

A Study of Nature, Magnitude and Pattern of Domestic Violence in Psychotic and Non Psychotic Married Women

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ABSTRACT

Violence against women is a major public health and human rights issue in the world today.

The problem of domestic violence is particularly serious in Asian Countries especially in India. Domestic violence, social and legal concept that, in the broadest sense, refers to any abuse—including physical, emotional, sexual, or financial—between intimate partners, often living in the same household.

AIMS: *In this study we assess the prevalence and frequency of different forms of physical sexual emotional and economical violence against women. To find out whether the frequency domestic violence differs psychosis vs non-psychosis groups*

MATERIAL AND METHODS:-*The study sample comprised of 50 women is the age group of 16 to 40 year with Axis 1 disorder as per DSMN 4-TR. The sample was selected from the Department of psychiatry OPD of SS Hospital, BHU. In this study we use four types of questionnaire i.e. Domestic Violence questionnaire-1, Violence questionnaire-2. The questionnaire was used for identifying the various characteristics of domestic violence among females with mental illness.*

RESULTS: *The finding of study Domestic Violence was observed in 64% of sample. In the subjects all categories of domestic violence like verbal violence 66%, 48%, physical violence 46%, and economical violence 18%, sexual violence 14% dowry 8% and stridhan related violence 4% were present. In verbal violence ridicule and In physical violence slapping was more common , whereas 30% of sample was psychotic and 20% of sample non-psychotic Husbands were mostly responsible for violence in majority of cases and some women reported the involvement of husband's parents.*

Key words: *Domestic violence, Married women, psychotic women and non psychotic women,*

INTRODUCTION

Domestic violence is also known as domestic abuse, spousal abuse, battering, family violence and intimate partner violence (IPV). It is a pattern of abusive behaviors by one partner against another in an intimate relationship such as marriage, dating, family or cohabitation. Domestic violence has many forms such as physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats like sexual abuse, emotional abuse, controlling or domineering, intimidation, stalking, passive/covert abuse (neglect), ,(WHO Geneva, 5–7 February, 1996.)

According to National Network to End Domestic Violence, 2011 Domestic violence and abuse is not limited to physical violence. It can be endangerment, criminal coercion, kidnapping, unlawful imprisonment, trespassing, harassment and stalking.

In one study by Ali and Bustamante-Gavin, 2007 found the prevalence of verbal abuse was 97.5% by the husband and 97.0% by the in-laws. The prevalence of physical abuse was 80.0% and 57.5% by the husband and in-laws respectively. Financial issues were the commonest reason for domestic violence followed by infertility and not having a son.

In India Domestic Violence is a serious social problem. Overall, one-third of women age 15-49 have experienced physical violence and about 1 in 10 has experienced sexual violence. In total, 35 percent have experienced physical or sexual violence. This figure translates into millions of women who have suffered, and continue to suffer,

at the hands of husbands and other family members. National Family Health Survey(NFC-3.) Collected information from married and unmarried women age 15-49 about their experience of physical and sexual violence. Married women were also asked about their experience of emotional violence.

The lifetime physical, psychological, and sexual intimate male partner violence (IPV) affects on the mental health of women. The concomitance of sexual violence was associated with a higher severity of depressive symptoms in both abused groups and a higher incidence of suicide attempts in the physically/psychologically abused group (Pico-Alfonso MA and et.al 2006) Mental health sequelae to spousal violence are significant and have long-term health implications. Battered women were found to have more depressive symptoms than other women (Campbell & Lewandowski, 1997)

According to WHO,2000 report women with domestic violence suffer from depression, anxiety, psychosomatic systems, eating problems and sexual dysfunction and it may also affect their reproductive health.

The extensive violence has significant harmful effects like unwanted pregnancy (Khan et al., 1996), gynecological disorders (Golding and Taylor 1996) and physical injuries to private parts (Starck et al., 1979), besides large-scale mental health impacts (UNICEF, 2000)

A population based multicentre collaborative project conducted in seven sites of India (India-SAFE) showed that women with physically violent behaviour (slap, hit, kick or beat) were at

increased risk of poor mental health. Findings indicated a strong association between domestic spousal violence and poor mental health. (Kumar et al, 2005).

Dodd et al. found in their study that **70% of incidents** of domestic violence result in injury. (Compared with 50% of incidents of acquaintance violence, 48% of stranger violence and 29% of mugging.)

According to Home Office, 2001 75% of cases of domestic violence result in **physical injury** or **mental health** consequences to women.

The above research findings indicate that Domestic violence contributes to the genesis, relapse and poor outcome of many psychiatric disorders. There is, however, lack of adequate research domestic violence in psychotic and non psychotic married women will be studied.

Domestic violence plays an important role in the vicious cycle of stress and mental illness.

MATERIALS AND METHODS

This was a comparative study, using a quantitative approach performed. The sample comprised of 50 married women with mental illness selected from Psychiatric Department of OPD and ward of Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh over a period of three months.. Inclusion criteria for the present study includes: 1) Age group between 16 to 40 years 2) Subjects who were ready to participate for the interview 3) All the Participant were attending the Psychiatry OPD/Ward of SSH, BHU. 4) Married female. Exclusion criteria includes: 1) Subjects who had Above 40 year 2) some were not ready to

participate in the study 3) Unmarried female and Widow Women. The structured questionnaire was used and sample size was 50 where the data was collected through face to face interview, after taking written informed consent. The subjects were given a brief introduction of the purpose of the study. The study protocol was approved by the Ethics committee. The study sample was assessed using the following instruments.

1. Socio-demographic Performa includes age, education status, type of family, occupational status. Socioeconomic Scale of Kuppaswamy(SSK) Mishra,2003, Kuppaswamy 2007. Domestic violence questionnaire (Indu et al, 2011) The objective of this questionnaire is to know whether there are such experiences in your marital. This tool consisted is total 20 question. Reliability of tool was 0.86, which showed that the tool was reliable.
2. Descriptive and inferential statistics were used in order to analyze the data using SPSS version 16. Demographic variables containing sample characteristic would be analyzed using frequency and percentage. The association between domestic violence and demographic variables by t test.

RESULTS A total 50 women were interviewed.

Table 1a: The Socio-demographic characteristics.

Table 1a. Socio-demographic characteristic of the sample			
Variable	Mental illness Group (N=30)		
	Mean	SD	Range
Age at marriage	19.4	5.3	30.0
Age now	30.14	6.1	19.0

The demographic characteristics of sample are shown in Table 1a. The mean age of women with mental illness at the time of marriage was 19.4+5.3+30.0 years. At the time of interview mean age of women with mental illness was 30.14 \pm 6.1 & 19.0.

Table 1b. Socio-demographic characteristic of the sample		
Variable	N	%
Religion		
Hindu	47	94
Muslim	3	6
Domicile		
Rural	31	62
Urban	17	34
Semi-urban	2	4
Type of Family		
Joint	29	58
Nuclear	21	42
Education of the women		
Illiterate	04	8
Middle	03	6
High school	13	26
Intermediate/Diploma	09	18
Graduation/Post graduation	21	42
Profession or honors		
Marital status		
Arrange	48	96
love	2	4
Occupation of the women		
housewife/household	47	96
Professional	1	2
skilled worker	1	2
unskilled worker	1	2

All participants' mental women were Hindu. Majority of women with mental illness came from rural background. Most of the participants 58% of women belong to joint families and were supported by their family members. Majority 42.0% of women with mental illness had graduation/post graduation. Most of the participants were housewife and were belong to Upper Middle class (Table:1b).

Table 2: Clinical Characteristics of women

Table 2;Clinical Characteristics of sample					
Variables	Psychotic N=30		Non- psychotic	N=20	
	N	%		Diagnosis	N
• Schizophrenia schizoaffective	12	40	• Anxiety	7	35
• Bipolar disorder Mania	5	16	• Conversion disorder	5	25
• Bipolar disorder Depression	4	13	• MDD	3	10
• Depression with psychotic features	4	13	• OCD	2	10
• Brief psychotic	4	13	• Dissociative	1	5
	1	3			

Table 5 showed that Majority of 12(40. %) women with psychotic illness were suffered from schizophrenia. And 7(35%) women with non psychotic illness were suffered from Anxiety.

Table 3: Clinical Characteristics of sample Violence psychotic vs non-psychotic					
disease	N	Mean	Std. Deviation	Std. Error Mean	t
psychotic	23	28.5217	20.71203	4.31876	2.290*
Non-psychotic	9	12.4444	3.97213	1.32404	

*P<0.05

To see the significant difference between domestic violence with psychotic and non psychotic patients a t test was determined. The results are shown in table 3.

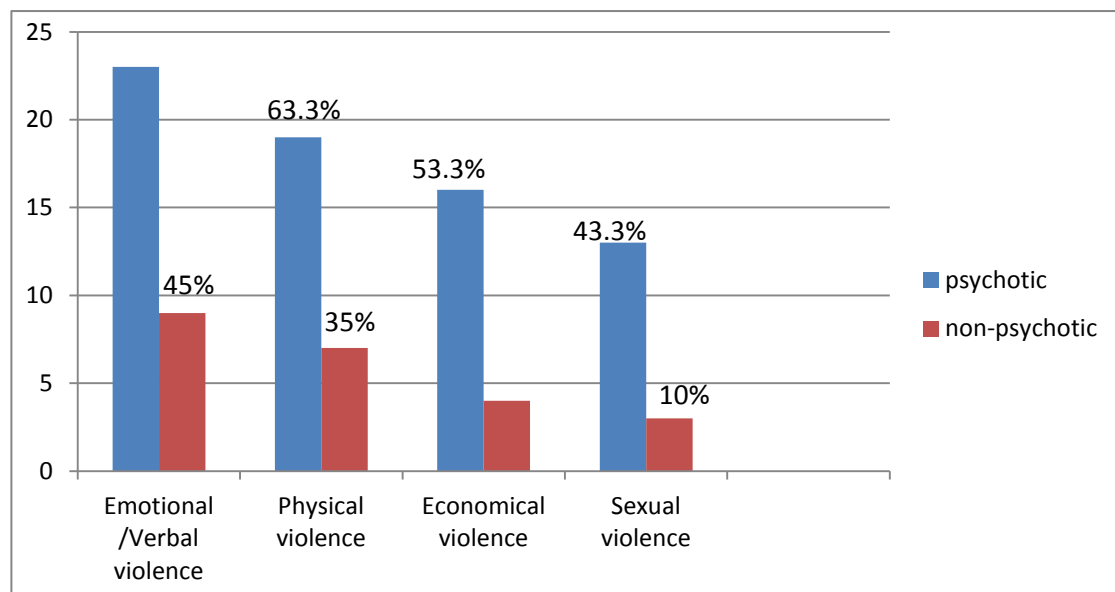
The above table shows the mean of domestic violence with psychotic patients was higher than non psychotic patients. The t value shows that it is significant at .05 level but not significant at .01 level. This indicates that domestic violence occurs in psychotic patients in comparison to non psychotic patients.\

Table 4: Prevalence of domestic violence.		
Variables	Psychotic N=50	
	N	%
Emotional /Verbal violence	32	64
Physical violence	23	46
Sexual violence	19	38
Economical violence	18	36

The study found out the overall prevalence of domestic violence against women was 64% (**Table 4**)

Association between disease and demographic variable						
Variable	psychotic Women (n=30)		Non psychotic Women (n=20)			
	Frequency	Percentage	Frequency	Percentage	Df	χ^2
Age (in years)					3	1.440 ^a
21- 25	7	30.4%	1	11.1%		
26 - 30	9	30% 39,1%	4	44.4%		
31 – 35	4	17.4%	2	22.2%		
36- 40	3	13.0%	2	22.2%		
Family types					1	2.672
Nuclear	15	34%	6	66.7%		
Joint	8	65.3%	3	33.5		
Educational status of wife					5	6.076 ^a
Illiterate	3	13%	0	0%		
Primary education	4	4.3%	3	33.3%		
Middle education	5	17.4%	1	11.1%		
intermediate	5	17%	2	22.2%		
Graduation & above	13	47.8%	3	33.3%		
Educational status of husband					5	1.470
Primary education	1	4.3%	3	0%		
Middle education	1	4.3%	1	11.1%		
Secondary education	2	8.7%	2	0%		
intermediate	4	17.4%	4	22.2%		
Graduation & above	9	39.1%	3	22.2%		
Profession and honors'	6	26.1%	7	44.4%		
Occupation al status of husband					6	1.541 ^a
Professional	2	8.7%	1	11.1%		
Semi-profession	2	8.7%	1	11.1%		
Clerical/shop-owner	11	47.8%	3	33.3%		
Skilled worker	4	17.4	1	11.1%		
Semi-skilled worker	2	8.7%	1	11.1%		
Unskilled	2	8.7%	2	22.2%		
Husband socio economic status					3	3.803 ^a
Upper	1	4.3%	1	44.4%		
Upper middle	16	69.6%	4	44.4%		
Upper lower	4	17.4%	4	0%		
Lower middle	2	8.7%	0	0%		

Figure 1: bar diagram showing percentage distribution of domestic violence among women with psychotic vs non psychotic



Data represented in Figure 1 showed the distribution of domestic violence among women with **psychotic and non psychotic** was 23 (76.6%) and 9 (45%).

DISCUSSION

The present study was aimed to assess the domestic violence in psychotic and non psychotic women. It should be emphasized that no studies were found that compared the domestic violence in psychotic and non psychotic women. Future research in this area should focus on qualitative studies including larger sample size.

The domestic violence was found to be significantly higher in those women who were psychotic (76.6%) as compared to (45.0%) in non psychotic.

Thus the hypothesis made by the investigator i.e. RH there will be statistically more chance of domestic violence in psychotic women than non psychotic women, was accepted.

The finding of the study showed no statistically significant association between the domestic violence scores and selected demographic variables like age, education, type of family, occupation of the working and non working women.

The above finding is supported by Haqq Sobia (2010) conducted a study on prevalence of domestic violence and association in married women at a tertiary care hospital in Karachi, which revealed that there was not significant association between domestic violence and selected demographic variable like age and occupational status.

CONCLUSION

According to the result obtained from the research, the domestic violence in women is quite high where as domestic violence psychotic women is more than no psychotic women and there was no significant association found between domestic violence and demographic variable like age, family type, status of wife and husband, and occupational status of husband.

Education on prevention of domestic violence exposures provides unique opportunities of the individual. Conduct home visits to the all family members to recognize any other factors leading for domestic violence. Social worker to provide counseling services to protect their health and prevention of domestic violence. The study findings imply that there is need for health education programmed to be carried out by occupational health social worker to create awareness among the women regarding domestic violence and their risk.

The findings are important because they reflect the current scenario with regard to inferior social declining social standards because patient with mental illness should be treated with warm and sympathy, abusing them is social and legal defense.

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