

A Comparative Study of Perceived Parenting Styles, Anxiety Sensitivity, and Ego Strength in Female Victims of Domestic Violence Seeking Divorce, With and Without Generalized Anxiety Disorder

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ABSTRACT

Purpose: This causal-comparative study compared perceived parenting styles (parental warmth and autonomy support), anxiety sensitivity, and ego strength among female victims of domestic violence seeking divorce, differentiating between those with and without generalized anxiety disorder (GAD).

Methods and Materials: The sample included 80 women (40 with GAD, 40 without GAD) from Qom Province, Iran, selected via convenience sampling in 2024-2025. Participants were screened using the Structured Clinical Interview for DSM-5 Disorders (SCID-5-RV) and completed the Grolnick Perceived Parenting Scale, the Taylor & Cox Anxiety Sensitivity Index, and the Markstrom Ego Strength Scale. Data were analyzed using Multivariate Analysis of Variance (MANOVA).

Findings: MANOVA revealed a significant overall difference between the two groups (Pillai's Trace = .88, $p < .001$, $\eta^2 = .88$). The non-GAD group reported significantly higher levels of parental warmth ($p < .001$), parental autonomy support ($p < .001$), and ego strength ($p < .001$). Conversely, the GAD group exhibited significantly higher anxiety sensitivity ($p < .001$).

Conclusion: The findings indicate that a lack of parental warmth and autonomy during development, coupled with high anxiety sensitivity and low ego strength, is strongly associated with GAD in women experiencing the dual trauma of domestic violence and divorce. Interventions should focus on restructuring maladaptive cognitive schemas, enhancing emotion regulation, and building ego strength.

Keywords: *generalized anxiety disorder, domestic violence, parenting styles, anxiety sensitivity, ego strength, divorce*

1. Introduction

Domestic violence (DV) constitutes one of the most pervasive and persistent public health and human rights challenges of the modern era, disproportionately affecting women and generating long-term psychological,

relational, and social consequences. International epidemiological evidence indicates that nearly one in three women worldwide experiences physical or sexual violence by an intimate partner during their lifetime, a prevalence so stable and widespread that global institutions now classify

DV as an endemic phenomenon requiring urgent policy and clinical attention ([World Health Organization, 2021](#)). The adverse effects of DV are not restricted to immediate physical harm; rather, they accumulate across the lifespan, manifesting in chronic emotional distress, impaired relational functioning, diminished autonomy, and elevated risk for a range of psychiatric disorders. Among these conditions, anxiety disorders—especially generalized anxiety disorder (GAD)—emerge as particularly common sequelae, accounting for substantial impairments in women's health, productivity, and social stability ([Hegarty et al., 2023](#); [Lisi et al., 2023](#)).

GAD is characterized by persistent, excessive, and uncontrollable worry accompanied by physical tension, cognitive hypervigilance, and sustained anticipatory anxiety ([Stein & Sareen, 2020](#)). As one of the most disabling anxiety disorders, GAD is associated with significant personal and societal costs, including functional impairment, occupational limitations, reduced quality of life, and elevated health-care utilization. Epidemiological studies demonstrate that GAD often co-occurs with trauma exposure, particularly chronic interpersonal trauma such as DV ([Preti et al., 2021](#)). Women experiencing DV face an ongoing environment of unpredictability, coercive control, and perceived threat—conditions that directly feed into the core cognitive mechanisms of GAD. Consequently, researchers have increasingly emphasized that DV survivors constitute a particularly vulnerable group in whom anxiety symptoms may escalate rapidly into full-blown GAD ([Siddiqui et al., 2021](#)).

The psychological consequences of DV, however, do not arise in isolation. Decades of developmental and clinical research underscore the ways in which early familial experiences shape the sensitivity, resilience, and regulatory capacities individuals later deploy in the face of trauma. Developmental theorists—from attachment theory to contemporary cognitive-schema models—have long emphasized the foundational role of early caregiving in shaping mental health trajectories. Bowlby's foundational attachment theory argues that a child's sense of security, emotional regulation, and interpretations of threat are derived from the consistency and sensitivity of early parental care ([Bowlby, 1982](#)). Similarly, Freud's structural theory conceptualizes the ego as the psychological system responsible for balancing internal impulses and external demands, a system whose strength or weakness is shaped significantly by early relational experiences ([Freud, 1961](#)). These classical frameworks converge in modern empirical

literature, highlighting that childhood environments characterized by insufficient warmth, psychological control, or inconsistent caregiving contribute to heightened vulnerability to anxiety disorders in adulthood ([Mikulincer & Shaver, 2016](#)).

Within this developmental landscape, the role of parenting styles has received increased empirical attention. Baumrind's typology of parenting styles—authoritative, authoritarian, and permissive—remains one of the most widely applied frameworks in developmental psychology. Her model posits that authoritative parenting, defined by high warmth and autonomy support combined with appropriate structure, facilitates adaptive psychological development, while authoritarian (controlling, low warmth) or permissive (inconsistent or lax) parenting contributes to emotional dysregulation and vulnerability to internalizing disorders ([Baumrind, 1967](#)). Subsequent research has extended this model, demonstrating that autonomy-supportive parenting plays a crucial role in fostering children's internalization of values, self-regulatory capacities, and competencies necessary for effective coping with stress ([Grolnick et al., 1997](#)). Consistent with Self-Determination Theory, children whose basic psychological needs for autonomy, relatedness, and competence were not supported by their parents demonstrate higher susceptibility to anxiety later in life ([Deci & Ryan, 2017](#)). Recent meta-analytic studies confirm that maladaptive parenting styles significantly predict adult psychopathology, including anxiety symptoms and disorders ([Chauhan & Dutt, 2023](#)).

A growing body of literature highlights a specific cognitive-affective vulnerability that bridges parenting experiences and anxiety outcomes: anxiety sensitivity (AS). AS refers to the fear of anxiety-related sensations due to the belief that these sensations have harmful physical, social, or psychological consequences ([Taylor et al., 2007](#)). High AS is a robust predictor of anxiety disorders and acts as a cognitive amplifier that transforms normative stress responses into pathological anxiety. Systematic reviews emphasize that AS plays a central role in the onset and maintenance of anxiety disorders, particularly GAD ([Biracyaza, 2019](#)). Importantly, research indicates that AS is shaped in part by parenting experiences; authoritarian or inconsistent parenting environments are associated with elevated AS, perhaps due to heightened threat sensitivity or insufficient modeling of adaptive emotion regulation ([Timpano et al., 2015](#)). Longitudinal and prospective studies further suggest that childhood maltreatment—including emotional neglect or harsh parenting—predicts increased

AS and subsequent anxiety and depressive disorders (Bilsky et al., 2020).

In the context of DV, elevated AS may become especially consequential. DV survivors frequently experience chronic physiological arousal, vigilance to threat cues, and somatic symptoms of anxiety; when interpreted catastrophically, these internal signals contribute to escalating cycles of worry and physiological tension characteristic of GAD. Thus, AS may be a key psychological mechanism linking earlier developmental vulnerabilities with later trauma-related anxiety among women experiencing DV.

A complementary psychological construct central to understanding differential susceptibility to GAD is ego strength. Rooted in psychodynamic perspectives but increasingly supported by contemporary personality and developmental research, ego strength refers to the individual's capacity to maintain psychological stability, realism, self-cohesion, and adaptive coping in the face of internal conflict or external stress (Markstrom et al., 1997). Low ego strength is associated with higher emotional dysregulation, decreased resilience, and greater vulnerability to anxiety disorders. Clinical psychologists have emphasized that weak ego functioning may impair individuals' ability to tolerate distress, regulate emotions, and integrate experiences adaptively, thereby elevating risk for GAD (Dadastan, 2017). Empirical work in Iranian contexts similarly demonstrates that individuals with psychiatric disorders, including anxiety disorders, exhibit markedly lower ego strength compared to community samples (Besharat, 2015). Conversely, higher ego strength has been linked to psychological resilience, self-control, and adaptive functioning in stressful interpersonal contexts.

The interplay among parenting styles, AS, ego strength, and adult mental health becomes particularly pronounced among individuals facing high-intensity stressors such as DV. DV often undermines survivors' autonomy, self-confidence, and sense of emotional safety—domains already shaped by early parenting patterns. For women with developmental histories involving low parental warmth, high psychological control, or insufficient autonomy support, the experience of DV may reactivate maladaptive schemas regarding worth, safety, and controllability of threat. Schema therapy research suggests that early maladaptive schemas shaped by negative parenting interact with later trauma to intensify anxiety responses and decrease resilience (Young et al., 2003). Similarly, theories of mentalization and epistemic trust emphasize that disrupted early caregiving impairs individuals' ability to interpret

social cues accurately, regulate emotions, and engage in trusting relationships, thereby exacerbating anxiety in threatening environments (Fonagy et al., 2016).

Scholars have also examined the role of overprotective or controlling parenting styles, particularly in adolescent populations. Recent research in China demonstrates that overprotective parenting is significantly associated with academic and generalized anxiety, mediated by reduced autonomy, heightened threat perception, and increased cognitive rumination (Li et al., 2025). Similar findings have been reported in Iranian contexts, where parenting-related interventions have been shown to improve parental adaptability and reduce anxiety correlates among mothers of adolescents undergoing major academic stressors (Mirzaei et al., 2025). Furthermore, cross-sectional studies from India highlight that adolescents exposed to controlling parenting styles experience more internalizing symptoms, including anxiety, compared to those raised in autonomy-supportive households (Vijay et al., 2022).

Despite this rich body of literature, significant gaps remain. While numerous studies have explored the association between DV and anxiety, and others have examined the role of parenting, AS, or ego strength in general anxiety outcomes, very few studies have examined these variables simultaneously in women who are both DV survivors and in the process of divorce—a critical transitional period marked by heightened stress, instability, and emotional vulnerability. Divorce proceedings often intensify the psychological burden of DV, exposing women to ongoing legal conflicts, financial uncertainty, concerns about children, and in some cases, continued harassment or coercion by abusive partners. Understanding whether developmental and cognitive-emotional factors differentiate DV survivors who develop GAD from those who do not can inform tailored interventions that address both past and present vulnerabilities.

Given the limited and fragmented nature of existing research, a comprehensive analysis integrating perceived parenting styles, anxiety sensitivity, and ego strength within a DV-affected, help-seeking female population is both timely and necessary. Examining these variables in a single model will illuminate how developmental histories interact with trauma-specific cognitive vulnerabilities to shape women's anxiety outcomes in adulthood. Such an approach aligns with contemporary multidimensional models of GAD, which emphasize the interaction of early caregiving, cognitive-affective vulnerabilities, and environmental stressors (Millan, 2022).

Accordingly, the present study aims to compare perceived parenting styles, anxiety sensitivity, and ego strength between female victims of domestic violence seeking divorce who have generalized anxiety disorder and those who do not.

2. Methods and Materials

2.1. Study Design and Participants

This research employed a descriptive, causal-comparative design. The statistical population comprised all women seeking divorce who were victims of domestic violence, with and without GAD, who had visited medical centers, counseling clinics, and psychiatric clinics in Qom Province between 2024 and 2025. Using a convenience sampling method, and based on screening results from the Structured Clinical Interview for DSM-5 Disorders (SCID-5-RV; First et al., 2015), two groups of 40 participants each (one with GAD and one without) were selected. The sample size was determined using G*Power software, indicating that 80 participants would be sufficient to detect a medium-to-large effect size with 80% power at an alpha of .05.

Inclusion Criteria were: (a) women in the divorce process for at least one year; (b) experience of domestic violence (assessed and confirmed via the Revised Conflict Tactics Scales, CTS-2; Straus et al., 1996); (c) age between 25 and 45 years; (d) minimum education of a high school diploma; (e) no other severe psychiatric disorders (e.g., psychosis, bipolar disorder) as per SCID-5-RV; (f) diagnosis of GAD (for the clinical group) or absence of GAD (for the non-clinical group) confirmed via SCID-5-RV; (g) no substance use disorders; and (h) provision of informed consent.

Exclusion Criteria were: (a) incomplete questionnaire responses or insufficient cooperation; (b) current use of psychiatric medications; and (c) concurrent participation in other interventional studies.

This study received an ethics code from the Islamic Azad University, Qom University of Medical Sciences. After explaining the study's purpose and ensuring confidentiality, willing participants signed informed consent forms. They then underwent the SCID-5-RV diagnostic interview conducted by a trained clinician. Based on the screening results, two groups of 40 participants each (GAD and non-GAD) were formed from the same pool of DV survivors. Subsequently, participants completed the self-report questionnaires and a demographic information sheet. All data were anonymized and entered into SPSS version 26 for analysis.

2.2. Measures

Grolnick Perceived Parenting Scale (GPPS).

Developed by Grolnick et al. (1997), this 42-item scale measures six subscales. For this study, the Warmth (6 items per parent) and Autonomy Support (9 items per parent) subscales were used. Items are rated on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Higher scores indicate higher perceived warmth and autonomy support (Grolnick et al., 1997). The Persian version has demonstrated acceptable reliability, with Cronbach's alpha ranging from .79 to .86 for the subscales.

Anxiety Sensitivity Index (ASI-3). The 18-item Anxiety Sensitivity Index-3 (Taylor et al., 2007) measures fear of anxiety-related sensations across three subscales (physical, cognitive, social concerns) on a 5-point Likert scale (0 = *very little* to 4 = *very much*). The Persian validation has shown excellent psychometric properties, with a Cronbach's alpha of approximately .87.

Markstrom Ego Strength Scale (MESS). Developed by Markstrom et al. (1997), this 64-item scale measures eight dimensions of ego strength (e.g., hope, competence, fidelity) on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). The total score ranges from 64 to 320, with higher scores indicating greater ego strength (Markstrom et al., 1997). The Persian adaptation reported a high internal consistency of $\alpha = .91$.

Revised Conflict Tactics Scales (CTS-2). To objectively assess domestic violence, the CTS-2 (Straus et al., 1996) was used. This 78-item scale measures the prevalence and frequency of various forms of partner violence (physical, psychological, sexual, injury) and has demonstrated good reliability and validity.

Structured Clinical Interview for DSM-5 Disorders (SCID-5-RV). This semi-structured interview (First et al., 2015) was used for the definitive diagnosis of GAD and screening for exclusionary disorders.

2.3. Data Analysis

Data were analyzed using SPSS-26. Descriptive statistics (mean, standard deviation, frequency) were computed. The assumptions for MANOVA—including normality (Shapiro-Wilk test), linearity, absence of multicollinearity (correlations < .70), homogeneity of variance (Levene's test), and homogeneity of variance-covariance matrices (Box's M test)—were all met. Multivariate Analysis of Variance (MANOVA) was used to compare the two groups (GAD vs. Non-GAD) on the combined dependent variables (parental

warmth, autonomy support, anxiety sensitivity, ego strength). Following a significant MANOVA, univariate ANOVAs were conducted to examine group differences on each dependent variable separately.

3. Findings and Results

The demographic characteristics of the participants are presented in Table 1. The mean age of participants was 37 years ($SD = 6.22$), ranging from 25 to 45. Approximately half of the participants were employed (47.5%), and the majority (56.5%) held at least a bachelor's degree.

Table 1

Demographic Characteristics of Participants (N=80)

Variable	Category	Frequency (n)	Percentage (%)
Employment Status	Employed	38	47.5
	Unemployed	42	52.5
Education Level	Diploma or below	30	37.5
	Bachelor's degree	35	43.8
	Master's degree	15	18.7
Age (years)	Mean (SD)	37.00 (6.22)	
	Range	25 – 45	

Descriptive statistics for the main study variables are shown in Table 2. The Shapiro-Wilk test results ($p > .05$) and the values of skewness and kurtosis (between -1 and +1) indicated that the data were approximately normally distributed. Scatterplots confirmed linear relationships, and

inter-correlations among dependent variables were below .70, indicating no multicollinearity. Levene's test for equality of variances and Box's M test for homogeneity of covariance matrices were non-significant ($p > .05$), supporting the use of MANOVA.

Table 2

Descriptive Statistics for Study Variables

Variable	Min	Max	Mean	SD	Skewness	Kurtosis
Parental Warmth	9	41	25.55	7.72	-0.12	-0.76
Autonomy Support	8	50	28.43	9.43	-0.67	-0.45
Anxiety Sensitivity	54	138	91.84	21.35	0.11	-0.84
Ego Strength	119	272	187.43	32.36	0.04	-0.47

The MANOVA results revealed a statistically significant difference between the GAD and non-GAD groups on the combined dependent variables, Pillai's Trace = .88, $F(4, 75)$

= 136.80, $p < .001$, partial eta squared (η^2) = .88, indicating a very large effect size (see Table 3).

Table 3

Multivariate Tests (MANOVA)

Test	Value	F	Hypothesis df	Error df	p	Partial η^2
Pillai's Trace	0.88	136.80	4	75	<.001	.88
Wilks' Lambda	0.12	136.80	4	75	<.001	.88
Hotelling's Trace	7.30	136.80	4	75	<.001	.88
Roy's Largest Root	2.11	136.80	4	75	<.001	.88

The follow-up univariate ANOVAs (see Table 4) showed that all dependent variables significantly differed between the groups. The non-GAD group reported significantly higher parental warmth ($F(1, 78) = 48.92$, $p < .001$, $\eta^2 = .39$),

higher autonomy support ($F(1, 78) = 83.93$, $p < .001$, $\eta^2 = .52$), and higher ego strength ($F(1, 78) = 60.13$, $p < .001$, $\eta^2 = .44$). The GAD group reported significantly higher anxiety sensitivity ($F(1, 78) = 45.14$, $p < .001$, $\eta^2 = .37$).

Table 4

Tests of Between-Subjects Effects (Univariate ANOVAs)

Variable	Sum of Squares	d f	Mean Square	F	p	Partial η^2
Parental Warmth	2553.80	1	2553.80	48.92	<.001	.39
Autonomy Support	3836.45	1	3836.45	83.93	<.001	.52
Anxiety Sensitivity	23154.01	1	23154.01	45.14	<.001	.37
Ego Strength	51207.20	1	51207.20	60.13	<.001	.44

A comparison of the adjusted means (see Table 5) clearly illustrates the direction of these differences.

Table 5

Adjusted Means Comparison for GAD and Non-GAD Groups

Variable	Group	Adjusted Mean	Std. Error
Parental Warmth	GAD	18.90	0.83
	Non-GAD	30.20	0.83
Autonomy Support	GAD	21.50	1.01
	Non-GAD	35.35	1.01
Anxiety Sensitivity	GAD	108.85	2.03
	Non-GAD	74.82	2.03
Ego Strength	GAD	162.13	3.18
	Non-GAD	212.72	3.18

4. Discussion and Conclusion

The purpose of this study was to compare perceived parenting styles, anxiety sensitivity, and ego strength in female victims of domestic violence seeking divorce, distinguishing those diagnosed with generalized anxiety disorder (GAD) from those without the disorder. The results revealed significant and large group differences across all variables: women with GAD reported lower levels of parental warmth and autonomy support, higher anxiety sensitivity, and substantially lower ego strength relative to their non-GAD counterparts. Taken together, these findings illuminate the developmental and psychological pathways through which early caregiving environments and cognitive-emotional vulnerabilities combine with chronic interpersonal trauma—such as domestic violence—to shape differential trajectories of anxiety in adulthood. These results align with a broad theoretical and empirical base linking early relational experiences, cognitive biases, and structural psychological capacities to adult anxiety disorders.

The first major finding concerns parenting styles. Women in the GAD group retrospectively reported receiving less parental warmth and autonomy support—a pattern consistent with foundational developmental theories.

Attachment theory asserts that caregivers who fail to provide consistent emotional availability and a secure base contribute to the formation of insecure attachment patterns, which in turn predispose individuals to anxiety and heightened threat sensitivity (Bowlby, 1982). This study's results reinforce this theoretical framework, suggesting that insufficient parental warmth may hinder the development of emotional regulation capacities, leaving individuals more vulnerable to the destabilizing effects of intimate partner violence in adulthood. Similar conclusions are supported by contemporary attachment research, which demonstrates that insecure attachment is strongly associated with generalized anxiety, particularly in contexts marked by interpersonal threat (Mikulincer & Shaver, 2016).

The low levels of autonomy support observed among women with GAD also parallel findings from Self-Determination Theory. Autonomy support is essential for developing a sense of agency, competence, and the capacity to regulate internal states effectively (Deci & Ryan, 2017). Parents who overcontrol children's behavior, restrict independent decision-making, or create environments of psychological pressure interfere with the development of internalized self-regulatory capacities (Grolnick et al., 1997). Prior research indicates that psychological control and lack of autonomy support during childhood increase the

risk of internalizing symptoms throughout adolescence and into adulthood (Rogers et al., 2020). This pattern mirrors the current study's findings: women diagnosed with GAD recalled parenting characterized by rigidity, low emotional availability, and limited opportunities for autonomy, all of which likely contributed to later difficulties tolerating uncertainty and regulating affective states when facing domestic violence.

The results also corroborate more recent cross-cultural research. For example, studies conducted in Chinese and Indian populations show that overprotective and psychologically controlling parenting predict elevated academic and generalized anxiety among adolescents and young adults (Li et al., 2025; Vijay et al., 2022). These studies emphasize that the absence of autonomy support is a robust cross-cultural risk factor for anxiety problems. Moreover, meta-analytic evidence indicates that maladaptive parenting—including both authoritarian and permissive styles—is significantly associated with psychopathology across the lifespan (Chauhan & Dutt, 2023). The current study strengthens this body of evidence by demonstrating that poor perceived parenting remains a salient predictor of anxiety pathology specifically among adult women confronting the traumatic stress of intimate partner violence.

The second major finding concerns anxiety sensitivity (AS), which emerged as significantly higher among women with GAD. AS represents a cognitive-affective vulnerability characterized by the fear of anxiety-related sensations based on beliefs about their harmful consequences (Taylor et al., 2007). A substantial body of literature supports AS as a transdiagnostic risk factor for anxiety disorders, predicting both onset and chronicity (Biracyaza, 2019). The present study extends this work by confirming AS as a strong differentiator between clinically anxious and non-anxious women within a high-risk domestic-violence population. This is particularly meaningful given that women exposed to domestic violence frequently experience heightened physiological arousal due to chronic threat, and if these internal sensations are catastrophically misinterpreted, anxiety may intensify into pervasive worry and loss of control characteristic of GAD.

The association between early parenting and AS is also well documented. Research consistently demonstrates that authoritarian and inconsistent parenting styles are associated with higher levels of AS in offspring (Timpano et al., 2015). Children raised in environments lacking emotional responsiveness or autonomy support may learn to mistrust or

misinterpret their internal states, predisposing them to fear physiological arousal. Similarly, individuals exposed to childhood maltreatment—including emotional abuse or neglect—tend to exhibit elevated AS later in life (Bilsky et al., 2020). These findings strongly align with the current study's results, suggesting a developmental pathway: inadequate early caregiving cultivates distorted threat appraisals and hypersensitivity to bodily sensations, which, when combined with later traumatic experiences such as domestic violence, greatly increase susceptibility to GAD.

The third major finding relates to ego strength, which was substantially lower among participants with GAD. In psychodynamic terms, ego strength reflects the capacity for realistic problem-solving, emotional regulation, distress tolerance, and adaptive integration of internal and external demands (Freud, 1961). Weak ego functioning is believed to impede the management of anxiety and contribute to the development of pathological worry. The present results support this perspective, demonstrating that women with GAD display weakened ego resources relative to non-GAD survivors of domestic violence. This finding is also consistent with studies showing that individuals with anxiety disorders exhibit significantly lower ego strength than their non-clinical counterparts (Besharat, 2015). Moreover, adolescence is a critical period for ego development, and experiences of emotional insecurity or inadequate parenting can interrupt the consolidation of ego capacities (Markstrom et al., 1997). When later confronted with chronic interpersonal trauma, such individuals may lack the psychological resilience needed to modulate intense affect, contributing to persistent anxiety.

Beyond psychodynamic interpretations, contemporary clinical theories also shed light on the link between ego functioning and anxiety. Mentalization-based perspectives argue that early relational disruption impairs the development of reflective functioning and epistemic trust, increasing vulnerability to anxiety under conditions of interpersonal threat (Fonagy et al., 2016). Schema theory similarly posits that unmet emotional needs in childhood lead to maladaptive cognitive schemas that amplify anxiety responses when activated in adulthood (Young et al., 2003). These frameworks resonate with the present findings: women with GAD not only experienced greater early relational deficiencies but also presented with psychological structures more fragile, rigid, or fragmented, rendering them more susceptible to the destabilizing effects of domestic violence.

Importantly, the present findings align with epidemiological evidence demonstrating that domestic violence significantly elevates the risk of anxiety disorders, including GAD (Hegarty et al., 2023; Lisi et al., 2023). DV survivors commonly describe environments of unpredictability, coercive control, and emotional terror—conditions that activate chronic worry and somatic hyperarousal (Siddiqui et al., 2021). Given that GAD is characterized by a pervasive sense of uncontrollability and anticipated threat (Stein & Sareen, 2020), it is unsurprising that women navigating both DV and childhood relational deficits display heightened vulnerability. The interplay of developmental experiences, cognitive vulnerability (AS), and weakened ego resilience likely explains why some women exposed to DV develop GAD while others do not.

Overall, this study provides a multidimensional understanding of GAD among DV survivors, demonstrating that current anxiety symptoms cannot be understood in isolation from earlier relational experiences or cognitive-emotional vulnerabilities. The combination of low parental warmth, poor autonomy support, high anxiety sensitivity, and low ego strength forms a cumulative risk pattern that appears particularly detrimental when compounded by the chronic trauma of domestic violence.

Despite its contributions, this study has limitations. First, the cross-sectional design precludes causal inferences, limiting the ability to determine temporal relationships among parenting, anxiety sensitivity, ego strength, and GAD. Second, data on parenting styles were based on retrospective self-reports, which may be influenced by memory biases or current emotional states. Third, the sample consisted solely of women seeking divorce in a single province, limiting generalizability to women who remain in violent relationships or those in different cultural settings. Finally, the study did not examine potentially relevant contextual variables such as severity of violence, duration of abuse, social support, or economic conditions, which may influence anxiety outcomes.

Future studies should employ longitudinal designs to track developmental risk factors and trauma responses over time. Broader sampling across multiple regions and sociocultural contexts will enhance generalizability. Additionally, integrating physiological measures of anxiety, observational methods for assessing parenting, and structured clinical evaluations of trauma severity could produce more robust findings. Future research might also explore potential mediators—such as rumination, emotion regulation skills, or intolerance of uncertainty—that could

explain how parenting and cognitive vulnerabilities translate into GAD among DV survivors. Finally, intervention studies should test therapeutic models that simultaneously target anxiety sensitivity, ego development, and trauma-related schemas.

Clinicians working with DV survivors should incorporate interventions that strengthen emotional regulation, rebuild autonomy, and enhance psychological resilience. Treatment programs may benefit from integrating trauma-informed cognitive-behavioral approaches with ego-strengthening and schema-focused techniques. Interventions that address anxiety sensitivity directly—such as interoceptive exposure—can help reduce catastrophic interpretations of physiological arousal. Moreover, offering skills-based programs that cultivate autonomy, assertiveness, and self-efficacy may be particularly beneficial for women whose developmental histories included high parental control or low emotional support.

Authors' Contributions

All authors significantly contributed to this study.

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

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance

of the research before the start of the interview and participated in the research with informed consent.

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