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Original Article

Helpless behaviour and its correlates in Battered Women Syndrome

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Abstract

Domestic violence severely affects an individual's well-being, and victims often remain in abusive relationships due to helplessness, a condition known as Battered Women Syndrome, a subtype of PTSD. The study aimed to explore the association between the various psychological factors related to helpless behaviour in women having battered women syndrome. The sample was selected using purposive sampling (N=86). It included 43 participants in the clinical group of women with battered women syndrome and 43 participants in the normal control group. Participants were assessed on the index of spousal of abuse scale, Miller's marital locus of control scale, interpersonal dependency inventory, positive and negative suicide ideation inventory and helpless behaviour questionnaire. The findings suggested that Higher abuse severity is linked to increased helplessness, dependency, and external locus of control while reducing protective thoughts against suicide, amplifying vulnerability in affected women. A significant difference was observed between women with battered women syndrome and normal control on the severity of abuse, marital locus of control, interpersonal dependency, positive suicidal thoughts and helpless behaviour. The findings have significant clinical implications. A deeper understanding of the factors associated with Battered Women Syndrome can facilitate the development of specialised therapeutic models for its prevention and management.

Keywords:
Battered women, Post-traumatic stress disorder, Helpless behaviour, Marital locus of control, Interpersonal dependency

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Introduction

Domestic violence is a harsh reality across cultures, often rooted in the abuser's belief that such behaviour is justified and unlikely to be reported.[1] In India, it is sometimes normalised within family hierarchies, forced marriages, and traditional practices, with abuse manifesting as emotional, verbal, sexual, financial, or physical harm.[2] According to the National Family Health Survey (2006), one in three women over 15 years has faced

domestic violence, with rural areas reporting higher rates (27%). Victims often remain trapped due to isolation, fear, financial dependence, cultural norms, or traumatic bonding with the abuser. Prolonged abuse leads to physical and psychological trauma, including learned helplessness, which is a state of diminished motivation and a perceived inability to escape the cycle of violence.[3,4] This cycle perpetuates depression, helplessness, and the development of Battered Women Syndrome, a subtype of PTSD, with profound implications for mental and physical health[3,4]. Several factors in women lead to the persistence of battered women syndrome. The factors can be low self-esteem, trauma bonding, financial dependence, socio-cultural norms, social isolation, and fear of retaliation from the partner.[2,5-10] It is pertinent to know the individual factors of the phenomenon so that the problem can be managed in view of the same. Some of the factors can be:

Locus of control and battered women syndrome: Locus of control plays a significant role in how domestic violence is perceived and handled by women who become victims of it. Locus of control, a cognitive personality construct, refers to an individual's belief about their control over the outcomes of events in life, as opposed to external forces beyond their control. The concept of locus of control was developed by Julian B. Rotter in 1954.

Individuals with an internal marital locus of control are typically more accommodating and understanding, taking responsibility for their actions and duties within a couple's relationship.[11] In contrast, research by Lee and McKinnish, 2019 suggested that individuals with an external marital locus of control are less adaptable and tend to blame their partner for any conflict in the relationship or marriage. [5]

Interpersonal dependency: Victims of domestic violence often display helpless behaviour and interpersonal dependency, which worsen as Battered Women Syndrome develops.[4] Research indicates that increased dependency correlates with heightened helplessness.[12] Abusive partners often respond with anger, avoidance, or further violence, perpetuating a vicious cycle that exacerbates helplessness and dependency. This cycle can lead to suicidal thoughts or attempts as a means of escape.[13] Assessing the link between dependency and helplessness is crucial for designing effective interventions.

Battered women syndrome and suicide: Suicidal ideation, or thoughts of suicide, encompasses contemplating or planning the act of ending one's life. These thoughts can vary in intensity, ranging from fleeting considerations to detailed plans, but do not include the act itself. Suicidal ideation often arises when an individual feels overwhelmed and unable to manage a challenging situation.[14] Such feelings can stem from hopelessness triggered by adverse events like financial difficulties, the loss of a loved one, a breakup, or a severe illness.[15] Common circumstances that may lead to suicidal thoughts include inadequate coping mechanisms, grief, experiences of sexual abuse, financial struggles, guilt, rejection, or the end of a relationship.[16]

It is necessary to understand various psychological factors that lead to the maintenance of cycles of domestic violence in battered women syndrome. The study focused on the aspects of locus of control, the degree of abuse sustained by battered women, the dependency on their partners, as well as the type of beliefs and thoughts battered women hold regarding suicide. There have been several researches on domestic violence, and the effort has been consistent for several years to eradicate the same. However, there is a need for more research to understand the submissive nature of women in a married relationship to accept domestic violence and continue to live a painful domestic life. The study aimed to explore Battered Women Syndrome through the following objectives:

1. Examine the relationships among spousal abuse, interpersonal dependency, marital locus of control, helpless behaviour, and suicidal ideation in women.
2. Compare the responses of women with Battered Women Syndrome to those of a control group.

Method

Design: The study was a cross-sectional, correlational design.

Sample: The study included 86 females in the age

group of 18 to 50 years. 43 females with a history suggestive of domestic violence and battered women syndrome were taken in the clinical group, and 43 women with no history of domestic violence and battered women syndrome were taken in the control group. Data was collected using purposive sampling in Ahmedabad and Gandhinagar for 6 months.

Inclusion and exclusion criteria: Women between 18 to 40 years of age with minimum education till 10th, married for a minimum of 2 years, and staying with their spouse were taken for the study. Women with severe psychiatric illness or intellectual disability were excluded from the study.

Tools

The following tools were used in the study:

Index of Spousal Abuse-(Hudson, 1981): This questionnaire, constructed by Dr. Walter Hudson, is an instrument designed to measure the degree or magnitude of perceived physical abuse that clients receive from a spouse or partner. The scale has good internal consistency with an alpha over 0.9. [17]

Interpersonal Dependency Inventory (IDI)

The scale, constructed by R. Hirschfield et al. is a 48-item instrument designed to measure the thoughts, behaviours, and feelings revolving around the need to associate closely with valued people. The IDI has good internal consistency, with split-half reliability that ranges from 0.72 to 0.91.[18]

Miller Marital Locus of Control (MMLOC)

The 26-item instrument was constructed by Miler et al. in 1983. It aims to measure the locus of control in marital relationships. The MMLOC has very good internal consistency, with an alpha of 0.83.[19]

Helpless Behavior Questionnaire (HBQ)

Constructed by Peterson in 1993 the HBQ is a 24-item instrument designed to measure helpless behavior. It is assumed that the helplessness measured by this questionnaire leads to inappropriate passivity in the face of stress and other uncontrollable events.[20]

Positive and Negative Suicide Ideation Inventory (PANSI)

PANSI, developed by Osman, A. et al. in 1988 [21], is a 14-item tool designed to assess suicidal ideation. It demonstrates strong reliability, with internal consistency coefficients of .91 and .93. Factor analysis supported the final 14-item version of the PANSI, showing that scores on the Negative Ideation (NI) and Positive Ideation (PI) subscales are inversely correlated (r = -.51).

Procedure

Clearance from the institutional ethical committee was taken before the commencement of the research(Approval number: IBS/EC/MPhil/ 2019-20/01; Date of ethical approval: 08/02/2019). Women who were married and staying with their partner, belonging to various districts of Ahmedabad and Gandhinagar, were identified through a screening questionnaire of battered women syndrome. Permission and informed consent were obtained from the participants. They were then assessed using various tools. After completing the data collection procedure, the scores were analysed using SPSS 26.0.

Results

Table 1. shows social-demographic data for two groups: battered women (clinical group) and non-battered women (control group). The mean age for the clinical group was 32 years with a standard deviation (SD) of 2.1, while the control group had a mean age of 30 years with an SD of 1.5. Among the clinical group, 16 participants were within the18-30 years age range, and 27 participants were in the 31-50 years range. In the control group, 28 participants were in the 18-30 years range, and 15 participants were in the 31-50 years range. The mean education level in the clinical group was 10 years (SD = 1.5), and in the control group, it was 12 years (SD = 2.3). In the clinical group, 32 participants had education below the 12th standard, while 11 participants had education above the 12th standard. In the control group, 14 participants had education below the 12th standard, and 29 participants had education above the 12th standard. Regarding occupation, 29 participants in the clinical group were unemployed, while14 participants were employed. In the control

Table 1: Social- demographic characteristics of clinical and control group

Variable	Group	Battered Women (Clinical Group, n)	Non-Battered Women (Control Group, n)
Age	Mean Age	32	30
	SD	2.1	1.5
Frequency	18–30 years	16	28
	31–50 years	27	15
Education	Mean Education	10	12
	SD	1.5	2.3
Frequency	Below 12th standard	32	14
	Above 12th standard	11	29
Occupation	Unemployed	29	12
	Employed	14	31
Domicile	Rural	11	11
	Urban	32	32
Marital Status	Married	38	35
	Living with partner	5	8
Type of Marriage	Arranged	34	30
	Love	4	5
	Not married	5	8
Duration of Marriage/ Staying Together	1–5 years	14	25
	6–10 years	17	14
	Above 10 years	12	4
Children	No children	16	16
	1–2 children	19	19
	Above 2 children	8	8

group, 12 participants were unemployed, and 31 participants are employed. In both clinical and control groups, 11 participants were from rural areas and 32 participants from urban areas, respectively. 38 participants in the clinical group were married, and 5 participants were living with a partner. In the control group, 35 participants were married, and 8 participants were living with a partner. For type of marriage, 34 participants in the clinical group reported having an arranged marriage, 4 reported a love marriage, and 5 were not married. In the control group, 30 participants had an arranged marriage, 5 participants reported a love marriage, and 8 participants were not married. Regarding duration of marriage or staying together, 14 participants in the clinical group reported being in a relationship for 1-5 years, 17 participants for 6-10 years, and 12 participants for above 10 years. In the control group, 25 participants reported a duration of 1-5 years, 14 participants for 6-10 years, and 4 participants for above 10 years. For children, in both groups, 16 participants reported having no children, 19 participants reported having 1-2 children, and 8 participants reported having more than two children.

Table 2: Correlation among severity of abuse, locus of control, interpersonal dependency, suicidal thoughts and helpless behaviour in women

Variable	1	2	3	4	5	6
(1) Severity of abuse						
(2)Marital locus of control (External)	0.98**					
(3) Interpersonal dependency	0.88**	0.88**				
(4) Positive thoughts against suicide	-0.96**	-0.95**	-0.87**			
(5) Negative thoughts of suicide	-0.06	-0.05	0.07	-0.01		
(6) Helpless behavior	0.89**	0.88*	0.78**	-0.86**	-0.01	

***Level of significance at 0.001 level** Level of significance at 0.01 level *Level of significance at 0.05 level

Table 2 depicts the correlation among the studied variables in women with battered woman syndrome.

Severity of Abuse showed a strong positive correlation with the external marital locus of control($r=0.98$, $p<0.01$), interpersonal dependency ($r=0.88$, $p<0.01$), and helpless behaviour ($r = 0.89$, $p<0.01$). Additionally, the severity of abuse showed a strong negative correlation with positive thoughts against suicide ($r = -0.96$, $p < 0.01$), suggesting that higher levels of abuse are associated with fewer positive thoughts against suicide.

External Marital Locus of Control also displayed strong positive correlations with interpersonal dependency ($r = 0.88$, $p < 0.01$) and helpless behaviour ($r = 0.88$, $p < 0.05$). There was a significant negative correlation between external marital locus of control and positive thoughts against suicide ($r = -0.95$, $p < 0.01$), indicating that a higher external locus of control is associated with lower levels of positive thoughts regarding suicide. Interpersonal Dependency was significantly positively correlated with the severity of abuse ($r = 0.88$, $p< 0.01$), external marital locus of control ($r = 0.88$, $p < 0.01$), and helpless behaviour ($r = 0.78$, $p < 0.01$). Conversely, it exhibited a strong negative correlation with positive thoughts against suicide $r=-0.87$, $p<0.01$), suggesting that higher interpersonal dependency is associated with fewer positive thoughts against suicide.

Helpless Behavior was negatively correlated with positive thoughts against suicide ($r = -0.86$, $p < 0.01$), indicating that helpless behaviour is linked to more negative thoughts and fewer positive thoughts about suicide.

Table 3: Difference between women withbattered women syndrome and normal control

Variables	Clinical group		Control group		t value	p value
	Mean	S.D.	Mean	S.D.		
Severity of abuse	55.63	2.76	0.58	1.06	122.12***	0.000
Marital locus of control	155.14	4.15	107.33	3.48	57.87***	0.000
Interpersonal dependency	15.95	2.34	7.95	2.01	17.03***	0.000
Suicidal thoughts (positive)	10.53	1.56	22.28	2.00	30.41***	0.000
Suicidal thoughts (negative)	11.74	1.52	11.98	1.90	0.62	0.563
Helpless behavior	224.12	65.50	26.44	26.79	18.31***	0.000

***Level of significance at 0.001 level**Level of significance at 0.01 level *Level of significance at 0.05 level

The t-Test results (Table 3) revealed significant differences between the groups on most variables, except for negative suicidal thoughts.

On Severity of Abuse, there was a significant difference between the clinical group ($M = 55.63$, $SD = 2.76$) and the control group ($M = 0.58$, $SD = 1.06$), $t=122.12$, $p<0.001$ with the clinical group reporting significantly higher levels of abuse. On Marital Locus of Control, a significant difference was found between the clinical group ($M = 155.14$, $SD = 4.15$) and the control group ($M = 107.33$, $SD=3.48$), $t=57.87$, $p<0.00$. The clinical group demonstrated a significantly higher external marital locus of control. On Interpersonal Dependency, a significant difference was observed between the clinical group ($M = 15.95$, $SD = 2.34$) and the control group ($M = 7.95$, $SD = 2.01$), $t=17.03$, $p<0.001$. The clinical group showed higher interpersonal dependency. On Positive Suicidal Thoughts, a significant difference was found between the clinical group ($M = 10.53$, $SD = 1.56$)

and the control group (M = 22.28, SD = 2.00), t=30.41, p<0.001. The clinical group reported fewer positive thoughts against suicide. On Negative Suicidal Thoughts, there was no significant difference between the clinical group (M = 11.74, SD = 1.52) and the control group (M = 11.98, SD = 1.90), t=0.62, p=0.533, indicating that both groups exhibited similar levels of negative suicidal thoughts. On Helpless Behavior, a significant difference was found between the clinical group (M = 224.12, SD = 65.50) and the control group (M = 26.44,SD=26.79), t=18.31, p<0.001 with the clinical group showing significantly more helpless behaviour.

Discussion

Repeated incidents of domestic violence can affect the victim in several ways, resulting in the compromised physical, emotional, and psychological well-being of a person. Both men and women can suffer domestic violence.[10] Still, women are found to be more vulnerable because of their limited physical strength and social conditioning, making them learn to remain quiet and never disclose personal matters.[22] Also, many women in India are dependent on husbands and in-laws after marriage to meet their basic and emotional needs; they may accept violence in relationships. [23,24]

Understanding the association of helpless behaviour with other psychological factors is pertinent for the prevention and management of battered women syndrome. As per the results, the following observations were made on various psychological domains.

Severity of abuse and helpless behaviour

A positive association between the severity of abuse and helpless behaviour indicated that with the increase in the severity of abuse, there was an increase in helpless behaviour in the study participants. Similar results were seen in some of the previous studies by Peterson et al.,1993 Wilson et al. 1993 and Strube,1988[12,25,26] which had similar findings in their studies. According to Anderson, 2003[27], when the forms of battering women involved physical abuse, along with increased sexual and emotional abuse and neglect, it was seen that there was a significant increase in the helpless behaviour exhibited by women.

Marital locus of control interpersonal dependency and helpless behaviour

A positive correlation between external locus of control, helpless behaviour, and interpersonal dependency indicated that attributing the relationship outcomes to external factors increased helpless behaviour and interpersonal dependency. It can be inferred from the results that women with battered women syndrome leave themselves to their fate and do not try to make modifications to improve their condition. This may be because of an underlying feeling of helplessness. Several previous studies support our research findings. Research by Seligman concluded that individuals with helplessness perceive that their life events are not in their hands, and they begin to let go of the consequences of their decisions and develop an external locus of control.[28] Research by Strube (1984, 1988) also found that victims of Battered Women Syndrome, being highly dependent on their partners, develop helpless behaviour. [26,29] Another study by Launius and Lindquist, 1998 shows that women experiencing Battered Women Syndrome perceived themselves to be the weaker partners in the marriage and gave up control over their independent choices. They believed that their partners knew what was best for them, thereby relying on them to fulfil their needs.[30]

Positive and negative thoughts about suicide

There was a negative association between positive thoughts against suicide and the severity of abuse, which means that an increase in the severity of abuse leads to a decline in positive thoughts against suicide. The positive thoughts are protective thoughts that focus on the reasons to avoid suicide. A decline in positive thoughts against suicide makes them vulnerable to suicidal behaviour. It can also be associated with helpless behaviour.[31] Similar results were derived by Kaslow et al., 1998; Hughes, 2011 which are consistent with the present study. [32, 33]

Difference between women who experience battered women syndrome and women who do not experience battered women syndrome on the study variables

As per the results of the study, there was a

significant difference between the clinical and control groupsin the severity of abuse. The clinical group was much higher on the severity of abuse than the control group. Pagelow,1981found that women who had experienced domestic violence once or twice a month did not develop BWS. [34] Still, the women who experienced abuse and battering on a daily or weekly basis soon got themselves into the cycle of battering and developed Battered Women Syndrome. Khan et al. (2003) found that women who suffer from Battered Women Syndrome experienced physical as well as psychological abuse in the past, while the women who do not have Battered Women Syndrome have faced only physical abuse.[35]

The clinical group had a higher external locus of control when compared with the control group. According to Lee and McKinnish, 2019, marital locus of control changes with the perception of the marriage. [5] They also found that women who developed Battered Women Syndrome had an external locus of control.

In the clinical group, interpersonal dependency was found to be on a much higher side. Studies conducted by Friedman, 1995 found that battered women's social situations were oppressive and characterised by powerlessness, social isolation, and economic dependency.[36] The women who have been battered but have not developed Battered Women Syndrome are less dependent, and they can make decisions about their lives.

The results also suggested that positive and protective thoughts against suicide were significantly less in battered women. A study by Haarr (2010) stated that 23% of abused women with Battered Women Syndrome have committed suicidal attempts, while 3% of abused women without Battered Women Syndrome have committed suicidal attempts.[37] This may indicate that abused women do not have the will to live and believe that the only escape from the abusive relationship is via death.

Implications

Understanding the phenomena of battered women and the factors associated with Battered Women Syndrome is crucial for developing targeted therapeutic interventions by identifying the psychological, social, and environmental variables that contribute to the syndrome, such as the severity of abuse, interpersonal dependency, external locus of control, helpless behaviour, and suicidal ideation. Professionals can design comprehensive support systems.

Therapeutic models can address:

a. Empowerment strategies: Helping women regain control over their lives by fostering an internal locus of control and reducing feelings of helplessness.

b. Psychological support: Providing cognitive-behavioural therapy to challenge and change maladaptive beliefs about abuse, fate, and dependency.

c. Crisis intervention: Establishing mechanisms for immediate support in abusive situations, including safe housing and legal assistance.

d. Educational programs: Raising awareness about the cycle of abuse and available resources, empowering women to recognise and break free from abusive relationships.

e. Long-term rehabilitation: Offering continuous psychological and emotional support to help women rebuild their lives and prevent recurrence.

By integrating these strategies into culturally sensitive and accessible therapeutic frameworks, the cycle of abuse can be interrupted, enhancing the mental health and well-being of survivors and reducing the prevalence of domestic violence.

Limitations and future directions

The study had several limitations. First, the small sample size restricted the generalizability of the findings. Second, the study sample was homogenous, as participants were drawn from a similar culture and community due to the limited time for data collection. Conducting studies across diverse communities and cultures would provide a more comprehensive representation of society. Third, qualitative research approaches could offer deeper insights into the experiences and psychological resilience of individuals with Battered Women Syndrome, highlighting the need for future studies using such methodologies. Lastly, this study focused exclusively on female

participants. Future research should explore gender differences in relationship violence, broadening the scope beyond women to understand the dynamics of such interactions better.

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