



RESEARCH ARTICLE

DOMESTIC VIOLENCE AND ITS PSYCHOLOGICAL IMPACTS AMONG CHILDREN IN
KERMANSHAH, IRAN

Seema Vinayak and Nasrin Jaberghaderi

Department of Psychology, Panjab University, Chandigarh, India

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ABSTRACT

World Health Organization has identified violence against children as a growing public-health issue with a global magnitude. The aim of this research is to assess domestic violence and its psychological impacts among children in Kermanshah city of Iran. 507 primary and secondary urban students (aged 7-15 years) from 17 different schools of Kermanshah city of Iran were selected by using cluster random sampling. Children and their parents were interviewed using a Life Incidence Traumatic Events scale (LITEs), Child Report Of Post traumatic Symptoms (CROPS) and Parents Report Of Post traumatic Symptoms (PROPS). The findings suggest that physical abuse was the most common event. Most of the children were exposed to marital conflict. While the boys significantly more than girls, had reported experiencing hardship yet girls reported family violence twice as boys. Children reported more post traumatic symptoms than their parents. Also, the girls and secondary school children significantly reported more post traumatic symptoms. This study explained violence against children as a challenge in Kermanshah city of Iran.

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INTRODUCTION

Family is a place to be considered as warm, safe, personal, and peaceful. A parent is supposed to protect and care for a child and spouses are supposed to love and cherish each other. Unfortunately, the family is also the most common place where children experience different forms of violence (Barnet, Miller-Perrin, Perrin, 2005). Levesque (2001) stated that family violence includes family members' acts of omission or commission resulting in physical abuse, sexual abuse, neglect or other forms of maltreatment that hamper individuals' healthy development. Actually, it happens across all countries, cultures, religions and sectors of society (McNeal & Amato, 1998). One fourth of Americans are victims of domestic violence (Barnet, Miller-Perrin, Perrin, 2005). It is estimated that 10 million children annually witness their mother (McNeal & Amato, 1998; Zolotor & Theodore, 2007). Panter-break *et al.* (2009) did a survey on 1011, 11-16 years old children in Afghanistan to assess the traumatic events experienced by them and their mental status. Two thirds of children reported traumatic experiences, out of which the most common was domestic violence. In the recent report of WHO and UNICEF (2008), it was stated that injuries and violence are leading causes of child death, physical and psychological disability. A study in 2002 in Semnan city of Iran showed that 65% of children in the ages 1-18 years had experienced physical punishment (Vameghi *et al.*, 2002). A study in Kurdistan province of Iran in 2006 found that the range of child abuse was very different. About 19.6% were affective maltreated and 80.2% were neglected. Stephanson

and others (2006) also found that 15 to 18 years olds as compared to others have been exposed to affective maltreatment in school and neglect at home (Stephenson, 2006). Traumatic events such as different kinds of violence and child abuse can lead to various kinds of psychological disorders such as anxiety, depression, PTSD or even psychopathy in children (Green, 1998). Studies have shown that in case of sexual abuse 40-75% of them possessed PTSD (Cohen, 2004). Kermanshah is considered to be on the first place in Iran in reported cases of people indulging in self harm and harm to others (Naghavi, 2005). Therefore, based on the present statistics of the incidence of different kinds of violence among children (that sometimes is more than adults), there is an evidence of psychological, physical, and affective problems of violence among children. Due to dearth of psychological studies in this regard, in Kermanshah, a need was felt to study the prevalence of violence events and its resulting effects in the children of this city.

METHOD

A school-based survey was carried out to examine the incidence of violence and its psychological impacts in primary and secondary urban students of Kermanshah city of Iran. Schools were the best point of contact for drawing a community sample, ensuring interview privacy, and delivering the protocol. Participants were all school children (7-15 years old) from the areas of Kermanshah in Iran, who were studying in the elementary and secondary grade. Among this population, 507 girls and boys from elementary and secondary grade from 17 schools were randomly selected. The exclusion

criterion included the lack of willingness or not being present (themselves or their parents) in the study and being above 15 year of age .

Tools

- 1) Farsi version of Child Report of Post Traumatic Symptoms (Greenwald, 1997). The questionnaire has 26 items containing three factors of child's report of the extent and intensity of traumatic symptoms. Factor one is related to depression and guilty feeling, factor two psycho-somatic symptoms and factor three consist of avoidance thoughts. It's reliability is 80% and cut off point is 19 (Greenwald & Rubin, 1999).
- 2) Farsi version of Parents Report of Post Traumatic Symptoms (PROPS; Greenwald, 1997). This is an equivalent form to CROPS that has 33 items, and contains three factors of parent's report of the extent and intensity of post traumatic symptoms. Factor one is related to intrinsic signs, factor two for extrinsic symptoms and factor three consist of psycho-somatic symptoms . The reliability is reported to 0.79. It's cut off point is 16 (Greenwald, 1997).
- 3) Farsi version of Life Incidence of Traumatic Events scale , containing two forms equivalent to child and parents report. It has 16 items about life incidence of traumatic events that divides children (Cohen *et al.*, 2004).

The Farsi translation of the above instruments was carried out. For this, at first the questionnaires were translated into Farsi, then they were retranslated into English by a person who has never seen its English text. Then these were sent to the author and they were used after the final confirmation by the author. The reliability of Farsi version was measured by Cronbach α test in 31 persons so the result in PROPS obtained 0.83 and in CROPS 0.84 .The validity of Farsi version has not been measured. In addition, the reliability between administrators has not been measured too .Based on the experiences resulting from working with the administrators in the previous studies, their validity has been high. Besides, cut off point in Farsi version was not calculated and English version's cut off point has been used. After sampling and randomly specifying it, the permission of the participants and their parents was taken. Participants and their parents were administrated LITES, CROPS and PROPS. To ensure the administration method invariability, and results of correctness and precision, the tests were carried out in the form of interview by trained psychologists. To prevent bias and one sided blindness the LITES, PROPS and CROPS were completed by separate psychologists (This was done to ensure that LITES measure the amount and intensity of incidents, and CROPS measures post traumatic symptoms. If the questionnaires were measured by a single person, the possibility of bias would have been high. If the administrator recognizes some incidents in child, he might expect the presence of post traumatic symptoms in a child. So to prevent this, each child was measured by two psychologists).

In case of physical abuses(it was also carried out by LITES), first of all the child was asked about whether he has been exposed to physical abuses or not, if yes then the other questions about the amount and repetition of it in his/her life time and annoyance intensity in the past and present were

asked. Like physical abuse, the occurrence and intensity of other traumas and the child annoyance amount in the past and present, the kind of physical abuse and its effect on body or the persecutor were explored. Sexual abuse was studied through LITES. In addition to teaching the sexual abuse prevention, they were asked about this sentence : every human has some organs that are specific to him/her; and that just him self/her self has the right to touch them (note : we should ensure that the child has understood our meaning and the genital organs should be pointed too). Has somebody touched them without your permission?

RESULTS

Five hundred seven students were investigated in this survey. Results revealed that 247(48.8%) boy and 259(51.2%) girl or 319(63%) primary and 187(37%) secondary school children aged, 7-15 years old, participated in this study. Out of 507 students, 337 students (66.5%) had experienced physical abuse. The least frequency was related to kidnapping and sexual abuse that occurred in 2% and 4% of participants, respectively (Table1).

Table 1. Percentage of traumatic life events, reported by boys and girls in Kermanshah and X² test for events' frequency differences between boys and girls(df=1,p=0.01).

Event	Boys	Girls	Overall	X ²
	Percent	Percent		
To Experience Hardship	22	16	37.6	0.556
Family Conflicts	12.8	25.3	38	0.014
Parents Divorce or Separation	3.2	3.6	6.7	0.745
Physical Abuse	34.1	32.4	67	1.928
Being Imprisoned	2.9	1.4	4.4	0.456
Sexual Abuse	1.4	2.3	3.8	3.657
Being Threatened	14.9	11.2	26	0.000
Being Kidnapped	0	0.2	0.2	0.727

Table 2. Participants frequency distribution with above cut off point scores in CROPS and PROPS percent from computed whole

Questionnaires	Girls		Boys		All of the Participants	
	F	Percent	F	Percent	F	Percent
CROPS	133	26.3	90	17.8	223	44.1
PROPS	123	24.3	111	21.9	234	46.2

By using χ^2 test for traumatic events frequency differences between boys and girls, it was confirmed that there were significant differences in only one events viz experiencing family violence. Whereas boys experienced more hardship than girls, girls experienced more of family violence (Table 1). The results of participants frequency distribution with above cut off point scores in CROPS and PROPS revealed that girls obtained more scores with above cut off points than boys in both measures (Table 2). However by applying the χ^2 test for independent groups, it was confirmed that the observed difference was not significant ($p=0.01$). By examining the average of parents and child report in this study, it was found that the average score of girls, in both CROPS & PROPS were above the cut off point. By applying Levene's test for equality of Variances of the test Mean's scores among boys and girls, it indicated that the observed F, is significantly higher than critical F in CROPS and its sub scores and also in PROPS and its second factor ($p=0.05$) and also independent samples t-test for equality of Means of

Table 3. Mean and Std. Deviation and Levene's Test for Equality of Variances and Independent Samples t-test for Equality of Means of PROPS & CROPS scores among boys and girls (N=506, p=0.05)

Sex	N	Mean	Std. Deviation	t	F	Mean Difference	
CROPS	Boys	274	16.29	7.948	3.826*	5.585*	2.859
	Girls	259	19.15	8.854			
F1 CROPS	Boys	274	4.31	3.838	3.633*	2.150**	1.274
	Girls	259	5.59	4.054			
F2 CROPS	Boys	274	3.09	2.385	4.775*	12.225*	1.119
	Girls	259	4.21	2.875			
F3 CROPS	Boys	274	8.88	3.289	1.499	4.873*	.465
	Girls	259	9.34	3.683			
PROPS	Boys	274	15.34	9.071	1.340	2.967*	1.131
	Girls	259	16.47	9.912			
F1 PROPS	Boys	274	7.25	4.839	1.181	1.112	.521
	Girls	259	7.76	5.082			
F2 PROPS	Boys	274	6.49	3.851	.693	1.975**	.247
	Girls	259	6.25	4.157			
F3 PROPS	Boys	274	1.59	2.022	4.711*	1.493	.856
	Girls	259	2.46	2.065			

*P=.01 and **p=.05

Table 4. Mean and Std.Deviation and Levene's Test for Equality of Variances and Independent Samples t-test for Equality of Means of PROPS & CROPS scores among primary and secondary (N=506,p=0.05)

Sex	N	Mean	Std.Deviation	t	F	Mean Difference	
CROPS	Primary	318	15.88	8.028	6.768*	1.361	5.103
	Secondary	187	20.98	8.439			
F1 CROPS	Primary	318	4.17	3.710	6.092*	3.840*	2.169
	Secondary	187	6.34	4.114			
F2 CROPS	Primary	318	3.405	2.657	2.833*	.349	.701
	Secondary	187	4.107	2.875			
F3 CROPS	Primary	318	8.301	3.283	7.271*	.853	2.233
	Secondary	187	1010.534	3.414			
PROPS	Primary	318	16.65	9.398	2.296**	.273	2.006
	Secondary	187	14.64	9.625			
F1 PROPS	Primary	318	7.86	4.829	2.137**	1.383	.974
	Secondary	187	6.887	5.140			
F2 CROPS	Primary	318	6.61	3.90	1.776	1.103	.655
	Secondary	187	5.95	4.166			
F3 PROPS	Primary	318	2.179	2.158	2.019**	2.606*	.377
	Secondary	187	1.80	1.945			

*P=.01 and **p=.05

CROPS and two sub scores and third factor of PROPS, showed that observed t is significantly higher than critical t in girls.(df=416,p=.05;Table 3). Table 4 shows that by applying Levene's test for equality of Variances of the test Mean's scores among primary and secondary school children, it indicated that the observed F, is significantly higher than critical F in first factor of CROPS and also third factor of PROPS (p=.05) and also independent samples t-test for equality of Means of CROPS and its all sub scores and PROPS and its second factor, showed that observed t is significantly higher than critical t.

DISCUSSION

The investigation was carried out to explore the amount, intensity and consequences of domestic violence among the students who were studying in the schools of Kermanshah area of Iran. Investigation revealed that the events had occurred in different rates, so that the least of them was kidnapping and the most reported was physical abuse. These results are in line with the results obtained in prior studies done in Iran (Stephenson *et al.*, 2006). In the present investigation, although the boys significantly more than girls, had reported

experiencing hardship, and the girls reported family violence twice as boys. Some of the participants considered physical abuse as a normal punishment, a non-annoying issue and even considered themselves as guilty. In the present study, the amount of family violence among girls was reported twice as boys, while there was no significant difference between boys and girls on physical abuse. These results are in line with Vameghi, Feizzadeh, Mirabzadeh & Feizzadeh's (2002) study in which the prevalence of exposure to domestic violence among the girls was twice as that among the boys. However, these are in contradiction to other studies in which the amount of harshness appearing in family was related to the physical abuse (Sternberg, Lamb, Guterman, Abbott, 2006). The reason behind this might be that while both sexes were exposed to domestic violence and were physically abused, boys considered it as a normal and non-annoyed event but the girls were more affected and annoyed. The results find support from Struas (1980) "violent culture" standards that emphasized that male aggressiveness is not only permitted but encouraged, because aggression positively correlates to maleness. Though this study along with other studies in Iran(Kermanshahi, Hamidi, Asadollahi, 1998; Vameghi, Feizzadeh, Mirabzadeh and Feizzadeh, 2002; Stephenson *et*

al,2006) has shown that about 38% of children are witness of family violence,yet these results could be the outcome of domestic violence's related factors like substance abuse, low education rate and patriarchy culture.

It also found that the number of boys and girls whose score of PROPS&CROPS were above the cutoff point had no significant difference in spite of the fact, that traumatic events 's amount was higher in girls. It showed that by examining just the traumatic events, it is not possible to specify the psychological condition of the children. In other words, probably some other factors play a role in this issue. Interestingly, the children reported more post traumatic symptoms than their parents, while secondary school participants reported significantly more post traumatic symptoms, parents reported more problem in their primary school children (this discrepancy between parents and their children may be due to parents' lack of information about their children's psychological conditions and their high negligence level about them which could again be due to the society's low level of literacy; Stephenson et al,2006) .Girls scores of both CROPS and PROPS were out of cut off point and they also significantly reported more post traumatic symptoms than boys. On one hand, parents reported significantly more somatic problems in girls and more intrinsic and also somatic problems in their primary school children, on the other hand girls and secondary school children reported more depression, guilty feeling, avoidance thoughts and somatic problems. This result probably means that while parents worry about their younger children's physical condition and intrinsic behavior, older children's (particularly boys) extrinsic and intrinsic problems and their health situation considered normal or ignored by their parents.

This study shows the capability and value of working in schools to identify domestic violence and its consequences in children in Kermanshah. There is however limited qualified mental health care practitioners in this city, consists of few governmental and high price private counseling centers. So psychological interventions, in the form of school-based mental health programmes, are novel, localized initiatives. However unfortunately based on Ministry of Education policy, there are not qualified mental health care practitioners in elementary and secondary schools. The results of the study revealed that more than half of the children studied, experienced at least one annoying event in their life time which lead to post traumatic symptoms in them. Generally, because of the lack of psychological services and support and limitation of NGO groups, the affected children have not been recognized .This may also lead to psychological , affective and behavioural problems in adulthood (Mousavi, Mahmoodi, Bina & Sar, 2006). So, it is important to educate the families and the school staff to help children, design programs to prevent child abuse especially in Kermanshah, Iran. Also, anger management programs ought to be promoted in schools, and with children and their families. Professionals should use more psycho-therapeutic methods in the treatment. In addition to taking steps towards recognizing children for early cure, more experimental studies as the one which was done in 2004 on sexually abused girl in Iran (Jaberghaderi *et al.*, 2004) are needed. Carrying out studies on bigger population for recognizing the traumatic events, in addition to employing the compiled programs of the World Health Organization

Greenfield, Marks, 2009) to prevent the occurrence of these events in children is suggested .

However, this study had its own limitations. Due to the society's low rate of literacy and to prevent bias, data collection from all the participants was in the form of interview which lengthened the execution process. So a large sample could not be taken. Since in some cases, parents were not present for the interview, so it led to the frequent visits of the researchers to the families to convince them for participating in the study. Another problem was asking the sexual trauma in secondary school group, especially in boys. The reason may be the cultural factors such as limited public exposure on sexual issues, secrecy and closed family groups. To conclude, it can be said that due to the high reporting of traumatic events among children of Kermanshah city, Iran, applying the World Health Organization protocols and programs to prevent physical abuses is necessary. In other words, there are many proven interventions that need to be put into action. This study emphasized the necessity of parenting skills education and discussions on child rearing. Continuous family intervention programs and employment of the supporting services is critical for the proper healthy growth of the children in Kermanshah areas of Iran.

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