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FORMS OF AGGRESSION IN WOMEN EXPERIENCING VIOLENCE IN THEIR INTIMATE RELATIONSHIPS

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Summary

Objectives: To compare ways to express aggression in women who experienced various forms of intimate partner violence and in women without such history.

Methods: The severity and ways of regulating aggression were assessed with the Inventory of Psychological Syndrome of Aggression (IPSA) by Gaś. Information about various characteristics of violence (type, duration) was collected with a specifically designed questionnaire. Altogether 60 women were assessed, aged 19-59. Among them, 30 were in relationships characterized by partner violence, which lasted at least one year and included physical abuse (86%, n=26), psychological abuse (96%, n=29) and/or sexual abuse (16%, n=5). Thirty women without experiences of violence in their relationships were included as control group, matched by age, educational level, and relationship duration.

Results: Women with experience of long-term violence in relationships did not differ from the control group regarding the severity of aggression, desire to retaliate or the severity of explicit aggression. However, they obtained significantly higher scores in the dimensions of emotional and physical autoaggression, as well as of hostility. On the other hand, they expressed indirect aggression less often than women with no history of partner violence.

Conclusions: A proper diagnosis of intimate partner violence-related phenomena in relationships, aided by a systematic research on the occurrence of victimization, may provide valid data which could prove helpful in designing strategies for preventing violence and providing an appropriate treatment for women with such experiences.

intimate partner violence, women's aggression

Introduction

The psychopathology of aggression varies from over-self-criticism, through domination and the need of power with simultaneous approval of freedom and autonomy of a subject, experiencing pleasure with the conscious or subconscious need of causing pain to others and humiliating them, to its extreme forms related to the need of physical removal of a hated subject that can be expressed even by murder or suicide [1]. The creation, maintenance, disintegration and renewal of an intimate relationship are sources of the strongest emotions. "The temperature of hearth can be quite hellish" [2], it can be a place where different interests are clashing, where fight for power and dominance takes place, power and dominance in a very complex system with intertwined connections of belonging and responsibility.

Polish police statistics show that most of the times, a murderer is a family member of the victim. Similarly, the most common causes of suicide are fight within family or love heartbreak [3]. Experiencing violence is one of the risk factors that makes suicide more probable but it can also lead to self-infected harm and other forms of self-aggression [4-6], or can cause higher aggression levels in women [7, 8]. Results of, quite rare, studies on women's aggression are not coherent. One of the studies was designed to check for correlation between anger levels and following conflicts in a relationship. Anger was assessed during the day, for 56 days, in both partners. The study showed no difference in anger levels between women being in violent relationships and those who were not [9]. However, they were differentiated by the strategies of dealing with their own anger. Importantly, men who resorted to violence differed from men who did not; they were characterized by higher levels of reported anger, measured using the Positive and Negative Affect Scale (PANAS-X) [9]. The authors suggest that women's anger level may be a more important predictor of aggression between partners than men's anger level. An increase in men's daily anger level was connected to an increase in women's aggression, especially in relationships where the woman had reported high anger level before [9]. There are studies showing that women are using physical violence more often, but at the same time, they are sustaining more serious injuries than men [10]. Men are using more dangerous and risky forms of physical violence [11], and more often they result in negative health consequences [12], even in the death of their victim [13]. During their lifetime, more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) report violence used against them by their partner [14] (in Africa – 45.6%, in South-East Asia – 40.2%, in both Americas – 36.1%, and in Europe – 27.2%) [4].

The issue of domestic violence against women is not only a judicial or sociological problem. Women who experience violence are more likely to show up at their primary care

physician [15]. This issue affects around 3 to 13% pregnant women and causes many health problems for mothers and their children [12,16,17]. WHO [4] acknowledged that preventing violence against women is one of the priorities concerning health and called upon including psychological screening in the prenatal care system in order to improve health (also mental health) of women and their families [12]. Women who are experiencing domestic violence can develop a number of mental problems, most common are depression (including prenatal, prepartum, and postpartum depression), anxiety disorders, PTSD, and addictions [4,18-21].

Such a screening could help those experiencing violence to assess the nature of the experienced interactions and the associated risk level. The justification of perpetrators by victims of violence is an important predictor increasing the risk of both experiencing violence and its use [22]. Among the reasons of violence accepted by them are disobedience, refusal of intercourse, non-completion of housework in time, and suspecting the partner of infidelity [23].

The above summary of the very few studies about aggression expression in violence victims, and studies focusing on correlations between experiencing violence and increased self-harm tendencies (such as self-inflicted harm; exposing oneself to injuries, loss of health and life; suicides; addictions; lower self-esteem) shows that the problem of aggression in women experiencing domestic violence needs more attention. Results of such studies can make health experts (including mental health) more sensitive to the issue of aggression in women experiencing violence.

The report about gender gaps (The Global Gender Gap Report), made for the use of the World Economic Forum, claims that the smallest gender gap, i.e. the gap in access to education, may be leveled in the next 10 years [24]. The gender gap in politics (number of political positions), at today's speed of change, will be leveled in 82 years. But when it comes to economic differences, the gap will not disappear for the next 170 years [24]. At this speed of social change, it seems that work on women's individual motivation for guaranteeing personal safety is the best way of preventing injuries or even death. This can be achieved by working with women on accommodative forms of aggression expression (setting up boundaries, positive forms of realization).

Purpose

This study was focused on exploring problems of aggression expression in women who experience violence in their intimate relationship. This pilot study attempted to investigate the question: Is experiencing violence in intimate relationships associated with the intensity and way of expressing aggression in women?

Material

In total, 60 women were examined. The studied group consisted of 30 heterosexual women, that were under the care of institutions providing help to people in mental crisis. There was an individual meeting with people who agreed to take part in the study, during which the subjects could report possible discomfort associated with the recall of difficult, often traumatic memories. In the study group, 67% (n=20) women had basic and vocational education, and the remaining 33% (n=10) had full high school education. The studied women had experienced multiple and prolonged violence from their partners. The average time of violence in their relationships was over 11 years (SD=8.9), the longest being 39 years, and the shortest one year. 20% (n=6) of the women claimed that violence was present also in their family home. Beside one, all the women in this group (96%; n=29) experienced psychological violence, and 86% (n=26) experienced physical violence. Sexual violence was experienced by 16% (n=5) of the group.

Relationships were lasting relatively long, from 3 to 40 years, 16 years (SD=9.85) on average. The youngest studied woman was 19 years old, and the oldest was 59 years old (on average: 43 years old, SD=10.82). Most of their partners had basic or vocational education (80%, n=24), five of them had high school education (17%), and one of them had academical education (3%). Average time since the last incident of violence: over one year. 27% (n=8) of these women were experiencing violence for no longer than a month (at the beginning of the study), 27% (n=8) were experiencing violence for longer than half a year.

The respondents invited to participate in the control group, who declared that they have not experienced violence in relationships with their partners, were recruited in the school and kindergarten that their children attended, with the consent of the management.

An additional criterium, which was deciding in including a person in this group, was the lack of violence in everyday life, not only in their relationship. This criterium excluded 7 women who revealed cases of violence in their questionnaire – violence in their family home, sexual violence outside their relationship, or abuses in supervisor-subordinate relations. In the studied control group, 67% (n=20) women had basic and vocational education, and the remaining 33% (n=10) had high school education. The studied women in this group were between 22 and 54 years old (on average: 38 years old, SD= 9.74). Their partners were between 23 and 57 years old (on average: 41 years old, SD= 10.68), 70% of them had vocational education, and 30% had high school education. The participants of the studied groups (women that have experienced violence in their relationships and women who have not) did not differ significantly when it

comes to age, education and time of their relationships. This was a result of choosing the control group according to the rule of so-called combined choosing. Women who experienced violence had, however, statistically significantly more kids (on average: more than two, SD= 1.34, versus more than one in the non-violence group, SD= 0.6) (p= 0.03) and their partners had lower education (p= 0.02) than partners of women from the control group.

Method

For the purpose of this study, a personal questionnaire was prepared. It included questions about basic demographic data (age, education, number of children, the partner's age and education, length of relationship) and violence characteristics (length and type of violence, period of time since the last act of violence, experiences of violence outside the relationship).

The Inventory of Psychological Aggression Syndrome (I.P.S.A.) of prof. Gaś [25] was used in order to determine a baseline for aggression intensity and typical ways of expressing it in both groups. I.P.S.A. defines aggression as "a system of past experiences, attitudes, and behaviors, the purpose or result of which (intended or unintended) is to do harm (directly or indirectly) to other people or to oneself. Aggression syndrome includes conscious and unconscious aggressive tendencies directed towards others and towards oneself, both expressed and just experienced" [25, p.143]. The I.P.S.A. scale measures the intensification of aggression syndrome which is made up of 10 subscales, the direction of aggression, and also ways of expressing it. **The Scale of Self-Aggression** [S] is built from subscales of **emotional self-aggression** (scale I) and **physical self-aggression** (scale II). Emotional self-aggression is expressed by things like negative self-assessment, degrading oneself, or having suicidal thoughts. Physical self-aggression is expressed by causing pain to oneself, inflicting self-inflicted injuries or suicide attempts. **Concealed aggression** [U] is the sum of scores on **hostility towards the environment** (scale III) and **subconscious aggressive tendencies** (scale IV). Hostility towards the environment is manifested by distrust, suspicion and negative attitude toward others. Subconscious aggressive tendencies may be expressed by socially accepted behaviors that are a way of demonstrating one's power or supremacy. **Aggression directed outwards** [Z] is the sum of scales of **relocated aggression** (scale V), **indirect aggression** (scale VI), **verbal aggression** (scale VII), and **physical aggression** (scale VIII). Aggression is relocated to less threatening objects. Indirect aggression is exercised by making fun of others, gossiping. Verbal aggression is expressed by quarrel, complaining, cursing. Physical aggression is expressed by hitting a person that is the object of one's aggression impulses. Additionally, the questionnaire includes a **scale of revenge tendencies** (scale O) that measures the intensity

of vindictiveness and tendencies to justify one's aggression by the need to defend oneself. Another scale is the **gauge of control over aggressive behavior** (scale K). The questionnaire's reliability was checked with estimation of the absolute stability method (for women it is 0.94; $p<0.001$), and diagnostic accuracy was tested by correlating it with Buss-Durkee Aggression Scale (0.87 for women; $p<0.001$) [25].

Data analysis

All calculations were done using Statistica 12.5 packet, Polish edition.

Statistical significance was set at $\alpha=0.05$. Due to the characteristic of the variable (education) or distribution disconformity of quantitative variables with normal distribution (Shapiro-Wilk test), Mann-Whitney U test was used to analyze differences between groups, and correlations were estimated with Spearman's rho rate.

Results

Table 1. **Differences in aggression expression between the group of women who have experienced violence and the control group.**

Mann-Whitney test *p < 0.05	Total of ranks Studied group n=30	Total of ranks Control group n=30	U	Z corrected	p
Forms of expressing aggression					
Emotional self-aggression*	1115.50	714.50	249.50	2.973	<0.003
Physical self-aggression*	1051.00	779.00	314.00	2.085	0.037
Hostility towards environment*	1137.50	692.50	227.50	3.302	<0.001
Subconscious aggressive tendencies	937.50	892.50	427.50	0.331	0.740
Relocated aggression	1020.00	810.00	345.00	1.584	0.113
Indirect aggression*	772.50	1057.50	307.50	-2.126	0.033
Verbal aggression	845.50	984.50	380.50	-1.026	0.305
Physical aggression	950.50	879.50	414.50	0.554	0.579
Control of aggressive behaviors	926.00	904.00	439.00	0.155	0.876
Revenge tendencies	861.00	969.00	396.00	-0.793	0.427
General level of syndrome intensity	966.00	864.00	399.00	0.746	0.455
Direction of aggression					
Self-aggression*	1111.00	719.00	254.00	2.901	<0.004
Concealed aggression*	1051.50	778.50	313.50	2.017	<0.044
Aggression directed outwards	875.50	954.50	410.50	-0.577	0.564

Women who have experienced acts of violence by their partners directed their aggression toward themselves significantly more often, especially in the form of emotional, but also physical, self-aggression (Table 1). They also more often expressed it in a concealed form by experiencing people around them as hostile. They expressed their aggression in an indirect form (gossiping, denouncing, laugh at others) less often than women who have not had such experiences (Table 1).

Table 2. **Correlations between demographic data and forms of aggression in women who reported violence in their relationship (n=30).**

Correlation of Spearman's ranks; *p <0.05	Age	Education	Length of relationship	Length of violence	Partner's age	Partner's education
Forms of expressing aggression						
Emotional self-aggression	-0.16	-0.24	-0.14	-0.24	-0.12	-0.11
Physical self-aggression	-0.02	-0.08	-0.02	-0.19	0.09	-0.07
Hostility towards environment	-0.42*	-0.45*	-0.31	-0.18	-0.33	-0.33
Subconscious aggressive tendencies	-0.58*	-0.62*	-0.48*	-0.41*	-0.53*	-0.44*
Relocated aggression	-0.26	-0.02	-0.08	-0.23	-0.29	0.04
Indirect aggression	0.11	0.33	0.09	0.10	-0.07	0.07
Verbal aggression	-0.10	0.06	0.01	0.12	-0.34	-0.01
Physical aggression	-0.21	-0.01	-0.13	0.02	-0.07s	-0.22
Control of aggressive behaviors	0.18	0.07	0.04	0.08	0.30	0.33
Revenge tendencies	-0.30	-0.17	-0.28	-0.16	-0.33	-0.25
General level of syndrome intensity	-0.30	-0.18	-0.18	-0.18	-0.35	-0.24
Direction of aggression						
Self-aggression	-0.11	-0.17	-0.09	-0.24	-0.05	-0.07
Concealed aggression	-0.55*	-0.59*	-0.42*	-0.30	-0.50*	-0.43*
Aggression directed outwards	-0.16	0.10	-0.06	-0.03	-0.28	-0.04

Table 3. **Correlations between demographic data and forms of aggression in women who did not report violence in their relationship (n=30).**

Correlation of Spearman's ranks; *p <0.05	Age	Education	Length of relationship	Partner's age	Partner's education
Forms of expressing aggression					
Emotional self-aggression	-0.20	-0.51*	-0.22	-0.16	-0.37*
Physical self-aggression	-0.07	-0.25	-0.03	-0.06	-0.20
Hostility towards environment	-0.10	-0.09	-0.02	-0.08	-0.26
Subconscious aggressive tendencies	-0.18	-0.04	-0.01	-0.11	-0.11
Relocated aggression	-0.34	-0.19	-0.19	-0.28	-0.25
Indirect aggression	-0.17	-0.07	-0.19	-0.20	-0.04
Verbal aggression	-0.04	-0.20	-0.04	-0.06	0.01
Physical aggression	-0.26	-0.47*	-0.26	-0.28	-0.17
Control of aggressive behaviors	0.35	0.32	0.37*	0.37*	0.39*
Revenge tendencies	-0.20	-0.27	-0.19	-0.27	-0.26
General level of syndrome intensity	-0.30	-0.38*	-0.26	-0.31	-0.34
Direction of aggression					
Self-aggression	-0.22	-0.51*	-0.22	-0.18	-0.37*
Concealed aggression	-0.24	-0.27	-0.16	-0.24	-0.34
Aggression directed outwards	-0.27	-0.22	-0.23	-0.28	-0.09

Older, better educated women who have experienced violent acts from their partners, expressed concealed forms of aggression less often (hostility towards the environment and subconscious aggressive tendencies) (Table 2). The longer their relationship and violence were lasting, and the older and better educated their partner was, the less often they were expressing their aggression by subconscious aggressive tendencies, like for example peaceful display of superiority (Table 2).

Better educated women that have not experienced violence in their relationship were less aggressive, especially less self-aggressive (including emotional aggression) and less physically aggressive (Table 3). Women from the control group that were in a relationship for a longer time and with older, better educated partners, were better at controlling their aggressive behaviors (Table 3). Women from the control group that were in relationships with better educated men were less self-aggressive (especially emotionally) (Table 3).

Results analysis

Results of studies designed to examine if women who have experienced violent acts from their loved ones [7, 9, 26] are more aggressive than women that have not experienced such acts, are discrepant. In this study, women that have experienced violence in intimate relationships did not show signs of generally heightened aggression (measured by prof. Gaś's scale). However, in a study using Buss's questionnaire, women that have experienced domestic violence showed a higher aggression level than women who have not. Additionally, results on the scales of physical and verbal aggression, anger and hostility were above average [7]; similarly, the frequency of using verbal aggression was higher [25]. Differences between these results might be explained by issues like demographics, influence of education level and age, or intensity of experienced violence [27]. In our studied group, 67% women had basic or vocational education, the rest of them have finished their education after high school.

The intensification of violence between partners is associated with the intensification of the domination of one of the parties [28]. Domination was examined using the self-descriptive method (Dominance scale of the Personal and Relationships Profile) and was expressed through power (one of the partners had more decision-making power), restrictiveness (the right to interfere in the behavior of the other party, even if the behavior did not directly concern the partner), discrediting (underestimation and general negative assessment of the partner's value). The domination of both men and women was related to the mutual aggression of both partners, but the effect was stronger with female domination. Female domination, more than male domination, was more strongly associated with the occurrence of violence against women. In

addition, the likelihood of violence from men was similar regardless of whether the woman's domination was estimated as high or medium. This is coherent with results of other studies that proved that an increase of gender equality and individualism is shifting statistics of domestic violence – a decreasing victimization of women and an increasing victimization of men is observed [29].

Even though intensification of anger in women is correlated with heightened tension between partners [9], it seems that the form of expressing it might be an important factor in creating and maintaining violence in a relationship. The level of self-aggression turned out to be the most significant difference between the two groups. Levels of self-aggression, both emotional and physical, as well as concealed aggression and hostility towards the environment were higher for women reporting domestic violence. According to the author of the IPSA questionnaire, people who score high in the self-aggression scale can be characterized by low self-esteem, presenting themselves in a bad way, oversizing their disadvantages and difficulties; they also direct aggression to themselves by degrading themselves and thinking of various forms of self-destruction. Physical self-aggression is manifested by a lack of constructive skills to deal with anger, and by tendencies to release tension by inflicting self-harm, causing physical pain to themselves, or suicidal trials.

Anna Freud [30] and Sandor Ferenczi [31] tried to describe intrapsychic mechanisms of dealing with aggression caused by people who are the source of dependency. They used a construct of introjection/identification with the aggressor, which, among others, is expressed by internalizing the self-image that is forced by the aggressor – an aggressor who very often tries to justify his/her aggression and denies his/her dependence from the victim. The victim sees themselves and the surrounding world through the aggressor's eyes in order to minimize the threat. The victim indiscriminately accepts the reality description provided by the aggressor, develops unrealistically low self-esteem, and undermines his/her expertise. At the same time, the oppressor, who's self-esteem is correlated with levels of submissiveness and the elimination of sovereignty of his/her victim, develops unrealistically high self-esteem. A long-time, even life-threatening relationship with an oppressor can have a paradoxical effect in form of a victim's addiction and attachment to his/her oppressor, and the loss of the victim's trust in outside, non-violent relations [32].

Other terms used to describe this specific relationship with an oppressor are: "traumatic bond", "paradoxical bond", "bonds of trauma" or "battered wife syndrome", "victim syndrome", "Stockholm syndrome". Changes like an increase of mistrust in relationships with others, self-isolation, emotional changes in form of persistent dysphoria, self-aggression (acute

suicidal thoughts and tendency to self-mutilation), impulsiveness, or pathological suppression of anger are a part of complex PTSD [33].

In the studied group, concealed aggression was manifested mostly as hostility towards the environment and was expressed by a lack of trust, being suspicious of others, strong feelings of being used and unappreciated by others, and projecting one's hostility to other people. Women that have experienced violence less often expressed aggression in an indirect form, for example by gossiping, complaining, laughing, criticizing and treating others unfairly [25], probably because they expected revenge.

Prof. Gaś [25] stated that the probability of concealed aggression gets higher when aggressive behaviors are being suppressed. When factors that block direct aggression are present (outside factors), indirect aggression will increase. If these factors are limited to an individual's morality, self-aggression is more probable. Self-aggression can also appear when other aggressive behaviors cause more violence than self-aggression [25].

In this study, women that have experienced domestic violence (especially those who were younger and had lower education) were significantly keener on perceiving others as hostile, at the same time they were less keen on judging others badly. The longer a relationship or violence lasted, the less often women showed their superiority – they were using subconscious methods of relieving aggressive tendencies. While being in a long-lasting relationship where violence occurred, women less often used concealed forms of aggression that can be manifested as non-conflict, acceptable, and unpunishable aggressive activities. However, women from the control group that were in long-lasting relationships were better at controlling their aggression.

In other studies, the intensification of violence turned out to be strongly correlated with the length of both the self-destructive process and the relationship [34]. Changes in victims' mental states after separating them from their oppressors were also studied. Mood and level of personal satisfaction increase in women that have been separated from abusive men [35]. Separating a victim from their oppressor for longer than 6 months lowers PTSD symptoms significantly, especially for people who have experienced less acute symptoms. Women with chronic PTSD experience less improvement and are more likely to go back to an abusive partner [36]. This may suggest that there is a specific amount of time after which help is less effective and changes in emotional or interpersonal functioning more permanent.

Violence in the family home is a very important risk factor that can predispose a person to become revictimized in a partnership relation [37, 38] and is an important predictor of self-aggression [39]. In our study, 20% (n=6) of women who reported domestic violence also

reported violence in their childhood families. Aversive experiences in their families may influence a wide range of inner factors (regulating emotions, ways of attachment, self-esteem, assertiveness, sense of guilt and shame) and aggressive behaviors that may lead to a conflict-based partnership [27, 40].

Studying both parties of a violent relationship might turn out to be very valuable. A couple's aggression may be connected to both partners' characteristics, with their personalities, psychopathology, social influences, and developmental phase [41]. Especially symptoms of depression are important risk factors for violence, both for women reporting violence and men using violence in a relationship [42]. They cause, especially in men, intensification of hostility and impulsiveness, what later leads to higher risk of aggressive responses [43, 44]. Because of that, analyzing ways of processing and intensification of aggression should be a fixed element of diagnostics, both psychiatric and psychotherapeutic, and should be seen as an important element in the dialog with patients.

This study is limited by a low number of participants. Nonetheless, statistically significant data in variants and correlations were obtained. When interpreting the results, the self-describing nature of the used questionnaires should also be considered which, due to the impossibility of objectification of the studied facts, might have kept some aspects unexplored.

Conclusions

It is worth to relate the obtained results to possible ways of psychotherapeutic work with women that experience violence in their relationships. Working on abilities to handle negative feelings in a constructive way, without denying them, or redirecting them to oneself, as well as attributing anger and aggression to others, seems to be an important part of this help. The presence of distrust, doubt in others (also people who try to help), and seeing them as hostile may be factors that can make treatment and establishing a solid therapeutic relationship harder. Work that aims at making a patient realize her projection and the fact that she ascribes violent tendencies to others, but also acknowledging her own aggression, which is directed at herself, and trying to resolve various forms of self-depreciation, attacking herself, destroying her self-respect, whether psychological or physical, are important steps towards a change. Self-aggression might cause degradation of women's mental state, make them neglect their somatic health, it can also maintain a harmful relationship by making women justify harm caused to them by others. The next step should focus on making a patient feel inner disagreement and objection to harming herself (changing ego-syntonic symptoms to ego-dystonic ones). Changing the way of experiencing, identifying and defusing aggressive impulses will demand

from women in therapy a search for ways of adequate processing of destructive impulses. From the clinical practice point of view, mechanisms of idealization and devaluation seem relevant for the distribution of aggressive impulses. A proper diagnosis of issues created in such relationships, especially processes that involve both parties, supported by systematic studies of the victimization problem, may provide credible data, that may become a fundament for the strategy against violence and treatment for people who experience it. Working on issues of experiencing aggressive impulses may help people who experience them to set safe, unbreakable personal boundaries that will be helpful in keeping them safe.

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