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ORIGINAL ARTICLE

Causes of Domestic Violence in Married Women with Psychotic and Non-psychotic Illness

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ABSTRACT

Background: Women are integral to all aspects of society. They are worshipped, but when it comes to dealing with them, much still remains. Women bear the burden of responsibility associated with being wives, mothers and carers of others. There is a dearth of case-control studies. Domestic violence in women with psychiatric morbidity has not received sufficient attention. Domestic violence can often lead to victims developing mental health problems, and people with mental health problems are more likely to experience domestic violence. People diagnosed with mental illness are more likely than others to be victims of domestic violence. Psychiatric morbidity as a determinant of domestic violence has received little attention. Indian culture is unique and there is limited work on domestic violence from Eastern Uttar Pradesh.

Objective: To assess the magnitude and compare the cause of domestic violence in married women with psychotic and non-psychotic illness.

Materials and methods: Sixty-five women attending psychiatry outpatient department (OPD) of SSL Hospital with 35 women with psychotic illness and 30 non-psychotic illness were studied for the magnitude of domestic violence by their husband. Domestic violence questionnaire was used. Women diagnosed as suffering from Axis–I disorder as per DSM IV TR.

Results: Significantly more women in psychotic illness than non-psychotic illness reported domestic violence (total/ psychological and physical) by their husbands in past year (women with psychotic illness: 80% total/psychological violence; 65.7% physical violence and non-psychotic illness: 50% total/ psychological violence; 43.3% physical violence). Total domestic violence with psychiatric morbidity was observed in 66.2%.

Conclusion: Women with psychotic illness have a higher reporting of domestic violence by their husbands during the past years. Women with mental disorders are likely to be victims of violence. Mental disorder may increase vulnerability to domestic violence by increasing the likelihood of women being in unsafe relationships and environments and increase their vulnerability to violent victimization.

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INTRODUCTION

Violence against women is a social and public health problem. Its impact on the physical and mental health of women and their social functioning is pernicious.[3] A growing body of research confirms the prevalence of physical violence in all parts of the globe. As per the World Health Organization (WHO) multi-country study involving 10 countries, the proportion of ever-partnered women who ever experienced physical or sexual violence, or both, by their partners in their lifetime, ranged from 15 to 71% of women, with most sites falling between 29 and 62%.[16] 65.8% had identified a domestic violence victim at least once in the past 1 year.[5] Estimates of domestic violence within India vary widely from 18 to 70%.

No country or community is untouched by violence. Each year, more than 1.6 million people worldwide lose their lives to violence. For every one who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems.[7]

Psychiatric symptoms in women are common and result in distress and varying degrees of disability. The latter may adversely affect women's sexual behavior and ability to carry out the domestic chores.

In a recent study comprising four states from Eastern India, *viz*. Bihar, Jharkhand, Odisha and West Bengal, age, education, occupation, marital duration and husband's alcoholism emerged as significant predictors of victimization and perpetration of all types of domestic violence.[2] A higher level of family income was found to be highly protective against the risk of violence. In another study conducted on rural community of Northern India revealed that an alcoholic husband emerged as the main cause for domestic violence.[8]

The protection of women against Domestic Violence Act 2005 recognizes four types of domestic violence, such

as physical abuse, sexual abuse, verbal and emotional or economic abuse.[15] For the purposes of this Act, any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it:

- Harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or
- Harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
- Has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or
- Otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

Violence affects all aspects of conversational, behavioral and dynamic of individual who are exposed to violence.[12] Domestic violence is when one partner in an intimate relationship abuses the other.

Most studies on domestic violence have been population-based. The relationship between domestic violence and psychiatric morbidity has not been sufficiently explored. Twenty-one percent of domestic violence in women who attended an outpatient clinic in a North of England Hospital was reported. Women who were subjected to domestic violence tended to have more consultations and were more likely to complain of certain symptoms.[6]

There is limited data from developing countries regarding the link between domestic violence and psychiatric morbidity. Links between domestic violence and sexually transmitted diseases have been reported.[10]

Domestic spousal violence against women in developing countries like India is now beginning to be recognized as a widespread health problem impeding development. However, there is limited work in this area. There is a dearth of research tools for assessing the magnitude and pattern of domestic violence.

The causes of domestic violence in the women with psychotic illness and non-psychotic illness have not been studied well in the Indian population especially in Northern India.

MATERIALS AND METHODS

This was a descriptive study, using a quantitative approach performed. The sample comprised of 35 women with psychotic illness and 30 women with non-psychotic illness at a selected from psychiatry department of OPD and ward of Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh, India over a period of 3 months. Inclusion criteria for the present study includes: (1) Age group between 16 and 40 years; (2) subjects who were ready to participate for the interview; (3) all the participant were attending the psychiatry OPD/Ward of SSH, BHU; (4) married female. The structured questionnaire was used and sample size was 65, where the data was collected through face to face interview, after taking written informed consent. The subjects were given a brief introduction of the purpose of the study. The study protocol was approves by the institutional ethical committee. The study sample was assessed using the following instruments:

- Sociodemographic performa includes: age, education status, type of family, occupational status. Socio-economic scale (SES) of Kuppuswamy was used for assessing SES.[9,11]
- Domestic violence questionnaire[4]: The objective of this questionnaire is to know whether there are such experiences in your marital life of mental illness women. The domestic violence questionnaire (DVQ) comprises a set of 20 questions which enquires about the frequency of domestic violence in the past. It was intended to be a short, simple, self-administered, discriminative instrument. It was designed with the intention of capturing the major dimensions of the concept of psychological and physical violence. It has been standardized on the Indian population. The total frequency is noted and scoring is done over the past 1 year. The reliability of the tool was confirmed by using Karl Pearson correlation coefficient formula and spearman's brown prophecy formula that obtained 'r'= 0.86, which showed that the tool was reliable.
- Global disability scale for assessment of psychiatric disability evaluation assessment scale (IDEAS).[14] This schedule has been standardized on Indian patients and assesses disability on a number of domains.
- Unstructured questionnaire for perceived cause of domestic violence instruments have been developed for married women by the researcher.
- Descriptive and inferential statistics were used in order to analyze the data using SPSS version 16.

RESULTS

Sixty-five married women, 35 women with a psychotic illness and 30 non-psychotic illness were recruited into the study from the Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh, India.

The demographic characteristics of sample are shown in Table 1A. The mean age of subjects of women with psychotic illness was 30.68 ± 5.74 years, and of non-psychotic illness was 31.60 ± 6.12 years. The mean years of education of psychotic illness was 10.31 ± 4.61 years, and

of non-psychotic illness was 8.73 ± 5.36 years. The mean duration of marriage of women with psychotic illness was 10.97 ± 7.28 years, and of non-psychotic illness was 14.00 ± 7.43 years. There was no significant difference between women with psychotic illness and two with respect to age, years of education, and duration of marriage (Table 1A).

All participant psychotic and non-psychotic illness women were Hindu. Marriages of all the patients were arranged. Majority of women with psychotic and non-psychotic illness came from rural background. A total of 72.3% of the subjects hailed from joint families, 27.7% were from nuclear families. Only 7.7% were employed in different occupations and 92.3% were housewife. Majority of husband 38.5% were clerical/shop-owner/farmer. 58.5% of the subjects belonged to upper middle socioeconomic status (SES), 38.8% belonged to lower middle SES. There was no significant difference between women with psychotic illness and two with respect to domicile, occupation (Home-makers *vs* non-home makers), SES and type of family of the subjects (Table 1B).

The mean age of onset of disease psychotic illness group was 25.49 ± 7.46 years and non-psychotic illness group was 28.83 ± 6.42 years. The mean duration of illness of psychotic illness was 46.86 ± 47.42 months and non-psychotic illness was 33.77 ± 36.60 months (Table 2A).

The most common diagnostic categories in psychotic illness was schizophrenia 48.5% These were followed by major depressive disorder with psychotic features 20% bipolar I disorder, most recent episode manic 14.2%; bipolar I disorder, single mania episode 8.5% and Brief

Table 1A: Demographic characteristics of the sample showing the mean and standard deviation

	Psychotic (n = 35)		*Non-psychotic (n = 30)*				
Variable	*Mean*	*SD*	*Mean*	*SD*	*t*	*df*	*p*
Age (years)	30.68	5.74	31.60	6.12	–0.62	63	0.537
Education (years)	10.31	4.61	8.73	5.36	1.27	63	0.206
Duration of marriage (years)	10.97	7.28	14.00	7.43	–1.65	63	0.103

Table 1B: Demographic characteristics of the sample showing frequency and percentage

	Psychotic (n = 35)		*Non-psychotic (n = 30)*		*Total (n = 65)*				
Variable	*n*	*%*	*n*	*%*	*n*	*%*	χ^2	*df*	*p*
Religion									
Hindu	35	100	30	100	65	100			
Type of marriage									
Arranged	35	100	30	100	65	100			
Domicile									
Rural	19	54.3	18	60.0	37	56.9	0.21	1	0.643
Urban	16	45.7	12	40.0	28	43.1			
Type of family									
Nuclear	10	28.6	22	73.3	18	27.7	0.02	1	0.864
Joint	25	71.4	8	26.7	47	72.3			
Occupation of wife									
Professional and semiprofessional/ skilled and semiskilled	2	5.7	3	10.0	5	7.7	0.41	1	0.518
Homemaker	33	94.3	27	90.0	60	92.3			
Occupation of husband									
Professional/Semiprofessional	1	2.9	4	13.3	5	7.7	5.68	5	0.338
Clerical/shop-owner/farmer	17	48.6	8	26.7	25	38.5			
Skilled worker	5	14.3	5	16.7	10	15.4			
Semi-skilled worker	7	20.0	7	23.3	14	21.5			
Unskilled worker	5	14.3	5	16.7	10	15.4			
Unemployed	0	0.0	1	3.3	1	1.5			
Socioeconomic status									
Upper	1	2.9	2	6.7	3	4.6	2.18	3	0.535
Upper middle	21	60.0	17	56.7	38	58.5			
Lower middle	12	34.3	8	26.7	20	38.8			
Upper lower	1	2.9	3	10.0	4	6.2			

Table 2A: Clinical characteristics of the sample: age of onset and duration of illness

	Psychotic (n = 35)		*Non-psychotic (n = 30)*				
Variable	*Mean*	*SD*	*Mean*	*SD*	*t*	*df*	*p*
Age of onset (years)	25.49	7.46	28.83	6.42	–1.92	63	0.059
Duration of illness (month)	46.86	47.42	33.77	36.60	0.85	63	0.396
Duration of treatment (month)	33.34	44.56	22.30	22.16	1.23	63	0.223

Table 2B: Clinical characteristics of sample

	Psychotic illness group (n = 35)			*Non-psychotic illness group (n = 30)*	
Variables	*n*	*%*	*Variables*	*n*	*%*
Diagnosis Schizophrenia	17	48.5	*Diagnosis* Generalized anxiety disorder	10	33.3
Major depressive disorder with psychotic features	7	20	Major depressive disorder without psychotic features	9	30
Bipolar I disorder, most recent episode manic	5	14.2	Conversion disorder	6	20
Bipolar I disorder, single mania episode	3	8.5	Obsessive compulsive disorder	3	10
Brief psychotic disorder	3	8.5	Dissociative disorder	2	6.6

Table 3: Domestic violence in married women with psychotic and non-psychotic illness

Domestic violence (spousal) in women: severity and pattern							
	Psychotic (n = 35)		*Non-psychotic (n = 30)*				
Variable	*Mean*	*SD*	*Mean*	*SD*	*t*	*df*	*p*
Domestic violence	23.28	22.96	09.03	17.30	2.78	63	0.007
Psychological	15.68	16.47	6.36	12.09	2.56	63	0.013
Physical	7.60	8.33	2.60	5.37	2.82	63	0.006

psychotic disorder 8.5%. Non-psychotic illness was generalized anxiety disorder 33.3% major depressive disorder without psychotic features 30%, conversion disorder 20%, obsessive compulsive disorder 10% and Dissociative disorder 6.6% (Table 2B).

Domestic violence was reported significantly more by women with psychotic illness (23.28 ± 22.96) than by non-psychotic illness (09.03 ± 17.30). The majority of participants was reported psychological violence was reported more in women with psychotic illness (15.68 ± 16.47) than in non-psychotic illness (6.36 ± 12.09) and physical violence was also reported significantly more in women with psychotic illness (7.60 ± 8.33) than in non-psychotic illness (2.60 ± 5.37). There was a statistically significant difference in severity of spousal violence reported between the two groups, more in psychotic illness than in non-psychotic illness, both for total/psychological and for physical violence (Table 3).

The mean disability of women with psychotic and non-psychotic illness was 2.48 ± 0.50 and 2.00 ± 0.58. The mean disability scores of psychotic illness group were significantly higher than corresponding scores of non-psychotic illness group (Table 4).

Table 4: Comparison of disability score in married women with psychotic and non-psychotic illness

Comparison of patient group on disability score						
	Psychotic (n = 35)		*Non-psychotic (n = 30)*			
Variable	*Mean*	*SD*	*Mean*	*SD*	*z*	*p*
Overall disability	2.48	0.50	2.00	0.58	–3.20	0.001

The distribution of patients with respect to causes, many women gave more than one cause. Not able to carry out domestic chores was the most common and reported by 83.7%. In about 46.5%, the cause was not being to be a good sex partner. This was followed by dowry, other family members complain about her behavior and by family and slow, unsatisfactory 34.8% each (Table 5).

DISCUSSION

The present study is from Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh, India which caters to a huge population from Eastern Uttar Pradesh, Bihar, Madhya Pradesh and even Nepal. This region is densely populated with a relatively low level of literacy and psychological sophistication.

Table 5: Causes of domestic violence against women with psychotic and non-psychotic illness

Causes of domestic violence									
Variable	Psychotic illness (n = 28)		Non-psychotic illness (n = 15)		Total (n = 43)				
Presenting cause	n	%	n	%	n	%	χ^2	df	p
Domestic chores	23	82.1	13	86.6	36	83.7	3.27	1	0.070
Unable to be a good sex partner	12	42.8	8	53.3	20	46.5	0.44	1	0.507
Dowry	10	35.7	5	33.3	15	34.8	1.29	1	0.256
Other family members complain about her behavior	12	42.8	3	20.0	15	34.8	5.36	1	0.021
Slow, unsatisfactory	10	35.7	5	33.3	15	34.8	1.29	1	0.256

Majority of the abused women were found to remain silent about their experience of violence. The frequency, pattern and magnitude of domestic violence by husbands during the past years in patients with psychiatric morbidity were examined in comparison with psychotic and non-psychotic women. Domestic violence was significantly higher in the group of women with psychotic illness than in non-psychotic illness. The findings suggest a high prevalence of experiences of domestic violence among psychiatric patients.[13]

Most of the psychiatric ill women were suffering from schizophrenia followed by depression. Avdibegovic found that women who experienced domestic abuse showed symptoms of different psychiatric problem.[1]

The most common cause of domestic violence was domestic chores followed by unable to be a good sex partner, dowry, other family members complain about her behavior and slow-unsatisfactory. This finding suggested according to Kaur, the most common cause of domestic violence was dissatisfaction of dowry, arguing with the partner, refusing to have sex with him and not cooking properly or on time.[8]

The findings of this study have practical implications. First, there is little recognition among health planners that psychiatric morbidity could be a cause of domestic violence. Second, domestic violence can be prevented by early detection and treatment. The protection of women from Domestic Violence Act 2005 does not recognize psychiatric morbidity in women as a cause of domestic violence.[15] In the Act, there is provision for a special order 'Not to consume alcohol or drugs which lead to domestic violence in the past', but none for medical treatment of the same.

The strength of the study is the use standardized culturally appropriate instruments for evaluation.

Global disability and cause of domestic violence of women with psychotic illness is more than women with non-psychotic illness.

CONCLUSION

On the basis of this study, we can say that domestic violence was more in women with psychotic illness compare to non-psychotic illness. The predominant form of violence was found to be psychological violence. There is no single factor to account for violence perpetrated against women. Domestic chore was the main factor to cause of domestic violence. We would recommend developing a better program to be developed for bringing about wider awareness in psychiatric ill women and also marital counseling of both partners to prevent domestic violence.

Education and public enlightenment campaign on evils of domestic violence should be encouraged and organized by guidance counselors, social welfare workers, religious leaders and the government. Government should establish marriage counseling units in all local government areas in the state where couple or couples would go for counseling against domestic violence.

The healthcare personnel should be given an opportunity to update their knowledge regarding domestic violence and need education for domestic violence and cessation, so that they can help the women to protect/prevent domestic violence.

LIMITATIONS OF THE STUDY

- This study was on hospital-based sample. It would have been more realistic to have the sample from the community.
- This study focus on women with psychotic and non-psychotic illness. There is a need to focus studies

on men, as the men are the active partner in act of domestic violence. Focused on causes of domestic violence in men with psychotic and non-psychotic illness are likely to be more effective.

IMPLICATIONS FOR THE STUDY

- The findings provide robust evidence for greater degree of domestic violence in women with mental illness than nonmental illness and causes of domestic violence in women with mental illness are more non mental illness women.
- The implication of this finding is that prevention of domestic violence must involve engagement with both sides of a relationship. Coordinated action seems to be needed at many levels to ensure that material efforts to improve the status of women are coupled with a focus on men to promote acceptance of the need for change, whether at an individual level, or through interventions focusing on men with low socioeconomic status.
- There is an enormous potential for detailed assessments of intervention strategies, not only to guide future policy, but also to provide insights into interrelations between causal factors and develop knowledge of the causes of domestic violence.
- Further research is needed, however, to investigate which interventions are effective in reducing domestic violence experienced by women with mental disorders and how to improve mental health after the abuse has stopped.

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