

ANXIETY AND DEPRESSION AMONG PHYSICALLY ABUSED WOMEN: A COMPARATIVE STUDY

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ABSTRACT :

Abuse can affect virtually anyone including men, women, children, and seniors. It can take the form of physical battering, emotional bullying, sexual abuse, neglect, or even self-inflicted harm. The present paper aims to determine anxiety and depression among physically abused women and also to compare them with their non-abused counterparts in respect to both the mental health variables. The sample consists of 120 subjects (60 abused and 60 non abused women). Tools used were State Trait Anxiety Inventory and Beck Depressive Inventory. Three hypotheses were formulated and they were verified by 't' test. Findings revealed that physically abused women were more depressed in comparison to their non abused counterparts. However they did not differ significantly in regard to their anxiety.

Key words: Anxiety, Depression, Physical Abuse

INTRODUCTION :

Physical abuse is one or more episodes of aggressive behavior, usually resulting in physical injury with possible damage to internal organs, sense organs, the central nervous system, or the musculoskeletal system of another person. Physical abuse covers a broad range of behaviors that may include something as simple as pinching a person to something as frightening as choking or assaulting an individual with a weapon. Physical abuse of women also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband's brother). Repeated episodes of physical assault on a woman by the person with whom she lives or with whom she has a relationship, often resulting in serious physical and psychological damage to the woman. Women can experience physical or mental abuse throughout their lifecycle, in infancy, childhood and/or adolescence, or during adulthood or older age. In this era of globalisation violence against women and girls is a major health and human rights concern. While violence has severe health consequences for the affected, it is a social problem that warrants an immediate coordinated response from multiple sectors because violence against women impoverishes individuals, families, communities and governments and reduces the

economic development of each nation. Most studies on violence against women indicate that

- The perpetrators of violence against women are almost exclusively men;
- Women are at greatest risk of violence from men they know;
- Women and girls are the most frequent victims of violence within the family and between intimate partners;
- Physical abuse in intimate relationships is almost always accompanied by severe psychological and verbal abuse;
- Social institutions put in place to protect citizens too often blame or ignore battered women.

Although violence against women has been documented even in ancient historical documents, it is only in the last half century that it has evoked the attention it deserves. Violence against women has always remained a part of patriarchal value system combined with the societal mechanism by which women are forced into a subordinate position. Thus it can be said that basically it is a manifestation of unequal power relation. Violence may take place at various levels i.e. within the family, at workplace, at public places and even in the state/judicial custody. With modernization and urbanization, the violence against women has got increased in many forms resulting in the form of increase in dowry deaths, sexual harassment at workplace, molestation and eve teasing, increase in rape cases, child abuse, bigamy, abandoning of new born girl child, female feticide and female infanticide, harassment by NRIs to their wives, social violence against widows and psychological and physical violence by alcoholic/addict husbands to their wives. While the basic reason for violence against women is their lower status in a male dominated society educationally, economically, politically and socially, there are other factors too. The increasing criminalization of society, media images of violence, poor enforcement of legal provision, unabashed, and rising incidents of alcoholism and addiction along with erosion of traditional values have all added to it.

Violence against women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age. Even though most societies proscribe violence against women, the reality is that violations against women's human rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. Moreover,

when the violation of rights takes place within the home, as is very often the case, the abuse is effectively condoned by the tacit silence and the passivity displayed by the state and the law-enforcing machinery. No society can claim to be free of such violation; the only variation is in the patterns and trends that exist in countries and regions. Specific groups of women are more vulnerable, including minority groups, indigenous and migrant women, refugee women and those in situations of armed conflict, women in institutions and detention, women with disabilities, female children, and elderly women. While reliable statistics are hard to come by, studies estimate that, from country to country, between 20 and 50 per cent of women have experienced some form of domestic violence in their lifetime (WHO, 2002).

The Government of India has enacted many laws to safeguard the interests of women in India. This has helped to strengthen the woman's position at the workplace. However, ironically, her status in her matrimonial home has not changed. In India women still remain marginalized in decision making by a variety of processes that begin at a very early age within the family. Women have very little say in decisions affecting their own lives, even after marriage. For most Indian women, marriage itself is not a matter of choice. Only a small minority, even among educated women from well-off families, has had any role in deciding when and to whom they will get married. Thus, even in the 21st century women continue to be burdened by their very womanhood. They continue to be suppressed, subordinated and discriminated in numerous ways, and are relegated to second class citizens. Their human rights are denied and their lives are stolen from them by the ever-present threat of violence and this is reflecting in the increasing trend of violence against women in our country. According to the NCRB (National Crime Research Bureau, 2010) a total of 2,13,585 incidents of crime against women (both under IPC and SLL) were reported in India during 2010 as compared to 2,03,804 during 2009 recording an increase of 4.8% during 2010. These crimes have continuously increased during 2006 - 2010 with 1,64,765 cases in 2006; 1,85,312 cases in 2007; 1,95,856 cases in 2008; 2,03,804 cases in 2009 and 2,13,585 cases in 2010. Like other parts of the country, domestic violence is increasing in Tripura also, a small hilly state situated in the north eastern parts of India. The NCRB report (2010) showed that Tripura ranks 1st amongst all the states in regard to rate of crimes against women (46.5). This is really alarming for a small state like Tripura. Increasing crime rate is an indicator of exiting social system. It not only indicates that women are at danger but also directs that our civilisation, our future is in danger. This increasing trend further proves the fact that still in this 21st century women are less

capable to enjoy their rights and hence often they become homeless, become destitute. Despite of the seriousness of the problem in terms of violation of human rights and public health consequences, there is a dearth of knowledge on the magnitude and nature of violence against women for various reasons. Of them methodological difficulties in studying the problem are the important ones (Bhuiya et al., 2003). The magnitude of the problem is also clouded by the fact that domestic violence is a crime that is under recorded and under-reported. On the other hand, shame, fear of reprisal, lack of information about legal rights, lack of confidence in, or fear of, the legal system, and the legal costs involved make women reluctant to report incidents of violence. In Tripura, Tripura Commission for Women tries to unearth various aspects related to violence against women. However no such study has been carried out here to reveal the mental health status of the victim women. Hence the present study is attempted to compare the physically abused women with their non abused counterparts in regard to their anxiety and depression with a view to explore the impact of physical abuse on their mental health. In accordance with the said objective, the following hypotheses were formulated for empirical investigation:

- 1) State anxiety of physically abused and non-abused women differs significantly irrespective of age or education.
- 2) Trait anxiety of physically abused and non-abused women differs significantly irrespective of age or education.
- 3) Depression of physically abused and non-abused women differs significantly irrespective of age or education.

METHOD

Sample:

The present study was carried out among two groups of women- one who were physically abused and compelled to live in destitute home and another group who live with their family members and did not face any domestic violence. The victim women were selected purposively from different destitute homes of Agartala, the capital of Tripura. All of them were below 45 years of age. The sample consisted of 60 abused women and 60 non abused women. They were matched in terms of age, education and community.

Tools:

- i) State Trait Anxiety Inventory (STAI) developed by Spielberger et al. (1970) was used to measure state and trait anxiety of the subjects. This inventory consists of 40 items. Out of the 40 items 20 items measure state anxiety and 20 items

measure trait anxiety. Minimum score in this inventory is 20 and the maximum score is 80. High score in this inventory indicates greater level of anxiety. For the purpose of the present study the Bengali adapted version of this inventory was used.

ii) Beck Depression Inventory (BDI) developed by Beck et al. (1961) was used to find out the depression level of the subjects. This is a 21-item self-report inventory. Each item consists of four alternative statements that represent gradations of a given symptom rated in severity from 0 to 3. Hence the score in this inventory ranges from 0-63. Low score in this inventory denotes low level of depression while high score indicates high level of depression.

Procedure:

Data were collected in two phases. In the first phase data were collected from the physically abused women and in the second phase, data were collected from the non-abused women. In case of abused women, at first permission from the authorities of destitute homes was obtained and then a tentative time schedule was developed in consultation with the authorities of the centers for data collection. In both phases objectives of the study were properly briefed to all the study subjects and then the subjects who were willing to participate were covered in the study. Data were collected from all the subjects following face-to-face interview method. Data collected from the subjects were checked and edited so that any gap or confusion identified at the preliminary stage could be clarified henceforth. The filled in data sheets were subjected to in-house through editing and scrutiny. Finally, t test was applied for quantitative analysis of the data.

RESULTS AND DISCUSSION

Domestic violence is not confined to any one socio-economic, ethnic, religious, racial or age group. It is an issue of increasing concern because it has negative effect on all family members, especially children. It has been found that children, who witness violence at home, manifest symptoms similar to those who are directly abused. Domestic violence and its consequences for the physical and psychological well-being of women and children have been recognized as an important public health problem (Krantz et al.,2002; Gracia,2004). Consequences of domestic violence, characterized by women's experience of physical, psychological, and sexual injury or threat are manifold. A significant number of studies consider domestic violence as risk factor for health problems, including injury and death (Forjuoh et al.,1998; Mezey et al.,1998; Fanslow et al,1998), consequences on pregnancy and newborns (Alkan et al.,2002; Martin et al.,1998;

Curry et al.,1998; Shah et al.,1998), and on women's mental health (Kumar et al.,2005; Campbell,2002). The study of Sharhabani-Arzy et al (2003) found that 47 out of 91 women with domestic violence experiences in Israel suffered from PTSD. Studies also revealed that childhood abuse, especially of sexual kind, is connected with psychopathology and revictimization in adult life (Lang et al., 2004; Carlso et al.,2003; Fleming et al.,1999). Current studies on impact of violence on women showed positive relation between domestic abuse and symptoms of different psychiatric problems such as depression, general anxiety, PTSD, and drug and alcohol dependency (Houry et al., 2005; McFarlane,2005; Moracco et al.,2004; Hegarty et al.,2004; Hicks et al.,2003; Tolman et al, 2001). The present study also revealed that the physically abused women possessed more anxiety (both state and trait anxiety, mean score: 47.07 and 46.35) in comparison to their non-abused counterparts (mean score: 45.62 and 44.68) although they did not differ significantly (Table1).

Table 1: Comparison of Abused and Non-Abused Women in Regard to Their Anxiety

Type of Anxiety	Sample Group	Number	Mean	S.D.	't' Value	Level of Significance
State Anxiety	Abused Women	60	47.07	4.28	1.38	P>0.05
	Non-Aboused Women	60	45.62	6.96		
Trait Anxiety	Abused Women	60	46.35	6.14	1.64	P>0.05
	Non-Aboused Women	60	44.68	4.98		

Violence against girls and women often starts even before they born and can continue throughout their lives into old ages (Watts, et.al. 2003). When violence occurs with in the family it affects the individual most. The family is often equated with sanctuary – a place where individuals seek love, safety, security, and shelter. But the evidence shows that it is also a place that imperils lives, and breeds some of the most drastic forms of violence perpetrated against women and girls. Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power – husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons, or other relatives. In a patriarchal

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society like India, a female depends on her husband, father, brother, or other male relative for her own support and that of her children. From birth, a female child receives less food than her male siblings because she is viewed as an economic liability to the household. Yet she contributes more labour to the household than her male siblings because she is working around the house while they are often at home waiting for remunerative employment. As she is perceived to be a liability, she is married early, usually without any choice. After marriage (whether it is self chosen or decided by others) a new bride enter into a new home with lots of dream, tries her best to adjust in a new situation, with new peoples. But all her hope, dreams collapse when she face physical/ psychological torture in her home. She lost her shelter- both parental as well as in laws house. This forced destitution often makes her more vulnerable for facing further violence. Surprisingly many studies showed that most of the abused women in our society try to compromise, accept and even rationalise all those ill treatments (Jaisingh,1995; Hegde,1996; Prasad,1999) which often makes their situation worse and make them vulnerable to develop mental health problems including depression, anxiety, PTSD, suicide etc. Basically nothing can affect the personality and development of an individual more vitally than the quality of family relationship. The abused women suffer from low self- esteem, hopelessness and helplessness. They often fall into the prey of different mental health problems including depression, anxiety, severe stress etc (Paul et al., 1988). The findings of the present study also revealed significant difference between abused and non abused women in regard their feeling of depression. Therefore the third hypothesis, i.e., 'Depression of physically abused and non-abused women differs significantly irrespective of age or education' has been accepted (Table 2). So it can be said that abused women are more depressed than the non-abused women. In our country many women endure daily beatings, harassment for dowry, verbal abuse and acid attacks for refusing to comply with male demands. For many, home is not a haven but a place of pain and humiliation, where violence is an integral part of everyday life hidden behind closed doors and avoided in public discussion. When a girl faces violence, it affects the whole wellbeing of her- her mind, body and soul, makes her more depressed. Fikree et al. (1999) conducted a study among Pakistani women and found statistically significant association between physical abuse and anxiety/depression. Dvaz-Olavarrieta et al. (2002) revealed that currently abused women had higher scores on indicators of depression. Kramer et al. (2004) also reported that abused women were likely to have depression than non abused women. The study of Vachher & Sharma (2010) also indicated that women who had experienced domestic violence were more

Table2: Comparison of Abused and Non-Abused Women in Regard to Their Depression

Sample Group	Number	Mean	S.D.	't' Value	Level of Significance
Abused Women	60	25.88	9.16	10.78	P<0.01
Non-Aboused Women	60	9.38	7.52		

CONCLUSION

So finally it can be stated that physically abused women are more depressed than the non abused women. However they did not differed significantly in regard to their anxiety. Violence against women is a multifaceted problem and hence its prevention programmes should also be multidimensional. Collaboration, coordination, cooperation and commitment are needed to develop and implement a national plan. Women need to be empowered through education, employment opportunities, legal literacy, and right to inheritance. Human rights education and information regarding domestic violence should be provided to them because this is a matter of their absolute rights. Assistance to help women rebuild and recover their lives should be part of the intervention strategy, including counseling, relocation, credit support, and employment.

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