




Examining the Relationship Between Religious Orientation and Mental Health in Men Committing Domestic Violence Against Women

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ABSTRACT

Objective: The family serves as a nucleus for affection among its members. However, the occurrence of violence within the family by one member against others disrupts this function. Domestic violence, primarily targeted at women, causes detrimental and irreversible effects on the mental and physical well-being of women. This study investigated the relationship between religious orientation and mental health in men and domestic violence against women.

Methods and Materials: The present study was descriptive-correlational. The method of data collection was field-based, and the statistical population comprised clients of medical centers in Qazvin city. A total of 300 married men were selected through random sampling. The analytical tools used were descriptive statistics indices, analysis of variance, and Pearson correlation coefficient.

Findings: The results showed that subjects with a more internalized religious orientation and higher mental health scores exhibited less violence against women. Furthermore, religious orientation and mental health interact positively with the enactment of violence against women.

Conclusion: Internalizing religion, treating personality disorders, promoting a culture of dialogue among family members, alongside educational initiatives, can penetrate social attitudes that support inequality among members. By reforming and changing these structures, we will also see improvements in the internal environment of families.

Keywords: Violence against women, Religious orientation, Mental health.

1. Introduction

The family is considered the most fundamental element of society and the safest place for every individual. There is no doubt that comfort, peace of mind, and security within the family are its most important functions. However, the occurrence of violence within the family by one member

against others disrupts this function and removes peace from the family environment (Barth & Jiraneck, 2023; Bosco et al., 2022). Violence within the family, mainly directed at women and often by the spouse, father, or brother, is the most concealed form of violence and causes detrimental and irreversible effects on the mental and physical well-being of

women, to the extent that in some cases, women are murdered by their own family members (Agboola & Ojo, 2022; Ali et al., 2022). In such a structure, the perpetration of violence against women, which fundamentally has a concealed form, is legitimized not only by men but also by women themselves as part of the reality of their social lives (Ahmadi et al., 2021; Baidoo et al., 2021). Domestic violence, as the most common form of violence against women, has many negative consequences for the victims, ranging from physical problems to psychological issues (Kourti et al., 2021).

Given that violence within the family and against women has widespread and devastating effects on the family and society levels, weakening the foundations of a stable family for nurturing future generations of the society and, on the other hand, facing half of the members of society with a void in social activities, it seems necessary to pay attention to women victims of violence and devise appropriate strategies to reduce this issue (Khani et al., 2010). Emphasizing the human dimensions of a woman's existence and her special place in the family, and paying attention to the sensitivities and emotional finesse of the female gender necessitate that the phenomenon of violence against women be condemned as an unethical act, and efforts be made to minimize its occurrence and mitigate or control its negative consequences (Ahmadi et al., 2021; Yekekar & Hosseini, 2018).

Domestic violence against women exists in all countries and socio-economic contexts, but accessing statistics and information is very difficult because women in many cultures have a weak economic and social status, and often, violence against them, especially in the family environment, goes unrecognized and in some cases even legitimately justified (Mahmoodi et al., 2017).

Research indicates that the mental health of individuals can predict their behavior in interaction with family members. Mental health is defined as an individual's feelings about themselves, their surroundings, and those around them, as well as how they cope with their responsibilities and recognize their spatial and temporal situations (Sharbatian et al., 2017; Vameghi et al., 2014). Mental health can be defined not only as the absence of mental disorders but also as mental functioning that allows for beneficial activities, interpersonal relationships, and adaptability. Usually, individuals with good mental health have a general sense of well-being, the ability to enjoy life, resilience, and a sense of managing difficult situations. They are able to participate in life, adapt to changes, maintain balance in all areas of life, take care of themselves, have self-confidence, and pay

necessary attention to body, soul, mind, innovation, education, and health (Kazemian et al., 2009).

Individuals suffering from psychological distress, who face conflicts between incompatible behavior patterns, have personalities characterized by disconnection and disharmony. Unlike normal individuals who form an ideal self-image for the purpose of integrating personality, their efforts are doomed to failure because their self-image is not based on a realistic assessment of personal strengths and weaknesses. Horney believed that the self-image of psychologically distressed individuals is like a house full of dynamite (Dehghani & andishmand, 2017; Kazemian et al., 2009).

Given the information presented, it was hypothesized that belief and commitment to religious matters and teachings and their internalization, as well as mental health in men, could influence the reduction and even elimination of their violent behaviors against women. Therefore, the current research will address whether there is a relationship between men's religious orientation and mental health and their perpetration of violence against women.

2. Methods and Materials

2.1. Study Design and Participants

The present study was of a correlational type. The study population consisted of married men visiting medical centers in the city of Qazvin, from which a sample of 300 individuals was selected through random sampling. The term "medical centers" in this research refers to centers affiliated with the Welfare Organization, psychiatric hospital counseling centers, clinics, and psychological clinics throughout the city of Qazvin.

Initially, 100 forms were distributed among visitors to the Psychiatric Section of Bu-Ali Sina Educational and Treatment Center in Qazvin, of which 93 questionnaires were fully completed. Another 50 forms were completed by male visitors at the psychiatric clinic of 22 Bahman Hospital in Qazvin. Subsequently, physical questionnaire distribution was halted due to the COVID-19 pandemic, and the questionnaire was made available online. The questionnaire was accessed 480 times, and 157 were fully completed online. After sampling was completed, 300 responses were analyzed. Considering the research topic and the private nature of the questions related to marital relationships, an effort was made to use questionnaires based on Iranian-Islamic standards. The Mohseni Tabrizi questionnaire was

used for this purpose because it is designed and standardized based on Iranian cultural considerations.

2.2. Measures

2.2.1. Religious Orientation

Allport and Ross developed this scale in 1950 to measure intrinsic and extrinsic religious orientations. The scale includes 21 items, with options ranging from "strongly disagree" to "strongly agree" for items 1 to 12 that measure extrinsic religious orientation. The responses are reversed for the next nine items, numbers 13 to 21, which measure intrinsic religious orientation. The test, which is administered in a group setting, does not have a time limit and uses a Likert-type scale. The total scores of items 1 to 12 indicate the subject's extrinsic religious orientation, and the sum of items 13 to 21 indicates their intrinsic religious orientation (Allport & Ross, 1967; Dehghani & andishmand, 2017).

2.2.2. Mental Health

This questionnaire is derived from the longer Mental Health Continuum form and includes 14 questions with three components. It is designed to assess mental health on a six-point Likert scale with questions like "feeling that you have something important to offer to society." The questionnaire consists of three scales to indicate emotional well-being (happiness, interest in life, and satisfaction), six items for assessing mental health (self-acceptance, mastery of responsibilities in the environment, positive relationships with others, personal growth, autonomy, purpose in life), and five items to show social health (community involvement and support, social cohesion, social actualization, social acceptance, and social understanding). In this study, mental

health is measured by the scores respondents give to the 14 items, with the minimum possible score being 14 and the maximum being 84 (Musazadeh et al., 2010; Yekekar & Hosseyni, 2018).

2.2.3. Domestic Violence Against Women

This questionnaire includes a form for collecting demographic information and questions related to assessing types of spousal abuse, patriarchal beliefs, family upbringing, and learning about violence. Scoring is based on the Likert scale, with higher scores indicating higher levels of violence and gender-biased beliefs. The validity and reliability of this questionnaire have been confirmed by experts and scholars (Khosravi et al., 2012; Sharbatian et al., 2017; Vameghi et al., 2014).

2.3. Data Analysis

The analytical tools used were descriptive statistics indices, analysis of variance, and Pearson correlation coefficient using SPSS-26.

3. Findings and Results

Out of the 300 selected samples, 55 individuals were 30 years old or younger; 120 individuals were between 31 and 40 years old; 84 individuals were between 41 and 50 years old; and 41 individuals were over 50 years old. Five individuals (1.7%) had only basic reading and writing skills; 20 individuals (6.7%) had elementary education; 29 individuals (9.7%) had high school education; 46 individuals (15.3%) held a high school diploma; 155 individuals (51.7%) had some form of college education or higher; and 45 individuals (15.0%) were physicians.

Table 1

Descriptive Findings of Research Variables

Variable	N	Minimum	Maximum	Mean	Standard Deviation	Skewness	Kurtosis
Religious Orientation	300	1.04	4.98	3.00	0.89	-0.02	-0.56
Mental Health	300	1.03	4.97	3.19	0.89	-0.16	-0.69
Violence Against Women	300	1.16	4.97	3.00	0.85	-0.02	-0.50

In the current research model, the ratio of χ^2 to degrees of freedom is 1.41, which is less than 3, indicating a desirable value. Also, the Root Mean Square Error of Approximation (RMSEA) is less than 0.08, precisely 0.037. Furthermore, the Comparative Fit Index (CFI), Normed Fit

Index (NFI), Non-normed Fit Index (NNFI), and Incremental Fit Index (IFI) are all above 0.9, indicating that the model exhibits an adequate fit and is validated. Other characteristics of the model also indicate good fit.

Table 2*Goodness of Fit Indices*

Fit Index	χ^2/df	RMSEA	CFI	NFI	NNFI	PNFI	IFI	RFI	AGFI	PGFI
Acceptable Values	<3	≤ 0.08	>0.9	>0.9	>0.9	0-1	0-1	0-1	0-1	0-1
Calculated Values	1.41	0.037	1.00	0.98	1.00	0.98	1.00	0.99	0.86	0.84

Based on the information in [Table 3](#), the path coefficient for the direct effect of religious orientation on violence against women is -0.23, and its t-value is -6.01, meaning that an increase in religious orientation leads to a decrease in violence against women ($P < 0.001$). The path coefficient for

the direct effect of men's mental health on violence against women is -0.88, and its t-value is -9.19, indicating that an increase in men's mental health reduces violence against women ($P < 0.001$).

Table 3*Direct Effects of Latent Variables in the Model*

Path Interaction	b Coefficient	Standard Error	Standardized β	t-Value	Sig.
Religious Orientation on Violence Against Women	0.72	0.12	-0.23	-6.01	0.001
Men's Mental Health on Violence Against Women	0.47	0.11	-0.88	-9.19	0.001

4. Discussion and Conclusion

The findings of this research demonstrated that there is a relationship between both intrinsic and extrinsic religious orientation and the perpetration of violence against women. These results are consistent with the research prior ([Ahmadi et al., 2021](#); [Ali et al., 2022](#); [Baidoo et al., 2021](#); [Bosco et al., 2022](#); [Darvishnia et al., 2023](#); [Fedele et al., 2022](#); [Fegert et al., 2020](#); [Ghazizadeh et al., 2018](#); [Gulati & Kelly, 2020](#); [Hashemian et al., 2018](#); [Heidari, 2022](#); [Humphreys & Thiara, 2003](#); [Jungersen et al., 2019](#); [Lessard et al., 2021](#); [Mirza Nia & Firoozi, 2020](#); [Musazadeh et al., 2010](#); [Saeidi et al., 2020](#); [Satheesan & Satyanayana, 2018](#); [Slabbert, 2017](#); [Sullivan et al., 2019](#); [Yekekar & Hosseyni, 2018](#)). Having a defined religious orientation suggests that an individual has achieved a stable identity that is resistant to change compared to the past. Allport believed that distinguishing between intrinsic and extrinsic religious orientation helps us differentiate between those for whom religion is an end and those for whom it is a means.

In our society, there are various interpretations of Islamic laws, some of which are not considered violent by men. Some religious interpretations are inconsistent with the principles of Islam and sometimes seem to be applied subjectively. In some men, religious beliefs do not prevent but in some cases even justify violence against women, including physical assault, economic hardship, or coercion

into sexual relations with religious justifications ([Dehghani & andishmand, 2017](#); [Musazadeh et al., 2010](#)).

In our society, where men officially have access to greater power resources, the possibility of violence against women of any kind exists and it seems that these beliefs are so ingrained in the fabric of society that external religion cannot influence it. In Iran, the acceptance level of sexual violence in marital life is very high. Women do not disclose it in family gatherings because enduring such violence has become habitual and they feel ashamed to discuss it since the laws and religious doctrine in Iran command a woman's submission to her husband's sexual desires. However, a careful study of Islamic instructions on marital relations indicates that some beliefs, purportedly based on religious law in our society, in fact have no religious justification and arise from incorrect interpretations of the religion, becoming part of both men's and women's beliefs. Therefore, external religious mimicry cannot be an effective predictor in preventing violence against women. One characteristic of individuals with an intrinsic religious orientation is that they do not project in their daily actions, and internalized religion improves mental health and extremism is more commonly seen in individuals with an extrinsic religious orientation.

Religious orientation can be influential in marital relationships as religion provides guidelines for life and a system of beliefs and values that can affect marital life. Contrary to the conventional understanding of religion and its actions, religious belief systems are far more

comprehensive in content and function than previously described. Specific religious beliefs, significantly, are established within the framework of cultural transmission and depend on passing from one generation to the next, thus society members transmit religion as a deeply personal phenomenon to the next generation. With this description, religion necessarily needs to be "internalized" to continue and perform its role. When internalization is discussed, it always involves processes that lead to deep changes in an individual's psychological structures.

Internalization is not merely about incorporating an external phenomenon or topic into psychological structures and adding an element to the existing elements in human psyche. Internalization means incorporating external elements and topics into a psychological construct in such a way that this incorporation leads to structural changes or integrates with an existing construct. Religion with an intrinsic dimension improves mental health, and extremism is more often observed in individuals with an extrinsic religious orientation. For imparting religious values and beliefs, scientific and logical methods can be employed considering the psychological characteristics of individuals to strengthen the external approach to religion while also paying attention to its internal approach. Additionally, given the positive effect of religion on marital satisfaction, continuous and consistent utilization of religious teachings and recommendations is emphasized for couples.

The results of this research also showed that men's mental health is related to domestic violence against women, aligning with the research by Mohammadkhani (2010). Spouses who suffer from psychological distress have vague contradictions and conflicts in their feelings, beliefs, and behaviors. These spouses cannot make firm and appropriate decisions, are less able to control their impulses, and are significantly weaker than others in coping with stress. According to the findings of this study, the lower the level of mental health, the greater the severity of domestic violence against the spouse. The Iranian societal norm regarding the family accepts a specific division of authority based on gender, and the roles of men and women are predetermined (Mohamadkhani et al., 2006). Women should not behave in a way that conforms to the wishes of the authoritative family member, as in such cases, they force him to engage in rough behavior. In other words, without considering the possibility of psychological pathologies behind such views, women must behave according to the man's desires to prevent violence in the family. This attitude, combined with the lack of government oversight over the

private domain of the family, allows men to engage in harsh behavior. However, the findings of this study showed that higher levels of mental health in men lead to a reduction in domestic violence rooted in misogynistic beliefs. Treating personality disorders always faces significant resistance from those afflicted, and this condition remains unchangeable if the illness is accepted and confirmed by the patient.

5. Limitations and Suggestions

Domestic violence is among the factors that jeopardize women's sense of security in the home environment. An individual who has suffered psychological damage and lacks mental health, has witnessed a man's violence in the family, and does not have a strong intrinsic religious background, is more likely to engage in violence in the family environment, particularly against the spouse, which the results of this study confirm. As long as the structure of society is based on social inequality and values and attitudes supporting violence exist and are endured until significant changes in societal laws are made, and as long as necessary facilities are not made available to victimized individuals and any harsh actions are not condemned in society, it is not possible to address this phenomenon. The root of violence against women lies in the social institutions that define women's status in the home and public space as weak, subservient, inferior, and dependent on men. Even today, many women are beaten, injured, tortured, humiliated, deprived, and suffer physical and psychological torment in privacy unknown to others because men prone to violence still consider women as the lesser sex. Many wives and daughters still fall victim to domestic violence, which is called "double injustice against women," but due to cultural norms or because it is buried within the confines of homes or due to the lack of legal support for injured women, even the slight security they have in the home environment is lost after legal complaints. It seems that expanding the culture of dialogue, negotiation, consultation, and brainstorming among family members (especially between husband and wife) alongside other continuous educational efforts can penetrate social structures, laws, customs, beliefs, and attitudes that support authority and inequality among members and reciprocally, by reforming and changing these structures, we will also witness the improvement of the internal environment of families. The results obtained from this research can be effective in improving the situation of women who have experienced violence and can also be of significant

importance and benefit to social program managers and operators.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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