

Impact of Intimate Partner Violence on Trauma, Mental Health and Quality of Life

Dr. Dharmendra Kumar Singh*

ABSTRACT

Background: Today intimate partner violence makes a main issue for Indian Society and individual. Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual and emotional abuse and controlling behavior by an intimate partner. Objective: The main objectives of the study were to make a psycho social analysis of intimate partner violence and assess its impact on quality of life, trauma and mental health of victim women. Methods: For empirical study 100 women (50 from normal families and 50 from intimate partner violent families) were selected from different areas of Palamu district of Jharkhand. Tools: As a tools Conflict Tactics Scale (Strauss, 1998), Short PTSD scale (Breslau, 1999), Depression Scale (Karim, 1998), Frustration Scale (Chauhan), and Quality of life scale (WHO BREF) were used. Statistical Analysis: Statistical analysis was done with SPSS-Win Version 13.0. The Pearson Correlation and Mean, SD and t- test were used. Result: Findings shows that women residing in intimate partner violent families felt more traumatic symptoms, anxiety, depression, PTSD symptoms and high level of frustration. They have poorer quality of life than women of normal families. It has been also found that recent victims have felt more traumatic symptoms and poor mental health than woman who never experienced violence. Conclusion: In conclusion it can be said that intimate partner violence made negative impact on women of such families.

Keywords: Women, intimate partner violence, quality of life, trauma, mental health.

Background

Intimate partner violence occurs in all settings and among all socio- economic, religious and cultural groups . The overwhelming global burden of intimate partner violence is borne by women. Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Evidence suggests that women who are abused by their partners suffer higher levels of depression, anxiety and phobias than non-abused women (Heise L, Garcia Moreno C, 2002). In the WHO multi-country study, reports of emotional distress, thoughts of suicide, and attempted suicide were significantly higher among women who had ever experienced physical or sexual violence than those who had not (Garcia-Moreno C et al, 2005). A number of studies have found that, once exposed to a traumatic event, the risk of experiencing a subsequent trauma is substantially increased (Bresalu et al, 1995). A number of studies have documented the impact of abusive behaviour on the physical and psychological well-being of women (**Campbell & Lewandowski, 1997; Plichta, 1996**). In a national study of women's health among a random sample of women aged 18 to 64, women who experienced violence were more likely to report having a diagnosis of a depressive or anxiety disorder from a physician in the past 5 years than

* Asstt. Professor, P.G. Deptt. of Psychology, G.L.A. College, Daltonganj, N.P. University, Jharkhand

non-abused women (**Plichta, 1996**). Women in this sample who were physically abused by their spouse or partner in the past year were also more likely to have a high level of current depressive symptoms (74% compared to 34.2% of non-abused women). In addition to creating barriers to work and diminishing women's physical and psychological well-being, intimate partner violence may also increase the risk of material hardships, such as homelessness, food insufficiency, and other economic problems. Women who are victims of violence often have to decide between staying with an abusive partner and leaving sufficient shelter and food. Homelessness has been linked to intimate partner violence in a number of studies (**Browne & Bassuk, 1997; Metraux&Culhane, 1999; Toro, Bellavia, Daeschler, & Owens, 1995**). Psychological health effects are more dangerous than physical health effects. Battered women can experience depression, panic anxiety nightmares and other social dysfunction (**Krug, 2002; Ratner,1993**). Battered women also experience suicidal thought and homicidal thought (**Golding,1999**). Thus today intimate partner violence makes a main issue for Indian society and individuals. So it is decided that to do research work in the field of intimate partner violence.

Aims and Objective

Present study was conducted with following aims and objectives

- To compare and assess the level of trauma in victim women of intimate partner violence
- To compare and assess the level of depression in victim women of intimate partner violence
- To compare and assess the level of frustration in victim women of intimate partner violence
- To compare and assess the quality of life in victim women of intimate partner violence

Hypotheses:

Following hypotheses were formulated for testing

- 1) Victim of intimate partner violence women have more traumatic experience than normal married women
- 2) Victim of intimate partner violence women have more depression than normal married women
- 3) Victim of intimate partner violence women have more frustration than normal married women
- 4) Victim of intimate partner violence women have more poor quality of life than normal married women

Methodology

For empirical study 100 married women (50 from normal families and 50 from intimate partner violent families) were selected from different areas of Palamu district of Jharkhand on the basis of purposive sampling. Following inclusion and exclusion criteria were taken in consideration:

Inclusion criteria for women victims of intimate partner violence

- Married women between age range of 19-35years

- Having history of intimate partner violence at least one year
- Women must be educated above 12 th class

Inclusion criteria for women of normal families

- Married women between age range of 19-35years
- Having no significant history of intimate partner violence
- Women must be educated above 12 th class

Exclusion criteria

- Married women not cooperative for study

Tools and materials

- **Conflict Tactics Scale(Strauss,1998)**(some items were used for verification of history of intimate partner violence)
- **Short PTSD scale(Breslau,1999),**
- **Depression Scale(Karim,1998),**
- **Frustration Scale(Chauhan),**
- **Quality of life scale(WHO BREF)**

Procedure for data collection

First at all samples were selected in the light of inclusion and exclusion criteria. Informed consent was taken from all sample and respective family. History of intimate partner violence was assessed through interview and with the help of items of conflict tactics scale. After that all selected scales were administered on all the samples in sessions. Whenever sample feels problems in understanding of items of questionnaire standard hints or narration of item was given to the subjects.

Statistical analysis

Raw data was analyzed with the help of SPSS-13. Mean, SD, t-ratio and percentage were used.

Result and discussion:

Result of the present study was presented in the following headings:

Table-1 Socio demographic profile of the sample

Domain		Victim of intimate partner violence women	Normal married women	X ² / t-ratio
Age(yrs)		26.33±3.45	26.16±4.42	.78
Education(yrs)		12.10±1.2	12.15±.90	.76
occupation	House wife	36	39	.89
	working	14	11	
Habitat	Urban	38	37	.06
	Semi urban	12	13	

Length of marital life	4.86±2.23	5.01±1.12	.98
Size of family	4.12±1.12	4.01±.89	.97

Table-1 showed that both groups were comparable on all the selected domains. Mean age of study group is 26.33±3.45 yrs and control group is 26.16±4.42 yrs. Most of the subjects of both groups were housewife by occupation, residing in urban area of habitat.

Table-2 comparison of groups on PTSD (trauma) scale

Groups	Above cut off point N(%)	Below cut off point N(%)	X ²
Victims of intimate partner violence	34	14	43.46**
Normal married women	06	46	

** sig on .01

Both group differed significantly on trauma scale(X²=43.46). Most of the victims of intimate partner violence were experienced traumatic experiences.

Table-3 Prevalence of PTSD symptoms in women victim of intimate partner violence

Symptoms	N(%)
Re-experience of events	41(82)
Numbing	36(72)
Avoidance	38(76)
Arousal	25(50)

Table-3 showed that most prevailing symptoms in victims of intimate partner violence women were re-experience of events followed by avoidance of events, numbing experience and arousal. Tolman(2001) also found that victim women felt high level of traumatic experience due to intimate partner violence that ultimately increase depression, anxiety and disrupt their routine work.

Table -4 Comparisons of depression level and Frustration level between women victims of intimate partner violence and normal women

scale	Victim of intimate partner violence	Normal married women	T-ratio
Depression	25.31±1.23	10.12±2.43	40.5**
Frustration level	31.14±2.23	12.23±2.67	29.23**

** sig on .01 level

Both groups differed significantly on level of depression and frustration level. Result revealed that victims of intimate partner violence felt more depression and frustration in

comparison to normal married women. A number of previous studies of this area also supported the present finding that victims of domestic women were felt high level of depression, anxiety and frustration (Campbell and Lawandowski,1997; Pilchita,1996).

Table -5 Comparisons quality of life between women victims of intimate partner violence and normal women

Variables	Victims of intimate partner violence	Normal married women	t	p
Physical domain	12.13±4.43	25.03±2.76	13.4	.01
Psychological domain	6.45±3.34	22±2.56	18.5	.01
Social domain	9.09±2.89	17.98±2.90	18.6	.01
Environmental domain	12.65±2.88	13.17±2.89	1.02	NS
Total QOL	24.98±11.76	67.89±6.56	41.89	.01

Result showed that both groups differed significantly on all the domains of quality of life except environmental domains. Victims of intimate partner violence had poorer quality of life than normal married women.

Conclusion:

Event of intimate partner violence made negative effect on quality of life and mental health of victim women. Victim women had high level of trauma, depression, frustration and poor quality of life.

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