

The Effect of Physical Abuse and Employment Status on the Depression Among Women

KEYWORDS

Physical abuse, Employment status, Depression.

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ABSTRACT The aim of the present study was to explore the depression among the women who are physically abused as against those who are not; and also to investigate if the employment status has an impact on the depression among the women who are physically abused. Eighty-two women (40 physically abused and 42 non-abused) completed the Beck Depression Inventory (BDI-I). The results indicated significant difference in the depression between the abused and non-abused group (t: 16.97, (df: 80), p: <0.01) and between the employed and non-employed women within the physically abused group (t: 2.67, (df: 38), p: <0.01).

Introduction & Literature Review Domestic Violence:

Domestic violence refers to the use or the threat of use of physical, emotional, verbal or sexual abuse with the intent of instilling fear, intimidating and controlling behavior. Domestic violence occurs within the context of an intimate relationship – known as Intimate partner violence (IPV) – and may continue after the relationship has ended. Intimate partner violence (IPV) is defined as behaviors within an intimate relationship that causes physical, sexual or psychological harm including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviors. (WHO, 2010). There are three types of domestic violence: Physical Abuse, Emotional/ Psychological Abuse and Sexual Abuse.

Physical abuse:

Physical abuse is the abuse involving contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or harm. (ICD-10). The basic forms include – sticking, punching, pushing, pulling, slapping, whipping, striking with an object, false imprisonment, pinching, kicking, having someone fall, kneeing, strangling, head butting, drowning, sleep deprivation, exposure to something sharp, to dangerous animals, to toxic substance, infecting with a disease, with-holding food or medication, spanking, assault, body harm, humiliation, torture, negligence, biting, extreme abuse, causing vision impairment.

Effects of physical abuse:

Domestic violence is a serious and very common public health problem, which has wide ranging and long-term effects on victims. The effects of physical abuse can be both physical and psychological. The physical health effects of physical abuse are physical injury (bruises, broken bones, head injuries, internal bleeding), chronic pelvic pain, abdominal and gastro-intestinal problems, vaginal and urinary tract infections. (WHO, 2005); (Dillon et al., 2013). The psychological effects of physical abuse are depression, dysthymia, anxiety, Post traumatic stress disorder (PTSD), chronic fatigue, suicidal tendencies, alcohol and substance abuse. (Sackett & Saunders, 1993);

Physical Abuse and Depression:

The mental health correlates of violence against women in domestic relationships have been associated repeatedly with increased depression, anxiety, cognitive disturbances such as hopelessness and low self-esteem, post-traumatic stress, dissociation, somatization, sexual problems, substance abuse and suicidality. (Briere & Jordan, 2004).

Pico-Alfonso et al. (2006) conducted a study to determine the impact of lifetime physical, psychological & sexual intimate male partner violence (IPV) on the mental health of women. Physically and psychologically abused women were compared with non-abused control women. It was found that women exposed to physical and psychological IPV had a higher incidence and severity of depressive and anxiety symptoms, PTSD and thoughts of suicide than control group.

Dillon et al. (2013) reviewed the literature on associations between intimate partner violence (IPV) and poor physical and mental health of women. IPV is associated with a range of mental health issues including depression, PTSD, anxiety, self-harm and sleep disorders. IPV was also found to be associated with poor physical health including poor functioning health, somatic disorders, chronic disorders and pain.

Employment status and Depression:

Employment status has been found to be related to depressive symptoms Unemployment or job loss has negative effects on a person's mental health including increased rates of depressive symptomatology. Those who are underemployed or unemployed have more depressive symptoms than those who are adequately employed. Jeffris et al. (2011) investigated the direction of associations between clinical depression and unemployment. It was found that unemployed adults are at a particular risk for onset of major clinical depression and also adults with depression are at greater risk for subsequent unemployment.

Harkness (2012) explored the relationship between mother's participation in paid employment and depression. The findings showed that maternal employment is associated with lower levels of mental distress and the number of hours worked did not appear to matter – mini-jobs, part-time work and full-time employment all have similar effects on reducing the incidence of depression. Abuse leads to self-doubt, confusion and depression and difficulty in professional relationships in the course of employment. (Sackett & Saunders, 1999).

Methodology

Aim:

The aim of the study was to explore the depression among the women who are physically abused as against those women who are not; and also to investigate if the employment status has an impact on the depression among the women who are physically abused.

Hypothesis:

 Women who are physically abused will be more depressed as compared to the women who are not physically abused. The women who are physically abused and not employed would be more depressed as compared to the women who are physically abused but employed.

Sample:

The total sample size was 82, out of which 40 belonged to physically abused group and 42 belonged to the non-abused group. The sample was chosen using the purposive sampling technique.

Tools:

Beck Depression Inventory (BDI-I)

The BDI-I, developed by Aaron Beck is a self-rating scale for measuring the severity of depression. It is a 21 item questionnaire which evaluates the key symptoms of depression. Individuals are asked to rate themselves on a 0 to 3 spectrum (0-least and 3-most) with a score range of 0 to 63. (Beck et. al., 1961).

Results and Discussion

Table 1 indicates that the mean of the BDI scores for the physically-abused group was 28.68 and that for the non-abused group was 6.79. The t test was administered and it was found that there is a significant difference between the means of the two groups. Thus, the results were in line with the hypothesis.

Table 1: t value obtained from the mean of BDI scores of physically-abused and non-abused group.

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Group	N	Mean	t	Significance
Physically Abused	40	28.68	16.97	0.01
Non-Abused	42	6.79		
Total	82			

Table 2 indicates that the mean of the BDI scores for the non-employed and employed women within the physically-abused group was 31.60 and 25.75 respectively. The t test was administered and there was a significant difference between the means of the two groups. The results were in line with the hypothesis.

Table 2: t value obtained from the mean of BDI scores of non-employed and employed group.

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Group	N	Mean	t	Significance
Non-employed	20	31.60	2.67	0.01
Employed	20	25.75		
Total	40			

Depression is the most prevalent mental health problem among the victims of physical abuse; however being employed has a positive impact on the self-esteem and the well-being of an individual. Thus, the obtained results are consistent with the hypothesis and the previous researches; indicating that the women who are physically abused are more depressed than those women who are not abused and the employment status has an impact on the depression among the women who are physically abused. Being employed can reduce the depression among the women who are physically abused.

REFERENCE

Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4, 561-571. | Briere, J., & Jordon, C. (2004). Violence against women: outcome complexity and implications for assessment and treatment. Journal of Interpersonal Violence, 19 (11). 1252-1276. Sage Publications. | Dillon, G., Hussain, R., & Rahman, S. (2013). Mental and physical health and Intimate partner violence against women: A review of the literature. International Journal of Family Medicine. Hindawi Publishing Corporation. | Harkness, S. (2012). Influence of employment on depression: A study of British single and partnered mothers. Centre for Analysis of Social Policy, University of Bath. From URL: http://paa2012. princeton.edu/papers/121199. | Jeffris, B. J. et al. (2011). Associations between unemployment and major depressive disorder: Evidence from an international prospective study. Social Science and Medicine. (73) 1627-1634. Elsevier Ltd. | Pico-Alfonso, M. A., Celda-Navarro, N., & Echeburua E. (2006). The impact of physical, psychological and sexual intimate male partner violence on women's mental health: Depressive symptoms, post-traumatic stress disorder, state anxiety and suicide. Journal of Women's Health. 599-611. | Sackett, L. A., & Saunders, D. G. (1999). Impact of different forms of psychological abuse on battered women. Violence and Victims, 14 (1). Springer Publishing Company. | World Health Organization. (1992). ICD-10 Classifications of Mental and Behavioral Disorder: Clinical descriptions and diagnostic guidelines. Geneva. | World Health Organization. (2010). Preventing Intimate Partner and Sexual Violence against women: Taking action and generating evidence. World Health Organization. Geneva, Switzerland. | World Health Organization. (2005). WHO Multi-country study on Women's health and Domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses. World Health Organization. G