Relationship between Domestic Violence and Depression among Women

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Abstract

This study aims to investigate the relationship between domestic violence and depression among women. The sample was consisted of 300 women from the Gujrat city. The respondents' age ranged from 20 to 60 years. Partner Abuse Scale (Hudson, 1992), and Depression Subscale (Lovibond & Lovibond, 1995) were used for data collection. Results were computed by applying statistical techniques including correlation and t-test. Findings indicate that there was significant relationship between domestic violence and depression. The finding also reveals that higher level of domestic violence had insignificant mean difference between working and non-working victimized women, also for victimized women of rural and urban areas while there was significant mean difference between victimized and non-victimized women.

Key Words: Violence, Depression, Domestic Violence, Victimized and non-victimized Women, Working and non-working women, Rural and urban areas

Introduction

"Violence means unjust or unwarranted use of force usually accompanied by fury, vehemence, or outrage, physical force unlawfully exercised with the intent to harm" (Garner, Paul, and Minn, 1999. p. 1564). Domestic violence is a form of abuse that occurs within the home. It may occur between family members or couples. However, Women who have been victims of domestic violence are at high risk of acquiring major depressive illnesses. Domestic violence may take many forms but psychological, emotional, sexual and physical abuses are frequent forms of domestic violence. In addition, when women are exposed to domestic violence they become depressed. Due to depression, women experience excessive sadness, low self-worth and guilt feelings for a long period of time that affects their daily functioning (Batool et al., 2008).

Domestic Violence

"Domestic violence means violence between members of a household, usually spouse, an assault or other violent act committed by one member of a household against another" (Black's Law Dictionary, 1999. p. 1564). There are different risk factors that are linked with domestic violence. Understanding of these risk factors, help to frame some of one's own local analysis questions, select proper responses and establish good effective measures. Risk factors do not automatically mean that a person will become a domestic violence victim or an offender. Although some risk factors are stronger than others, it is difficult to compare risk factor findings across studies because of methodological differences between studies (Sampson, 2007).

Rennison and Welchans (2000) explained that being young, black, low-income, divorced or separated, a resident of rental housing, and a resident of an urban area have all been associated with higher rates of domestic violence victimization among women(as cited in Sampson, 2007).

Depression

According to Schwartz & Schwartz, (1993) depression is an affective, or mood disorder. It is an illness that immerses its sufferers

in a world of self-blame, confusion, and hopelessness. Robbins (1993) indicated that depression is an illness of the mind and the body.

Depression or depressive disorders are mental illnesses distinguished by an intense and persistent feeling of sadness and a loss of interest in things that once were pleasurable. Depressive disorders are common in all regions of the world. They constitute a substantial proportion of the global burden of disease. By 2020 depressive disorders are projected to form the second most frequent cause of disability. This increased importance of non-communicable diseases such as anxiety and depressive disorders presents a particular challenge for low income countries. In low income counties, infectious diseases and malnutrition are still common and only a low percentage of gross domestic products are allocated to health services (Batool et al., 2008).

Mirza and Jenkins (2004) explained that Pakistan is facing a lot of problems i.e. the political instability, terrorism, the social upheaval, lawlessness, economic inconsistency etc. These problems have created a ground fertile for depression (as cited in Batool et al., 2008). There are different forms of depression that varies from person to person, but there are few common signs and symptoms that are found in victim. These symptoms can be part of normal life in mild proportion. When these symptoms are overwhelming and start to dominate everyday life, so then it is time to ask for help. These symptoms are; feelings of helplessness and hopelessness, loss of interest in daily activities, appetite or weight changes, sleep changes(insomnia), irritability or restlessness, loss of energy, self-loathing, concentration problems, unexplained aches and pains(Smith et al., 2010).

According to NIMH, (2010) women are more vulnerable to depression due to biological life cycle, hormonal and psychosocial factors. Researchers have revealed that hormones directly affect brain chemistry that controls emotions and mood. For example, mostly women are vulnerable to depression after giving birth, when hormonal and physical changes and along with the new responsibility of caring for a newborn, can be overwhelming. Depression is of many types such as major depressive disorder, dysthymic disorder, psychotic depression, postpartum depression, seasonal affective disorder (SAD) and bipolar disorder. The present study has focused on major depression.

The purpose of present research is to examine the extent to which married women increase their level of depression because of being the victim of domestic violence. There might be high level of domestic violence and depression among married women. Researches also argue that domestic violence play an important role in determining depression among women. Haqqi, Faizi, and Haqqi, (2010) pointed out the prevalence of domestic violence and depression among married women in the psychiatric setting. The results showed that more than one form of domestic violence was reported by 69.5% of total 171 females, been shouted at, reported by 32.2%, been threatened by 25.1%, Slapping by 20.5%, kicking by 14%, been pushed or shoved reported by 21.1%, threaten or use of a weapon reported by 8.8%. 62% females were currently depressed.

Objectives of the study

1. To find out the level of domestic violence
2. To analyze the level of depression
3. To study the relationship between the level of domestic violence and the level of depression.

Hypotheses

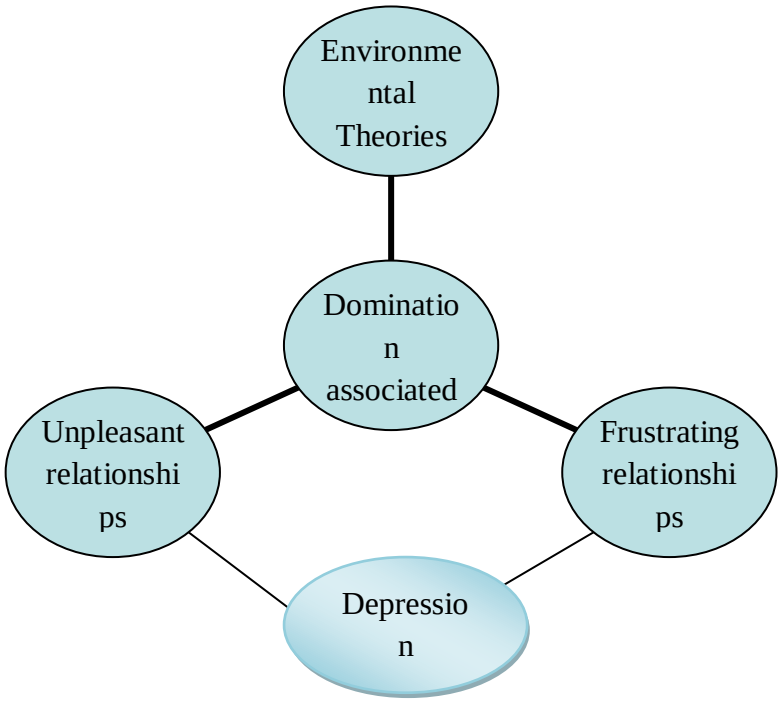
It is hypothesized that

1. Higher the level of domestic violence, higher will be the level of depression among victimized women.
2. The level of domestic violence will be higher among non-working victimized women as compared to working victimized women.
3. The level of domestic violence will be higher in victimized women of rural areas as compared to victimized women of urban areas.
4. The level of depression will be higher in victimized women as compared to non-victimized women.

Theoretical Framework

An attempt has been made to provide theoretical explanation of topic "Relationship between domestic violence and depression among women". Environmental theories of depression the etiology (causation) of major depressive disorder emphasize the role of external events in triggering depression. According to this

perspective, people become depressed mainly due to unfortunate circumstances that are difficult to change. In some cases, these misfortunes may include environmental disasters or personal losses; but such other factors as low socioeconomic status, domination associated with one's sex or race, or unpleasant or frustrating relationships are also thought to contribute to depression (Fitzgerald, 2010). It could be shown diagrammatically as given below.



Methodology

In present study the sample of 150 victimized and 150 non-victimized, total 300 married women were taken by purposive sampling from the city Gujrat. The victimized women (150) are divided into further two strata which includes 75 domestic women from rural area and 75 from urban area in which both working (37) and non-working (38) women are included. In the same way 150 non-victimized women are categorized. The age range of the selected sample was from 20-60 years old married women. Demographic information focused on wife occupation, status and area (urban-rural). Two standardized scales were used to measure the variables of the study namely Partner Abuse Scale by Hudson, (1992) and Depression

Subscale, Depression Anxiety and Stress Scale (DASS) by Lovibond & Lovibond (1995). Another domestic violence screening questionnaire by Sherine (2003) was also used. This study was conducted into two distinct phases (phase I and phase II) which were focused on the translation of "Partner Abuse Scale" and collection of data.

At the first phase, it was planned to translate the "Partner Abuse Scale" by four bilingual experts into Urdu and after that the best one translation was selected and then it was back translated by another bilingual expert and then Urdu translated scale was filled by the participants.

At second phase, ethical responsibility of informing the participants about the study and getting the consent of the participants before the administration of the questionnaire were insured. Then demographic information was obtained. The demographic information comprised of wife occupation, status and area. The participants were asked to fill these Questionnaires i.e. Partner abuse scale: non-physical (PASNP), physical (PASPH) and Depression Anxiety Stress Scales. They were provided help if they faced any difficulty in understanding and answering the questionnaires.

Inferential analysis

Table: 1

Mean, Standard deviation and Correlation between domestic violence and depression among victimized women

Categories	**Mean**	**S.D**
Domestic violence	183.53	54.3
r		
0.534**		
Depression	28.34	7.8

**P<0.01; df = 298

This table 1 showed the mean, standard deviation and correlation between domestic violence and depression among victimized and non-

victimized women. The result indicated the level of domestic violence (n = 300), the mean for the level of domestic violence was 183.53 and standard deviation was 54.3. The mean for the level of depression was 28.34 that lie in the category of mild/moderate depression. The value of positive correlation was 0.534**. The results revealed that the relationship between domestic violence and depression is highly significant r = 0.534** at p = 0.01.

Table: 2

Mean, standard deviation and t-test for working and non-working victimized women

Categories	**(n)**	**Mean**	**S.D**	**t**
				p
Working	74	184.22	53.7	
				0.153
				0.879
Non-working	76	182.86	55.1	

P<0.05; df = 148

This table 2 showed the mean, standard deviation and t-test for working and non-working victimized and non-victimized women. The results indicated the number of working victimized women (n= 74), the mean of working victimized women was 184.22 and standard deviation was 53.7. The total number of non-working victimized women (n= 76), the mean of non-working victimized women was 182.86 and standard deviation was 55.1. The value of t-test was 0.153 and p value was 0.875 >0.05. So there is non-significant difference between the level of depression of working and non-working victimized women.

Table: 3

Mean standard deviation and t- test for rural and urban victimized and non-victimized women

Categories	**(n)**	**Mean**	**S.D**	**t**
				p
Rural	75	178.52	52.2	
				-1.130
				0.260
Urban	75	188.53	56.1	

P<0.05; df = 148

This table 3 showed the mean, standard deviation and t-test for victimized women of rural and victimized women of urban area. The results indicated the number of rural women (n=75), the mean of rural victimized women was178.52 and standard deviation was 52.2. The number of urban victimized women (n = 75), the mean of urban victimized women was 188.53 and standard deviation was 56.1. The value of t-test was -1.130 and p value was 0.260 > 0.05. So the results revealed that there was non-significant difference between the level of domestic violence of rural and urban victimized women.

Table: 4

Mean standard deviation and t-test for level of depression among victimized and non-victimized women

Categories	**(n)**	**Mean**	**S.D**
t-test			
Victimized women	150	28.34	7.8
		21.9*	
Non-victimized women	150	11.12	5.4

*P<0.05; df = 298

This table 4 showed the mean, standard deviation and t-test for the level of depression and domestic violence among women. The result indicates the level of depression among victimized and non-victimized women (n = 300), the mean for depression among victimized women was 28.34, that lies in the category of mild/moderate depression and standard deviation was 7.8. The mean for the level of depression among non-victimized women was 11.12, that lie in the category of mild depression and standard deviation was 5.4. The value for t-test was 21.9*. The relationship between the level of the score in depression among victimized and non-victimized women was significant t= 21.9 at p = 0.05.

Discussion

The present study aimed at investigating the relationship between domestic violence and depression among women. Two scales namely Partner Abuse Scale (physical and non-physical), developed by Walter W Hudson in 1992 and depression scales (sub scale of

Depression Anxiety Stress Scale), developed by Lovibond and Lovibond in 1995 were used to determine the two variables under consideration. The findings showed that there were high correlation between the level of domestic violence and the level of depression among women.

Table no 1 showed the mean, standard deviation and correlation between domestic violence and depression among victimized women. The total numbers of participants were 300, the mean for domestic violence was 183.53 that lied in the category of moderate domestic violence and standard deviation was 54.3. The mean for depression was 28.34 that lie in the category of mild/moderate depression. These results confirmed hypothesis that higher level of domestic violence lead toward higher level of depression. The findings are strengthened by the relevant research that was conducted by Sorenson, and Golding (1990) showed that in the sample of 2700 adults, 14.6% reported that in the previous 6 months they themselves were the victims of a crime (mugged or personally assaulted; burglarized, robbed, or swindled; or sexually assaulted). Hispanics reported less victimization than non-Hispanic whites. So the hypothesis "Higher the level of domestic violence, higher will be the level of depression among victimized women" was accepted. Further researches also provided support for this hypothesis.

Friedman, Loue, Heaphy and Mendez (2009) studied that the previous research indicated a higher prevalence of victimization among severely mentally ill women. Few studies have either compared these levels across diagnostic categories or evaluated perpetration by the women. They selected a sample of 53 Puerto Rican women diagnosed with major depression, bipolar disorder. Interviewers shadowed participants for a period of 2 years. Results showed that two-thirds of the women with serious mental illness had histories of victimization.

Table no 2 showed the mean, standard deviation and t-test for victimized working and non-working victimized women. The mean for working women was 184.22 and standard deviation was 53.7. The mean for non-working women was 182.86 and standard deviation was 55.1. These results revealed that there was insignificant difference for the level of domestic violence between working and non-working victimized women. The research findings were as following;

Dalal (2011) conducted a study to compare working and non-working groups of women in relation to intimate partner violence. For working women, the IPV prevalence was: 79% whilst for non-working women the rate was 55%.

So the hypothesis "The level of domestic violence will be higher among non-working victimized women as compared to working victimized women" is rejected, it might be a cultural factor that in western countries women employment does matter but in our culture it did not have any effect on women occupation in Pakistan. The second cause behind the rejection of hypothesis is the time management of working women. They might have burden/stress of work and also burden of household work in Pakistani culture. Non-working women do not feel depression and stress in their married life as compared to working married women.

Table no 3 showed the mean standard deviation and t-test for urban and rural victimized women. The results indicated the number of rural women (n=75), the mean of rural victimized women was178.52 and standard deviation was 52.2. The number of urban victimized women (n = 75), the mean of urban victimized women was 188.53 and standard deviation was 56.1. So the results revealed that there was non-significant difference between the level of domestic violence of rural and urban victimized women. So the hypothesis "The level of domestic violence will be higher in victimized women of rural areas as compared to victimized women of urban areas" is rejected. The reason behind the rejection of hypothesis is cultural variations and there might be more satisfactory life in rural areas as compared to urban areas. There is more stress in urban areas and the urban people pay more attention toward earning of money and the fulfillment of children needs that is difficult task.

Logan, Cole, Shannon, and Walker, (2007) conducted a study which examines descriptive information for rural White (n = 371), urban White (n = 254), and urban African American (n = 103) women with victimization experiences and violations. Results indicated that women reported high rates of physical and psychological violence. The rural White women reported longer involvement in the violent

relationship, worse economic circumstances and more victimization compared to the urban groups.

Table no 4 showed the mean standard deviation and t-test for victimized and non-victimized women. The result indicated number of victimized and non-victimized women (n = 300), the mean for depression among victimized women was 28.34 and standard deviation was 7.8. The mean for the level of depression among non-victimized women was 11.12 and standard deviation was 5.4. The relationship between the level of the score in depression among victimized and non-victimized women was significant. So the hypothesis "The depression will be higher in victimized women as compared to non-victimized women" was accepted. The findings are strengthened by the relevant research that was conducted by Porcerelli et al. (2003) investigated an exploratory study. Women who were victimized by their partners had more depressive symptoms than other women. Further research that provided support to hypothesis is following;

Prospero (2007) investigated differences in partner violence (psychological, physical, and sexual) and mental health symptoms (depression). Results revealed that mutual control violence reported significantly higher levels of violent perpetration and worse physical and mental health than situational couple violence.

Conclusions

The present study confirms that there is positive correlation between domestic violence and depression among victimized women. However the level of depression is relatively high among victimized women compared to non-victimized women. Further results also reveal that there is no significant difference between working and non-working and between rural and urban area for domestic violence.

These results provide vital information regarding level of depression between victimized and non-victimized women, the level of domestic violence between working and non-working victimized women and the level of domestic violence between victimized women of rural area and victimized women of urban area. Thus this study may be helpful for the reduction or prevention of domestic violence among women.

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