

Depressive symptoms in women victims of marital violence

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Abstract:

This study aimed to evaluate depressive symptoms in 56 women exposed to marital violence and to explore their distribution according to socioeconomic variables and types of marital violence. Depressive symptoms were assessed using Beck Depression Inventory (BDI)-II. Semi-structured interview was used to collect information about socio-demographics characteristics, types of violence experienced and the onset of marital violence. Findings showed that 58.92% of the women of our sample were severely depressed. Furthermore, the severity of depression symptoms was higher in women who experienced both physical and psychological violence, housewives and women with a high school level. Those results emphasize the impact of marital violence as a risk factor for depression.

Keywords:

Depressive symptoms, Depression, Marital violence, Women, Algeria.

ملخص :

هدفت هذه الدراسة الى تقييم الأعراض الاكتئابية عند 56 امرأة ضحية العنف الزوجي و استقصاء توزيعهم وفق المتغيرات السوسيوديموغرافية و أنواع العنف الزوجي. تم تقييم الأعراض الاكتئابية باستعمال قائمة بيك الثانية للاكتئاب. تم استعمال مقابلة نصف موجهة بهدف الحصول على الخصائص السوسيوديموغرافية و أنواع العنف الزوجي المتعرض له. أظهرت النتائج ان 58.92 بالمائة من نساء عينتنا تعرضن للاكتئاب شديد. بالإضافة الى ذلك كانت حدة الأعراض الاكتئابية أعلى عند النساء اللائي تعرضن الى العنف الجسدي و النفسي معا و

النساء الماكثات في البيت و النساء ذوي مستوى دراسي ثانوي. تشدد هذه الدراسة على تأثير تجربة العنف الزوجي باعتبارها عامل خطر لظهور الاكتئاب.

كلمات دالة : الأعراض الاكتئابية, الاكتئاب , عنف زوجي, نساء, الجزائر

1. Introduction

Marital violence is the most widespread violence against women since 30% of women in the world were victims (WHO, 2017). In Algeria, official records on marital violence are fragmented and lack accuracy (Boussafsaf, 2018). Despite the Algerian parliament's criminalization of violence against women in 2015, married women are still affected by their husbands' violence.

According to World Health Organization (WHO, 2017), marital violence is defined as “*Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.*” The marital violence committed against women by either the husband or the partner encompasses three types: physical, psychological, and sexual violence.

Violence against women in marital relationships was recognized as a major public health problem, and several studies demonstrated that women who are prone to marital violence display a range of psychological disorders, especially depression, which prevalence varied across studies. Jellali et al. (2014) found that 17.9% of 197 Tunisian women sample reported depression. Moreover, in Italy, Craparo et al. (2014) showed that 22.5% of their sample (80 women) suffered from depression. In the United States, Campbell et al. (1997) reported that among a sample of 146 women, 28% and 11% of women who experienced marital violence showed respectively moderate and severe depressive symptoms. Goldin (1999) in a literature review on battered women and depression revealed that across 18 studies, the prevalence of depression among these women was 47, 6%. Al-Modallal et al. (2010) reported that 51.2% of their Jordanian sample of 101 women were depressive. Based on the sample of 268 women exposed to intimate partner violence, Peltzer et al. (2013) in South Africa revealed that 66.4% reported severe depressive symptoms.

Sutherland et al. (2002) found that 30% of a sample including 397 women who were exposed to marital violence had severe depression, and less than half of them had suicidal thoughts, along with 6 percent who committed suicide. Furthermore, this study pointed out that depression mediates in part a relationship between physical health and stress. The authors added that the women's income level impact minimally the relationship between marital violence and depression.

In a longitudinal survey on 1420 participants, Chuang et al. (2012) found that women experiencing recent marital violence were at risk of displaying depressive symptoms within two years whether violence was persistent or not. A comparative study carried out by Bonomi et al. (2006) revealed that women with recent marital violence, compared to women with no marital violence, showed 2.3 times (less) depressive symptoms and 2.6 times more severe depressive symptoms. In terms of types of violence, women who experienced recent physical and/or sexual violence reported four times more severe depressive symptoms and 2.6 times (less) depressive symptoms. Bonomi et al. (2006) argued that the duration of marital violence negatively impacts the victims' health. Thus, women exposed to marital violence for more than 10 years reported the worst health effects compared to women of the control group. Similar conclusions were reported by Ehrensaft et al. (2006) in a longitudinal study.

In addition, Kim and Lee (2013) found that physical violence and depression were associated reciprocally. Thus, women exposed to physical violence presented a high level of depression which, in turn, increased the risk of marital violence in the future. The authors explained that depressive women lost capacities to identify and cope with dangerous situations.

Regarding explanations of depression, Craparo et al. (2014) argued that women victims of marital violence showed an insecure attachment style and difficulty in modulating emotions which heightens their victimization to marital violence and develop depressive symptoms.

Furthermore, Boucher et al. (2006) investigated the impact of personality characteristics predisposing to depression. The authors examined a relationship between dependency, self-criticism, and depression in women who were victims of marital violence. Findings

showed that dependency (women who need relationships with partners for their well-being) is related to severe depressive symptoms only when marital violence is moderate (for these women, depression is a result of a loss or a threat to lose secure relationships with a partner). However, self-criticism was an important dimension and was associated with depressive symptoms. It is linked to both physical and psychological violence (women have narcissistic preoccupations with their self-image, and in order to establish a positive self-image, they use different strategies against others: approbation, critics, or hostility. Depression is due to a loss or an assault on the self-image.

In general, all international studies highlight the strong association between marital violence and women's depression. Conversely, despite the extensive research on marital violence against women in the Algerian literature review, no studies examining this association were found. So, this is our main reason for choosing this issue.

The purpose of our current study is twofold: First, to evaluate depressive symptoms in women exposed to marital violence. Second, to explore the distribution of depressive symptoms according to sociodemographic variables (educational level, employment) and types of marital violence (physical, psychological, and sexual).

In this article, the term marital violence refers to the WHO's definition (2017), and the term depressive symptoms are defined according to the Beck Inventory depression II scale (Beck et al.1996).

2. Method

The study is a descriptive design targeting married women who experienced one type or more of marital violence (physical, psychological, and sexual) and heading to the forensic service of the Dr. Benbadis university hospital of Constantine to draw up a descriptive certificate in 2019.

2.1. Participants

A convenience sample of 56 married women who were recruited from the forensic service of the Dr. Benbadis Hospital-University of Constantine.

2.2. Measures

We used a scale measuring depressive symptoms based on Beck Inventory depression II (BDI- II), (Beck et al., 1996). BDI-II scale is related to depressive symptoms used in DSM 4 TR. The questionnaire consisted of 21 items assessing the level of depressive symptoms translated in Arabic by Maamria Bachir. The BDI II has higher psychometric properties in the Algerian context (Maamria, 2010). Each item was rated on a four-point scale. Scores from 0 to 63 represent a final score of BDI II. The final scores range between 0 and 63 points. The severity of depression was measured using the following cut-off scores: 0-13 no depression, 14-19 mild depression, 20-28 moderate depression, and 29-63 severe depression.

The Semi-structured interview was used to ask participants about socio-demographics (age, educational level, duration of marriage, the number of children, employment status). Two questions related to types of violence experienced and the onset of marital violence.

3 . Results

The Data analysis was performed with the SPSS (N°20). Descriptive statistic was used to analyze frequencies and percentage of women's demographic characteristics, types of violence and onset of violence. Then crosstabulations were performed to implement the distribution of depressive symptoms according to variables (educational level, employment) and types of marital violence.

3. 1. Demographic Characteristics

In reality, Fifty-six married women participated in the said study. Their age ranged between 20 and 60 years, with the majority (89.28) between 20 and 40. All participant women were married, with 62.5 % of them being married for 2 to 10 years; 21.42 % had been married for one year; 12.5% between 11 and 20 years; and finally, 3.57 % had been married for over 20 years. In this case, it needs to be highlighted that 82.14% of women in the sample had at least one child.

41.07 % of the participating women had university level, and 32.14 % of them attained high school, with only 21.42 % having completed secondary school. The majority of these women (58.92%) were housewives; 35.71% were working women; 3.57 % were students, and 1.78 % was retired.

Table 1. Demographic Characteristics of Women

Characteristics	Frequency (n, %)
Age (years)	
20 - 30	27 (48.21)
31- 40	23 (41.07)
41 -50	5 (8.92)
51 -60	1 (1.78)
Education	
Secondary	12 (21.42)
High school	18 (32.14)
University	23 (41.07)
No answer	3 (5.35)
Duration of marriage	
1 month to 1 year	12 (21.42)
2 years to 10 years	35 (62.5)
11 years to 20 years	7 (12.5)
Over 20 years	2 (3.57)
Have children	

Yes	46 (82.14%)
No	10 (17.85%)
Employment status	
Work	20 (35.71%)
Housewife	33 (58.92%)
Students	2 (3.57%)
Retiree	1 (1.78%)

3. 2. Types of violence

Out of the 56 women: 64.28% experienced both physical and psychological violence, followed by 33.92% of women who were victims only of physical violence, and only 1.78% were exposed to all types of violence: physical, psychological, and sexual.

3. 3. Onset of Violence

To the question regarding the start of violence, 41.07% of participating women responded that it began during the first month after marriage; 35.71% claimed that violence arose during the first year; 7.14 % answered that it started between one and two years after marriage, and nearly one-third 16.07% of women reported that violence occurred after three years of their marriage.

3. 4. Depression

The mean score on BDI- II was 29.5 (severe depression). Accordingly, more than half (58.92%) of the women were severely depressed, 25 % were moderately depressed, 10.71 % were mildly depressed, and 5.35 % had scores within the normal range.

Table 2. Beck's scores of depression

Cut-off scores	0-13 No depression	14-19 mild depression	20-28 moderate depression	29-63 severe depression
Women	3 (5.35%)	6 (10.71%)	14 (25%)	33 (58.92%)

3. 5. The distribution of the women's score of depression on educational level

19.64% of women with a high school level reported severe depressive symptoms, followed by secondary school women, and only 14.28% of women who had a university level reported severe depressive symptoms.

Table 3. The distribution of the women's score of depression on educational level

cut-off scores education level	0-13	14-19	20-28	29-63
Secondary level	0	1	1	10 (17.85%)
High school	1	0	6	11 (19.64%)
University level	2	5	7	8 (14.28%)
No answers	0	0	0	3 (5.35%)

3. 6. The distribution of the women's score of depression on employment status

42.85% of the housewives showed severe depressive symptoms. On the contrary, 14.28% of working women reported severe depressive symptoms, and only one student showed severe depressive symptoms.

Table 4. The distribution of the women's score of depression on employment status

cut-off scores employment status	0-13	14-19	20-28	29-63
Housewife	0	1	8	24 (42.85%)
Work	2	5	5	8 (14.28%)
Student	1	0	0	1 (1.78%)
Retired	0	0	1	0 (0%)

3. 7. The distribution of the women's score of depression on types of violence

In fact, 37.50% of women who experienced both physical and psychological violence indicated severe depressive symptoms. 19.64% of women were exposed only to physical violence, and 1.78% of women experienced all types of violence.

Table 5. The distribution of the women's score of depression on

cut-off scores	0-13	14-19	20-28	29-63
Types of violence				
Physical violence	0	2	6	11 (19.64%)
Physical and psychological violence	3	4	8	21 (37.50%)
Physical, psychological and sexual violence	0	0	0	1 (1.78%)

4. Discussion and analysis of results

The present study examines the depressive symptoms in women who experienced marital violence. The results reveal that 58.92 % of participating women expressed severe depressive symptoms. The frequency of depressive women in our sample is higher compared to previous studies (Campbell et al., 1997, Al-Modallal, 2008). Our findings also suggest that most women exposed to both physical and psychological violence reported severe depressive symptoms, and one woman who was victim of the three types of violence (physical, psychological, and sexual) reported severe depressive symptoms. These results underscore the impact of marital violence experience as a risk factor for depression, notably when it encompasses different types of violence. Goldin (1999) highlighted that depression in battered women was associated with the severity and the duration of partner violence.

Women in our sample experienced different types of marital violence: physical violence (punch, slaps, kicks, using objects such as electrical

cable, belt, and sticks), psychological violence (for example: humiliation, insult, denigration, death threats. and sexual violence (anal intercourse). This violence started in 41.07% of the cases between the first day and the first month of marriage and arose in the first year in 35.71% of cases and continued so far.

Similarly, in previous studies (Campbell et al., 1997; Kim and Lee, 2013; Bellali et al., 2019), a significant association between violence experience (in particular physical violence) and depression was found. Likewise, Pico-Alfonso et al. 2006 showed that women who experienced a combination of violence (physical, psychological, and sexual) reported higher depressive symptoms than women in the control group. In addition, Campbell (1997) concluded that depression in women decreased when marital violence ceased; therefore, marital violence constitutes a stressful experience, significantly correlated to depression.

According to Haj-Yahia (2000), the experience of violence has significant great damage on Palestinian women self-esteem; consequently, women lost the sense of the self and the sense of the other, the sense of secure relationship, and the sense to be loved (Brown et al. (1995).

Concerning employment status, our results indicate that housewives (their number in our sample was important) showed more severe depressive symptoms than working women. Housewives were financially dependent on their husbands, whose income was lower (masons, small shopkeepers, and drivers). According to these same housewives, the outset of marital violence revolves around financial charges or children's education, or the wife's full availability to her husband. Moreover, although working women were less severely depressed, they took care of the household, as one woman (schoolteacher) said, "*I'm also anxious, I work I look after children, household, kitchen utensil, I write down my courses...he didn't help in the household...I took the children to the doctors...*". In addition, most husbands were dependent on their wives' wages because some of them were unemployed and others worked, but their income was insufficient. In other words, husbands controlled the salary of their wives as another working woman testified, "*I worked and he stayed at home, I gave him pocket money, I spend money, I did everything...*".

However, our results are not congruent with the previous studies, which have found that full job for women was a factor among others that contribute to high prevalence of depression in women exposure to marital violence (Al-modallal et al., 2010). Other studies like Haj-Yahia (2000) reported that women's jobs were predictive of marital violence.

However, several studies revealed that husband's unemployment (Hampton and Gelles, 1994; McLaughlin et al., 1992; Hastings and Hamberger, 1988; Howell and Pugleisi, 1988) or with a lower income (Hampton and Gelles, 1994; McKenry et al., 1995) was a risk factor for marital violence.

Findings regarding education level suggest that women with a high school level reported more severe depressive symptoms, followed by women with a secondary school level. It is important to note that women with university-level showed less depressive symptoms even though they represented (41%) of our sample.

In the same way of our results, several studies reported that low educational level was associated with higher marital violence and higher depressive symptoms (González-Guarda et al. 2009). Similarly, Haj-Yahia (2000) concluded that women with high education level were protected against depression because high education level increases their self-esteem.

Our study reveals the need for more studies to explore other conditions more closely, which impact women exposed to marital violence in large samples and different contexts. Practically speaking, our results imply a clinical assessment of women's mental health and providing necessary psychological care.

Limitations

There are limitations of this study to be taken into account. First, the small size of our sample precluded us from generalizing the results. Second, our sample was recruited from women who attained the forensic service in Constantine hospital, and their responses could be affected by the settings. Third, our research is a descriptive design and did not establish a direct link between variables. Finally, our study did not control other variables such as the childhood of the abuse. Despite

these limitations, our study shed light on women's mental health who were prone to husband's violence.

5. Conclusion

Marital violence in our study has mental health effects on women, notably depression. Depression symptoms are higher in women exposed to more than one type of violence experience: the higher was the experience of violence (notably physical violence) endured by women, the higher was their depression.

Regarding employment, housewives reported more depressive symptoms than working women. However, concerning education level, women with high school and secondary school levels displayed higher depressive symptoms than those with university level. In this regard, it is essential to recruit professional mental health in structures that can receive these women to assess women's mental health and provide appropriate psychological care.

Concerning marital violence, it is also important to tackle factors that contribute to its trivialization, such as patriarchal conceptions of women in Algerian society, which encourage male domination and increase their vulnerability, economic factors, personality characteristics, and women's childhood history.

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