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Assessing Depression, Anxiety, Stress, and Post-Traumatic Stress Disorder among Battered Women in Babylon Governorate, Iraq: A Descriptive Correlational Study

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Qualitative Study

Abstract

Background: Domestic violence has significant psychological consequences for women, with limited research available on the mental health effects faced by battered women in the Babylon Governorate, Iraq. This study aimed to assess the prevalence and severity of depression, anxiety, stress, and post-traumatic stress disorder (PTSD) among battered women in the Babylon Governorate and to examine the relationship between these psychological conditions and demographic factors.

Methods: A descriptive correlational study in Al-Hilla City, Iraq, involved 180 battered women seeking healthcare services. Participants were selected through a non-probability (convenience) sampling method. Data were collected using a structured questionnaire, and the analysis involved descriptive and inferential statistics, including correlation analyses.

Results: The study revealed that 48.9% of the participants experienced moderate psychological violence, 38.9% reported low physical violence, and 48.9% experienced moderate sexual violence. Severe levels of depression and stress were noted in 49.4% and 55.6% of the participants, respectively, with 55.0% experiencing moderate anxiety. PTSD was predominantly mild, with 73.4% of the participants showing low levels. A significant positive correlation was found between domestic violence and psychological health issues ($P = 0.033$). Significant relationships were also identified between domestic violence and demographic factors, such as education, marital status, cohabitation, occupation, and economic dependence ($P \leq 0.05$), except for age and residency.

Conclusion: The findings highlight the growing prevalence of domestic violence and its severe psychological impact on women in the Babylon Governorate, emphasizing the need for coordinated efforts to provide rehabilitation and empowerment services.

Keywords: Domestic violence; Psychological health; Depression; Anxiety; Post-traumatic stress disorder; Battered women; Babylon governorate

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Introduction

Domestic violence is a global issue with deep historical roots, manifesting in various forms across different cultures and societies. It is a pervasive problem that significantly affects public health, social stability, and economic development. According to the World Health Organization (WHO) (Maimon-Blau, 2024), one in three women worldwide has experienced either physical or sexual intimate partner violence or non-partner sexual violence in her lifetime. These alarming statistics underscore the urgent need for comprehensive research on the impacts of domestic violence, particularly the psychological consequences that are often less visible but equally damaging (Amiri, Rahmani, & Saadatmand, 2023; Baidoo, Zakrison, Feldmeth, Lindau, & Tung, 2021; Barth & Jiranek, 2023; Cheek, Bandt-Law, & Sinclair, 2023; Salimi & Sodani, 2023).

In Iraq, and specifically in the Babylon Governorate, domestic violence remains a critical yet underexplored issue. Previous studies have primarily focused on the physical and sexual dimensions of violence (Al-Hayani, 2022; Juboori, 2023; Jukaku Tayeb, 2004; Mster Stud. Maleka & Almnaseer, 2021; Noorjan Adil Mahmood Damir, 2024; Saeed, Ali, & Al-Diwan, 2021; Welİ & Salman, 2023), with insufficient attention given to psychological effects such as depression, anxiety, stress, and post-traumatic stress disorder (PTSD). Psychological violence, although less studied, can lead to profound and long-lasting mental health issues (Khodavirdipour & Samadi, 2022; Mster Stud. Maleka & Almnaseer, 2021; Noorjan Adil Mahmood Damir, 2024; Sharhabani-Arzy, Amir, Kotler, & Liran, 2003; Winkle & Safer, 2011). Studies from similar contexts indicate that women who experience domestic violence are at a significantly higher risk of developing mental health disorders, including severe depression and anxiety (Assaf & Chaban, 2013; Bolsoy & Şen, 2020; Johnson & Zlotnick, 2009; Saeed et al., 2021).

Furthermore, the cultural and social dynamics in Iraq, such as patriarchal norms and limited access to mental health services, exacerbate the psychological impact of domestic violence on women (Juboori, 2023; Jukaku Tayeb, 2004; Welİ & Salman, 2023). These factors contribute to a cycle of violence and psychological distress, trapping women in abusive relationships with little recourse for help (Jukaku Tayeb, 2004; Mster Stud. Maleka & Almnaseer, 2021). The lack of localized research in the Babylon Governorate on the psychological aspects of domestic violence highlights a critical gap in the literature. This study seeks to address this gap by assessing the prevalence and severity of psychological conditions – specifically depression, anxiety, stress, and PTSD – among battered women in this region.

Despite the recognized prevalence of domestic violence in Iraq, particularly in the Babylon Governorate, there is a significant gap in research focusing on its psychological impacts. While global studies have established a strong link between domestic violence and mental health issues, localized studies that consider the unique cultural and social contexts of regions like the Babylon Governorate are lacking (Jukaku Tayeb, 2004; Welİ & Salman, 2023). This study aims to explore the psychological consequences of domestic violence in this specific context, providing insights that could inform culturally appropriate interventions and support mechanisms for battered women.

The following research questions guide this study:

1. What is the prevalence of depression, anxiety, stress, and PTSD among battered women in Babylon Governorate?
2. How are these psychological conditions related to demographic factors such as

age, education, marital status, and economic dependence?
3. What is the relationship between the types of domestic violence experienced (physical, psychological, sexual) and the severity of psychological health issues?

This research aims to contribute to the understanding of the psychological effects of domestic violence in Babylon Governorate, offering evidence that could inform public health strategies and policies aimed at supporting battered women in this region.

Methods

Study design and participants: This study employed a descriptive correlational design, chosen to explore the relationships between various forms of domestic violence and the psychological health outcomes among battered women in Al-Hilla City, Babylon Governorate. The descriptive correlational design is appropriate for this research because it identifies patterns and relationships between variables in a naturalistic setting without manipulating the study environment. This approach is beneficial when studying complex, real-world issues like domestic violence and its psychological impacts, where experimental manipulation is neither ethical nor feasible.

The study was conducted over eight months, from October 1, 2023, to June 6, 2024, at two primary healthcare facilities: Al-Hilla Teaching Hospital and Imam Al-Sadiq Teaching Hospital. These sites were chosen because they were primary healthcare providers in the region, serving a diverse population, including women seeking care after experiencing domestic violence.

Sampling method: The study sample consisted of 180 battered women who were seeking healthcare services at the hospitals mentioned above. The convenience sampling method was employed due to the sensitive nature of the research topic and the difficulty in accessing a more representative sample. Convenience sampling was deemed appropriate given the ethical considerations and the need to capture data from women who were readily accessible and willing to participate in the study. However, it is acknowledged that this sampling method limits the generalizability of the findings and may introduce selection bias. Despite these limitations, convenience sampling was necessary to ensure the recruitment of participants within the study timeframe and to respect the participants' autonomy and willingness to share their experiences.

Data collection

Data were collected using a structured questionnaire comprising socio-demographic variables and validated psychological assessment tools. The socio-demographic section included age, marital status, education level, residence, living conditions, economic dependence, occupation, and sources of violence.

Composite Abuse Scale (Revised)-Short Form (CASR-SF): The CASR-SF is a psychological assessment tool specifically designed to evaluate the extent and types of abuse experienced by individuals. The scale consists of 30 items formatted as a Likert scale, where respondents rate their experiences on a scale that measures the frequency or severity of various forms of abuse, including physical, emotional, and sexual violence. Each item corresponds to a different type of abusive behavior, and the scale is designed to provide a comprehensive assessment of abuse, capturing both the presence and intensity of these behaviors. The CASR-SF has been widely used in research on domestic violence and other forms of interpersonal abuse, demonstrating strong psychometric properties. The scale has a high level of reliability, with a Cronbach's alpha of 0.92, which indicates excellent internal consistency (Johnson, Delahanty, & Pinna, 2008; Mechanic, Weaver, & Resick, 2008; Taylor, Keeling, & Mottershead, 2017). This means that the items on the scale consistently measure the

concept of abuse across different respondents. Studies have supported the validity of the CASR-SF, making it a reliable tool for assessing abuse in both clinical and research settings.

Depression, Anxiety, and Stress Scale-21 Items (DASS-21): The DASS-21 is a widely used self-report instrument that measures the emotional states of depression, anxiety, and stress. It consists of 21 items, with seven items allocated to each of the three subscales (depression, anxiety, and stress). Respondents rate the extent to which they have experienced specific symptoms over the past week on a 4-point Likert scale ranging from "Did not apply to me at all" to "Applied to me very much, or most of the time". The depression subscale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest or involvement, and anhedonia. The anxiety subscale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress subscale evaluates tension, agitation, and negative affect. The DASS-21 has been validated across various populations and has demonstrated high internal consistency, with a Cronbach's alpha of 0.90 for the overall scale (Lovibond & Lovibond, 1995). This high reliability indicates that the DASS-21 is a consistent and stable measure of depression, anxiety, and stress across different groups, making it a valuable tool for both clinical assessment and research purposes.

PTSD Symptom Scale (PSS-20): The PSS-20 is a 20-item self-report measure used to assess the symptoms of PTSD as defined by the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5). The PSS-20 covers the key symptom clusters of PTSD, including re-experiencing (intrusive thoughts, flashbacks, and nightmares), avoidance (efforts to avoid trauma-related thoughts, feelings, or reminders), and hyperarousal (exaggerated startle response, hypervigilance, and difficulty concentrating). Respondents rate the frequency and severity of their symptoms over a specified time frame, typically the past month. The scale is designed to provide a comprehensive assessment of PTSD symptoms and has been validated in numerous studies. It has a reliability coefficient (Cronbach's alpha) of 0.88 (Bayat, Tavakoli, & Ghannadi Baradaran, 2022), indicating good internal consistency, which means that the items on the scale reliably measure PTSD symptoms across different individuals. The PSS-20 is often used in both clinical settings to diagnose PTSD and in research to study the prevalence and impact of PTSD in various populations.

Ethical considerations

Ethical approval for the study was obtained from the Institutional Review Boards of both Al-Hilla Teaching Hospital and Imam Al-Sadiq Teaching Hospital. Participants were fully informed about the purpose of the study, their right to withdraw at any time, and the confidentiality of their responses. Informed consent was obtained from all participants prior to data collection. Special care was taken to ensure the privacy and safety of participants, particularly given the sensitive nature of the study.

Analysis

Data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including means, standard deviations (SDs), and frequencies, were used to summarize the socio-demographic characteristics of the participants and the prevalence of different forms of abuse. Inferential statistics, precisely Pearson's correlation coefficients, were employed to examine the relationships between types of abuse and psychological health outcomes. The choice of Pearson's correlation was appropriate due to the continuous nature of the variables and the aim

of study to explore linear relationships between them (Field, 2018). Statistical significance was set at $P \leq 0.05$. Data analysis was conducted using SPSS software (version 26, IBM Corporation, Armonk, NY, USA).

Results

As can be seen in table 1, most participants were 26-35 years old (42.2%) and married (55.0%). The largest educational group had completed an institute-level education (32.2%), and most resided in rural areas (57.2%). Regarding economic dependence, 57.8% were financially independent. The most common occupation was employed (61.7%).

According to the results of table 2, the prevalence of domestic violence was highest for moderate psychological violence (48.9%) and sexual violence (48.9%). Physical violence was most commonly reported as mild (38.9%).

The majority of participants exhibited severe levels of depression (49.4%) and stress (55.6%), while the highest percentage for anxiety was moderate (55.0%) (Table 3).

A significant majority of participants (73.4%) exhibited low PTSD symptoms, with a mean score of 62.622 ± 14.545 (Table 4).

Table 1. Socio-demographic characteristics of the sample

Variable	Category	n (%)
Age (year)	15-25	68 (37.8)
	26-35	76 (42.2)
	36-45	23 (12.8)
	46-55	13 (7.2)
	Total	180 (100)
Marital status	Single	44 (24.4)
	Married	99 (55.0)
	Divorced	29 (16.1)
	Widow	8 (4.4)
	Total	180 (100)
Level of education	Illiterate	9 (5.0)
	Reading and writing	11 (6.1)
	Primary	26 (14.4)
	Intermediate stage	38 (21.1)
	Institute	58 (32.2)
	College	32 (17.8)
	Postgraduate	6 (3.3)
	Total	180 (100)
Residency	Urban	77 (42.8)
	Rural	103 (57.2)
	Total	180 (100)
Living with	Family	50 (27.8)
	Husband and children only	38 (21.1)
	Husband's family	78 (43.3)
	Relatives	7 (3.9)
	Alone	7 (3.9)
	Total	180 (100)
Economic dependence	Independent	104 (57.8)
	Dependent	76 (42.2)
	Total	180 (100)
Occupation	Employee	111 (61.7)
	Student	11 (6.1)
	Retired	2 (1.1)
	Free business	56 (31.1)
	Total	180 (100)

Table 2. Prevalence of domestic violence

Type of violence	Mild [n (%)]	Moderate [n (%)]	Severe [n (%)]	Total (%)
Psychological	9 (5.0)	88 (48.9)	83 (46.1)	100
Physical	70 (38.9)	67 (37.2)	43 (23.9)	100
Sexual	27 (15.0)	88 (48.9)	65 (36.1)	100

There was a significant positive correlation between domestic violence and psychological health problems ($r = 0.159$, $P = 0.033$), indicating that higher levels of domestic violence were associated with poorer psychological health.

According to the results shown in table 5, there were no significant differences in domestic violence across different age groups ($P = 0.130$).

Table 6 shows that there were significant differences in domestic violence about marital status ($P = 0.053$), suggesting that marital status influences the experience of domestic violence. There were highly significant differences in domestic violence across different education levels ($P < 0.001$), indicating that education level plays a significant role in domestic violence experiences. The study found that there were significant differences in domestic violence about living situation ($P = 0.048$). Additionally, there were no significant differences in domestic violence in residency ($P = 0.593$). However, there have been significant differences in domestic violence and economic dependence ($P = 0.003$). Besides, the study found that there were highly significant differences in domestic violence among occupations ($P < 0.001$).

Discussion

The findings of this study reveal that a significant majority of the women (63.3%) in the sample experienced abuse from their husbands, a result consistent with other studies in similar contexts. For instance, a study by WHO (2017) reported that intimate partner violence was the most common form of violence against women globally, with husbands or male partners being the primary perpetrators. The prevalence of psychological violence (48.9%) and moderate sexual violence (48.9%) observed in this study aligns with global patterns, where psychological abuse often co-occurs with other forms of violence (Bolsoy & Şen, 2020; Johnson & Zlotnick, 2009; Jukaku Tayeb, 2004; Naji Sabri, 2022; Noorjan Adil Mahmood Damir, 2024; Sharhabani-Arzy et al., 2003; Sherman, Sautter, Jackson, Lyons, & Han, 2006; Welİ & Salman, 2023). The lower reported rates of physical violence (38.9%) might reflect cultural or reporting biases, as physical violence can sometimes be underreported due to stigma or fear of reprisal (Danis, 2003; Johnson & Zlotnick, 2009; Juboori, 2023; Jukaku Tayeb, 2004; Khodavirdipour & Samadi, 2022; Mster Stud. Maleka & Almnaseer, 2021; Naji Sabri, 2022; Noorjan Adil Mahmood Damir, 2024; Sharhabani-Arzy et al., 2003).

In terms of psychological health outcomes, the study found that a significant portion of the participants exhibited severe levels of depression (49.4%), anxiety (55.0%), and stress (55.6%). These findings are in line with previous research indicating that exposure to domestic violence is strongly associated with adverse mental health outcomes (Bolsoy & Şen, 2020; Danis, 2003; Johnson & Zlotnick, 2009; Juboori, 2023; Kadhim, 2024; Mster Stud. Maleka & Almnaseer, 2021).

Table 3. Distribution of depression, anxiety, and stress

Condition	Mild [n (%)]	Moderate [n (%)]	Severe [n (%)]	Total (%)
Depression	10 (5.6)	81 (45.0)	89 (49.4)	100
Anxiety	3 (1.7)	99 (55.0)	78 (43.3)	100
Stress	3 (1.7)	77 (42.8)	100 (55.6)	100

Table 4. Overall post-traumatic stress disorder (PTSD)

PTSD level	n (%)	Mean ± SD
Low	132 (73.4)	62.622 ± 14.545
Moderate	48 (26.6)	
High	0 (0)	
Total	180 (100)	

PTSD: Post-traumatic stress disorder; SD: Standard deviation

The mild level of PTSD observed in 73.4% of the participants is somewhat unexpected, as other studies have documented higher PTSD rates among survivors of domestic violence (Al-Hayani, 2022; Assaf & Chaban, 2013; Bolsoy & Şen, 2020; Danis, 2003; Johnson & Zlotnick, 2009; Sharhabani-Arzy et al., 2003; Winkle & Safer, 2011). This discrepancy may be due to differences in the measurement tools used, cultural factors, or the varying degrees of trauma experienced by the participants.

The significant positive correlation between domestic violence and psychological health problems (P = 0.033) underscores the detrimental impact of domestic violence on women's mental health. This finding is consistent with the existing literature, which consistently shows that domestic violence is a significant predictor of depression, anxiety, and PTSD (Juboori, 2023; Kadhim, 2024; Sharhabani-Arzy et al., 2003; Sherman et al., 2006). The lack of significant relationships between domestic violence and certain demographic factors such as age and residency suggests that domestic violence affects women across different age groups and residential areas, indicating its pervasive nature (Bolsoy & Şen, 2020; Juboori, 2023; Jukaku Tayeb, 2004; Khodavirdipour & Samadi, 2022; Mster Stud. Maleka & Almnaseer, 2021; Noorjan Adil Mahmood Damir, 2024). Conversely, significant differences in domestic violence were observed concerning marital status, education level, and economic dependence, indicating that these factors may influence the risk of experiencing domestic violence.

This study has several limitations that need to be acknowledged. Firstly, using a non-probability (convenience) sampling method limits the generalizability of the findings. The sample may not be representative of all battered women in the Babylon Governorate, which introduces potential selection bias. Secondly, the reliance on self-reported data could result in self-report bias, where participants may underreport or overreport their experiences of violence and psychological health issues due to social desirability or fear of disclosure. Additionally, the cross-sectional nature of the study limits the ability to establish causality between domestic violence and psychological health outcomes. Longitudinal studies are needed to understand the temporal relationships between these variables better.

Based on the findings of study, several recommendations can be made for practice, policy, and future research. Firstly, healthcare providers should receive training to identify and support women experiencing domestic violence, with a particular focus on the psychological impacts. This could include the development of screening tools for use in healthcare settings to detect signs of abuse and mental health issues.

Table 5. Statistical differences in domestic violence by age

Age group	SS	df	MS	F	P-value
Between groups	1.290	3	0.430	1.908	0.130
Within groups	39.662	176	0.225		
Total	40.951	179			

SS: Sum of squares; df: Degree of freedom; MS: Mean square

Table 6. Statistical differences in domestic violence by related variables

Variables	Source	SS	df	MS	F	P-value
Marital status	Between groups	1.740	3	0.580	2.603	0.053
	Within groups	39.211	176	0.223		
Education level	Between groups	9.724	6	1.621	8.978	0.001
	Within groups	31.228	173	0.181		
Living situation	Between groups	1.737	4	0.434	1.938	0.048
	Within groups	39.215	175	0.224		
Residency	Between groups	0.241	2	0.120	0.524	0.593
	Within groups	40.711	177	0.230		
Economic dependence	Between groups	1.942	1	1.942	8.861	0.003
	Within groups	39.010	178	0.219		
Occupation	Between groups	4.200	3	1.400	6.704	0.001
	Within groups	36.752	176	0.209		

SS: Sum of squares; df: Degree of freedom; MS: Mean square

Secondly, policymakers should consider implementing and enforcing laws that protect women against domestic violence and provide them with access to support services such as counseling, legal aid, and shelters. Educational programs aimed at raising awareness about domestic violence and promoting gender equality could help address the cultural and social norms that perpetuate violence.

Future research should focus on longitudinal studies to establish causal relationships between domestic violence and psychological health outcomes. Additionally, there is a need for research on the effectiveness of various intervention strategies in reducing the prevalence of domestic violence and supporting the psychological rehabilitation of survivors. Further studies should also examine the role of cultural and social factors in shaping the experiences of domestic violence and its psychological impact on women.

Conclusion

This study highlights the high prevalence of domestic violence, particularly psychological violence, among women in the Babylon Governorate. The findings reveal a strong positive correlation between domestic violence and adverse psychological health outcomes, including depression, anxiety, and stress. The study underscores the need for targeted interventions to address domestic violence and its psychological consequences, emphasizing the importance of education, economic independence, and access to mental health services.

Conflict of Interests

Authors have no conflict of interests.

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