



Domestic Violence amongst Women in Context of Prominent Psychological Traits

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ABSTRACT

The present empirical study was undertaken on 100 working and 100 home making women to see the effect of anxiety, adjustment, depression, aggression and ego-strength on domestic violence of the respondents. It was hypothesized that : (i) there would be significant effect of anxiety, adjustment, ego-strength, depression and aggression on domestic violence of the respondents, (ii) there would be significant difference between working and home making women in terms of domestic violence. For the purpose 200 respondents selected from Patna town were administered Kumar's Domestic Violence Scale, Sinha's Anxiety Scale, Mohsin's and Shamshad's Adjustment Inventory, Hasan's Ego-strength Scale, Jamuar's MDI and Singh's Aggression Scale to measure domestic violence, anxiety, adjustment, ego-strength, depression and aggression of the respondents respectively. Besides these, a PDS was used to get other necessary information relating to the respondents. Using median cuts respondents were divided into two groups in respect of anxiety, adjustment, ego-strength, depression and aggression respectively. The groups were administered DVS and the obtained data were treated using t-test. The results confirmed the formulated hypotheses. It was concluded that : (i) Psychological factors under study influenced the domestic violence, (ii) Home making and working dimensions are conducive to domestic violence.

KEY WORDS

Domestic Violence, Women, Prominent.

INTRODUCTION

Domestic violence (DV), often discussed under the broader term intimate partner violence (IPV), is a serious public health and human-rights issue that includes physical, sexual, and psychological abuse as well as coercive control by a current or former partner. The World Health Organization (WHO) recognizes violence against women as widespread and strongly associated with negative health outcomes, including depression, anxiety disorders, sleep problems, substance use, and suicidal behavior. In the lives of many women, domestic violence is not a single incident but a pattern of repeated control and harm that erodes safety, dignity, autonomy, and well-being over time.

From a psychological perspective, domestic violence is best understood as a chronic interpersonal trauma that disrupts emotional, cognitive, and behavioral functioning. Repeated exposure to threat activates persistent stress responses (hypervigilance, fear conditioning, emotional numbing), which can gradually reshape a woman's emotional regulation capacities and interpersonal functioning. This helps explain why domestic violence is consistently linked with elevated anxiety and depression. Recent empirical work continues to show that domestic violence/IPV is associated with greater likelihood of anxiety symptoms and depressive symptoms among women, including population-based evidence and country-specific studies.

Anxiety among DV survivors may arise from ongoing danger, unpredictable partner behavior, financial insecurity, social isolation, and repeated psychological humiliation. Anxiety can appear as generalized worry, panic symptoms, fear of social judgment, trauma-related arousal, and somatic complaints. Importantly, anxiety is not only a consequence; it can also function as a mediating mechanism, intensifying the pathway from IPV to depression. A recent study highlighted the mediating role of anxiety in the development of depressive symptoms among women exposed to multiple forms of IPV.

Depression in domestic violence contexts often reflects prolonged helplessness, loss of control, diminished hope, and reduced social support. Longitudinal evidence is particularly important because it strengthens causal inference: a recent systematic review and meta-analysis of longitudinal studies reported increased odds of subsequent depression among women exposed to IPV. This aligns with WHO summaries noting that women exposed to IPV are at substantially higher risk for depression and related problems.

Beyond symptoms, domestic violence impacts adjustment the ability to function effectively across daily life domains (family roles, parenting, social relationships, work, decision-making, and self-care). Survivors often engage in complex coping responses: some are problem-focused (help-seeking, safety planning), some emotion-focused (prayer, meaning-making), and some avoidant (silence, withdrawal) due to fear of retaliation or stigma. Scoping and qualitative work shows that coping strategies are shaped by barriers (financial dependence, shame, lack of services, cultural constraints) and can directly influence adjustment and psychological outcomes.

Domestic violence also has important links with aggression, especially in the form of anger, irritability, and reactive aggression. While "aggression" is often discussed in perpetrators, research indicates that victimization can produce anger and sometimes violence use as a defensive or reactive response, particularly when trauma symptoms and chronic victimization are present. Work on women's experiences of victimization has shown that anger and outward expression of anger can relate to aggressive behavior in intimate relationships, highlighting complex bidirectional dynamics under conditions of ongoing threat and trauma. Additionally, emotional profiling studies of domestic violence survivors note increased anger and social withdrawal with higher frequency of abuse, supporting the view that aggression-related emotions can be part of the survivor's psychological sequelae.

A particularly useful personality-related construct for domestic violence research is ego strength the capacity for psychological integration, impulse control, reality testing, frustration tolerance, and adaptive coping

under stress. In trauma contexts, ego strength may determine whether a woman can mobilize coping resources, seek help, and rebuild a stable sense of self despite intimidation and coercion. Lower ego strength may be associated with vulnerability to anxiety/depression and difficulties in adjustment; higher ego strength may serve as a protective factor enabling better emotion regulation and boundary setting. Research connecting family violence and ego strength supports the relevance of ego-based capacities when explaining emotional and behavioral outcomes (such as depressed mood, anger, and self-harm related processes) under violence exposure.

Studying domestic violence among women using a combined framework of anxiety, depression, adjustment, aggression, and ego strength offers a comprehensive picture: (1) symptoms (anxiety/depression) show clinical burden; (2) adjustment shows functional impact; (3) aggression captures emotion-driven behavioral responses; and (4) ego strength explains resilience and coping capacity. Such an integrative model is valuable for screening, counseling, and intervention planning, because it identifies both vulnerability pathways (violence '! anxiety '! depression) and protective resources (ego strength '! better coping/adjustment).

Review of Literature

WHO's¹¹ (2024) fact sheet synthesizes evidence that IPV is associated with depression, anxiety disorders, sleep and eating problems, pain syndromes, and poor overall health. It highlights that women experiencing IPV are at markedly increased risk for depression and other mental health difficulties, providing a strong epidemiological foundation for DV–mental health research and supporting clinical screening in healthcare and community settings. WHO¹² (2022) reported that IPV profoundly affects survivors' mental health and noted that a large proportion of women receiving mental health services have experienced IPV/domestic violence. It also stressed that services can be unhelpful or retraumatizing when violence is not recognized and trauma-informed approaches are not used—reinforcing the need to study anxiety, depression, and adjustment together for better care planning. Watson et al.¹⁰ (2025) systematically reviewed longitudinal studies and meta-analyzed estimates, finding increased odds of subsequent depression among women exposed to IPV. This evidence strengthens the temporal argument that IPV can contribute to later depressive onset and supports depression as a central outcome variable in DV research designs. Lortkipanidze et al.⁵ (2025) emphasized that multiple forms of IPV relate to mental health problems and highlighted anxiety as a mediating pathway in the development of depressive symptoms. This is directly relevant to your model because it positions anxiety not only as an outcome but also as a mechanism explaining why depression becomes severe under continued victimization. Anbesu et al.¹ (2025) synthesized evidence from systematic reviews/meta-analyses and concluded that IPV experience is associated with multiple mental disorders among women. This umbrella-level synthesis supports using a multi-outcome mental health framework (anxiety, depression and related disorders) and encourages examining correlates and moderators that influence severity and recovery. Salim et al.⁸ (2024) reported high prevalence of anxiety among women in a sample where domestic violence exposure was common; exposure to abuse strongly predicted anxiety. This supports anxiety as a primary outcome for DV studies and highlights the role of sociodemographic factors (e.g., rural residence, age) that may shape vulnerability and access to support. Avdibegovic and Sinanovic² (2017) found that women with higher frequency of abuse described themselves as sad, apathetic, lonely, and angry, with reduced sociability. Though earlier, the findings remain useful for conceptualizing aggression-related emotions (anger/hostility) as part of DV's emotional sequelae that can affect adjustment and interpersonal functioning. Swan et al.⁹ (2005) modeled associations among partner victimization, trauma symptoms, outward anger expression, and women's aggression toward partners. Results suggested that victimization and trauma symptoms can increase anger expression, which predicts greater likelihood of aggression. This is helpful for interpreting aggression among victimized women as a trauma-linked, reactive pattern rather than purely dispositional aggression. Ong et al.⁷ (2025) synthesized research on coping strategies among female IPV survivors and mapped common coping patterns using a structured coping framework. This literature supports “adjustment” as a coping-and-functioning construct

and helps explain why some survivors show relatively better adaptation (active coping, support seeking) while others show prolonged distress (avoidance, resignation), often shaped by barriers and resources. Dwarumpudi et al.³ (2022) explored coping strategies women employ in response to IPV and documented varied coping repertoires under real-world constraints. This supports studying adjustment not only as an outcome but also as a process how women manage safety, emotions, and social consequences over time.

Objectives

- (i) The main objective of the present endeavour is to examine the effect of psychological characteristics under study on domestic violence amongst the respondents.
- (ii) The second objective of the present study is to make a comparison between working and home making women in terms of domestic violence.

Hypotheses

- (i) There will be significant effect of anxiety, adjustment, ego-strength, depression and aggression on domestic violence of the respondents.
- (ii) There will be significant difference between working and home making women in terms of domestic violence.

Method of Study

Sample

A sample of 100 working and 100 home making women were selected from Patna town. The respondents were matched in respect of caste, community cultural affiliation, region etc.

Research Tools

- (i) Manifest Anxiety Scale by Sinha was used to measure anxiety of the respondents.
- (ii) Adjustment Inventory by Mohsin and Shamshad was used to examine the effect of adjustment of the respondents.
- (iii) Ego-strength Scale by Hasan Q. was used to measure the ego-strength of the respondents.
- (iv) Manifest Depression Inventory by Jamuar Anita was used to measure the depression of the respondents.
- (v) Singh's Manifest Aggression Scale was employed to measure the aggression of the respondents.
- (vi) Domestic Violence Scale by Kumar Dinesh was employed to measure the domestic violence of the respondents.
- (vii) A PDS prepared by the researcher herself was administered on the respondents to get the relevant information about them.

Procedure of Data Collection

The sample consisting of 100 working and 100 home making women were administered the Various Scales and data were recorded as per the directions of respective manuals. The respondents are grouped in high and low groups using median cuts. Then the divided groups were administered Domestic Violence Scale and obtained data were treated using t-ratio.

Results and Interpretations

Table 01: t-ratio showing the effect of anxiety, adjustment, ego-strength, depression and aggression on domestic violence

Dimensions	Groups	N	Mean	SD	t-ratio	df	P
Anxiety	High	135	47.70	11.43	4.45	198	<.01
	Low	65	41.21	9.75			
Adjustment	High	70	35.50	10.12	6.23	198	<.01
	Low	130	44.66	11.36			
Ego-strength	High	80	31.80	10.37	6.10	198	<.01
	Low	120	40.95	11.88			
Depression	High	125	50.50	11.79	4.29	198	<.01
	Low	75	44.19	9.98			
Aggression	High	138	33.87	11.44	5.20	198	<.01
	Low	62	42.35	10.31			

The results displayed in table - 01 clearly indicated the significant effect of anxiety, adjustment, ego-strength, depression and aggression on the danger to be the victim of domestic violence. High groups in respect of anxiety ($t = 4.45$; $df = 198$; $p < .01$), depression ($t = 4.29$; $df = 198$; $p < .01$) and aggression ($t = 5.20$; $df = 198$; $p < .01$) were found with higher chances to become the victim of domestic violence. Moreover, high adjusted groups ($t = 6.23$; $df = 198$; $p < .01$) and high ego-strength group ($t = 6.10$; $df = 198$; $p < .01$) were reported with less likely to be the victim of domestic violence. Low-anxiety women are less prone to domestic violence because they possess greater emotional stability, confidence, and problem-solving ability. Their calm and assertive behavior helps manage conflicts effectively and discourages abusive dynamics. In contrast, highly anxious women may exhibit fear or dependence, making them more vulnerable to victimization.

Women with sound adjustment are less prone to domestic violence because they maintain emotional balance, effective communication, and problem-solving skills. Their stable relationships, confidence, and adaptability reduce marital conflict and misunderstanding. In contrast, poorly adjusted women often face tension, insecurity, and miscommunication, increasing vulnerability to domestic violence.

Women with strong ego strength are less prone to domestic violence because they possess self-confidence, emotional stability, and assertiveness. These traits enable them to set boundaries, resist manipulation, and handle conflict constructively. In contrast, women with weak ego strength often show dependency and insecurity, increasing vulnerability to abuse.

Women with low depression are less prone to domestic violence because they exhibit emotional stability, optimism, and effective coping skills. Their positive mindset and self-assurance help them manage conflicts constructively and seek support when needed. Conversely, depressed women may feel helpless or passive, increasing susceptibility to abusive situations.

Table 02: 't' showing the effect of working non-working dimensions on domestic violence of the respondents

Variables	N	Mean	SD	t	df	P
Working	100	43.49	10.17	5.09	198	<.01
Home Making	100	50.93	10.45			

The results displayed in table - 02 clearly indicated the significant effect of working and home making dimension on the domestic violence of the respondents ($t = 5.09$; $df = 198$; $p < .01$). Working women are less prone to domestic violence because financial independence, social exposure, and self-confidence empower them to assert their rights and resist abusive control. Their broader social networks provide emotional and practical support. In contrast, non-working women's dependency and isolation often increase vulnerability to domestic abuse.

CONCLUSIONS

1. High anxiety group of women are more prone to domestic violence.
2. Poor adjustment group of women are more prone to domestic violence.
3. Weak ego-strength group of women are more prone to domestic violence.
4. High depression group of women are more prone to domestic violence.
5. High aggression group of women are more prone to domestic violence.
6. Home making group of women are more prone to domestic violence.

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