

# A STUDY TO ASSESS THE DOMESTIC VIOLENCE IN MENTAL ILLNESS & NORMAL MARRIED WOMEN

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## ABSTRACT

**Background:** Domestic violence against women is the most pervasive human rights violation in the world today. According to UNiTE to End Violence against Women (2009) by UN Women, In the United States, one-third of women murdered each year are killed by intimate partners. In South Africa, a woman is killed every 6 hours by an intimate partner. **The Objective:** To assess the magnitude and causes of domestic violence with mental illness & normal women. **Material & Methods:** The sample of study comprised of 50 women with mental illness and 50 normal women. Mental illness patients diagnosed according to with Axis one psychiatric Disorder DSM IV-TR, who were selected from the Psychiatry OPD and ward of the S.S. Hospital, BHU and normal women were be selected from the accompany with patients of Sir Sunder Lal Hospital. The patients were assessed on the structured questionnaire on Domestic Violence. **Results** – The domestic violence present in married women with mental illness was 72% and normal women were 36%. Perceived causes of domestic violence in married women with mental illness was normal women were accompared to those with normal women. The health care personnel should be given an opportunity to update their knowledge regarding domestic violence and there is need education for domestic violence and cessation, so that they can help the women to protect/prevent domestic violence.

Key words: Domestic violence, Married women, Normal women, domestic abuse, Family Violence.

## **INTRODUCTION**

Violence against women is perhaps the most shameful human rights violation, and it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development, and peace.<sup>1</sup>

Domestic violence is a critical public health problem that has devastating physical, psychological effects on human beings across all societies and classes in the world.<sup>2, 3</sup>

**Definitions and Key Concepts:** The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>4</sup> Violence against women in a well recognized public health problem and human right violence of worldwide significance<sup>5</sup>. The Declaration defines violence against women as encompassing, but not limited to, three areas: violence occurring in the family, within the general community, and violence perpetrated or condoned by the State. Acts of omission are also included as a form of violence against women and girls (UNICEF, 2000).<sup>5</sup>

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship in domestic settings. These acts include physical, sexual, emotional and economic abuse, Defining forms of violence, its perpetrators and their victims, is complicated by the many different kinds of intimate and family relationship and living arrangements present in communities<sup>6</sup>.

Globally, it has been estimated that 1 woman in 3 has been beaten, forced into sex, or otherwise abused in her lifetime.<sup>7</sup> Mental health sequelae to spousal/ intimate partner violence are significant and have long-term health implications. Battered women were found to have more depressive symptoms than other women.<sup>8</sup>. Sexual violence was associated with a higher severity of depressive symptoms and a higher incidence of suicide attempts in the physically/psychologically abused group<sup>9</sup>. There has been much debate regarding the most appropriate terminology to use for violence between spouses and partners. Objections have been raised to both "domestic Violence" and "family violence" as well as use of terms such as 'victims' of domestic violence  $^{10}$ . Tamil Nadu shows the highest prevalence with 41 percent of the women reporting domestic violence incidents since the age of 15 years. Andhra Pradesh, Karnataka, Meghalaya, Arunachal Pradesh, Mizoram, Orissa, Bihar and Jammu and Kashmir have prevalence rates higher than 20 percent. Himachal Pradesh shows the lowest prevalence of 5.8 percent, followed by Kerala (10.1 percent) and Gujarat (10.2 percent)<sup>11.</sup>

Not only is the body scarred by such violence. Consequences also included depression, anxiety, phobias and substance abuse, confirming that the effects of violence can last long after the brutality has ended. Women who had been physically or sexually abused were three times likelier to have had suicidal thoughts, and four times likelier to have attempted at least once to take their own lives.<sup>12</sup> The causes of domestic violence in the women with mental illness and normal women have not been studied well in the Indian population especially in Northern India. As women with mental illness are more likely to be abused than normal women, there is need to study and compare domestic violence in these populations. There is limited work in this area.

## MATERIALS AND METHODS

This was a descriptive study, using a quantitative approach performed. The sample comprised of 50 women with mental illness and 50 normal women at a selected from Psychiatry OPD and ward of Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh over a period of three months. A convenience sample of 100 women with mental illness and normal women was selected. Inclusion criteria for the present study includes: Age group between 16 to 40 years, Subjects who were ready to participate for the interview, All the Participant were attending the Psychiatry OPD/Ward of SSH, BHU & Married female. The data was collected through face to face interview, after taking written informed consent. The study protocol was approved by the Ethical Committee of Institute of Medical sciences.

The study sample was assessed using the following instruments: i) Socio-demographic Performa. ii) Domestic violence questionnaire<sup>13.</sup> iii) Global disability scale for assessment of psychiatric disability (IDEAS) <sup>14</sup>, iv) Burden of care: Burden assessment scale<sup>15.</sup> v) Questionnaire for perceived cause of domestic violence

Descriptive and inferential statistics were used in order to analyze the data using SPSS version 16.

**Statistical analysis**: The data was analyzed with the help of parametric and non-parametric tests. Categorical data was analyzed by the chi square test with yate's correction or fishers test wherever applicable. Numerical data was analyzed by't' test and 'f' test.

## RESULTS

 Table 1a: Socio-demographic characteristic of the sample

	Mental Illness (N=50)		Normal (N=50)		
Variable	Mean ±SD	Range	Mean $\pm$ SD	Range	
Age at the time of Marriage of women (years)	$18.8 \pm 4.1$	10-29	19.7±3.7	12-29	Df-1, f=1.35, P<0.05
Age at the time of interview of women (years)	30.6± 5.9	21-40	$31.7 \pm 5.7$	19-40	Df-1, f=5.52 P<0.05

	Mental Illness (N=50)		Normal (N=50)		
Variable	Ν	%	Ν	%	$X^2$
Religion					
Hindu	50	100	50	100	-
Husband's Family Type					Df-1 $X^2 = 0.73$
Nuclear family	18	36.0	14	28.0	P>0.05
Joint family	32	64.0	36	72.0	
Women's natal family Domicile					Df-1 $X^2 = 1.00$
Rural	26	52.0	21	42.0	P>0.05
Urban	24	48.0	29	58.0	

Table 1b: Socio-demographic characteristic of the sample

## Table 1c: Socio-demographic characteristic of the sample

	Mental	Illness (N=50)	Norma	1 (N=50)		
Variable	N	%	Ν	%	$X^2$	
Women's Education						
Illiterate	06	12.0	06	12.0	Df-6	$X^2 = 9.35$
Primary	10	20.0	02	04.0	NS	
Middle	08	16.0	10	20.0		
High school	05	10.0	07	14.0		
Intermediate/Diploma	09	18.0	06	12.0		
Graduation/Post graduation	12	24.0	17	34.0		
Profession or honours	00	00.0	02	04.0		
Husband's Occupation						
Professional / Semi professional	05	10.0	08	16.0	Df-5	$X^2 = 2.89$
Clerical/shop owner	23	46.0	19	38.0	NS	
Skilled worker	05	10.0	06	12.0		
Semi-Skilled Worker	10	20.0	07	14.0		
Unskilled Worker	06	12.0	07	14.0		
Unemployed	01	02.0	03	06.0		
Husband's Education						
Illiterate	01	02.0	01	02.0		
Primary	01	02.0	00	00.0	Df-6	$X^2 = 4.57$
Middle	05	10.0	06	12.0	NS	
High school	09	18.0	09	18.0		
Intermediate/Diploma	14	28.0	07	14.0		
Graduation/Post graduation	19	38.0	25	50.0		
Profession or honours	01	02.0	02	04.0		

 Table 2: Assessment of Domestic violence in women with Mental illness & Normal women

	Mental Ill	Mental Illness (N=50)		women (N=50)
	N %		Ν	%
Present	36	72.0	21	42.0
Absent	14	28.0	29	58.0

#### Table 3: Type of Domestic violence in women with Mental illness & Normal women

	Mental Illness (N=50)		Normal women (N=50)		
	Present Absent		Present	Absent	
Variable	N (%)	N (%)	N (%)	N (%)	
Emotional /Verbal violence	36 (72%)	14 (28%)	21 (42%)	29 (58%)	
Physical violence	31 (62%)	19 (18%)	17 (34%)	33 (66%)	
Economical violence	20 (40%)	30 (60%)	05 (10%)	45 (90%)	
Sexual violence	14 (28%)	36 (72%)	10 (20%)	40 (80%)	

Table 4: Distribution of sample according to diagnostic breakup (Clinical characteristics of women with mental illness)

Variables	N=50	
Diagnosis	N	%
Schizophrenia	13	26.3
Bipolar I disorder, most recent episode manic	15	30.0
MDD with psychotic features	03	06.0
Mania	02	04.0
Generalized Anxiety disorders	03	06.0
Depression without psychotic symptoms	09	18.0
Obsessive Compulsive Disorder	03	06.0
Conversion disorders	02	04.0

 Table 5: Correlations between Domestic violence and Total duration of marriage, Husband's income, total family member, duration of illness, total disability and burden assessment.

(Mental illness Group N=50)					
Pearson R Value	Approximate Significant				
219	.126				
.069	.632				
077	.596				
.004	.980				
056	.701				
.093	.519				
	Pearson R Value 219 .069 077 .004 056				

Table 6: Correlations between Domestic violence and duration of marriage, Total family member & husband's income.

(Normal women Group N=50)		
Total Score	Pearson R Value	Approximate Significant
Domestic Violence and Total duration of marriage	.037	.800
Domestic Violence and total family member (husbands home's)	.078	.590
Domestic Violence and Husband's income	.074	.609

Table 7: Perceived Causes of domestic violence against women with mental and normal women

			Mental Illness (N=36)		Normal women (N=21)	
S.no	Variable	Ν	%	Ν	%	
1	Unable to perform domestic chores	30	83.3	3	14.2	
2	Dowry is one of the cause which creates violence in the family	14	38.9	3	14.2	
3	Other family members complain about her behavior	14	38.9	1	04.7	
4	Husband is not find time to know the truth & starts scolding	13	36.1	6	28.5	
5	Remain mentally sick, so husband does not like you	13	36.1	0	00.0	
6	Not good sex partner which cause for domestic violence	12	33.3	10	47.6	
7	Husband has got approved by the family to do anything wrong or right against you	12	33.3	2	09.5	
8	Husband does not like you and creates problem	11	30.6	0	00.0	
9	Poverty, which is cause violence	11	30.6	4	19.0	
10	Husband is greedy and demands money	10	27.8	4	19.0	
11	Male child is preferred over the female child	03	8.3	6	28.8	

**Table 2.** Data represented in Table 3 showed the distribution of domestic violence among women with mental and normal women. The domestic violence present in married women with mental illness was 72% and normal women were 42%. There was a significant association between present of domestic violence and mental and normal women.

The above table depicts that majority of domestic violence against women was as follows: emotional/verbal violence 72% and physical violence 62% mental illness. was in Converselv emotional/verbal violence was 42% in normal women (Table.3).

**Tables 4** showed that majority of 30% women with mental illness were suffered from bipolar disorder.

**Table 5**: Showed that the there was no correlations between Domestic violence with mental illness and Total duration of marriage, Husband's income, Total family member, duration of illness, total disability and burden assessment.

**Table 6**: Showed that the there was no correlations between Domestic violence with normal women and Total duration of marriage, Total family member of husband's home and husband's income.

The majority of causes of domestic violence showed that 83.3% women with mental illness & 14.2% normal women though that she was unable to perform domestic chores. 38.9% women with mental illness and 14.2% normal women told that Dowry was one of the causes which created violence in the family. 38.9% women with mental illness and 4.7% normal women complaint about her behaviour. 36.1% women with mental illness & 28.5% normal women told that husband is not find time to know the truth & starts scolding. 36.1% remain mentally sick, so husband did not like &33.3% women with mental illness was not good sex partner which cause for domestic violence. 33.3% % & 9.5% husband had got approved by the family. 30.6% women with mental illness that husbands did not like and creates problem. Poverty, money and Male child was also the causes of domestic violence (Table-7).

#### DISCUSSION

The present study was aimed to assess the Domestic violence in married women with mental illness and normal women. It should be emphasized that no studies were found that the assessment of domestic violence in married women with mental illness and normal women.

The finding of the study showed that the assessment of domestic violence married women with mental illness and normal women score among 100 subjects of the women, total distribution among given population 72% women with mental illness & 42% normal women. Domestic violence in the married women with mental illness is largely due to the stigma of mental illness. There is an association between domestic violence with mental and normal women & selected demographic variable like husband's family domicile, women's natal family type, women's occupation and socioeconomic status. The findings provide robust evidence for a greater degree of domestic violence in women with mental illness and less so in women with normal women.

In mental illness, there is no correlation between Domestic violence and Total duration of marriage, Husband's income, and total family member, duration of illness, total disability and burden assessment. And also in normal women, there is no correlation between Domestic violence and total duration of marriage, total family member of husband's home and husband's income. Perceived causes of domestic violence were reported more in the married women with Mental Illness compared to normal women.

## CONCLUSION

According to the result obtained from the research, the domestic violence in women was quite high whereas domestic violence in women with mental illness were more than women with normal women. Domestic Violence in the married women with mental illness was largely due to the stigma of mental illness.

The study findings imply that there is a need for health education programmed to be carried out to create awareness among the women regarding domestic violence and their risk.

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#### REFERENCE

- UN Secretary General Kofi Annan. A challenge to the world's scientists: Editorial for Science magazine. 2003; March 7. http://www.itu.int/ wsis/newsroom/news/kofi\_annan1.html
- 2. Veena A Satyanarayana, Prabha Chandra. World report on violence. Indian journal of medical ethics.2009; 6(1): 15–18.
- 3. Shipway Lyn.(2004). Domestic violence: A hand book for Health Professional. British library cataloguing. 1st.1
- United Nations. Declarations on the elimination of violence against women. United nations General Assembly New York. 1993. http://www.un.org/ documents/ga/res/48/a48r104.htm.
- 5. UNICEF. Domestic violence against women and girl innocent digest. 2000;6:6
- Morgan. Masculine general roles associated with increased sexual risk and intimate partner violence perpetrators among young adult men. Journal of urban health: Bulletin of the New York Academy of medicine. 2010; 123:737-46
- Bachman R,Saltzman L. Violence against women: Estimates from the redesigned survey. Bureau of Justice Statistics special report. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. 1995; (Publication NCJ-154348). http://www.bjs.gov/content/pub/pdf/FEMVIED.P DF.
- Counts DA, Brown J, Campbell J. Sanctions and Sanctuary: Cultural Perspectives on the Beating of Wives. Boulder, CO: Westview Press.1992;
- Pico-Alfonso MA, Garcia-Linares MI, Celda-Navarro N, Blasco-Ros C, Echeburúa E, Martinez M. The impact of physical, psychological and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. J Women Health. Larchmt. 2006;15(5), 599-611.
- Fehlberg B, Behrens J. Australian family law: the contemporary context, Oxford University Press, South Melbourne. 2008;(1). 177-79.
- 11. IRIN UN. Pakistan: Domestic violence endemic, but awareness slowly rising. Humanitarian news and analysis a project of the UN Office for the Coordination of Humanitarian Affairs.2008

March 11. http://www.irinnews.org/ Report.aspx? ReportId=77226.

- 12.The Hindu news. Working women face more domestic violence in India: Study. Oct 2009
- Indu PV. Development and validation of the Domestic Violence Questionnaire in married women aged 18–55 years. Indian J Psychiatry. 2011;53(3): 218–23
- Thara RS, Rajkumar, Valecha V. Schizophrenia Research Foundation. (SCARF, India). Burden assessment scale. Indian Journal of Psychiatry. 1998; 30(1), 42-52.
- Indu PV. Development and validation of the Domestic Violence Questionnaire in married women aged 18–55 years. Indian J Psychiatry. 2011;53(3): 218–23
- Thara RS, Rajkumar, Valecha V. Schizophrenia Research Foundation. (SCARF, India). Burden assessment scale. Indian Journal of Psychiatry. 1998; 30(1), 42-52.