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ANGER STATE ASSESSMENT OF VICTIMS OF INTIMATE PARTNER VIOLENCE

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Abstract

Intimate partner violence (IPV) is a global public health issue, with approximately one in three women experiencing physical or sexual violence from their partners. This study aims to analyze the prevalence and types of IPV in Ordu, to identify victim and perpetrator risk factors, and to investigate the relationship between IPV and anger expression styles by comparing IPV victims with a control group. IPV risk was determined using the HITS (Hurt, Insult, Threaten, Scream) screening tool ($\geq$ 10 score defining the case group), and participants completed a sociodemographic questionnaire and the Trait Anger-Anger Expression Style Scale. While the overall Trait Anger-Anger Expression Style Scale scores did not differ significantly between IPV victims and controls ($t = 1.54$, $p > 0.05$), IPV victims exhibited significantly higher trait anger scores ($t = 2.01$, $p = 0.04$). Our findings suggest that IPV victims internalize anger rather than expressing it outwardly, particularly in cases of economic and sexual violence. This internalization may be influenced by sociocultural norms and economic vulnerabilities, leading to psychological distress and difficulty in emotional regulation.

Key words: intimate partner violence, anger expression, economic violence, sexual violence

Introduction. IPV remains one of the most pressing global public health concerns, with approximately one in three women experiencing physical or sexual violence by a partner during their lifetime [1]. Studies have reported wide variations in IPV prevalence, with rates ranging from 15% to 71% globally [1], and 35% in Turkey [2]. In the United Kingdom alone, an estimated 15.4 million cases of

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domestic violence are recorded annually [3], and 1.8% of emergency department admissions are directly attributed to IPV [4]. IPV has profound psychological and behavioural consequences, with victims frequently experiencing depression, post-traumatic stress disorder (PTSD), substance abuse, and suicidal ideation [5]. Anger is a fundamental emotional response to trauma, yet victims may exhibit different anger expression styles, ranging from anger suppression (anger-in) to externalized aggression (anger-out). Despite the established link between anger and violence, many victims fail to acknowledge their struggles with anger management, leading to suppression and emotional dysregulation.

This study aims to fill this gap by systematically evaluating the anger expression patterns of IPV victims compared to a control group. Specifically, it will assess how different forms of IPV (e.g., economic, psychological, and sexual violence) influence trait anger levels and expression styles.

Material and methods. This case-control study was conducted at Ordu University Training and Research Hospital Forensic Medicine Outpatient Clinic between August 15, 2023, and January 15, 2024, to examine anger expression patterns among IPV victims compared to a control group. The case group consisted of individuals aged 18 and older who sought medical consultation at the forensic outpatient clinic due to IPV. The control group included age- and sex-matched individuals who either presented to the same outpatient clinic for non-IPV-related reasons or were hospital personnel willing to participate in the study. All participants were screened using the Hurt, Insult, Threaten, Scream (HITS) Scale, a validated four-item tool designed to assess intimate partner violence (IPV) exposure [6]. Both groups completed a structured sociodemographic questionnaire collecting data on age, gender, marital status, education level, occupation, income status, number of children, and health insurance coverage. To evaluate anger regulation and expression patterns, all participants completed the Trait Anger-Anger Expression Style Scale, a 34-item, four-point Likert-type instrument developed by Spielberger et al. [7] and adapted into Turkish by Özer [8].

The Shapiro–Wilk test was applied to assess the normality of continuous variables. Descriptive statistics were applied, and categorical data were compared using the chi-square test. The Student's t-test was used for the comparison of two independent groups One-way ANOVA test was used to compare three or more groups. The study received ethical approval from the Ordu University Ethics Committee (Approval Date/Number: 04.08.2023/209), and all participants provided written informed consent before participation.

Results. The gender distribution in the case and control groups was equal, with 86.66% ($n = 39$) being female and 13.33% ($n = 6$) being male. The mean age of the case group was 36.29 ± 11.53 years, while the mean age of the control group was 33.67 ± 10.28 years. A statistically significant difference was found between the groups concerning education level, occupation, income status, number of children, and the presence of health insurance ($p < 0.05$) (Table 1).

Table 1

Sociodemographic characteristics of case and control samples

Variable	Case		Control		χ^{2*}	p
	Freq. (n)	**%**	**Freq. (n)**	**%**		
Profession					22.52	$\mathbf{p < 0.01}$
Housewife	21	46.7	4	8.9		
Unemployed	7	15.6	10	22.2		
Civil servant	6	13.3	23	51.1		
Private sector	11	24.4	8	17.8		
Education					23.22	$\mathbf{p < 0.01}$
Primary school	13	28.9	7	15.6		
Secondary school	9	20.0	2	4.4		
High school	16	35.6	7	15.6		
Undergraduate degree or higher	7	15.6	29	64.4		
Financial situation					29.24	$\mathbf{p < 0.01}$
No income	15	33.3	3	6.7		
< 5000 TL**	4	8.9	0	0		
5000–10000 TL	10	22.2	6	13.3		
11000–20000 TL	10	22.2	13	28.9		
20000–30000 TL	1	2.2	17	37.8		
> 30000 TL	5	11.1	6	13.3		
Health insurance					13.61	$\mathbf{p < 0.01}$
Yes	29	64.4	43	95.6		
No	16	35.6	2	4.4		
Children					11.81	**0.01**
0	8	17.8	22	48.9		
1	8	17.8	5	11.1		
2	17	37.8	8	17.8		
3	7	15.6	8	17.8		
> 4	5	11.1	2	4.4		

*χ^2: Chi-square, **TL: Turkish Lira

Among IPV victims, 69% (n=31) were most frequently subjected to violence by their spouses, and the majority experienced multiple forms of violence. When individual types of violence were examined, psychological violence was the most prevalent (97.77%, $n = 44$), followed by economic violence (66.66%, $n = 30$), sexual violence (33.33%, $n = 15$), and one-sided persistent stalking (35.55%, $n = 16$). The most commonly reported physical attack methods were shaking, beating, and assault (19.30%, $n = 33$), while the most frequently applied psychological violence method was "mistreatment and harassment by the perpetrator" (11.78%,

$n = 35$). The most common form of economic violence was the perpetrator not providing the victim with sufficient financial support (21.28%, $n = 20$). The most frequently reported type of sexual violence was forced sexual intercourse (41.18%, $n = 14$).

The rate of first-time applications to a healthcare institution due to IPV was 64.44% ($n = 29$), with 69% ($n = 29$) of victims stating that the most common place of violence was the home, and 51.1% ($n = 23$) of IPV victims reported that their children witnessed the violence. Additionally, 10.53% ($n = 18$) of victims stated that they had been threatened with death by the perpetrator, and 22.22% ($n = 10$) of the case group reported that the perpetrator possessed a firearm.

Although no statistically significant difference was found between the total Trait Anger-Anger Expression Style Scale scores of the case and control groups, the mean scores of the case group were significantly higher than those of the control group in the Trait Anger Subscale ($t = 2.01$, $p = 0.04$) (Table 2).

Table 2

Comparison of the average scores of the case and control groups from the trait anger-anger expression style scale and its subscales

		n	Mean ± SD*	t**	p
Trait anger scale					
	Case	45	21.18 ± 5.61	2.01	0.04
	Control	45	18.82 ± 5.45		

SD*: Standard deviation, t**: t-test

Among those without health insurance, the Trait Anger Subscale score was significantly higher than among those with health insurance ($t = -0.73$, $p = 0.03$). Furthermore, it was observed that there were statistically significant differences in scores on this subscale in relation to the educational level of the participants ($F = 3.55$, $p = 0.02$) (Table 3). In the Tukey multiple comparison test, conducted for educational status, secondary school graduates had significantly higher Trait Anger Subscale scores compared to other educational levels ($p < 0.05$).

Victims exposed to economic violence had significantly higher scores on the Trait Anger-Anger Expression Style Scale ($t = 2.69$, $p = 0.01$), the Trait Anger Subscale ($t = 2.54$, $p = 0.01$), and the Anger-In Subscale ($t = 2.62$, $p = 0.01$). Additionally, victims of sexual violence had significantly higher Anger-In Subscale scores ($t = 2.25$, $p = 0.02$) (Table 4).

Discussion. There are studies in the literature on reactions and mental states such as depression, anxiety attacks, anger, sleep problems, shame, guilt, feeling of victimization, unhappiness, confusion, disappointment, hurt, frustration, low self-esteem, difficulty in establishing relationships with other men, etc. in IPV victims [9]. Abraham and Freud suggested that anger may play an impor-

Table 3

Comparison of the mean scores of the trait anger-anger expression style scale and its subscales in the case group according to bivariate sociodemographic data

		n	Mean ± SD	F^* and t^{**}	p
Trait anger scale					
	Primary school and lower	13	19.92 ± 6.34	3.55*	0.02
	Secondary school	9	26.22 ± 5.01		
	High school	16	19.94 ± 4.93		
	Undergraduate degree and higher	7	19.86 ± 2.91		
	With health insurance	29	19.86 ± 4.44	−0.73**	0.03
	No health insurance	16	23.56 ± 6.79		

*F: Tukey test, **t: t-test

Table 4

Comparison of the mean scores of the trait anger-anger expression style scale and subscales according to the types of violence to which the case group was exposed

		n	Mean ± SD	t	p
Trait anger-anger expression scale					
Economic violence	Yes	30	81.57 ± 11.03	2.69	0.01
	No	15	71.87 ± 12.09		
Trait anger scale					
Economic violence	Yes	30	22.60 ± 5.53	2.54	0.01
	No	15	18.33 ± 4.76		
Anger-in subscale					
Economic violence	Yes	30	18.93 ± 3.58	2.62	0.01
	No	15	16.00 ± 3.42		
Sexual violence	Yes	15	19.67 ± 2.84	2.25	0.02
	No	30	17.10 ± 3.90		

tant role in the emergence of depression. Later psychoanalytic theorists defined depression as anger directed at oneself. Furthermore, theorists believed that anger was the source of self-doubt, self-criticism, and feelings of worthlessness. A study on women and anger revealed that depressed women experienced more anger than non-depressed women. However, it has been suggested that suppressing anger exacerbates depression [10]. It has also been proven that anger consists of three levels [11, 12]:

A) The cognitive level, where anger arises from perceptions of injustice, frustration, or perceived threat [13, 14]. The findings of this study suggest that IPV

victims, particularly those experiencing economic violence, may develop cognitive distortions such as internalized blame, helplessness, and hypervigilance, reinforcing suppressed anger. The heightened anger-in scores observed in IPV victims may reflect a maladaptive cognitive response where external threats are internalized due to fear of retaliation or cultural constraints.

B) The somato-emotional level, where anger manifests physiologically through chronic stress responses, tension, and emotional dysregulation. IPV victims often exhibit elevated physiological arousal, including increased cortisol levels, heightened startle responses, and autonomic nervous system dysregulation, all of which are associated with prolonged emotional distress [15]. The significantly higher anger-in scores in victims of sexual violence suggest that trauma-related dissociation may contribute to emotional suppression as a coping mechanism. Suppressed anger may function as an adaptive survival strategy, where victims avoid externalizing their emotions due to anticipated negative consequences, such as social stigma, victim-blaming, or continued abuse.

C) The behavioural level, where anger expression is modulated by social, cultural, and contextual factors. IPV survivors may either exhibit avoidant behaviours, suppressing outward expressions of anger to maintain safety, or develop maladaptive interpersonal responses, such as aggression in future relationships [16]. The observed relationship between lower socioeconomic status, lack of health insurance, and heightened trait anger scores supports the notion that IPV victims' anger regulation is influenced by economic precarity and social vulnerability.

In a study by Baltaci et al. [17], it is suggested that the reasons for the low general anger and anger expression scores of the group that was forced to have sexual intercourse may be not to reflect the current situation externally, and that individuals who do not want to divorce may tend to portray the current situation well. In our study, we think that the statistically significantly high anger-in subscale dimension scores of those exposed to sexual violence indicate hesitations in externalizing the event they experienced emotionally, behaviourally and socially. In societies where the possibility of domestic sexual assault is culturally difficult to accept, women may direct their anger inward in situations where they avoid the negative consequences that will be experienced in their social role in their favour.

The fact that the level of education, which is one of the sociodemographic factors, affects the trait anger subscale scores and that the scores of this scale are statistically significantly higher in middle school graduates than in primary and high school graduates is consistent with the literature. It has been reported that higher levels of education are negatively associated with anger expression, as the level of education is an important protective factor against anger and aggression [18].

As a result, it is believed that victims of IPV are constantly in a state of anger; in addition, exposure to sexual violence directs feelings of anger inward, and that

the social role of women and the culture in which they live may be effective in the development of this situation, and conducting these studies in different cultures will clarify the issue. Victims of IPV are believed to need support, especially in economic and social terms. Although the anger in victims of IPV is at a somatosensory level, the risk factors to which the victim is exposed compound the problem and cause an increase in the level of anger. These risk factors should also be taken into account when addressing the problem.

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