The relationship between Domestic Violence Using PTSD in regard with Psychic Profiles of Married Women in Iran: A Structured Equations Modeling Study

Naser Sarraj Khorami, Sara Rashti and Faranak Omidian

1Assistant professor, Department of psychology, Dezful Branch, Islamic Azad University, Dezful, Iran.  
2Master’s in psychology and a university lecturer, Department of psychology, Dezful Branch, Islamic Azad University, Dezful, Iran.  
3Assistant professor, Department of Education, Dezful Branch, Islamic Azad University, Dezful, Iran.

ABSTRACT
The aim of this study was to investigate the relationship between domestic violence (and the subsequent PTSD) and the psychic profile of married women in Dezful. The matrix analysis was used to examine this correlation. The population of the study consisted of all married women in Dezful. The sample of the study included 404 women who were selected randomly. The material of this study included domestic violence questionnaire, Mississippi PTSD scale, and an MMPI questionnaire which included 71 questions. Pearson correlation test and Multi-variable regression analysis was used to analyze the data. The results showed that there is correlation between domestic violence and 8 clinical indices of psychic profile. Also, psychic profile of married women had a significant correlation with physical and psychological violence (and subsequent PTSD) against them.

INTRODUCTION

Among the various types of social and domestic violence, violence against women is one of the most serious problems. Despite major progresses made in culture and education, this problem still exists in the societies [1]. It is estimated that in %50 of families, there is some kind of violence against women [2]. At least one-third of women in the world have experienced domestic violence [3]. Ahmadi et al found that %37.5 of women have experienced domestic violence, which included physical violence (%30), psychological violence (%29), and sexual violence (%10). The major problem here is the consequences which follow such violence. Those people exposed to such experiences are under enormous pressure[4]. In addition to physical disorders, there are many psychological disorders which are caused by violence against women, such as depression, stress, and lack of self-confidence. Post-traumatic stress disorder (PTSD) is another consequence of experiencing violence [5].

Post-traumatic stress disorder is caused by a severe tension-making factor. High stress and avoiding the tension-making factors in emotional responses are the symptoms of this disorder. Like other problems, this disorder is identified by a number of symptoms. But, in contrast to other psychological disorders, PTSD is defined by its symptoms and some of its possible causes, such as events which have been directly experienced by people [6]. Conducted a study on 92 women who had experienced physical violence by their husbands. This study revealed that %29.8 of the cases were affected by PTSD[7]. Similar to the previous study found that %91 of women who were living in shelters had PTSD symptoms [8]. These researchers noted that these symptoms were the results of trauma and physical and psychological violence. Another research reported that in %25 of the cases, physical disorders lead to post-traumatic stress disorder [9], [10] investigated the relationship between violence (domestic and sexual) and post-traumatic stress disorder (PTSD). The result of this study showed that in 20-25 percent of the cases, there was a correlation between violence and PTSD, depression, and stress. Jones et al studied a number of women in the shelters who had been exposed to violence [11]. The results of this research showed a significant correlation between domestic violence and PTSD. Also, the results revealed that the intensity and length of the violence were correlated with severity of the symptoms. Becker et al studied 193 women who had been exposed to domestic violence and 170 women who had not been exposed to domestic violence. The relationship between Domestic Violence Using PTSD in regard with Psychic Profiles of Married Women in Iran: A Structured Equations Modeling Study

Corresponding Author: Naser Sarraj Khorami, Assistant professor, Department of psychology, Dezful Branch, Islamic Azad University, Dezful, Iran.  
E-mail: Dr_sarraj@yahoo.com

© 2014 AENSI Publisher All rights reserved.
violence in order to investigate the relationship between violence and PTSD[12]. In this study, physical, psychological, and sexual exploitations were the basis of evaluations. The findings revealed that there is an independent correlation between each form of violence and PTSD in adulthood. Also, the regression models showed that there is significant correlation between husbands’ violence and the symptoms of PTSD in adulthood among women. Mwalili et al conducted a study on 472 women who had been selected randomly. The result showed that one-fourth of these women had been exposed to domestic violence [13]. Based on PHQ questionnaire, %24 of these women was diagnosed with depression. Based on the findings of this study, those women who had been exposed to both sexual and physical violence had a higher risk of depression and social isolation. Woods et al reported a correlation between husbands’ violence and post-traumatic stress disorder (PTSD) as well as health problems [14]. They found that there was a significant correlation between exploitative behavior by the husbands and physical problems among the wives. Also, it was revealed that domestic violence had a significant correlation with PTSD and physical health. The subjects of this study were 157 women who had been exposed to various types of violence. The problems of these women were categorized into 4 groups: (1) muscular-nervous (2) stress (3) sleep disorders (4) symptoms of feminine disorders. Among this group of women, those who had experienced violence by their husbands showed symptoms of physical disorders and PTSD. This study demonstrated that physical disorders might lead to PTSD and, subsequently, it can lead to physical problems such as Hs and Hy. So, physical violence might indirectly lead to some physical health problems. Helfrich et al compared the health conditions of 75 women in Hara residential shelter with health condition of 6500 ordinary citizens in the US in 1995. Based on their findings, women residing in shelters showed a higher level of psychological problems such as anxiety, anti-social personality disorders, and problems in social situations [15].

Cascardi et al studied 92 women who had problems in their marital relations. These women were the victims of violence by their husbands. In this group, %29.8 of women were affected by PTSD and %32 suffered from depression. The symptoms had a significant correlation with separation from husband and the intensity of physical violence by the husbands [16]. The symptoms of depression had a significant correlation with marital disputes and the intensity of physical violence by the husbands. Fears from husbands and husbands’ physical violation were reported by women who suffered from both PTSD and depression as well as those women who showed symptoms of depression. A 2014 study by [17] showed a high prevalence of PTSD symptoms (97%), positively correlated with physical violence (r=.719) among battered women in Lebanon.

Johnson et al investigated the role of PTSD as a mediating factor between domestic violence and psychological problems among 177 women who had been kept in social crises centers. This study revealed a significant correlation between domestic violence and psychological problems, unsociability, and lack of social relations [18]. Also, PTSD acts as a mediator between domestic violence and socio-psychological problems. In this study, anxiety disorders (%51.4), primary depression (%49.2), drug abuse (%25.4), and bipolar disorder (%8.5) were reported by the researchers [18]. In another study, Carlson et al studied the women who had been exposed to domestic violence. Exploitation by the husband, psychological health, and social support were the variable of this study. The results of this study showed that those women who had experienced violence were suffering from depression, anxiety, and other psychological problems such as feeling of unsafety and inferiority as well as excessive reactions. The researchers reported that this group of women had received little social support from their husbands [19]. Nehls & Sallmann interviewed 30 women and asked them about their experience of physical and sexual exploitation and their psychological status[20]. The results of these interviews showed that physical and sexual violence had a significant correlation with psychological problems such as emotional disorders, depression, and sexual deviations[20]. In a longitudinal study, Alsaker et al investigated the long-term consequences of domestic violence against women. The subjects were a group of women who had experienced domestic violence by their husbands one year earlier. This study showed that the psychological status of these women was significantly low[21]. Also, one year after experiencing violence, these women showed no sign of improvement in their psychological status. The subsequent results showed that severe physical and psychological violence had a significant correlation with physical problems, psychological health, and emotional disorders[21]. In another study, Varma et al investigated the relationship between violence against pregnant women psychological health, depression, and PTSD. They reported symptoms of depression (%10.6) and complaint about physical problems (%15.8). Among those who had experienced sexual and physical exploitation, symptoms of depression, physical problems, enduring PTSD, and dissatisfaction with the life were reported in this study, sexual violence and the intensity of violence were found to have a direct relationship with psychological problems. All in all, physical and sexual violence had a significant correlation with health problems in this study[22].

Avdibegovic & Sinanovic investigated the consequences of violence among women of Bosnia Herzegovina. They reported a significant correlation between violence against women and irritation, depression, high-sensitivity, obsessive-compulsive disorder, stress, and paranoid tendencies. In addition, the symptoms of PTSD were more observable among the women who had been exposed to violence in their childhood than the women who had traumatic experiences and lost their loved ones during the war. The majority of women who
suffered from PTSD were also affected by depression, dissociative disorder, anxiety, and paranoid personality disorder[23]. In this study, the symptoms of depression and general severity index had a significant positive correlation with psychological, physical, and sexual exploitations. In this study, it was revealed that different forms of domestic violence had a long-lasting impact on the psychological status of women. In a research conducted by Varma et al, a group of women who had been exposed to violence were compared with another group who had not been exposed to violence[22]. This study showed a low quality of life, PTSD, physical symptoms, and depression among women who had been exposed to violence. They noted that depression among these women could be the result of the impact of violence on emotions and especially on self-confidence [24].

In an extensive research, Loxton et al investigated the relationship between domestic violence and the psychological status of 11310 Australian women who were between 45 and 52 years old. The results showed that depression and stress had a significant correlation with domestic violence. Also, it was revealed that domestic violence had a negative correlation with satisfaction of life. In other words, as domestic violence increases, the satisfaction with life is decreased among Australian women [25].

In a similar study, Fisher & Reqan examined 842 women who were 60 years old. Level and various forms of exploitation among these women and the impact of such exploitation on their psychological status were evaluated in this study. The result of this study revealed that half of these women at least one time experienced some kind of psychological, emotional, physical, or sexual exploitation (in the last 55 years of their life). A major part of these women had been exploited several times and in various forms [26]. Among these women, those who had experienced domestic violence were suffering from more psychological problems. These women were also suffering from other health problems such as digestive illnesses, depression, stress, chronic pain, high blood pressure, and heart problems. Bonomi et al investigated the level of depression among women who had experienced violence in their lives. They found that different levels of depression symptoms are more observable among these women compared to those who had not been exposed to violence in their lives[27].

Swisa & Amir studied 91 women in Israel who had been the victims of violence in order to find any relationship between personality (self-critical and dependent) and PTSD. The findings of this study indicated that the severity of PTSD symptoms was correlated with past traumatic events and personality (self-critical and independent) [28]. Also, self-critical personality was significantly correlated with the severity of PTSD. In a study conducted by Fergusson et al, the extent of domestic violence and its impact on the psychological health of 828 men and women in New Zealand was examined. The results showed domestic quarrels in %70 of the cases. These cases included different levels of psychological exploitations. All in all, men and women reported similar experiences of violence in their lives. The results of this research showed that primary depression and thinking about suicide had a significant correlation with domestic violence[29]. Mezey et al noted that following a traumatic event in life, the possibility of another traumatic event is increased. They found that domestic violence could be the beginning of another traumatic event in life. So, it might lead to many psychological and social problems. He found that those women who had been exposed to domestic violence experienced at least one traumatic event in their lives. Being checked by a physician for psychological symptoms such as angeriness, anxiety, sleep problems, and feeling of sadness were more prevalent among women who had experienced domestic violence[30]. In another study, Hegarty et al studied the relationship between depression after pregnancy and violence during pregnancy. After examining two groups of women, those who had experienced violence and those who had not experienced violence, they found a significant correlation between violence during pregnancy and depression after pregnancy. Therefore, they concluded that those women who experience domestic violence are at risk of depression [31]. Najavits et al reported that level of depression was higher among women who had been exposed to violence compared to those who had not experienced violence. Also, they found that depression after pregnancy had a significant correlation with physical, psychological, and sexual violence[32]. Mirzaie et al investigated the relationship between drug abuse and domestic violence and subsequent PTSD. In this study, the level of physical and psychological violence (by the women themselves or their husbands) at the time of study and earlier times was evaluated. The results showed that violence had occurred by the women and their husbands in many cases [33]. Another study examined a number of women who had experienced sexual violence. The results showed that %33 of these women suffered from PTSD [34]. Garcia et al studied a group of 557 women. They found that 7 types of exploitation by the husbands were correlated with depression and stress. This research also showed that higher levels of depression among these women increase the possibility of exploitation and stress throughout the life even after the controlling of other risk factors[35]. A 2014 longitudinal study Norris & Raid revealed that violence and traumatic stress against African , American , Chinese , Japanese midlife women led to gains and losses in weight and waist circumference [36].

The hypotheses of the study:
1. There is a relationship between post-traumatic stress disorder and physical, psychological, and sexual violence
2. There is a multiple-relationship between post-traumatic stress disorder and physical, psychological, and sexual violence
3. There is an indirect relationship between psychic profile and domestic violence mediated by PTSD.

2. Method:
This study investigated the correlation between variables. All married women of Dezful were the population of this study. Several-stage random sampling was used to select the subjects. The city of Dezful was divided into five geographical areas: north, south, east, west, and center. Then, in each area, five primary and secondary streets were selected randomly. The questionnaires were distributed among women living on these streets. Based on Krejcie and Morgan table, a group of 384 subjects was recognized as a suitable sample. So, 404 women were selected as the subjects of the study.

2.1 Materials:
Questionnaire of domestic violence: The questionnaire of domestic violence consists of 45 questions. 18 items are related to demographic data and supporting resources. 18 items are related to physical-psychological violence. 7 items are related to sexual violence. 2 items are general questions to physical-psychological and sexual violence which have been provided to increase the validity of the questionnaire.

Validity and reliability of domestic violence questionnaire:
The validity of physical-psychological domestic violence was 0.845. The validity of sexual violence questionnaire was 0.82. Both are significant at P<0.001. The Cronbach α confident was 0.85. In order to determine the validity, correlation between the questionnaire of physical-psychological domestic violence and 44 other questionnaires were calculated. Also, the correlation between the questionnaire of domestic sexual violence and 45 other questionnaires was calculated to determine the validity of this questionnaire. The obtained values for physical-psychological and sexual violence questionnaires were 0.935 and 0.92 respectively, both significant at P<0.001. For reliability, the Cronbach α coefficient was 0.91.

Mississippi PTSD scale:
The scale of PTSD was provided by Goodarzi [37]. In 2003, it was validated in Iran by [38]. This scale consists of 39 items. It consists of 4 sub-scales, including obsessive memories (4,7,13,14,36,39,18,29,33,37), problems in individual relations (6,22,1,5,19,28,30,35,38), inability in controlling emotions (3,20,26,24,27,31,16,23,25,32), and depression (8,9,10,12,15,21,2,11,17,34).

Validity and reliability of Mississippi scale:
[39] have noted that test-retest reliability of this scale is 0.97 and Cronbach α coefficient is 0.94. In Iran, the internal reliability, split-half reliability, and test-retest reliability were 0.92, 0.92, and 0.94 respectively. Also, the validity of this scale in Iran was 0.82 [38]. In this study, the internal reliability was calculated by Cronbach formula.

Minnesota Multiphasic Personality Inventory (MMPI):
The Minnesota questionnaire consists of 71 two-option items (yes-no). It has been derived from MMPI which includes 504 questions. The long form of this test was created by Sarrajkhormi on the basis of group-criterion strategy. They made over 1000 questions by using different sources, such as people suffering from psychiatric illnesses, reports of psychiatrists and psychologists, and psychology and psychiatric books[40]. After reviewing these questions, 504 questions which seemed to be independent were selected. Having considered different criteria, the researchers divided the subjects (a group of people who had been hospitalized in psychiatry hospital of Minnesota) into main group and control group. The short version of the questionnaire was also created for students of schools and universities (male and female) in Iran [41].

This questionnaire includes three validity scales (L,F,K) and 8 clinical scale (Hs,D,Hy,pd,pa,pt,sc,Ma)

Validity and reliability of Minnesota test:
The past studies show that the internal validity of MMIP is at the medium level. For example, a meta-analysis study showed that all scales of MMIP are reliable and the range of reliability coefficient is between 0.71 (Ma scale) and 0.84 (pt scale) [42]. In another study the reliability of the short version was also satisfactory. Also, criterion validity was found significant among their fields (P<0.001) [43].

Results:
The data in table 2 show that among the post-traumatic indices, inability in controlling emotions (24.63) is the highest and obsessing memories is the lowest (20.30).

First hypothesis: There is a relationship between PTSD and physical-psychological and sexual violence
It can be seen in table 3 that there is a significant positive correlation between PTSD and physical-psychological violence (p=0.001, r=0.493). Also, there is a positive significant correlation between PTSD and sexual violence (p=0.001, r=0.321). It shows that as the level of physical-psychological and sexual violence increases, the symptoms of PTSD are increased accordingly.

Second hypothesis: There is a multiple-correlation between post-traumatic stress disorder and physical, psychological, and sexual violence

### Table 1: Descriptive indices of domestic violence against married women.

<table>
<thead>
<tr>
<th>Statistics indices scale</th>
<th>mean</th>
<th>Standard deviation</th>
<th>Minimum score</th>
<th>Maximum score</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General domestic violence</td>
<td>45.11</td>
<td>17.57</td>
<td>25</td>
<td>106</td>
<td>404</td>
</tr>
<tr>
<td>Physical-psychological domestic violence</td>
<td>32.11</td>
<td>13.45</td>
<td>18</td>
<td>79</td>
<td>404</td>
</tr>
<tr>
<td>Sexual domestic violence</td>
<td>13.1</td>
<td>6.35</td>
<td>7</td>
<td>35</td>
<td>404</td>
</tr>
</tbody>
</table>

### Table 2: Descriptive indices of post-traumatic stress disorder (PTSD).

<table>
<thead>
<tr>
<th>Statistics indices scale</th>
<th>mean</th>
<th>Standard deviation</th>
<th>Minimum score</th>
<th>Maximum score</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General post-traumatic stress</td>
<td>90.13</td>
<td>17.7</td>
<td>39</td>
<td>138</td>
<td>404</td>
</tr>
<tr>
<td>Obsessing memories</td>
<td>20.3</td>
<td>6.26</td>
<td>10</td>
<td>41</td>
<td>404</td>
</tr>
<tr>
<td>Problems in interpersonal relationships</td>
<td>22.7</td>
<td>4.32</td>
<td>12</td>
<td>41</td>
<td>404</td>
</tr>
<tr>
<td>Inability in controlling emotions</td>
<td>24.63</td>
<td>5.75</td>
<td>11</td>
<td>40</td>
<td>404</td>
</tr>
<tr>
<td>Loss and depression</td>
<td>22.4</td>
<td>5.25</td>
<td>10</td>
<td>41</td>
<td>404</td>
</tr>
</tbody>
</table>

### Table 3: Pearson correlation coefficient for the correlation between PTSD and physical-psychological and sexual violence.

<table>
<thead>
<tr>
<th>The predicting variable</th>
<th>Criterion variable</th>
<th>Correlation coefficient</th>
<th>Significance level</th>
<th>Number of subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical-psychological violence</td>
<td>PTSD</td>
<td>0.493</td>
<td>0.001</td>
<td>404</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>PTSD</td>
<td>0.321</td>
<td>0.001</td>
<td>404</td>
</tr>
</tbody>
</table>

### Table 4: The correlation coefficient between PTSD and physical-psychological and sexual violence among married women (Enter method).

<table>
<thead>
<tr>
<th>Criterion variable</th>
<th>Predictive variable</th>
<th>Multiple MR correlation</th>
<th>Coefficient of determination RS</th>
<th>F (ratio)</th>
<th>P(probability)</th>
<th>Regression coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>Physical-psychological violence</td>
<td>0.493</td>
<td>0.243</td>
<td>129.276</td>
<td>0.001</td>
<td>B=0.493 T=11.37 P&lt;0.001</td>
</tr>
<tr>
<td>PTSD</td>
<td>Sexual violence</td>
<td>0.497</td>
<td>0.248</td>
<td>65.105</td>
<td>0.001</td>
<td>B=0.452 T=8.78 P&lt;0.001</td>
</tr>
</tbody>
</table>

In table 4, the multi-variable correlation coefficient of physical-psychological and sexual violence have been given (RS=0.248, MR=0.497).

So, about 0.25 the PTSD variance is explained by both physical-psychological and sexual violence. Based on the obtained values (F=65.105, p=0.001), the research hypothesis is confirmed. As the relative regression slop is increased by the increase of sexual violence, this value has increased the multiple correlation and coefficient of determination. In other words, physical-psychological violence explains %24 of PTSD variance. So, compared to sexual violence, the physical-psychological violence is a better of post-traumatic stress disorder (PTSD).

Third hypothesis: There is an indirect correlation between psychic profile and domestic violence mediated by PTSD.

In order to test the hypothesis, the structural equation model was used. Two methods are used to interpret the model:

A. The fitness of the model:

This model can be applied when:
1. The proportion of $\chi^2$ to df is lower than 3
2. The root mean square error of approximation(RMSEA) is lower than 0.08
3. The significance level (p) is lower than 0.05
4. The goodness of fit index (GFI) is higher than 0.90
5. The accommodated goodness of fit index (ACFI) is higher than 0.90
If four or five indices of these cases are satisfied, the model will be completely fit. If three indices are satisfied, the model is relatively fit. If two or less indices are satisfied, the model is not fit.

**Fig. 1:** The correlation between psychic profile and domestic violence (through subsequent PTSD) by Lizerel software (standard condition).

As can be seen in figure 1 ($\chi^2=119.25$, d.f=54), the proportion of $\chi^2$ to d.f is lower than 3 (2.208). The significance level is lower than 0.05 ($p=0.001$). The root mean square error of approximation (RMSEA) is lower than 0.08 (0.055). The goodness of fit index (GFI) is higher than 0.90 (CFI=0.96). The accommodated goodness of fit index (AGFI) is higher than 0.90 (ACFI=0.92). So, it can be said that the model is completely fit.

**B. Testing the hypothesis:**

If the value of $t$ is within the range of $t$ curve (based on the determined $\alpha$), the null hypothesis is confirmed. If it is beyond this range, the research hypothesis will be confirmed.

GFI=0.96    AGFI=0.92

**Fig. 2:** The correlation between psychic profile and domestic violence (through subsequent PTSD) by Lizerel software (significant condition).

As can be seen in figure 2, three values of $t$ have been obtained (for the test significance level): the relationship between domestic violence and psychic profile ($t=3.99$), the relationship between domestic violence and PTSD ($t=8.75$), and the relationship between domestic violence (through subsequent PTSD) and psychic profile ($t=12.05$). All of these values are significant ($p<0.01$). In this way, the third hypothesis is confirmed. Therefore, by %99 certainty, we can say that there is a significant (indirect) relationship between psychic profile of married women and domestic violence (through subsequent PTSD).

**Discussion and conclusion:**

Violence against women is serious problems in societies in terms of human right and health. Such violence might lead to physical and psychological problems among women. The aim of this study was to investigate domestic violence as a traumatic event and its impact on physical and psychological status of women. This study had three hypotheses, each one focusing on one part of this goal. Base on the data shown in table 3 and 4, there was a significant correlation between post-traumatic stress disorder (PTSD) and physical-psychological and sexual violence. It was concluded that these hypotheses can be confirmed by %99 certainty ($p=0.01$). The results obtained by Pearson correlation coefficient showed that there is significant correlation between physical-psychological domestic violence and PTSD. Also, there is a significant correlation between sexual violence and PTSD. The regression analysis showed that about %25 of dependent variable variance (PTSD) is explained by physical-psychological and sexual violence. Because there is high correlation between domestic physical-
psychological violence and sexual violence (r=0.544), the slope of regression is relatively increased by the increase of sexual violence. But, this increase is not at a significant level. The findings of this study are consistent with the findings of [12], [7], [26], [8], [34].

Violence against women is a collection of different types which are correlated, including physical, psychological, and sexual. Such violence might lead to psychological and psychiatric disorders in the long and short terms, such as post-traumatic stress disorder (PTSD). In contrast to other psychological disorders, PTSD is studied by its causes or the events which had led to PTSD, such as violence by the husbands. According to [44], after each violent traumatic experience, the victim shows a two-stage chain of responses. In the first stage, the victim shows her objection by warning or strong emotions such as fear and sadness (for example, she screams when exposed to violence). In the second stage, the victim tries to pretend that nothing has happened and sometimes she is affected by the painful thinking about violence. These symptoms might be accompanied by other responses, such as lack of interest in activities which had previously been interesting for her, nightmare, obsessing thinking about violence, increase in palpitation, perspiration, problems in focusing, and high sensitivity. Severity, length, and the types of violence are important factors which might lead to this disorder. Some indications show that social support, family history, childhood experiences, personal variables, and earlier psychological disorders are related to PTSD. Therefore, it can be concluded that being exposed to violence is significantly correlated with the symptoms of post-traumatic stress disorder (PTSD) and it can be a predictor of this problem.

Because PTSD is a mediator, structural equation model was used to confirm the third hypothesis. As can be seen in figure 1, all five fitness indices are satisfied. So, the presented model is completely fit. Also, figure 2 shows that the relation between variables at all three levels is significant (domestic violence and psychic profile (t=3.99), domestic violence and PTSD (t=8.75), domestic violence (through subsequent PTSD) and psychic profile (t=12.05)). In this way, the third hypothesis is confirmed. Therefore, it can be concluded that by %99 certainty, there is a significant correlation between domestic violence (through subsequent PTSD) and psychic profile of married women. These findings are consistent with the findings of [14], [18], [23]. Post stress traumatic disorder might lead to other psychiatric problems, because it is related to the past experiences of the victim. Obsessing memories, thinking about past events, (flashback), and nightmare are the factors which create problems for the people who suffer from PTSD. These factors can lead to stress, sleep disorder, and problems in mood and emotions. When a woman is exposed to violence by her husband, she will experience that violence in her thought in future and she will be affected by these obsessing thoughts. She repeatedly experiences that traumatic event in her thoughts. In this situation, the victim is irritated and she loses her temper by the smallest events. One of the consequences of such behavior is a feeling of guiltiness. Sometimes these victims beat their children. Then, they are conquered by a feeling of sin and remorse, because they consider their behavior wrong. Such events prepare the ground for depression. The victims of violence sometimes show symptoms other than the symptoms of PTSD. Being obsessed with the painful experience, severe sadness, showing physiological reactions to events which are similar to the past painful experiences, lack of interest to participate in important events, unsociability and a feeling of separation from others, show low level of emotions (lack of emotional positive experiences such as love), pessimism toward family and life, sleep disorders, concentration, and showing excessive reactions to the events are some symptoms of these victims which are similar to the symptoms of other psychiatric illnesses such as depression, hypochondriasis, schizophrenia, primary stress, paranoia, etc. So, PTSD, which itself is a consequence of domestic violence, can be the cause and the beginning of many psychiatric disorders.

REFERENCES


