

A SITUATIONAL ANALYSIS OF DOMESTIC VIOLENCE AND PSYCHOLOGICAL IMPACTS AMONG WOMEN IN A COMMUNITY

VARATTAKARN KULVIROGESOPON

ABSTRACT

The present study aimed at analyzing situations of domestic violence and psychological impacts among women in a community. The study sample consisted of 184 women living in a community under the responsibility of Pathum Thani Hospital. The instruments used in data collection included a demographic characteristics questionnaire, the domestic violence questionnaire, and the psychological impacts of domestic violence questionnaire. Frequency, percentage, and mean were employed in statistical analysis.

The study findings could be summarized into two main issues: 1) experience with domestic violence (physical, psychological, and socioeconomic aspects), and 2) women's psychological impacts. It was found that the three most commonly found physical experiences with domestic violence were being punched and hit when the husband was dissatisfied, being thrown with nearby objects when the husband was furious, and being locked up by the husband. The most frequently found psychological experiences with domestic violence were husbanding having irrational rage, husband not giving care when sick, and husband being verbally abusive. Finally, the most frequently found socioeconomic experiences with domestic violence were husband always asking where they had been and what they were doing, having to be responsible for the debts of husband, and being controlled financially by husband. In terms of psychological impacts, the three leading psychological impacts were feeling scared as not knowing what made husband dissatisfied, not loving husband as used to, and not daring to share what had been going on in the family with others.

The study findings could be used as baseline data to devise a plan with the community to screen, protect, and assist women suffering from domestic violence more comprehensively and effectively.

KEY WORDS: DOMESTIC VIOLENCE/ PSYCHOLOGICAL IMPACTS/ WOMEN IN A COMMUNITY

Introduction

Domestic violence is considered an important social problem that has been in existence in the Thai society for a long time. As time passes, the severity of domestic violence continues to increase. This is considered a social problem that everyone needs to take into careful consideration. At present, there are research studies in different disciplines that have paid more attention to family violence (Penchan Pradubmook, B.E. 2546). Family

violence includes violence to children, elderly persons, and women. As for violence to women, it has been documented that 6.2 million women in the United States had to endure violence in each year from family members and close persons (Payne, 2009). As for Thailand, according to the statistics of the Ministry of Public Health, the number of women and children who were abused and sought refuge at shelters all over the country increased from 19,068 in 2007 to 23,511 in 2009 (Bureau of Health Administration, Ministry of Public Health, B.E. 2554). According to the statistics of the One Stop Crisis Center (OSCC) in Pathum Thani Province, the number of service users at the center at Pathum Thani Hospital increased from 1,451 in 2009 to 1,821 in 2011. Most of the service users were both new users and former users (OSCC, B.E. 2554). According to the data and indicators of violence in women and children by Office of Women’s Affairs and Family’s Affairs’, in 2009, there were as many as 365,230 women who were assaulted by their husband, and the number tended to rise (Office of Women’s Affairs and Family’s Affairs’, B.E. 2554). Furthermore, according to the statistics of the Bureau of Research and Planning, the Royal Thai Police, between April and September 2008, there were 18,191 women who filed a police report because of physical assaults. Friend of Women Foundation which offers consultancy to women who have been suffered from a violence crisis has reported that in 2007, 683 women were stricken with domestic violence (Thailand Health Promotion Foundation, B.E. 2551). Domestic violence varies in characteristics including physical abuse with different methods and mental abuse with words, gestures, insults, use of foul language, etc. Domestic violence also includes sexual assault and sexual abuse, peeping, rape, ignorance of wife’s sexual desires, forced sexual trade, as well as neglect and extramarital affairs. In addition, taking advantage of someone’s finance and labor is considered a form of domestic violence as well (Ronnachai Kongsakon & Naruemol Pojam, B.E. 2551; Payne, 2009; Nouri, 2012). These problems have been prevalent in the Thai society but they have never been openly revealed as a large number of people misunderstand they are not social problems, but they are personal problems that individuals need to solve by themselves. Victims may also feel ashamed and fear ridicule from their relatives and neighbors, so they find it difficult to ask for help from others, hence repeated occurrences of domestic violence they have to ensure (Women’s Health Advocacy Foundation, B.E. 2547).

Domestic violence affects individuals, family, community, and society. The effects of domestic violence can be both physical and psychological. The victims of domestic violence may develop mental health problems, lack trust in others, and lose self-confidence. They may also develop sense of worthlessness, isolation, fear, anger, anxiety, self-accusation, and desperation (Jaroongsri Dankhuntod, B.E. 2554; Pacharin Siriwisuthrat, B.E. 2555; Pornpak Surampai, B.E. 255; Wong, Fong, & Tiwari, 2012). It has also been found that domestic violence results in depression, which can eventually lead to depression (Devries, Child, & Falder, 2013; Wong, Fong, & Tiwari, 2012), or physical symptoms that are

caused by mental problems such as back ache, headache, dizziness, oversleeping, loss of appetite, fatigue, etc., which can affect studying and work. Women who are sexually assaulted may have sexually transmitted diseases or become pregnant, which can lead to abortion or unwanted children (Aporn Sianglam, B.E. 2553; Humphreys & Campbell, 2004; Asa Opitakcheewan, B.E. 2552). In terms of effects of domestic violence on family, the relationships among family members will be affected. The family will be destroyed, and there will be a lack of happiness in the family, resulting in a lack of bonding and attachment, as well as a lack of love and understanding in the family. A broken family and a divorce can follow, and this can affect the status of children who may be deserted or neglected, and they have to grow up with attention and care. They may become suppressed, and may run away from home to hang out with friends with behavioral problems such as drug abuse, aggressiveness, and bullying. If children do not receive correct or appropriate therapy and assistance, they may grow up to be criminals and use violence with others (Ashcroft, Daniels, & Hart, 2004; Holt, 2008). In terms of effects on community and society, fighting and quarreling in the family may irritate neighbors and cause everyone to lose harmony in the neighborhood.

It can be seen that domestic violence are associated with various factors, which affect all levels of society. Therefore, prevention of problems are important, and this can be done in various ways such as enforcement of effective laws, campaigns to stop domestic violence, awareness raising of significance of domestic violence, etc. (Women’s Health Advocacy Foundation, B.E. 2547; Patcharin Nintachan, Sopin Sang-on, Noppawan Piasue, Darunee Chunhawatt, & Ronnachai Kongsakon, B.E. 2554).

Data from a hospital in Patumthani Province have shown that in 2012, about two-thirds of female who sought services at the outpatient department due to domestic violence, or 66.2%, had been abused. Of these, 38.6% were physically abused, 28.4% were physically abused, 20.0% were sexually abused, and 13.0% were economically abused (Outpatient Department, Patumthani Hospital, B.E. 2555). Most of these women were those who lived in the areas under the responsibility of this hospital. Provision of care, prevention, and solution to problems of domestic violence in the community is deemed important, and it is considered part of the responsibility of nurses who can screen for domestic violence problems among service users and coordinate with related agencies such as police officers, social workers, and court officials to plan for measures to assist women suffering from domestic violence. In order to effectively plan for provision of assistance in various aspects, understanding of problems of domestic violence of women in the community in terms of prevalence, patterns, and effects, both physical and mental, need to be achieved. However, at a community under the responsibility of a hospital in Pathum Thani province did not have any study conducted to investigate domestic violence and its effects on women. The researcher who is a professional nurse working to care for service users who are victims of

domestic violence are interested in conducting a situational analysis of domestic violence and psychological impacts on women in a community so that more effective care can be planned.

Methodology

The present study was a situational analysis of domestic violence and psychological impacts on women at a community. The methodology of this study was as follows:

Target group

The target group of the study consisted of all married women who were living in a selected community under the responsibility of a hospital in Pathum Thani Province. There were approximately 200 of them (73 married women in sub-community 1, 62 in sub-community 2, and 65 in sub-community 3).

Setting

The communities selected in this study were under the responsibility under a hospital in Pathum Thani Province. They were semi-urban semi-rural community. The community was divided into three sub-communities—sub-community 1 consisted of 57 households, with 284 members, 142 of whom were male and 142 were female; sub-community 2 consisted of 36 households, with 249 members, 129 of whom were male and 120 were female; and sub-community 3 consisted of 111 households, with 567 members, 278 of whom were male and 289 were female.

Duration of data collection

July to August, 2017

Instrumentation

The instruments used in data collection could be divided into two parts as follows:

Part I: Demographic characteristics questionnaire

Part II: The domestic violence questionnaire was adapted by Patcharin Nintachan et al. (B.E. 2554) based on the domestic violence questionnaire of the Domestic Violence Knowledge Management Unit, Faculty of Medicine, Ramathibodi Hospital, Mahidol University (B.E. 2551).

Analysis methods

The questionnaires returned by the subjects were checked to ensure their completeness before a computer program was used to analyze data. Data regarding demographic characteristics of the subjects, domestic violence, and psychological impacts were analyzed by means of frequency and percentage.

Result

The present study was a situational analysis of domestic violence and psychological impacts among married women in a community under responsibility of a hospital in Pathum Thani Province. The study findings were as follows:

1. Demographic characteristics of the subjects

In this study, 184 out of 200 married women in the selected community were willing to participate in the study and completely filled out the questionnaires, making up 92% of the total. The study subjects ranged in age from 19 to 75 years old, with the mean age of 44 years old. A little more than three quarters or 77.20% (142 subjects) were Buddhists, and almost all of them or 91.30% (168 subjects) were married and lived with their spouse. A little more than half or 51.1% (94 subjects) had been married for five years or less, and 40.80% (75 subjects) had completed elementary education. Moreover, about one-third of the subjects or 33.20% (61 subjects) had a spouse whose educational background was also elementary education. In terms of occupation, 74.50% (137 subjects) were housewives or wage earners, and 67.90% (125 subjects) had a spouse who was also a wage earner. Approximately one-third or 33.20% (61 subjects) had their average monthly income of 5,001-10,000 baht per month, and 34.20% (63 subjects) had insufficient income. Furthermore, in this study, 15.80% of the subjects (29 subjects) drank alcohol, and 9.20% (17 subjects) drank alcohol less than once a month. On the other hand, a little more than half of their spouse or 54.3% (100 subjects) drank alcohol with 13% (24 subjects) drinking alcohol two to three times a month. As regards history of domestic violence, 8.20% of the subjects (15 subjects) had history of domestic violence or physical assault in the family in their childhood or adolescence, 9.20% (17 subjects) grew up in a family with conflicts and violence, and 14.70% (27 subjects) had history of physical assault or domestic violence in their current family. Moreover, 9.8% of the subjects (18 subjects) had close persons or knew somebody who were assaulted by their own family members. Finally, 42.40% of the subjects (78 subjects) shared their opinion that domestic violence in the present-day Thai society was at a moderate level.

2. Domestic violence

The findings regarding experience with domestic violence could be divided into experience with physical violence, psychological violence, and socioeconomic violence as follows:

2.1 Experience with physical domestic violence

Experience with physical domestic violence equal to or more often than once a month that was most commonly found was being thrown at with objects when the husband was in a bad mood, accounting for 6.5% (12 subjects). This was followed by being locked up and not being given freedom by the husband and being hit, pushed, or pulled by the husband even when in a public place, making up 3.3% (six subjects) and 3.3% (six subjects)

2.2 Experience with psychological domestic violence

Experience with psychological domestic violence equal to or more often than once a month that was most commonly found was having the husband who became

moody without reasons, accounting for 13.6% (25 subjects). This was followed by being spoken to or scolded at with rude words by the husband and being neglected by the husband in time of illness, making up 9.8% (18 subjects) and 9.2% (17 subjects), respectively.

2.3 Experience with socioeconomic domestic violence

Experience with socioeconomic domestic violence equal to or more often than once a month that was most commonly found was having the husband who kept asking what the women did or went to, accounting for 16.8% (31 subjects). This was followed by having to be responsible for the husband's debt and having a disrespectful husband who did not believe in whatever the women said, making up 15.8% (29 subjects) and 10.9% (20 subjects), respectively.

2.4 Psychological impacts of domestic violence

The effects of domestic violence on various psychological conditions of the subjects that were most commonly found were not knowing what made the husband upset, making up 27.2% of the total (50 subjects). This was followed by not loving the husband as used to in the past and not daring to share what was happening in the family with others, making up 25.5% (47 subjects) and 19.0% (35 subjects), respectively.

Discussion and conclusion

The present study aimed at analyzing the situation of domestic violence and its psychological impacts on women at a selected community under the responsibility of Pathum Thani Province. In this section, the study findings are discussed in the following topics:

1. Domestic violence situations
2. Psychological impacts of domestic violence

1. Experience with domestic violence

In this study, the experience with domestic violence was divided into experience with physical domestic violence, psychological domestic violence, and socioeconomic domestic violence, which could be described as follows:

2. Physical domestic violence

The three most frequently found experiences with physical domestic violence among married women in this study were commonly found were being thrown at with objects when the husband was in a bad mood, being locked up and not being given freedom by the husband, and being hit, pushed, or pulled by the husband even when in a public place. Such findings were consistent with the statistics of physical domestic violence experienced by children and women who sought help from the emergency shelter of the Association for the Promotion of the Status of Women in 2006-2010 which showed that there were 298 women who were physically assaulted by their husband (Office of Women's

Affairs and Family's Affairs, B.E. 2554). In a study carried out by Kritaya Achawanijkul (B.E. 2546) on marital violence and health in women, it was found that in about one-third of women with history of physical assault had experienced such an assault more than once in their life—be it being slapped, thrown at with objects, physically attacked, or burned. In another study, Nijawan Weerawattanodom (B.E. 2540) investigated violence in 106 women aged 15 to 44 years old and found that the most commonly found physical violence was being thrown at with objects. Similarly, Kristin Carbone-Lopez (2006) explored the patterns of physical violence toward a spouse and found that among the most commonly found acts of physical violence against women were throwing stuffs at women, physically attacking the women, and hair pulling.

The phenomenon of domestic violence in Thai society may partly be due to the long-standing beliefs, values, and cultures that men have more power over women. In addition, it is believed that men are the authority in the household, so they have the rights to do anything they want to their wife (Hathairat Mapraneet, B.E. 2554; Asa Opitakcheewin, B.E. 2552). Another reason is that the husband may drink alcohol or use drugs, which make them unable to have self-control. In this study, it was found that when it came to the frequency of alcohol drinking of the spouse, 9.2 of them drank alcohol on a daily basis and 13% drank alcohol two to three times a week. A similar finding was reported by Jayasuriya (2011) who found that husbands who physically assaulted their spouse drank alcohol and used drugs. A survey conducted by the Office of Women's Affairs and Family's Affairs (B.E. 2553) has revealed that major causes of domestic violence in 869 families included alcohol drinking, accounting for 27.14% (276 subjects), and drug addiction, making up 3.93% (40 subjects). Furthermore, Wireeporn Chaisethsampan (B.E. 2543) studied experience with domestic violence of five women and found that factors that led to domestic violence in all subjects were alcohol drinking. Finally, in a study conducted in Solomon Islands, 29.1% or 484 of the study subjects were physically assaulted by the husband who was an alcohol drinker (Ministry of Women, Youth, and Children's Affairs, Solomon Islands, 2009).

3. Experience with psychological domestic violence

The three most commonly found experiences with psychological domestic violence were having the husband who became moody without reasons, being spoken to or scolded at with rude words by the husband, and being neglected by the husband in time of illness, respectively. The findings of the present study yielded support to the findings of Achara Sakuntaniyom (B.E. 2541) who conducted a study with 122 pairs of married couples aged 20 to 69 years old and found that the most common experience with psychological violence was the husband using rude or offensive words. Similarly, Thanawisit Mahapreutpaisal (B.E. 2554) examined problems with domestic violence at an industrial factory in Pathum Thani Province and found that as many as 40.4% of the subjects suffered from psychological violence caused by scolding and threatening.

It has been documented that psychological domestic violence tends to result from the husband's desire to keep his wife under control as well as his desire to express his own power by means of aggressive behavior or use of foul language. In addition to this, the wife tends to have the belief that they have to tolerate such a behavior of her husband to maintain family relationships. Thus, the husband continues to have psychological violence toward his wife, resulting in an increase in the number of women who are abused or assaulted psychologically. The data and indicators of violence in women and children (Office of Women's Affairs and Family's Affairs, B.E. 2554) have pointed out that the incidence of psychological violence rises on a yearly basis. In 2009, there were 1,454 cases of psychological abuse, making up 6.2%. In fact, psychological violence is considered a kind of domestic violence. Even though it does not leave a wound or a scar that can be seen, different types of psychological violence such as shouting, insulting, and using rude words with even when in a public place could cause psychological damages (Napamon Roongvitu, B.E. 2554). Other forms of psychological violence include causing embarrassment, being sarcastic, threatening to physically attack (Krittaya Achawanijakul, B.E. 2546), forcing to commit suicide, threatening to harm children or loved ones, and having negative behaviors and actions such as showing indifference or coldness, showing anger, neglecting in time of a sickness, etc.

4. Socioeconomic domestic violence

The three most common experiences with socioeconomic domestic violence were having the husband who kept asking what the women did or went to, having to be responsible for the husband's debt, and having a disrespectful husband who did not believe in whatever the women said, respectively.

Likewise, a study conducted by Asa Opitakcheewin (B.E. 2552) with 398 immigrant female laborers aged 18 years old or older has shown that 8.3% of these women had to be responsible for the debts of their husband. In another study conducted in the United States of America, it was found that 99% of women aged between 18 and 85 years who were victims of domestic violence had economic problems in their married life (Adams, 2008). In general, economic problems tend to result from insufficient family income or husbands' lack of financial support of the wives who have to quit their job to care for their children. It is also possible that economic problems result when wives have to be responsible for the debts of the husbands who may be addicted to gambling, lack responsibility, or have extramarital affairs, hence more family expenses. Some husbands may not let their wife work outside the house to prevent them from being financially independent so that they can become dependent on the husband, who may pay his wife a daily allowance or who has to be asked every time the wife needs to spend some money. Husbands can also conceal the actual family income from the wives.

Experiences with social domestic violence that are commonly found in the present study were husbands keeping asking what their wives had been doing and husbands lacking trust and being disrespectful of what the wives said. This may have resulted from the need of the husbands to control their wives. This can take place in all societies and it is a basis for other behaviors or actions that are undesirable (Ankana Chuakumchoo, B.E. 2555). When the husband keeps asking what the wife has been doing, it may mean that the husband does not trust his wife or the husband wants to have power over his wife. When the husband does not believe what the wife has said, it also means he does not trust or respect his wife. These actions can all have an effect on physical and mental health of the women.

Acknowledgments

This thesis was accomplished with great kindness and help. Assistant Professor Dr. Patcharin Nuntanchan, Ph.D. Assistant Professor Dr. Siphin Saengdee Thesis Advisor Both of you please consult. Check for bug fixes to complete this thesis until the thesis is completed. As well as encouraging the study by all. The students are grateful for the mercy. Thank you so much for this opportunity.

References

- Adrienne, E. A., Cris, M. S., Deborah, B., & Megan, R. G.. (2008). Development of the Scale of Economic Abuse. *Violence Against Women*, 1(5), 10-16.
- Alison, C. S., Julie, C. W., Elizabeth A., Manning, J., Sze, A., et al. (2013). Intimate Partner Violence : Perspectives on Universal Screening for Women in VHA Primary Care. *Women's Health*, 23, 73-76.
- Ashcroft, J. , Daniels, D. J. , & Hart, S. V. (2004). Violence against women: Identifying risk factors. Retrieved April 28, 2010, from <http://www.ncjrs.gov/pdffiles1/nij/197019.pdf>
- Beydoun, H. A., Al-Sahab, B., Beydoun, M. A., & Tamim, H. (2009). Intimate Partner Violence as a Risk Factor for Postpartum Depression Among Canadian Women in the Maternity Experience Survey. *Ann Epidemiol*, 20, 575-583.
- Campbell, J., Jones, A. S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., et al. (2002). Intimate Partner Violence and Physical Health Consequences. *Arch Intern Med*, 162, 1157-1163.
- Dartnall, E., & Jewkes, R.. (2013). Sexual violence against women : The scope of the problem. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 27, 3-13.
- Dorahy, M. J., Lewis, C. A., & Wolfef, F. A. M.. (2007). Psychological distress associated with domestic violence in northern Ireland. *Current Psycholog*, 25(4), 295-305.

- Fleet, C., & Hiebert-Murphy, D. (2013). Social Support Related to Women Who Have Remained with Their Partners After the Physical Violence has Ceased. *Journal of Family Violence*, 28(3), 219-224.
- Gelles R. J., & Straus M. A. (1979). *Determinants of violence in Family: Toward a theoretical integration in contemporary theories family*. USA: Free Press.
- Green, G. P., & Haines, A. (2002). *Asset building & community development*. Thousand Oaks, CA: Sage.
- Gilck, I. D., Berman, E. M., Clarkin, J. F., & Rait, D. S.. (2000). *Marital and family therapy* (4th ed). Washington, DC: American Psychiatric.
- Humphreys, J., & Campbell, J. C.. (2004). *Family violence and nursing practice*. Philadelphia: Lippincott Williams & Wilkins.
- Hanrahan, P., Campbell, J., & Ulrich, Y.. (1993) *Victims of family violence*. In T. Campbell, & J. Humphreys (Eds.), *Nursing care of victims of family violence*. St. Louis: Mosby.
- Hunter, E. C., & Graham-Bermann, S. A.. (2013). Intimate Partner Violence and Child Adjustment : Moderation by Father Contact?. *Journal of Family Violence*, 28, 435-444.
- Ione, L., Bessie, M., & Sharon, W. (2008). Violence against women in Papua New Guinea. *Journal of Family Studies*, 14, 2-3.
- Jayasuriya, V., Wijewardena, K., & Axemo, P. (2011). Intimate partner Violence Against Women in the Capital Province of Sri Lanka : Prevalence, Risk Factor, and Help Seeking. *Violence Against Women*, 17(8), 1086-1102.
- Kisekka, M.N. (2007). *Addressing gender-based violence in East and South-East Asia*. Bangkok: UNFPA.
- Kristin, C. L., Candace, K., & Ross, M. (2006). Patterns of Intimate Partner Violence and Their Associations with Physical Health, Psychological Distress and Substance Use. *Public Health Reports*, 121. 382-392.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics*. 78. s5-s14.
- Ministry of Women, Youth & Children's Affairs. (2009). *Solomon Islands Family Health and Safety Study: A Study on violence against women and children*. The Secretariat of the Pacific Community.
- Murray, A. S.. (1977). *VIS-Societal morphogenesis and intra family violence in cross-cultural perspective*. *Annals of the New York Academy of Science*.
- Orte, C., & Sanchez, L. (2012). Gender Violence in older women. *Procedia – Social and Behavioral Sciences*, 46, 4603-4606.
- Payne, D., & Wermeling, L.. (2009). Domestic Violence and the Female Victim : The Real Reason Women Stay. *Journal of Multicultural, Gender and Minority Studies*, 3, 1-6.

- Renner, L. M., & Boel-Studt, S.(2013). The Relation Between Intimate Partner Violence, Parenting Stress, and Child Behavior Problems. *Journal of Family Violence*, 28(2), 201-212.
- Safta, C. G., Stan, E., Iurea, C., & Suditu, M.. (2010). Counseling and Assistance for Women Victims of Domestic Violence in Romania – Case Study. *Procedia Social and Behavioral Sciences*, 5, 2034-2041.
- United Nations Children’s Fund Innocenti Research Centre. (2000). Causes of Domestic violence. *Domestic Violence Against Women and Girls*, 6, 12-24
- World Health Organization. (2002). World report on violence and health. Geneva, Switzerland. Retrieved January10, 2010, from http://www.who.int/mentalhealth/en/investing_in_mnh_final_pdf
- World Health Organization. (2007). World report on violence and health. Retrieved January5, 2010, from <http://www.5.who.int/>