

ORIGINAL ARTICLE

Psychological effects of abuse in female victims of domestic violence – a short report on Polish studies

Beata Pastwa-Wojciechowska^{1-A,B,C,D,E,F,G}, Magdalena Błażek^{1-A,B,C,D,E,F,G},
Maria Kaźmierczak^{1-A,B,C,D,E,F,G}, Agnieszka Nakielska^{2-E,F}

1: Institute of Psychology, University of Gdansk, Gdansk, Poland

2: Brunel University, London, United Kingdom

BACKGROUND

Violence against women comprises a very important and increasingly researched subject of violence studies. The interest in the subject has led to a vast number of important studies (cf. DeKeseredy & Schwartz, 2001).

PARTICIPANTS AND PROCEDURE

The studies were performed on 90 women, including 30 suffering sexual abuse, 30 – physical abuse and 30 – emotional abuse.

RESULTS

We found that despite the greatest need for support among the group of women suffering sexual abuse, they are the ones

who perceive the lowest available support and are the least likely to seek it. Victims of physical abuse experience the greatest health consequences visible to society and as a result they are the most supported group.

CONCLUSIONS

Victims of sexual abuse may use various psychological strategies to cope with their situation, which is difficult to discuss openly. Such results might be helpful in implementing social programmes directed at supporting victims of sexual abuse.

KEY WORDS

health; abuse; women; domestic violence

CORRESPONDING AUTHOR — Prof. Beata Pastwa-Wojciechowska, Institute of Psychology, University of Gdansk, 4 Bażyńskiego Str., 80-952 Gdansk, Poland, tel. +48 58 523 43 24, e-mail: psybpw@ug.edu.pl

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BACKGROUND

Domestic violence is an intentional act of abuse aimed against family members and violating their rights and personal wellbeing, and most importantly causing physical and psychological suffering. People using domestic violence make family members subordinate and gain control over them. Offenders frequently exercise physical violence; however, emotional, sexual or economic abuse is not uncommon (Browne & Herbert, 1999). Most studies of family abuse are conducted in the USA, while European research is relatively rare, which significantly limits its impact (Hagemann-White, 2001). According to Lobmann, Greve, Wetzels and Boldsold (2003), despite the universal character of violence against women, the importance of these studies is very high due to the intercultural differences.

Victims of violence are depressive, anxious, experience somatic stress-related symptoms often diagnosed as neurosis and may also show symptoms of disorganised behaviour and thoughts (Lobmann *et al.*, 2003). Also very frequent are symptoms of post-traumatic stress disorder (PTSD) (Lobmann *et al.*, 2003). As indicated in studies by Gillioz, de Puy and Ducret (1997), female victims of domestic violence evaluate their state of health as impaired; they are also sad, tired and devoid of hope more often. The symptoms are used mostly by offenders as factors weakening the position and rights of women in the family and other interpersonal relationships.

Acts of aggression concern mostly the physically weaker, i.e. women and children. A chronic feeling of threat and powerlessness against the situation leads to the disturbance of the emotional balance of the victim and manifests as mood disorders (depression, anxiety), addictions, symptoms of post-traumatic stress and even suicide (Browne & Herbert, 1999).

One of the important factors preventing the escalation of domestic violence is social support for the victim. A lack of support from relatives, friends or neighbours convinces women that their situation is helpless and that the aggression cannot be stopped. Thus, faced with domestic violence they use passive mechanisms of coping – avoiding provocative behaviour or minimising injuries in contact with the offender (Browne & Herbert, 1999). Seeking social support usually results in disappointment and reassures the abused woman that her actions are futile. The social isolation is additionally intensified by the decrepitude of institutions, such as the police or healthcare, with regard to helping female victims of domestic violence.

Studies on the role of support show that it has a positive influence on health (Uchino, Cacioppo & Kiecolt-Glaser, 1996). Social support is defined as help provided by other people and it influences health, professional and family life etc. (Luszczynska, Mazurkiewicz, Kowalska & Schwarzer, 2006).

An analysis of health and psychological consequences of domestic violence and cognitive and behavioural aspects of social support.

PARTICIPANTS AND PROCEDURE

STUDY PARTICIPANTS

The studies were performed on 90 women, including 30 suffering sexual abuse, 30 – physical abuse and 30 – emotional abuse. The assignment of participants to the groups was performed on the basis of charges against the offender and evaluation of the abuse by female victims.

STUDY METHODS

The following study methods were used in the studies:

- 1) A questionnaire of controlled variables describing types of suffered abuse and emotional and health disorders experienced by the participants was developed by the authors on the basis of data from the research on violence in Poland and abroad – the International Violence Against Women Survey (IVAWS). The studies were performed in dozen-odd countries on all continents (Gruszczynska, 2007).
- 2) The Berlin Social Support Scales (BSSS) of Schwarzer and Schulz; Polish adaptation of Luszczynska *et al.* (2006):
 - perceived social support – an evaluation of the availability of support from others;
 - need for support – a need to use support in stressful situations;
 - support seeking – the frequency or scope of seeking support from other people;
 - currently received support – perceived support given by others;
 - protective support – protecting loved ones from the consequences of victim's abuse.

RESULTS

Among the women experiencing domestic violence the most common (more than 50%) health consequences of harm were cuts and abrasions (100% of the group), bruises and streaks (29 women, 97% of the group), impaired physical functioning (24 women, 80% of the group) and gastrointestinal disorders (23 women, 77% of the group). Among women experiencing sexual abuse the most common (more than 50% of cases) health consequences of harm were gynaecological disorders (24 women, 80% of the group), sexual dysfunctions (22 women, 73% of the group) and complications during pregnancy (17 women, 57% of the group). Moreover, all participants showed low self-esteem. Addi-

Table 1
Violence and social support

| Variable | Physical violence | Sexual violence | Emotional violence |
|----------------------------|--------------------|--------------------|----------------------|
| perceived support | 14.4 ^a | 10.7 ^c | 12.9 ^b |
| need for support | 12.6 ^c | 14.5 ^a | 13.7 ^b |
| seeking support | 12.6 ^a | 9.0 ^c | 11.1 ^b |
| currently received support | 443.0 ^a | 402.0 ^b | 428.0 ^{a,b} |
| protective support | 187.0 ^b | 211.0 ^a | 170.0 ^c |
| total* | 102.7 ^a | 95.5 ^b | 97.4 ^b |

Note. Results of *post-hoc* Dunnett's T3 tests. All differences significant at least at the level of $p < 0.05$.

*Results of *post-hoc* Bonferroni tests. All differences significant at least at the level of $p < 0.05$.

tionally, 100% of the women experiencing emotional or sexual abuse reported feeling shame and guilt due to the situation (felt by 19 victims of physical abuse, 63% of the group).

A univariate ANOVA analysis for each variable (support components) was performed to check if there are statistically significant differences in average results between the studied groups. To analyse which specific groups differ with regard to average results on BSSS scales a series of *post-hoc* tests was performed. In the table below individual letters mean $a > b > c$. Two identical letters next to different groups mean there are no significant differences between the groups with regard to the results of a given dependent variable (Table 1).

The group of women experiencing sexual abuse declared the greatest need for support, while the group abused physically – the lowest. Despite the greatest need for support in the group of women experiencing sexual abuse, they were also the ones who perceived the lowest available support and were the least likely to seek it. Regarding the currently received support the only difference was between the groups of physical and sexual abuse. The highest level of protective support was shown by victims of sexual abuse. The total result for the scale of social support differentiates the groups of women harmed physically and subjected to emotional and sexual abuse. There was no difference between the groups of sexual and emotional abuse.

DISCUSSION

Victims of physical abuse experience the greatest health consequences visible to society, and as a result they are the most supported group. Victims of sexual abuse experience both emotional and physical consequences, which may not be noticed by other people, and consequently they do not receive sufficient support. Due to specific psychological problems concerning very intimate aspects of one's experience,

the victims of sexual abuse are the last to search for support. Those women might use various psychological strategies to cope with their situation, which is difficult to discuss openly.

In groups of sexual and emotional abuse victims, asking for help may be hindered by feelings of guilt and shame. "The United Nations Special Rapporteur on Violence Against Women, its Causes and Consequences" emphasizes the need to concentrate on women's rights regarding their sexuality, and emotional functioning. Female safety and freedom of choice regarding sexual life, and psychological functioning is viewed as a major issue in the area of human rights. The results reported in this article describe "sexual wrongs" against women as defined in the UN report. However, as the report states, the next step of analysing the problem of abuse against women should be to focus on their rights. Thus it is important to introduce social programmes offering victims help in a discrete, non-threatening manner, and to increase women's awareness of their rights (cf. www2.ohchr.org/english/issues/women/rapporteur/doxs/15Year-ReviewofVAWMandate.pdf).

REFERENCES

- Browne, K. & Herbert, M. (1999). *Zapobieganie przemocy w rodzinie* [Preventing Family Abuse]. Warsaw: PARPA.
- DeKeseredy, W.S. & Schwartz, M.D. (2001). Definitional issues. In: C.M. Renzetti, J.L. Edleson & R. Kennedy Bergen (eds.). *Sourcebook on Violence Against Women* (pp. 23-34). Thousand Oaks, CA: Sage.
- Gillioz, L., de Puy, J. & Ducret, V. (1997). *Domination et violence envers la femme dans le couple* [Domination and Violence Toward Women within the Couple]. Geneva: Payot Lausanne.
- Gruszczynska, B. (2007). *Przemoc wobec kobiet w Polsce. Aspekty prawnokryminologiczne* [Violence Against Women in Poland. Legal and criminal aspects]. Cracow: Wolters Kluwer Polska.

- Hagemann-White, C. (2001). European research on the prevalence on violence against women. *Violence Against Women*, 7, 732-759.
- Lobmarm, R., Greve, W., Wetzels, P. & Bosold, Ch. (2003). Violence against women: conditions, consequences, and doping. *Psychology, Crime & Law*, 9, 309-331.
- Luszczynska, A., Mazurkiewicz, M., Kowalska, M. & Schwarzer, R. (2006). Berlińskie Skale Wsparcia Społecznego (BSSS): Wyniki wstępnych badań nad adaptacją skal i ich własnościami psychometrycznymi. *Studia Psychologiczne*, 3, 17-27.
- Sek, H. (2006). Rola wsparcia społecznego w sytuacjach stresu życiowego. O dopasowaniu wsparcia do wydarzeń stresowych. In: H. Sek & R. Cieslak (eds.). *Wsparcie społeczne, stres i zdrowie* [Social support, Stress and Health] (pp. 49-67). Warsaw: PWN.
- Uchino, B.N., Cacioppo, J.T. & Kiecolt-Glaser, J.K. (1996). The relationship between social support and physiological processes: a review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 3, 488-531.
- <http://www2.ohchr.org/english/issues/women/rapporteur/doxs/15YearReviewofVAWMandate.pdf>