

Psychosocial factors associated to violence against women

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Abstract: Domestic violence has an important dimension in the contemporary world, as it has become not only an epidemiologically meaningful phenomenon, but also a matter of concern for the society. Our study explores several predictive psychosocial factors, associated to domestic violence in Romanian women attending a Legal Medicine service and seeking for a clinical legal medicine examination. A number of $n = 46$ female participants were finally recruited in the study (mean age = 43.77, min. = 24, max. = 81, SD = 12.05). They were administered a semi-structured interview, consisting of 12 questions exploring the role of the social and demographic factors in the occurrence of violence, the types of violence, and the self-awareness regarding the implications of violence and subsequent life decisions. Parametric (Pearson correlations, linear regression) and non-parametric tests (Spearman correlations, chi-square tests) were used to explore the relationship between scores derived from the interview and domestic violence. Results show that low education, alcohol abuse of the aggressor and age of the victim higher than the age of the aggressor (in informal relationships) were correlated significantly to a higher frequency of aggressions ($p = .036$ and $p = .0003$, respectively), whereas early report on the aggressions correlated significantly to high education of the victim ($p = .03$). Intentions on reaction to aggression were numerous and distributed widely, however 6 months after the events only 6.52% of participants took any kind of measures against their aggressor.

This study has implications in better tailoring education and psychological interventions in support of women victims of domestic violence.

Key Words: violence, domestic, victim, education.

The current societal trend, characterized by globalization and a high emphasis put on respecting human rights, has also influenced the way family life is run, how this is perceived and socially assessed. An increasing number of behaviours and events inside families do not longer pertain anymore exclusively to the realm of intimate life, they have become instead issues where the community is expected to react and be actively involved. In this particular context, the phenomenon of domestic violence has been subject of many reconceptualizations in modern society, compared

to the traditional one.

Although the classic term for aggressive behaviours inside the family is “domestic (or family) violence”, this topic is often referred in literature in other ways, e.g. as “spousal abuse”, “intimate partner abuse”, “marital abuse”, “family maltreatment”, “family violence”, “conjugal violence” or “assault”. The most discussed form of domestic violence is violence against women, possibly because it is recognized by many studies as a global social problem [1-4].

There are virtually no communities where

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violence against women is totally absent; some estimates suggests that at least 20% women may suffer from domestic violence at least once in their life time [5] in any of the actual definition forms: physical, verbal, psychological, sexual, economical, social and spiritual. Even when reported, much of its dimension seems undervalued, as literature estimates in some cultures a percentage of up to 20-50% of women experiencing this trauma [4, 7].

A series of factors may bring their contribution in the occurrence and develop of violence against women. Thus, belonging to more unstructured communities, such as those in the urban environment, having less education, as well as being financially deprived, are all variables that could create and / or stimulate environmental conditions for violence [4, 8, 9]. Age is also reported as a significant predictor of violence, especially in women who are older than their partners [10]. Alcohol abuse and addiction appear higher at aggressors within the family and the level of mental health difficulties reported, including depression and anger, also seems higher [11].

Other explanations emphasize the role of dysfunctional family patterns and interactions, some of them created under stressful conditions, for which both spouses are responsible [12, 13].

Less conclusive are those models that try to investigate the role of personality as a predictor of family violence, especially the role of antisocial, impulsive and borderline/dysphoric traits [11, 14].

AIM

The purpose of the current paper was to describe and evaluate the importance of psychosocial factors that are associated in the Romanian society to domestic violence and particularly violence against women who address Legal Medicine system.

METHOD

Participants in the study included exclusively women victims of domestic violence, who attended the emergency unit of the National Institute of Legal Medicine (NILM). The participants were selected from the urban environment, for reasons of accessibility to the NILM, but also considering the increased prevalence of family violence in this area.

A number of $n = 46$ women were finally recruited in the study (mean age = 43.77, min. = 24, max. = 81, SD = 12.05),

Informed consent was obtained from all individual participants included. The privacy and confidentiality of participants were ensured by data anonymization and by not allowing data collection and data interpretation to be performed by the same investigator.

The research instrument was represented by a semi-structured interview, based both on closed-ended (7) and on open-ended questions (5). For the former, the answers were coded using Likert scales, and the ordinal level of measurement was used in the statistic analysis. For the second, the collected data were used in the descriptive analysis. Thematically, the interview comprised of three parts: the first one investigated the role of the social and demographic factors in the occurrence of violence, the second - the types of violence, and the third - the self-awareness regarding the implications of violence and subsequent life decisions.

The study hypotheses were constructed in concordance with literature data, in the sense that low education of the victim, alcohol abuse of the aggressor and age of the victim higher than of the spouse should be associated more substantially with domestic violence. A descriptive analysis and a statistic analysis - consisting of parametric tests (Pearson correlations, linear regression) and non-parametric tests (Spearman correlations, chi-square tests) - were run (SPSS 17.0), in order to identify and measure the most relevant associations between psychosocial factors and the occurrence of domestic violence. For the purpose of this study, the victim's education and age and the alcohol abuse of the aggressor were considered as independent variables, whereas the presence of domestic violence as the dependent variable.

RESULTS

Thirty-seven patients (80.4%) addressed the NILM voluntarily, whereas the remainder 9 (19.6%) were referred by the Police, as the result of an aggression having happened inside their family, and requesting the delivery of a forensic medical report.

The form of violence identified were predominantly physical (60.87%) and physical associated to verbal abuse (threat, blackmail, offence), whereas sexual or mixed (physical, verbal and sexual) violence were less represented (6.52% and 4.35%, respectively) (Fig. 1).

Regarding the description of independent variables on study sample, they were distributed as follows:

1. Educational level of the victim

The most part of assaulted persons had average studies (high school graduates - 60.87%, professional school - 8.70%), followed by university graduates (21.74%) and those with a low educational status (6.52% - graduates of the elementary school and 2.17% - with no school attendance whatsoever).

The distribution obtained by us was compared to the distribution in the population where the sample was drawn from (i.e. the urban population of Bucharest), in order to assess their degree of similarity. The comparison revealed that women with university studies from our

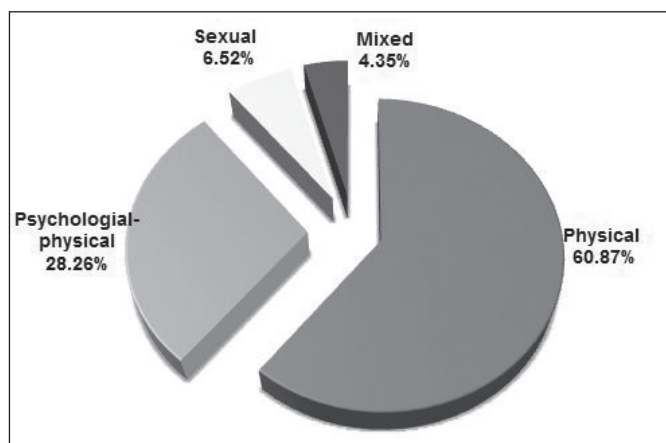


Figure 1. Types of aggressions.

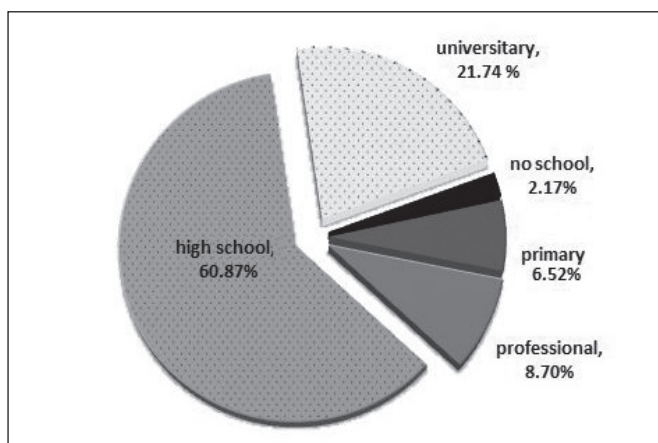
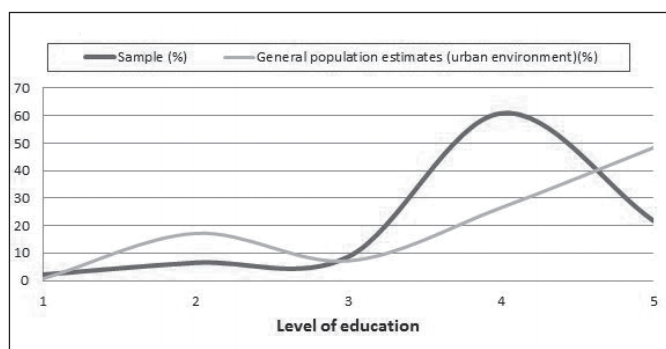


Figure 2. Educational level (whole sample).



Level of education	Sample (%)	General population estimates (urban environment)(%)
No school (1)	2.20	.74
Elementary school (2)	6.52	17.17
Professional school (3)	8.70	7.18
High school (4)	60.87	26.52
University (5)	21.74	48.39

Figure 3. Comparison between the educational level across the study sample and the general population.

sample were the least predisposed to domestic violence, and the percentage of affected women in this category was almost 50% less than the percentage expected from their distribution in general population. Oppositely, women with average education (high school) were almost twice more frequently subjects of domestic violence in our sample, compared to the percentage expected as stemming from the general population (Fig. 3).

One could explain these differences, either through (a) real differences between educated and less educated women in terms of the frequency of aggression, or, alternatively, through (b) differences between these two groups in reporting aggressive events, with women with lower education possibly using reporting as a pressure instrument against their conjoints. Checking this last hypothesis showed that in the study sample the reported frequency of violent events and the victim's educational level were independent ($\chi^2 = 11.228$, $df = 8$, $p = .189$), which is an argument for the second hypothesis, namely that the women with average education are more prone to tolerate domestic violence

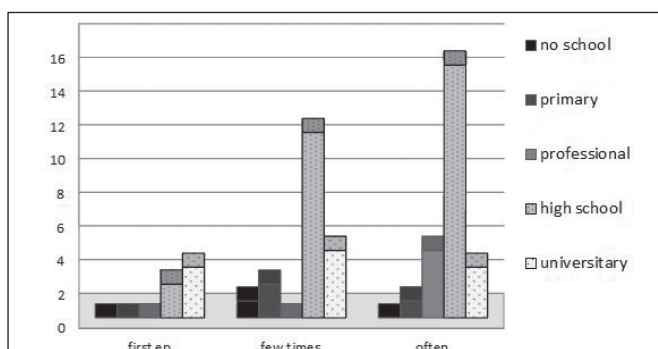


Figure 4. The history of family violence, compared to the educational level of the victim.

and do not report it (Fig. 4).

2. The victim's age and the type of family relationship

In the analyzed group, the victims were, in a proportion of 89.13%, in a relation of partnership with the aggressor, namely marriage or stable informal partnership (a consensual union) (Fig. 5). These data are similar with the percentages reported in the literature [1, 12, 14].

By location, family violence proved to happen generally inside the household (91.3%), with only 8.7% of women having been assaulted in a public space.

Age differences between the victims and the aggressors mattered only for informal couples, where statistically the victims were more aged (Spearman correlation, $p = 0.003$). Still, age difference did not correlate to the frequency of aggressive events (Spearman correlation, $p = .15$, ns) or with the severity of the most recent incident, assessed through the number of recommended days of medical care (Spearman correlation, $p = .25$, ns).

3. Alcohol abuse

Chronic alcohol abuse, as well as acute intoxication with alcohol, are reported in literature as involving a risk for the occurrence of aggressive domestic incidents [11, 13, 15]. In the current study, physical aggression was correlated only to the alcohol abuse before the time of the incident (Spearman correlation; $p = .036$). Moreover, the alcohol abuse seemed to be a predictor for

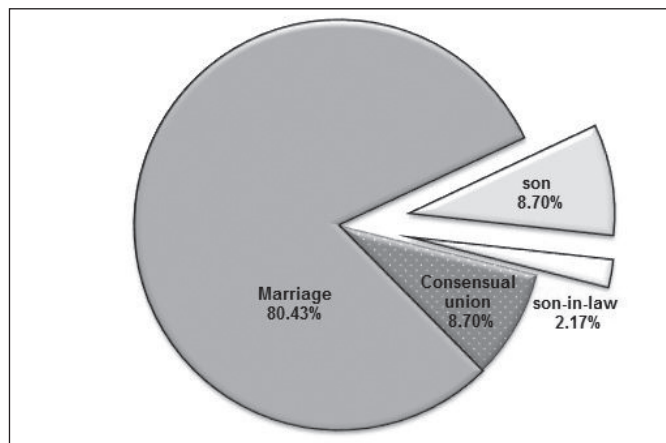


Figure 5. Victim-aggressor relationship.

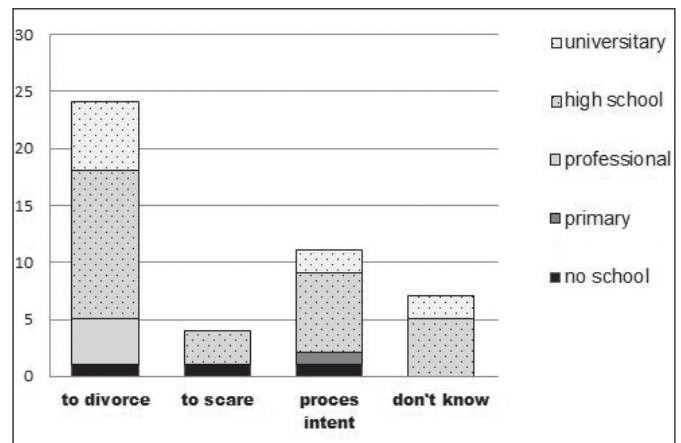


Figure 6. Declared intention following the aggression (by victim's education).

Table 1. Alcohol abuse predicts the type of violence

		ANOVA				
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.486	1	8.486	4.305	.044
	Residual	86.731	44	1.971		
	Total	95.217	45			

a. Predictors: (Constant), Incident alcohol consumption
 b. Dependent Variable: Violence type

the type of violence ($\beta = .299, p = .044$) (Table 1).

Still, chronic alcohol abuse by the aggressor did not correlate in this study with the frequency or severity of violence. This somehow unexpected result could be due to the subjective biased assessment of alcoholism consumption by the victim, in the sense of a higher tolerance from their part for alcohol use and abuse. The alcohol consumption of the victim could be also relevant for the occurrence of family violence. In this study, these data were not systematically collected, but they could be the subject of future research focused on shared alcoholism and alcohol tolerance inside families displaying violent behaviours.

4. Intentions and prognosis

Additionally to examining the connection between independent study variables and domestic violence, an objective of the study authors was to examine the intentions of the victims regarding continuity of the relationship with the aggressor. Our premise was that the mere solicitation of a forensic medical report brings the opportunity of reflection on the family functioning and could be the reason for a change. In this sense, a separate question in the interview referred to their intentions for using the forensic medical report. More than half of the women questioned (52.17%) intended to file for a

Table 2. Declared intention following the aggression

Intention	Percent
To divorce	52.17 %
To use it in court if law	23.91 %
Don't know	15.21 %
To intimidate	8.7 %

divorce following the incident, whereas 23.91% claimed they would use it in the Court of Law. Only 15.21% were uncertain about the utility of this report, and 8.70 % claimed that this report could be a vehicle to intimidate the aggressor.

The intention following the aggression did not correlate to the education of the victim (Pearson $\chi^2=11.366, df = 12, p = 0.498$) (Fig. 6).

The intention of separation was also independent from the marital relationship with the aggressor ($\chi^2=1.601, df = 3, p = 0.659$) and with the reported frequency of violent incidents inside the family ($\chi^2=1.894, df = 2, p = 0.388$).

In a follow-up of the cases, 6 months after the collection of data, only 3 women took any kind of measures (divorce / separation) against their aggressor.

The victims considered that their presence in an official institution such as a legal medicine service is not such a good idea based on several items: (1) the cultural idioms that consider no one outside one's family must now something (2) lack of trust in all official institutions especially regarding the follow-up of the issues addressed to ("nobody cares about my problem") (3) fear of a new aggression and fear of the aggressor, (4) lack of information concerning supporting agencies, institutions, shelters, etc. (5) fear of suffering more cruel treatments, fear for their children and fear for abandon both mother and child (6) psychological issues, depression and lack of a future project.

Suggestive is the fact that more than 1/3 of victims came at the examination with their children. The lack of economical resources seems to be the most

important factor that keep from evolving this victims ("Where should I go?", "Who would shelter me and my child"?). The victims were threatened personally but also using their child/children as a psychological pressure tool ("I will come for your child too", "I will take your child from you", etc.). In every case the children were collateral victims, showing suffer mimics, dark circles eyes, staying behind their mother, low school results, psychological issues.

However, the victims do ask for help not just for improving or solving the case, because they do not trust sufficiently in the forensic institution, but especially for splitting the burden and letting know other people what they experience. A psychological regression is to be found in these victims, they actually look at themselves as being 10 year younger or at least before their first child appeared when they believe that their life was better. Everyone hope to escape from this "screw vice" but almost none of them find the power to look forward for a way out. Frequently they do not receive the adequate support from their basic families which empower them with guilt ("You do not know to keep your husband").

CONCLUSIONS

This paper identified a number of predictors of family violence which are consistent with numerous other studies on the same topic in current literature.

The victim's education seems to play a role not necessarily in predicting the risk to be subject of family violence, but rather in predicting reporting violence from the very first event. Although higher education had no correlation with the severity of violence, it had a positive correlation to the active attitude against it. In contrast, women with a lower educational background tend to persist in their dysfunctional familial pattern and were much less active in opposing violence. This could have implications on the focus of programs designed to prevent or address domestic violence. For example, in these programs, women with lower education could benefit more from supportive interventions, such as information centered on what behaviours are normal and what behaviours are abnormal inside one's family, or on their legal rights, if being submitted to family violence (so that they recognize a violent behaviour and react). In contrast, women with a higher educational level would need more sophisticated psychotherapeutic interventions, which would be constructed starting from the particularities of their case. Consequently, designing specific protocols and algorithms of intervention could be productive in the first scenario, and less productive in the second.

Our study reveals that alcohol abuse seems to be associated with family violence, especially in the context of the aggressor's acute intoxication with alcohol. Still, we cannot overrule the risks associated to chronic

consumption of alcohol and also the problems originating in the shared consumption of alcohol (by the victim and by the aggressor). In these particular cases, violent events in the family could remain even more undetected and not addressed, as the standard of normality is not anymore preserved, for no one of the partners in the relationship.

Concerning the role of age differences, they represent a risk for family violence in only a minority of cases, where the type of relationship was informal (a consensual union) and the victims were more aged.

Analyzing the intentionality of the victims to change their status, the conclusions are rather disappointing. The victims of domestic violence which we examined rarely complain, this high tolerance deriving most probably from certain social customs. The percentage of people who address themselves to the legal medicine service is still considerably low, when compared with the survey data provided by the National Agency for Family Protection in 2004-2008, which reflect a much higher incidence of family confrontations (8787 victims in only one year, 2007, in the same area [16]). From this point of view, there is a clear need for revised national programs focused on the information and education of the general population, as well as a need for improving the existing support systems and counselling centers which actually recent law provisions take into consideration.

There is a need for victims awareness, social and family support, economical support (education, shelters and economical supporting programs).

Clinical legal medicine keep its social role in the judicial system as long in the social framework. May be legal medicine do not provide general solutions to this complex issue but has an important role in the awareness and self confidence of the victims, provide specific legal support and if a data base is carefully managed may provide prevention for severe cases or life threat circumstances.

A consistent data base would enable that these victims would enter under a social and legal protection and seems a useful tool: however, ethical concerns regarding confidentiality and voluntarism may be raised by such a data base. Nevertheless, the victim may want to give another chance for her family, forgiving the aggressive partner, returning home or dropping the accusations: for this reason the supporting system has to be flexible and able to reorganize on these new limits (police however has to keep the case unto observation).

In order to obtain a long-lasting positive effect in the society, it is important to take into consideration both synchronizing the levels of intervention (political, legal, medical, psychological) but also tailoring each particular intervention to the specific of the individual (with a better use of social workers and a more substantial social approach).

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