



## Family violence influences mental health of school girls in Iran: Results of a preliminary study

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### ABSTRACT

**Introduction:** The family plays the first and may be the most important role in the development of individuals' personality, health and function. The current study aimed to evaluate different aspects of violence against a sample of school girls of Iranian population and its effect on their mental health.

**Methods:** A cluster, randomized sample consisting of 399 school girls was selected from all of the high schools in Tabriz city, northwest of Iran. Students were asked to participate in this study anonymously. Signs and symptoms of depression and anxiety were assessed by the General health questionnaire-28 (GHQ-28) measuring their social function and physical situation as well. Another inquiry form involving questions about different kinds of violence and neglect gathered information about their situation during the recent year.

**Results:** The mean (SD) age of the students was 14.9 (0.8) and all were under 18. The mean (SD) total score of GHQ-28 was 24.18(13.61). The sub-threshold score in GHQ-28 (under 23) was observed in 44.1% of students which indicates considerable problems in mental health status. The type of reported violence was not significantly associated with an abnormal score of GHQ-28.

A higher score of somatic symptoms was related to verbal violence at home by parents and the educational level of mother. High score on social dysfunction was predicted by lower educational level of mother. The depression scale was related to humility, neglect and discrimination at home. The factors were not predicting the score of anxiety or insomnia subscales.

**Discussion:** The current study observed a noticeable amount of problems in the mental health of teenage girls in a sample of the Iranian population. The educational level of the mother plays an important role in the mental health of school girls.

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### 1. Introduction

Family violence is a wide spread problem with numerous features and consequences. This condition has the wide range of physical, verbal, sexual and psychological aspects occurring with some differences among communities. The mental health of the children witness to or victimized by such conditions is deeply influenced as well as their parents.

As reported by several epidemiologic studies, child abuse is mostly associated with an intimate partner. Exposure to family violence during childhood is well studied in some countries. Theoretically, the valuable sense of security and protection will not grow in such environment. The consequences seem to be demonstrated during different periods of life, either in victims

of violence or witnesses to it. Childhood exposure to family violence is reported to be associated with their further psychosocial functioning during adolescence (Ritter et al., 2002). Studies also report that several behavioral problems and a history of family violence continue to affect the victim later in adulthood and is associated with an increased risk of nonreciprocal and reciprocal intimate partner violence (McKinney et al., 2009).

Violence against women crosses all ethnic, economic and social levels. Cross-cultural research reveals that certain categories of children, such as children with certain psychiatric conditions (Alizadeh et al., 2007) and females, are more vulnerable to maltreatment in many countries (Finkelhor and Korbin, 1988; Vameghi et al., 2010). A population-based survey revealed that childhood experiences of abuse and of witnessing family violence plays an important role in women's current risk for intimate partner violence, poor physical health, and frequent mental distress (Bensley et al., 2003).

The data about prevalence, different aspects of and significances of family violence is lacking seriously in Iran. This topic may

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be more complicated considering the variety of cultures within this country and therefore, their different approaches toward the family unit, relations, priorities and methods for problem solving. The objective of this study was first to evaluate the prevalence of exposure to family violence in a sample of female adolescents in this community, and then to evaluate its effect on their physical and mental health condition.

## 2. Methods

### 2.1. Subjects and the protocol

This was a cross-sectional study evaluating school girls in high schools of Tabriz, capital city of East Azerbaijan province. The majority of the population in this province has Azeri ethnic background, thus the sample is believed to have a unique cultural background. According to a pilot study using the designed family violence questionnaire, the sample size was estimated to be at least 380 individuals.

The study sample was selected using a randomized clustering method by selecting 6 clusters from 6 high schools around the city. The study was approved by the regional ethic committee and the authorities of ministry of education in the province licensed for the process. Following the agreement of the parents-school collaboration of each school, a detailed explanation about the study was given by a trained and supervised research assistant to the students. The explanation included the privacy of students in giving answers by assuring that their names would not be listed on the questionnaires. All participants gave written informed consent.

### 2.2. Questionnaires

The General Health Questionnaire-28 (GHQ-28) measured current mental health using a Likert scoring style (0-1-2-3). The GHQ-28 is a well-known instrument for measuring minor psychological distress and has been validated for use in the Farsi language (Montazeri et al., 2003). The scaled version of the GHQ-28 has been developed on the basis of four principal components evaluating somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. The threshold for GHQ-28 was set at 23/24 (Goldberg et al., 1997), however some researchers suggest the use of median score as threshold (Willmott et al., 2004).

A family violence questionnaire was arranged and validated at the Department of Psychiatry, Tabriz University of Medical

Sciences, Tabriz, to gather the estimated information about different aspects of family violence. This questionnaire consisted of 18 questions about physical (4 questions), psychological (9 questions), or sexual (2 questions) abuse, neglect (2 questions) and one general question concerning the student either being victimized or witnessing victimization within the family. The answers consisted of “usually”, “often”, “sometimes” and “seldom”.

### 2.3. Analysis

All data were coded and then analyzed by the Statistical Package for the Social Sciences (ver. 17). Chi-square and independent samples *t* test were used where appropriate. A logistic regression model was used to examine the prognostic value of studied variables for a decrease in general health status. Data are expressed as the mean  $\pm$  SD. Statistical significance was defined as  $p < 0.05$ .

## 3. Results

The entire selected sample agreed to participate. Drop out was about 5% and mostly regarding the General Health Questionnaire-28 (GHQ-28), as participants had a “no answer” choice in questions about violence. Complete answers to the questionnaires were available from 399 school girls.

The mean (SD) age of the students was 14.9 (0.8) years and all aged between 12 and 18. Mothers and fathers of the students were reported to be postgraduates in 37.3% and 33.1% in that order. The median number of siblings was 2.

Results of the questions about family violence are described in Table 1. The question about an overall evaluation about family violence was answered in most. The other questions were answered in about 80% of the sample but the questions about sexual abuse had no answer in almost half.

From the total of 399 students, 9.7% answered “usually” or “often” to their general evaluation of being abused at home which was compatible with the further detailed questions. Psychological abuse was reported by 23.6% of them by a “usually” or “often” answer to at least one question in this category. A similar answer was given by 4.7% of students about neglect and by 2.3% about sexual abuse. The rate for sexual abuse reaches 11.8% considering the answer “sometimes” as well.

The mean (SD) total score of GHQ was 24.18(13.61). The sub-threshold score in GHQ (i.e. under 23) was observed in 44.1% of students which indicates considerable problems in mental health

**Table 1**  
Results of the questions about violence at home and the reported frequencies as *n*(%).

	Frequency				No answer
	Usually	Often	Sometimes	Seldom	
<b>Overall violence at home</b>	11(2.9)	26(6.8)	86(22.5)	260(67.9)	16(4.0)
<b>Abusive language</b>	11(3.0)	31(8.3)	91(24.5)	239(64.3)	27(6.7)
Abusive language by mother	14(4.0)	17(4.9)	71(20.4)	246(70.7)	51(12.7)
Abusive language by father	15(1.5)	18(5.5)	51(15.7)	201(77.2)	74(18.5)
Witnessing abusive language	14(4.0)	25(7.2)	88(25.3)	221(63.5)	51(12.7)
<b>Physical abuse</b>	8(2.3)	8(2.3)	77(22.5)	249(72.8)	57(14.3)
Witnessing physical abuse	10(3.0)	16(4.8)	76(22.7)	233(69.6)	51(12.7)
Corporal punishment by mother	8(2.4)	9(2.7)	80(23.7)	240(71.2)	62(15.5)
Corporal punishment by father	4(1.3)	3(1.0)	53(17.2)	249(80.6)	90(22.5)
Corporal punishment by siblings	12(3.5)	31(9.0)	94(27.2)	208(60.3)	54(13.5)
<b>Humiliation</b>	13(3.6)	32(8.9)	79(21.9)	237(65.7)	38(9.5)
Witnessing humiliation	10(2.9)	26(7.6)	76(22.1)	232(67.4)	55(13.7)
Humiliation by mother	14(4.0)	20(5.8)	77(22.2)	236(68.0)	52(13.0)
Humiliation by father	10(2.9)	26(7.6)	76(22.1)	232(67.4)	55(13.7)
<b>Discrimination</b>	14(1.4)	23(6.8)	72(11.3)	229(67.8)	61(15.2)
<b>Unkindness</b>	18(5.2)	19(5.5)	74(21.6)	232(67.6)	56(14.0)
<b>Neglect</b>	17(5.0)	17(5.0)	87(25.4)	221(64.4)	57(14.2)
<b>Sexual abuse at home</b>	2(1.1)	2(1.1)	19(10.7)	104(87.0)	222(55.6)
<b>Sexual abuse out of home</b>	5(2.5)	2(1.0)	17(8.4)	178(88.1)	197(46.3)

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