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# COMPARISON OF MENTAL HEALTH OF WOMEN SUFFERING FROM DOMESTIC VIOLENCE AND WITHOUT DOMESTIC VIOLENCE

Psychiatry

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## ABSTRACT

Mental health is a level of cognitive or emotional well-being or an absence of a mental disorder. It can be achieved by preventing and treating various psychological disorders and by promoting well being. Domestic violence which refers to physical, sexual and economic abuse by an intimate partner has a potential to increase psychiatric disorders like depression and anxiety, which already has higher prevalence in females. This study aimed at comparing anxiety and depression levels between violated and non-violated women. Following screening through partner violence screen, women were subjected to Hamilton Anxiety Rating Scale (HARS) and Hamilton Rating Scale for Depression (HRSD). Result show significantly higher level of anxiety ($\chi 2$=13.47, p<0.001) and depression ($\chi 2$=12.92, p<0.001) in violated women as compared to non-violated women. Thus to conclude, routine partner violence screening of women with anxiety and depression can help in their holistic management.

## KEYWORDS

Domestic Violence, Women Mental Health

## INTRODUCTION

The World Health Organization has given comprehensive definition of mental health. It defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"(Moreno et al, 2005)

Violence is the expression of physical force against one or more people, compelling action against one's will on pain of being hurt. Domestic violence, a form of violence refers to violence emanating from the household and within relationships covered by familial or emotional attachment (United Nations, 1996). Domestic violence has many forms including physical aggression (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation (Shipway, 2004).

It was identified as a major contributor to the global burden of ill health in terms of female's morbidity and mortality leading to psychological trauma and depression, injuries, sexually transmitted diseases, suicide and murder (World Development Report, 1993). One out of every three women has experienced violence in an intimate relationship at some point in her life. This is an average based on available national surveys across industrialized and developing countries (World Health Organization, 1996) The term "intimate partner violence" (IPV) is often used synonymously with domestic abuse/domestic violence (Williams et al., 2004).

All forms of abuse have the potential to lead to mental illness, self-harm, and even attempts at suicide (Mayhew et al., 1996). It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality (Barnett, 2001). Victims of domestic violence also suffer from Generalized Anxiety Disorder and Panic Disorder. Studies indicate that women are more likely to suffer from depression symptoms (Klerman & Myrna, 1980). This study compares mental health problems in women suffering from domestic violence with those without it.

## METHODOLOGY

Totally 60 married women with written informed consent, out of which 30 women who scored positive in partner violence screen, whereas 30 women who scored negative, were selected using purposive sampling method, from the mana basti and Samta coloney of Raipur after matching for socio- economic status, education and age. Those who experienced violence from other family members than husband and who were suffering from mental retardation, substance abuse, organicity and mental illness were excluded from the study. Following this they were subjected to Hamilton Anxiety Rating Scale(HARS) and Hamilton Rating Scale for Depression (HRSD) (Trajkovic et al., 2011).

Descriptive statistics, like chi-square and t-test was used for statistical analysis using statistical package of social sciences (SPSS) version 11.5.

## RESULTS

**Table-1. t-ratio, mean & SD of age of both the groups.**

| Variables | Groups | | | | t- value |
|---|---|---|---|---|---|
| | Violated women | | Non-violated women | | |
| | Mean | SD | Mean | SD | |
| Age | 30.27 | 9.22 | 30.97 | 9.42 | 0 .291 |

Significance level *P< .05 level, ** p<.001

It is evident from table 1 that no significant difference was found in age in both the groups.

**Table-2. Significant socio-demographic correlation of both the groups:**

| Variables | | Groups | | | | 2 |
|---|---|---|---|---|---|---|
| | | Violated women | | Non-violated women | | |
| | | N | % | N | % | |
| Family History of Domestic Violence | Present | 21 | 35.0% | 1 | 1.7% | 28.7** |
| | Absent | 9 | 15.0% | 29 | 48.3% | |
| Education | Up to 5th | 16 | 26.7% | 8 | 13.3% | |
| Spouse used harsh physical punishment | Yes | 30 | 50.0% | 0 | 0% | 60.00** |
| | No | 0 | 0% | 30 | 50.0% | |
| Habit of spouse | Alcohol | 19 | 31.7% | 12 | 20.0% | 17.29* |
| | Cannabis | 6 | 10.0% | 0 | 0% | |
| | Other | 4 | 6.7% | 6 | 10.0% | |
| | None | 1 | 1.7% | 12 | 20.0% | |

Significance level *p<.05 level, ** p< .001

Table 2 demonstrates the socio-demographic variables. Significant differences were found in the variables on habit of spouse, harsh physical punishment used by spouse and having a family history of domestic violence in the family. ($p \leq 0.05$ &0.01 respectively).

**Table-3. Significant difference between anxiety and depression amongst both groups.**

| Variables | | Groups | | | | 2 |
|---|---|---|---|---|---|---|
| | | Violated women | | Non violated women | | |
| | | N | % | N | % | |
| Hamilton anxiety scale (HARS) | Mild | 19 | 31.7% | 30 | 50.0% | 13.47 ** |
| | Moderate | 9 | 15.0% | 0 | 0% | |
| | Severe | 2 | 3.3% | 0 | 0% | |
| Hamilton depression rating scale (HDRS) | Minimal | 16 | 26.7% | 28 | 46.7% | 12.92 ** |
| | Mild | 12 | 20.0% | 1 | 1.7% | |
| | Moderate | 2 | 3.3% | 1 | 1.7% | |

Significance level *P<.05 level, ** p< .001

Table 3 depicts difference in anxiety level and depression between violated and non-violated women. It shows that anxiety and depression were significantly high when combined both mild and moderate level of score in violated women i.e. 18.3% and 23.3% respectively than non-violated group.

## DISCUSSION

The scope of violence against women is of a stunning magnitude when crimes by intimate perpetrators and strangers are considered.

The mean age of violated and non-violated women was identical between 15 and 40 as in previous studies (Cengiz & Deveci, 2011). Education protect women from violence and intimidation. Both groups had similar number of educated participants who were educated. This study emphasized that low academic achievement can be one of the risk factors for partner violence, as found in earlier study (Thompson & Anderson, 2006).

There is no significant difference between social support, duration of marriage and working status of spouse in both the groups, which is contrary to earlier studies. 46.2% violated women reported to have an adequate social support, psychological or social. Only 3.3% of them were deprived from such social support. Comparable findings were seen in control group. It is known that problem of domestic violence arise during the early years of marriage and the risk decreases with the increase in the duration of marriage. 23.3% of violated women were married from 3-10 years and 21.7% of non- violated women were married for more than 10 years. Majority of them were homemakers in both groups. Earlier studies found that unemployed women were highly abused than employed women (Ping-Hsin et al., 2009).

Family history of domestic violence was present in 35.0% of violated women whereas only 1.7% of non- violated women group had no such history. It is substantiated by a study that found violence committed by a second generation family member is related to the domestic violence in the previous generation (Drugge, 2008).

There is significant difference in terms of habit of spouse such as alcohol and drugs consumption, 41.7% husbands had habit of alcohol use, whereas only 1.7% husbands did not consume any substance. In non-violated women, 20% of the husbands consumed alcohol and 20% of them had no habit, as in previous studies (Martin, 2010).

Anxiety was found to be comparatively high in violated group, 15% had moderate level and 3.8% had severe level of anxiety, similar to other studies (Dabkowska & Araszkiewicz, 2009). And level of depression was found significantly more in violated women group (20.0% at moderate level and 3.3% at severe level) than non-violated women group (1.7% each), again consistent with other researches. Violated women are given long- term physical and psychological torture, assaults and rejection by their partners causing feelings of insecurity, fear, hopelessness and helplessness in them, further giving rise to the mental health problems. Tradictionally indian marriage is considered a relation for several births. Once the daughter is married, parents also avoid taking social responsibility of their daughter and she is expected to spend her entire life with same partner in spite of all the odds. Less educated and economically dependent violated women had suffered more from anxiety and depression which is in consistence with other studies (Weingourt et al., 2001).

## CONCLUSION

Thus it can be concluded that women with depression and anxiety should be routinely screened for domestic violence and should provide counselling, crises intervention and other drug therapies. Also healthcare providers from the primary healthcare level onwards need to be sensitised to the issues of domestic violence in order to recognise it early. Community awareness of the harmful consequences of domestic violence needs to be increased to reduce the community's tolerance of domestic violence against women.

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