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AUTHOR Arzy, Ronit; Amir, Marianne; Kotler, Moshe

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ABSTRACT

The increasing prevalence of domestic violence in Israel has engendered a critical need to identify and treat battered women. This paper looks at Posttraumatic Stress disorder (PTSD) and considers its predictors among battered women. The research sample was comprised of a sample of 91 battered women between the ages of 20 and 60 who applied to the Domestic Violence Treatment and Prevention Center for treatment. They were administered the Traumatic Event Questionnaire, Conflict Tactics Scale, and the PTSD-Scale for Family Violence. The results showed that previous trauma, severity of violence, physical and verbal violence distinguished battered women with and without PTSD. The findings reflect the severe consequences of verbal violence on the psychological health of battered women. (Author/JDM)



Vulnerability to Post-Traumatic Stress Disorder among battered women in Israel

Ronit Arzy, M.A. *, Marianne Amir, Ph.D.**, Moshe Kotler, Ph.D.***

*Behavioral Sciences Department

** Behavioral Sciences Department and Social Work Department

***Faculty of Health Science

Ben-Gurion University

Beer-Sheva, Israel

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Address for correspondence:

Ronit Arzy, M.A

Department of Behavioral Sciences

Ben-Gurion University of the Negev

P.O. Box 653

84105 Beer-Sheva

Tel: +972 76481939

Fax: +972 76472932

e-mail: ronitar@barak-online.net

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Abstract

The increasing prevalence of domestic violence in Israel has engendered a critical need to identify and treat battered women. The present study aimed at broadening the knowledge about posttraumatic stress disorder (PTSD), including its predictors, among battered women. The research population comprised a sample of 91 battered women aged 20-60 applying to the Domestic Violence Treatment and Prevention Center for treatment. They were administered the Traumatic Event Questionnaire, Conflict Tactics Scale (N version) and PTSD-Scale for Family Violence. The results showed that previous trauma, severity of violence, physical and verbal violence found to distinguish battered women with and without PTSD. These findings reflects the severe consequences of verbal violence on the psychological health of battered women

Key words: battered women, PTSD, Violence



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Participants

The population examined in this study comprised 91 battered women who applied for treatment at Domestic Violence Treatment and Prevention Centers, aged 20-60 (average age 37.02, standard deviation 8.85) with an average of 12 years of schooling. Eighty percent of the women were married and 45% were born in Israel. *Instruments*

The Traumatic Event Questionnaire (Amir & Sol, 1999).

Conflict Tactics Scale of N version (Straus, 1979).

PTSD Scale for Family Violence (Saunders, 1994).

Procedure

All participants signed informed consent forms. Questionnaires were administered at the Domestic Violence Treatment and Prevention Centers. Each participant answered all questionnaires in one session. A researcher or therapeutic team member was present during completion of questionnaires to answer possible questions. Respondents participated in the study anonymously and voluntarily. Each participant was paid 50 NIS (about \$12 USD). The study was approved by the ethics committee of Ben-Gurion University of the Negev in Israel.

Results

Table 1 presents the correlation matrix of demographic variables, severity and types of violence and previous traumas.

Insert Table 1 about here

The table shows that severity and types of violence (verbal and physical violence) were significantly correlated, in that severity of violence was associated with verbal and physical violence.



Predictors of PTSD

To assess the contribution of demographic variables (age and education), previous traumas and severity and types of violence (verbal and physical violence) to the prediction of PTSD, we performed a discriminate analysis.

Insert table 2 about here

As can been seen in Table 2, previous traumas, severity of violence, verbal violence and physical violence were significant in the prediction equation of PTSD.

Participants with PTSD had higher levels of violence and more previous traumas.

Together, they explained 65.93% of the variance (F (6,84)=2.93, p<0.01). The analysis successfully discriminated a correct prediction of participants with PTSD in 68.08% of the cases and 63.64% of participants without PTSD.

Conclusions

The results of this study have clinical and practical implications, as they identify the risk factors associated with a major mental distress outcome among abused women, namely PTSD. The study shows that previous traumatic events related to the vulnerability of battered women in developing PTSD. This finding is consistent with literature suggesting that stressful life events affect physical and psychological health (e.g., Dohrenwend & Shrout, 1985; Fisher & Reason, 1992).

As domestic violence becomes common in Israeli society, there is a growing need to investigate its consequences, taking different types of violence into account. As expected, severity of violence and physical violence was found to distinguish among battered women with and without PTSD. This was true also for verbal violence. These findings suggests that the effects of psychological abuse can be as much damaging as the effects of physical abuse, and emphasize the severe consequences of verbal violence on psychological health of battered women.



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Table 1.

<u>Correlations matrix of the research variables</u>

Variables	Age	Education	Violence Severity	Verbal Violence	Physical Violence	Previous Traumas
Age	1.00		-			
Education	14	1.00				
Violence Severity	08	12	1.00			
Verbal Violence	.01	11	.74*	1.00		
Physical Violence	11	11	.93*	.51*	1.00	
Previous Traumas	04	.04	.13	.06	.15	1.00

Note: (two-tailed tests). N=91



^{*&}lt;u>p</u><0.001

Table 2. Discriminate analysis of PTSD

Variables	Wilks'	p	<u>M1</u> 1	SD1 ¹
	Lambda	-	$M2^2$	SD2 ²
Age	.85	.1	35.54	9.72
			38.20	8.05
Education ³	.83	.39	2.25	.84
			2.34	.91
Previous traumas	.88	.02	2.61	1.50
			3.53	2.08
Severity of violence	.88	.02	2.81	1.08
			3.07	1.19
Verbal violence	.89	.01	4.38	1.20
			4.81	1.22
Physical violence	.88	.02	1.92	1.30
			2.30	1.42

Note: (two-tailed tests). N=91



^{*}p<.05; **p<.01; ***p<.001⁴

¹Mean1 and SD1 refer to group with PTSD.

²Mean2 and SD2 refer to group without PTSD.

³Education: 1 = under 8 years of education; 2 = under 12 years of education; 3 = some education beyond high school; 4 = academic degree.



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