

Domestic Violence and Suicidal Risk in the Wives of Alcoholics and Non-alcoholics

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Women experience some form of domestic violence in their life time. Specifically the wives of alcoholics experience manifolds of physical, psychological and sexual threats and consequently they develop depression, guilt, tension, fear, loss of trust, low self esteem and high suicide risk. The purpose of the study was to assess objectively domestic violence and suicide risk of the wives of alcoholics and non-alcoholics. Retrospective design was used to measure domestic violence and suicide risk of the wives of alcoholics and non-alcoholics by using suitable psychological scales. 32 wives of alcoholic patients and thirty two non-alcoholics (normal subjects) were selected for this study. Domestic violence and suicide risk scales were administered to the patients and accompanying persons of other psychiatric disorders and demographic variables such as age, religion, income, education, and occupation were collected from the patients. Percentage, mean, standard deviation and t-test were used for analyzing and interpreting the obtained data. Results revealed that the wives of alcoholics and non-alcoholics differed significantly in physical and psychological aspects of domestic violence but they did not differ in sexual aspect and the groups differed significantly in suicide risk. The wives of alcoholics had significantly more domestic violence in physical and psychological aspects and more suicide risk than the wives of non-alcoholics who came for treatment to the hospital. The present findings could help the planners to develop strategy / intervention to reduce the domestic violence and the suicide risk of the wives of alcoholics for better coping and mental health.

Keywords: Domestic violence and suicide risk and wives of alcoholics & non-alcoholics.

Domestic violence occurs in all socioeconomic and cultural subgroups of population and women are socialized to accept, tolerate, even rationalize and remain silent about it. They become the victims of domestic violence and are abused in their homes and usually by their husband they trust most. It is a criminal offence in India in 1983 and the offence chargeable under section 498-A of the Indian Penal Code as domestic violence is any act of cruelty by a husband (or his family) towards his wife. A comprehensive domestic violence law, known as the protection of women from Domestic violence domestic violence act 2005 took effect in 2006.

Current studies indicate 20% - 50% of women worldwide have experienced some form of domestic violence in their life. Some other studies consider domestic violence as risk factor for health problems and depression (Scholle., Rost., & Golding, 1998), high suicide risk, loss of trust, low self esteem, fear, anxiety, guilt, shame, tension, suspicious, somatic problems and post traumatic stress disorder (Olson, Huyler et al, 1999; Leenars & Lester, 1999; Stark, & Flitcraft, 1995). Women experience physical, psychological and sexual threats due to the consequences of domestic violence. The world health organization (WHO) (2002) estimated that 10.4% of the

population seriously considers suicide in their life time and 4.2% attempt suicide (DeLeo, Cerin, Spathonis, & Burgis, 2005). People subsequently seek help prior to suicide needs attention for clinical treatment (King, Lloyd, Meehan, O'Neill, & Wilesmith, 2006).

Violence serves the function to control and to keep power over another person. This control takes place on psychological, physical and sexual levels. More number of domestic violence occurs as there is a little risk of being penalized for that act. Physical abuse comprises grapping and pushing, beating and assaulting with a weapon. Psychological abuse is a systematic effort to control another person's thinking and behavior. Sexual abuse includes forced sexual activity, saying indecent words and forced sexual activity with objects (Dutton, 1995).

Violence can only occur where a certain level of social tolerance supported by culture, law, ideology exists towards it. Violence in family is gender and age-related, even though the battering behavior can occur in hetero relationships, controversy over whether men are also victims of family violence, there is no doubt that there are women who might show violent behaviors within the family. However, according to Gelles and Cornell (1985) it has been proven that in most cases women act as a reaction to the self-experienced violence caused by the batterers. Approximately 90% of the victims of family violence are women. There are several different theories about the causes for family violence and one of them emphasized that the development of violent behavior is the social-learning-process, including attitudes and beliefs that are affected by the culture we live in. The present study attempts to assess objectively domestic violence and suicide risk of the wives of alcoholics and non-alcoholics.

Objectives:

They were i) to assess domestic violence and suicide risk of the wives of alcoholics and non alcoholics by using psychological scales

and ii) to compare domestic violence and suicide risk of the wives of alcoholics and non alcoholics

Method

Design:

Cross section survey (retrospective design) was used to assess domestic violence and suicide risk of the wives of alcoholics and non alcoholics

Sample:

32 wives of alcoholic patents and thirty two non-alcoholics (normal subjects) were selected for this study. The alcoholic patents visiting to the department of psychiatry with their wives for getting treated for alcohol dependence syndrome and the wives of other psychiatric patients visiting to the department of psychiatry with their wives were taken as sample for the study. The age of the participants were adults with ages ranging from 22 to 43 years. Besides, demographic variables such as age, religion, income, education, and number of children were collected from them.

Materials:

1. Domestic Violence Inventory: (DVI) (Avdlbegovic, & Sinanovic, 2006) The 26 item domestic violence inventory consisted of three parts- psychological abuse such as like checking, jealousy, controlling behavior, putting down, etc., physical abuse such as slapping, pushing, kicking etc., and sexual abuse such as forced sex, telling indecent words, forced oral sex, forced to watch porno films, etc. The inventory evaluated the occurrence of different types of domestic violence. The exposure to different types of domestic violence was marked as follows: 0- no abuse, 1-3 rarely, 4- sometimes, 5 - often and 6- very often. The test and retest reliability value was 0.72.

2. Assessment of Suicide Risk: The suicide risk assessment questionnaire (King, Lloyd, Meehan, O'Neill, & Wilesmith, 2006)

consisted of 13 items and it measured the depressive features in people who had so bad feelings to kill themselves. This covered the questions - Strong unhappy feelings, often suicidal thoughts, something happened recently, stressor to move down the scale, modes of committing suicide- a. hanging, & poison, strong desire to die, planned a time for committing suicide, self harming, changing things due to the self harm, something stopped from killing yourself and what they could look forwarded to the future. The scoring was done based on the response of the people (National health and medical research council, 1997). The test and retest reliability value was 0.87.

Results and Discussion

The table 1 showed that majority of the wives of alcoholics and wives of non-alcoholics belonged to the age group of 22-32 years (65.60%) and (78.10%), followed by the age group of 33- 43 years (34.40% and

21.90%), respectively and belonged to Hindu religion (81.20%) and (80.00%), followed by Muslims (14.30%) and (8.60%) respectively. Majority of the wives of alcoholics and non-alcoholics had the education above 5th standard (43.80%) and 8th standard (31.30%) and their income of Rs. < 3000 (46.90%) and (37.10%) respectively and majority of the groups had occupation of weaver (37.50%) and (50%) and had 3 children (40.60%) and (34.40%) respectively.

Mean and standard deviation were calculated for the two groups of the wives of alcoholics and non-alcoholics. t- test was applied to determine the significance difference between the groups. The mean and standard deviation of wives of alcoholics and non- alcoholics were (10.16 ± 4.34) & (7.03 ± 3.17) in physical abuse, (4.80 ± 2.17) & (4.91 ± 1.80) in sexual abuse (23.06 ± 5.15) & (16.28 ± 4.20) in psychological abuse respectively.

Table 1. Demographic variables of the wives of alcoholics and non-alcoholics.

S.no	Demographic variable	32		32	
		n	%	n	%
1 Age	22-32 years	21	65.60	25	78.10
	33-43 years	11	34.40	9	21.90
2 Religion	Hindu	26	81.20	28	80.00
	Christian	3	8.60	1	2.90
	Muslim	5	15.60	3	8.60
3 Income	< Rs. 2000	3	9.40	4	11.50
	< Rs. 3000	15	46.90	13	37.10
	< Rs. 4000	9	28.10	8	22.85
	< Rs. 5000	1	2.90	1	2.90
4 Education	House wife	4	11.40	6	17.10
	No formal edn/	2	6.25	3	9.40
	5 th standard	14	43.80	9	28.10
	8 th standard	12	37.50	10	31.30
	10 th standard	2	6.25	7	21.80
5 Occupation	> 10 th standard	2	6.25	3	9.40
	Weaver-	12	37.50	16	50.00
	Coolie	11	34.40	7	21.80
	Construction worker	6	18.80	5	15.60
	Others	3	9.40	4	11.50
6 Number of children	0	1	2.85	4	11.50
	1	5	14.30	7	21.80
	2	13	40.60	10	31.30
	3	13	40.60	11	34.40

Table 2: Mean, SD, and t-value for the score of the wives of alcoholics and non-alcoholics

Scale	Wives of alcoholics			Wives of non-alcoholics			t-value
Level	N	Mean	S.D.	n	Mean	S.D.	
DomesticViolencePh	32	10.16	4.34	32	7.03	3.17	3.55*
Sex	4.81	2.17	4.91	1.80	0.15		
Psyl	23.06	5.15	16.28	4.20	6.83*		

*p < 0.01

Ph- physical abuse, sex- sexual abuse, Psyl- psychological abuse

The wives of alcoholics had higher mean in physical and psychological abuses than the wives of non- alcoholics. When the mean of the wives of alcoholics was compared with the non- alcoholics, the alcoholics had significant differences (t = 3.55, p < 0.01), in physical abuse and (t = 6.83, p < 0.01) in psychological abuse. The wives of alcoholics and non-alcoholics did not differ significantly in sexual aspect (t = 0.05, p < n.s). The wives of alcoholics could have disturbances of their thoughts and functioning due to drinking habit of their husbands.

The wives of alcoholics and non alcoholics had more strong unhappy feelings (90.60%), & (25.00%), frequent suicidal thoughts (78.00%), & (9.40%), something happened recently (12.50%), stressor to move down the scale (90.60%), & (15.60%), modes of committing suicide- a. poison (21.80%), & (6.20%), & other modes (22.00%) & (3.10%), strong desire to die (62.50%) & (9.40%), planned a time for committing suicide (18.80%) & (6.20%), self harming (22.00%) & (3.10%), changed things due to the self harm(18.80%)& (3.10%), anything stopped from killing yourself (62.50%) & (9.40%), and what they could look forwarded to the future (62.50%)& (9.40%) respectively. The wives of alcoholics might have more depressive features than the wives of non alcoholics and these features would make them to take an extreme step in their lives.

The drinking alcohol could affect more in functioning and mental health in their spouses

of alcoholics. Intervention such as psycho education, communication enhancement training and problem-solving skills might be an important means to increase the copying of the wives of alcoholics and non-alcoholics. Family members or caregivers could play a very important role in detecting subtle fluctuating behavior of the patients and could act therapeutically if properly prepared. It is possible to improve the environment, in which family functioning played a major role to help the wives of alcoholics and non-alcoholics.

Conclusion

The wives of alcoholics had more domestic violence in physical abuse, and psychological abuse and more suicidal risk than the wives of non alcoholics. The factors (e.g. children) play an important role in preventing them to take an extreme step to kill themselves. The present findings could help the planners to develop strategy/ intervention to reduce domestic violence and suicidal thoughts for better coping with.

References

Avdlbegovic, E., & Sinanovic, O. (2006). Consequences of domestic violence on women's mental health in Bosnia and Herzegovina, *Croatation Medical Journal*, 47, 730-41.

De Leo, D., Cerin, E. Spathonis, K. & Burgis, S.(2005). Life time risk of suicide ideation and attempts in an Australian community: Prevalence, suicidal process and help seeking behavior, *Journal of Affective Disorders*, 86, 215- 224.

Dutton, D.G. (1995). *The domestic assault of women: Psychological and criminal justice perspective*: Boston: Allyn and Bacon, Inc.

- Gelles, R.J., & Cornell, C.P. (1985). *Intimate violence in families*, Beverly Hills: Sage publication.
- King, R., Lloyd., Meehan, T., O'Neill, K., & Wilesmith, C. (2006). Development and evaluation of the clinician suicide risk assessment checklist, *Australian e-jour for the advancement of mental health*, 5, www.auseinet.com/journal/vol15iss1/king.pdf
- Leenars, A.A. & Lester. (1999). Domestic integration and suicide in the province of Canada, *Crisis*, 20, 59-663.
- National Health and Medical Research Council (1997). *Depression in young people: A guide for general practitioners*, Canberra, Australian Government publishing service.
- Olson, L., Huyler, F., Lynch, A.W., Fullerron, L., Werenko, D., & Sklar, D. (1999). Guns, alcohol and intimate partner violence; the epidemiology of female suicide in New Mexico, *Crisis*, 20, 121-26.
- Scholle, S.H., Rost, K.M., & Golding, J.M. (1998). Physical abuse among depressed women, *Journal of General International Medicine*, 13, 607-13.
- Stark, E. & Flitcraft, A. (1995). Killing the beast within: women battering and female suicide, *International Journal of Health Services*, 25, 43-64.
- WHO, (2002) World report on violence and health, Geneva: world health organization.

Received: March 01, 2010

Revision received: May 12, 2010

Accepted: June 01, 2010

This paper was presented in the 45th IAAP National and 14th International conference, Visakhapatnam, (A.P), Feb 18-20, 2010.

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**30th International Congress of Psychology
Psychology Serving Humanity**

Cape Town 22-27 July 2012

Opening of abstract submission **1 May 2011**

22 July 2012 — ICP Opening Ceremony