

Mediating Role Of Posttraumatic Cognitions Between Husband's Violence & Posttraumatic Stress Disorder Among Women Victims Of Husband's Violence

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Abstract

The relationship between violence committed against women by their husbands and Posttraumatic Stress Disorder (PTSD) is well-known, however, the extent to which posttraumatic cognitions may act as a mediator in this relationship is uncertain. The present study aimed to find out whether violence committed against women by their husbands predict PTSD and posttraumatic cognitions and also to examine whether maladaptive cognitions play a role of mediator between husband's violence and PTSD. This empirical research was carried out in Islamabad and Rawalpindi, Pakistan. A total of 75 women victims of husband's violence were included in the sample of the study who also had PTSD as a consequence of husband's violence. Karachi Domestic Violence Screening Scale- Urdu version (Hassan & Malik, 2009), PTSD Checklist for DSM-5 (PCL-5)-Urdu Version (Weathers, Litz, Keane, Palmieri, Marx & Schnurr, 2013) and Posttraumatic Cognitions Inventory (PTCI) developed by Foa and Ehlers (1999) were used to attain the desired results. A purposive sampling technique was used with a survey research design. The statistical analysis was done using SPSS 21. The Pearson correlation, multiple regressions and mediation analysis were calculated to meet the objectives of the study. Results of the study indicated that there was a significant ($p < .05$) positive correlation between husband's violence, PTSD and

posttraumatic cognitions. The results showed that physical abuse, psychological abuse and sexual abuse significantly predict PTSD and Posttraumatic Cognitions among women victims of husband's violence ($p < .001$). Findings also supported posttraumatic cognitions as partially mediating the relationship between husband's violence and PTSD ($p < .001$). The results of the present research confirmed that husband's violence has significant positive association with PTSD and posttraumatic cognitions. Moreover, the study also supported a mediating role of posttraumatic cognitions between husband's violence and PTSD among women victims of husband's violence.

Keywords: Husband's Violence, Physical Abuse, Psychological Abuse, Sexual Abuse, Posttraumatic Cognitions, Posttraumatic Stress Disorder, Women Victims.

Introduction

Husband's violence commonly known as intimate partner violence or spousal violence is universal issue that impacts many women each year regardless of her geographical, cultural, religious, social, or economic circumstances. It's a global epidemic that affects women in varying degrees and forms all over the world. Domestic violence, husband abuse, stove-burning, sexual assault, acid throwing, and numerous cultural customs such as exchange marriages, honor killings, vani or sawara were among the most common forms of women abuse (Human Rights Watch, 1999).

Abuse of women is deeply engraved in social, psychological and cultural roots having serious physical, emotional, social and financial consequences for abused women. Women, their children, families, and society at large have been directly and indirectly affected by such abuse. Garcia-Moreno, Heise, Jansen, Ellsberg and Watts in 2005 found out that one in every five women has suffered violence in an intimate relationship around the world, and 35 percent of women have experienced physical or emotional abuse. These studies have highlighted the fact that women experience violence as a routine practice occurring on daily and regular basis that has no impact on health of abused women (Arriaga & Oskamp, 1999).

Abuse or violence manifests itself physically, psychologically and sexually. Physical violence is the most prevalent type of violence which ranges between 23%-49% in Pakistan. After marriage, women are frequently denied of their basic right to control their own bodies, particularly in the South Asian region and other developing countries. World Health Organization in 2005 highlighted the fact that in most of the cases, 50 percent of women were sexually assaulted by their intimate partner or husband. Threats, intimidation, or physical force are used to impose unwanted sexual actions or compel intercourse with another person. These acts of violence have far-reaching consequences for women's physical, mental, and reproductive health.

One of the most common mental health issues associated to a husband's violence is posttraumatic stress disorder (Golding, 1999). As a result of ongoing violence, women who have been the victims of domestic violence face ongoing threats and physical injuries, as well as recurring incidences of trauma from physical, psychological, and sexual assault (Woods, 2000). In an unusual and highly intensified trauma and stress, PTSD is considered an adaptive

response(Goldberg et al., 1990). According to the Diagnostic and Statistical Manual of Mental Disorders, reliving the traumatic event, persistent avoidance of signs of the incident, emotional numbing, hyper-arousal, and changes in cognitions and mood are all common symptoms of PTSD. These symptoms must last at least one month for PTSD to be established (APA, 2013). According to a review of the literature (Coker et al., 2005; Fedovskiy, Higgins, and Paranjape, 2008; Kemp et al., 1995 & O' Campo et al., 2006), women who have been abused by an intimate partner or husband are more likely to develop PTSD than women who have never been assaulted.

Individuals' distorted thoughts and beliefs about themselves and the world are referred to as negative cognitions. Most trauma-related theoretical frameworks hold negative and inflexible appraisals of the stressful experience as the only mechanism that controls traumatized individuals' beliefs, and these cognitions have a significant impact on the emotional response to the distressing event (Foa & Riggs, 1993).According to Foa and Rothbaum (1998), dysfunctional cognitions reinforce a person's belief that the world is a dangerous place and that he or she is incapable of properly and effectively dealing with a traumatic incident. This view is regarded to be the cause of post-traumatic stress and generalized negative beliefs about oneself and the world. To the best of our knowledge, there is no research from Pakistan on finding out the association between husband's violence, PTSD and posttraumatic cognitions. Therefore, this research was designed to study the relationship between physical, psychological, and sexual violence, PTSD, and posttraumatic cognitions among women who had been subjected to husband's violence, as well as to find out if posttraumatic cognitions have a mediating role in the relationship between husband's violence and posttraumatic stress disorder.

To summarize, the significance of the present study is that it specifically focused on understanding the mediating role of posttraumatic cognitions between husband's violence and PTSD among women victims of husband's violence. Maladaptive thoughts seem to have an important role in the development, maintenance, and persistence of post-traumatic stress disorder. In order to treat mental health issues in victims of violence, posttraumatic cognitions may be particularly vital points of intervention. Thus, the way in which these women victims view themselves and the world around them develop serious mental health problems in these women. Therefore, trauma-focused interventions are recommended to work with victims of husband's violence for early identification of their cognitive distortions to reduce the risk for subsequent development of psychopathology.

Hypotheses

1. Physical, psychological and sexual violence by husbands is likely to have significant positive correlation with PTSD and women's negative cognitions.
2. Physical, psychological and sexual abuse positively predicts PTSD among women victims of husband's violence.
3. Posttraumatic cognitions among women victims of husband's violence are positively predicted by physical, psychological and sexual abuse.

4. Posttraumatic cognitions are likely to mediate between husband's violence and PTSD.

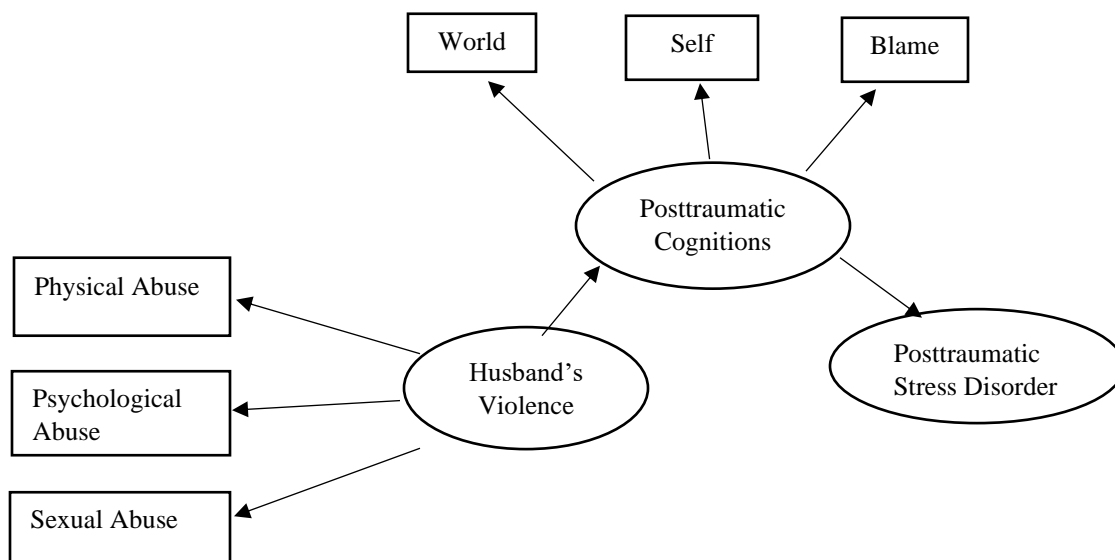


Figure 1: Author's made Conceptual Model

Methodology

This study was carried out in Islamabad and Rawalpindi. Participants of the research comprised of traumatized women victims of husband's violence (N = 75) who were between the ages 18 to 55 years. Women who were married, living with their husbands and experiencing violence by their husbands were included in the sample. Women who were widowed, unmarried, divorced, separated, or who had any serious medical or psychological disorder were excluded from the study. Each participant's personal information was collected on a demographic sheet. Husband's violence was assessed by women's scores on Karachi Domestic Violence Screening Scale-Urdu version by Hassan and Anila (2009) with 35 items, PCL-5 developed by Weathers and colleagues (2013) with 20 items and PTCI developed by Foa and Ehlers (1999) with 33 items were administered for data collection. First and foremost, the subjects' informed consent was obtained. Participants were also briefed about the purpose and importance of the study and they were given necessary instructions about the questionnaires before data collection. The researcher successfully answered all the queries of the participants before, during and after the questionnaire completion. The researcher thanked all the participants for their cooperation in the end.

Results

Table 1 Correlations between physical abuse, psychological abuse and sexual abuse, PTSD and Posttraumatic Cognitions among traumatized women victims of husband's violence (N=75)

Variable	Physical Abuse	Psychological Abuse	Sexual Abuse
Posttraumatic Stress Disorder	.53**	.54**	.38**
Posttraumatic Cognitions	.33*	.46**	.25

**p<0.01, *p<0.05

Table 1 shows that three forms of abuse are significantly positively correlated with posttraumatic stress disorder. Table also shows that physical and psychological abuse have significant positive correlation with negative cognitions and positive but non-significant correlation between posttraumatic cognitions and sexual abuse.

Table 2 Regression Coefficients of physical abuse, psychological abuse and sexual abuse predicting PTSD among women victims of husband's violence (N= 75)

Variables	B	SE	β	t	p	95% CI
Constant	46.31	6.98		6.64	.000	[32.39, 60.22]
Physical Abuse	.342	.267	.15	1.28	.000	[-.19, .87]
Psychological Abuse	.358	.165	.23	2.2	.034	[-.029, .68]
Sexual Abuse	.49	.22	.26	2.2	.028	[-.058, .942]

Note. CI = Confidence Interval

In table 2, the R² value of .18 showed that the predictor explained 18% variance in the outcome variable with F (3, 71) = 5.33, p<.001. Findings showed that physical, psychological and sexual abuse positively predicted PTSD (β = .15, .23 & .26, p<.001 respectively).

Table 3 Regression Coefficients of physical abuse, psychological abuse and sexual abuse predicting posttraumatic cognitions among women victims of husband's violence (N= 75)

Variables	B	SE	β	t	p	95% CI
Constant	236.82	18.09		13.08	.000	[200.74, 272.92]
Physical Abuse	.77	.69	.14	1.12	.000	[2.160, .606]
Psychological Abuse	.77	.43	.19	1.67	.000	[1.57, .138]
Sexual Abuse	.80	.58	.18	1.39	.000	[-.348, 1.95]

Note. CI = Confidence Interval

In table 3, the R^2 value of .07 showed that the predictor explained 7% variance in the outcome variable with $F(3, 71) = 1.81, p < .001$. Results also showed that physical, psychological and sexual abuse positively predicted posttraumatic cognitions ($\beta = .14, .19 \text{ \& } .18, p < .001$ respectively).

Table 4 Mediation Analysis of Posttraumatic Cognitions between Husband's Violence and PTSD

Variables	B	95% CI	SEB	β	R^2	ΔR^2
Step 1					.15	.15***
Constant	46.4***	[33.48,59.24]	6.43			
Husband's violence	.26***	[.121, .411]	.073	.39***		
Step 2					.18	.03***
Constant	32.31***	[9.757,54.86]	11.31			
Husband's violence	.26***	[.125, .413]	.072	.27***		
Posttraumatic Cognitions	.066***	[.021, .154]	.044	.16***		

Note. CI = Confidence Interval; *** $p < .001$

Table 4 shows the impact of violence committed against women by their husbands and posttraumatic cognitions on PTSD. In Step 1, the R^2 value of .15 showed that husband's violence indicated 15% variance in the PTSD with $F(1, 73) = 13.361, p < .001$. Results revealed that husband's violence positively predicted PTSD ($\beta = .39, p < .001$). In Step 2, the R^2 value of .18 showed that husband's violence and posttraumatic cognitions indicated 18% variance in the PTSD with $F(2, 72) = 7.93, p < .001$. Results showed that the husband's violence ($\beta = .27, p < .001$) and posttraumatic cognitions positively predicted PTSD ($\beta = .16, p < .001$). The ΔR^2 value of .03 revealed 3% change in the variance of Model 1 and Model 2 with $\Delta F(1, 72) = 2.27, p < .001$. The regression weights for husband's violence subsequently reduced from Model 1 to Model 2 (.39 to .27) but remained significant which confirmed the partial mediation indicating direct as well as indirect effect of posttraumatic cognitions on Posttraumatic Stress Disorder.

Discussion

Very few researchers in Pakistan have studied the association between husband's violence, PTSD and posttraumatic cognitions among women victims of husband's violence. The present research is an attempt to establish a relationship between the study variables. Results have empirically

supported the first hypothesis of the study that husband's violence is significantly positively correlated with posttraumatic stress disorder. Physical and psychological abuse have a significant positive association with Negative Cognitions and sexual abuse has a non-significant correlation ($p < 0.01$, $p < 0.05$). A link between a husband's violent behavior and mental health issues was also supported by previous research. 45 to 84 percent women victims of intimate partner violence reported PTSD more than any other mental health consequence (Houskamp & Foy, 1991; Kemp, Rawlings, & Green, 1991). Husband or spousal violence has been linked to depression, anxiety, and stress (Malik, Munir, Ghani & Ahmad, 2021). It has been demonstrated to adversely influence the quality of life of women victims. In a hospital-based cross-sectional survey conducted in Lahore and Sialkot (Pakistan), Zakar and colleagues (2013) observed a link between spousal abuse and women's poor mental health. These women's past and current experiences of husband's violence were found to have significant correlation with their mental health concerns.

Various researchers have discovered that people with PTSD have more severe negative cognitions than people without PTSD (Agar, Kennedy, & King, 2006; Beck et al., 2004; Daie-Gabai et al., 2011; Foa, Ehlers et al., 1999; Matthews, Harris, & Cumming, 2009; Müller et al., 2010; Pérez Bentez, Zlotnick, Gomez, Rendón, & Swanson, 2013; Startup et al., 2007; Su & Chen, 2008; van Emmerik et al., 2006). The second and third hypothesis are presented in table 2 and 3. Results in table 2 show that physical, psychological and sexual abuse positively predicted PTSD. Similarly, table 3 shows that abuse by husband positively predicted posttraumatic cognitions. Abused women were more likely to develop maladaptive thoughts about their experiences of abuse. This is also consistent with earlier research that suggests a person's perspective or appraisal of the traumatic incident and its effects may play a significant role in the etiology and maintenance of PTSD and other mental health difficulties (Foa, et al., 1999; Ehlers & Clark, 2000). According to Foa and Rothbaum (1998) healthy coping from the negative effects of violence can be either protected or discouraged by maladaptive thoughts. The fourth hypothesis of the study explores the mediating role of posttraumatic cognitions between husband's violence and PTSD. The results are presented in table 4 which reveal that the husband's violence and posttraumatic cognitions positively predicted PTSD ($p < .001$). The regression weights for husband's violence confirmed the partial mediation. More specifically, violence committed against women by their husbands has direct as well as indirect effect on PTSD. Thus, confirming the fourth hypothesis.

Emotional processing theory presented by Foa and Riggs (1993) and Foa and Rothbaum, (1998) supported the findings of the current study by implying that negative evaluations and interpretations of violence may have a role in developing trauma in women who have been subjected to domestic violence. Negative cognitions, according to Briere and Elliott (2003), include views that a person is "helpless, inadequate, or weak." Similar findings have been observed in numerous investigations. Kaysen and colleagues (2005) explored the mediating role of maladaptive thoughts in women with a history of child abuse and depression.

Conclusion

The targeted sample consisted of traumatized women who were facing violence by their husbands. The aims of the research were accomplished with the help of survey research design and purposive sampling technique. A significant positive relationship between husband's violence, PTSD, and posttraumatic cognitions was found by the study as well as confirming a partial mediation of posttraumatic cognitions in the association with violence by husband and PTSD. Women in Pakistan are at a higher risk of developing serious psychological disorders and having poor mental health as a result of being exposed to repeated exposure to abuse by their partners. In line with previous research, this study revealed that violence perpetrated by husbands against their wives is linked to psychological distress, including posttraumatic stress disorder. Despite the fact that many research on the psychological effects of violence against women in intimate relationships have been carried out around the world, this study is significant for two reasons: first, it is the first in Pakistan to investigate the incidence of husband's violence and its association with PTSD, and second, it examined the mediating role of negative cognitions between husband's violence and PTSD for the first time in Pakistan. Posttraumatic cognitions, as previously indicated, can either protect or inhibit effective coping from the detrimental impacts of abuse. As a result, the study findings have practical implications for counsellors, mental health professionals, psychotherapists, and social workers who work with abused women by providing relevant information to mitigate the dilemma of violence, and perhaps most importantly, through enhancing efforts in prevention and treatment. Furthermore, the current research suggests that interventions should emphasize more on cognitions that are related to trauma to reduce the risk of developing subsequent psychopathology, and that incorporating a distressing experience into existing schemas may help to improve an individual's cognitive flexibility (Foa & Rothbaum, 1998).

Limitations and Suggestions

The study presented certain limitations which are discussed below:

1. Because women themselves have given information on assessment measures in the present study, the quality of data collected through participant self-reporting is sometimes questioned, as it does not guarantee accurate responses and there is always a possibility of socially desirable responses which makes the data more vulnerable to biases.
2. As the present study exclusively focused on the female victims of husband violence, thus, generalizability is limited. The goal of future research should be to investigate a more diversified population. Current study comprised of fewer female participants residing in Islamabad and Rawalpindi. The sample of female participants could be increased and should also include other cities as well in future studies.
3. The present research specifically studied posttraumatic cognitions as mediators between husband's violence and PTSD. It is suggested for future study to identify other mediating and moderating factors such as family/social support, socioeconomic status, family dysfunction and stress level which are associated with this relationship to improve preventive and intervention strategies.

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