	52		
	Over 15 years	23	27		

Table 2. Comparing mean values of depression in abused and non- abused women

	Mean	SD	t-test	Sig
Women victims of violence	26.28	8.61	3.83	P<0.001
Normal women	12.32	6.29		

Table 3. Comparing mean values of anxiety in abused and non- abused women

	Mean	SD	t-test	Sig
Women victims of violence	28.19	7.21	3.24	P<0.01
non abused women	11.48	6.89		

#### 4. Discussion

The results showed that there is significant difference between anxiety and depression of women victims of spouse violence and non abused women under coverage of Primary Health Center (PHC). In other words, obtained results from the study show that amount of anxiety and depression in women victims of violence is more than non abused women ( $p < 0.001$ ). This result has been in consistence with findings of Ghahhari et al.(2008) and Coker et al.(2002) which showed that symptoms of depression and suicide in women victims of violence is more than others . This result is consistence with findings of May and Katz (2003) which showed that anxiety, suicide, drug abuse, depression, Post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder are outcomes of violence against women and with findings of Hosseini Padenjani (2012) who claimed that depression, anxiety, physical symptoms, low self-esteem in victims are more than nonabused women and with findings of Pournaghash-Tehrani (2011) and Ghasemi

et al.(2014) and Johari et al.(2011), which showed that women victims of sexual violence suffer from mental, emotional and nervous damages and depression . Also umination is a response coping style in abuse victims that is characterized by recurrent negative thoughts and mood. This coping style is associated to illness symptoms (Nolen Hoeksema, 1998).And many correlational studies suggest that victims of abused use of avoidant or emotion-focused coping strategies over time, and these coping are related to more psychological distress (Walsh, Fortier ., & Dillillo, 2010 ). There are many evidence about significant association between rumination and depression (Michl et al., 2013 & Lu et al 2014). Rumination is reliably associated with vulnerability to depressed mood, onsets of mood disorders episodes, and more severe episodes of depression, as well as various other symptoms such as insomnia and suicidal thoughts (Morrison,& O'Connor, 2008 ).Also findings of Gilroy (2015) showed that in women referred to health centers, the most common disorder is anxiety and depression.

Some studies have shown that spouse abuse has wide-ranging impacts on quality of life quality of life (Sorensen et al., 2012; Wittenberg, Joshi, Thomas, & McCloskey, 2007). In a study, found that the quality of life in the abused women are significantly lower compared with non-abused women (Leung, Leung, Ng, & Ho, 2005). Low quality of life in abused women can due to depression. In fact, poor quality of life is associated with fatigue, loss of energy, depression, low function and low performance difficulties (Lau et al., 2008).

### 5. Conclusion

This study provides further evidence that domestic violence is related to depression and anxiety in abused women. Victims of spouse abuse mainly suffer from chronic clinical problems and psychiatric disorders as a result of violence. Existence of psychological disorders such as anxiety and depression and low self-esteem can affect their coping strategy and make them expose to sense of helplessness and depression. On the other hand, coping strategy of such people that is usually emotion-focused and along with avoidance, repeated trauma rumination and self-blame can make them expose to depression more than before. Depression can also increase hopelessness and helplessness in victims and hence, expose them to danger of suicide. In light of the findings of this study, the importance of screening women for domestic violence and depression and anxiety. Also, the need for developing appropriate interventions to address domestic violence and treatment of psychiatric disorders and improve quality of life in abused women are emphasized. Drug treatment and cognitive-behavioral approach can be helpful. Moreover, they should become familiar with cognitive coping strategies such as problem solving, conflict resolution and emotion regulation. This can make them feel control on their life and existing conditions and focus on solving problems instead of avoiding solving the problem or rumination of them. Drug interactions by General practitioners and psychiatric interventions by psychologists in primary health centers are possible in Iran. Psychologists can help victims to teach coping strategies. Moreover, presenting reports of domestic violence and its negative impacts to media and legal courts can be effective in codification of some rules to prevent and control domestic violence and punishment of criminals of domestic violence in Iran.

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