

**Exploring the relationship between Mental Health and Interpersonal Violence: A comparative study of Adult and Aged Women facing interpersonal violence.**

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**ABSTRACT**

This study attempted to investigate the direction and magnitude of the relationship of mental health with intrapersonal violence in reference to the adult and aged women facing interpersonal violence. More specifically, it has been tried to see the difference between adults and aged women on these variables i.e. mental health and interpersonal violence and to investigate the influence mental health on interpersonal violence among these two strata of women. Total sample N=400 (adult=200+aged =200), was given Mental Health Inventory (Jagdish and Srivastava,1983) and interpersonal violence scale of Edleson and Minnesota (2007) on domestic violence as well as to perform within a predetermined time correlation, regression and t-test was performed. Results indicated that the overall mental health was negatively and significantly correlated to interpersonal violence in terms of its sub factors among adult and aged women. Adult women were higher on overall mental health and its sub-factors i.e. positive self-evaluation, perception of reality, integration of personality were higher than aged women but the autonomy, group oriented attitudes and environmental mastery were higher of aged women as compared to adult women. Adult women were higher on interpersonal violence as compared to aged women.

**Introduction**

Health status of women is one of the important factors of their lives. Living in a society and culture that is detrimental to their health concerns and problems related to their health. Quite contrarily in their day to day working, inside as well as outside their homes, they face such situations that poses challenge to their mental health and interpersonal violence is one of such factors. In such situations, psychologically, either they keep mum or become depressive stupor and tend to develop many disorders. Violence against women is a social and public health problem with devastating consequences for women irrespective of age, culture, sexual orientation and socio-economic status. The concerns are more severe when the women have become educated, knowledgeable and tend to respond back. In such situation while they hit back, they also get hit back with brutal forces. Interpersonal violence itself is a cause of many disorders including mental health problems and many of the commonly associated disorders with violence are found to be inadequately addressed (Ludermir,2008). It could be the long-lasting psychological damage, and turning one's life upside down by quitting school, moving, or leaving a job (Spitzberg, 2002, Ushie et al,2011). Fikree et al (1999) reported statistically significant association between physical violence and anxiety and depression. Kramer et al (2004) reported that abused women were likely to have depression than non-abused women (76% vs 24%). Likewise, Dmaris et al (2005) examined the violent victimization and women's mental health and their findings suggested that

physical and sexual-assault victimization had only modest effects on health outcomes, with the severity of physical assault having the most consistent association with poor health.

According to Buck (1972), lesser the mental health, the lesser will be adjustment and greater conflict. The healthy individual can interpret new situation and adapt it with benevolent attitude towards life. Hindin (2006) conducted face to face interview with 2051 Philippine adolescent 17-19 years of age and found that the adolescent witnessing parental interpersonal violence experiences depressive symptoms 11% of young men and 19% of young women reported wishing that they were dead occasionally. The study found female adolescent on higher scores than males on the index of depressive symptoms. Their vulnerability to violence expands and the probability of violent events increases when they work outside their homes, outside their familial and social boundaries. Different scholars have defined interpersonal violence differently, however, The World Report on Violence and Health, (2002) put a separate category of interpersonal violence. It has been mentioned that that refers to violence based on victim-perpetrator relationship i.e. violence between individual and in sub-divided into family and intimate partner violence and community violence. Therefore, it may be said that interpersonal violence is any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in relationships. It can be perpetrated by a partner or ex-partner, an acquaintance or a stranger though the latter occurs in the least frequently. Worldwide, in all forms and modes, violence against women is a well-recognized phenomenon, however, the **interpersonal violence** is found to be the most prevalent form of gender-based violence worldwide including India ((NCRB Report,2004, Kumar and Sen,2001). Further, National Family Health Survey-2 has found that more than half of Indian women have no freedom to go out in search of health services they need. This tendency has regional variations and in case of Madhya Pradesh only 37% women are consulted on decision about their own health care.

The victim-offender relationship appeared most important for depressive symptomatology, with more symptoms being reported when the offender was someone known to the victim. Women face interpersonal violence irrespective of their age and social status simply because they are women. Their stressful living conditions in all spheres of their lives, the health, and especially mental health concerns of women are of vital importance that deserves to be given serious attention. In such a situation this study is important as it seek to explore into the psychological conditions of the women victims of interpersonal violence and the psychological consequences of violence against them. The study has been carried out in the Shimla city of Himachal Pradesh. This is the capital of State and the largest urban area. A situational analysis of women and girls in Himachal Pradesh, (2004) maintain that many cases of interpersonal violence are underreported and the domestic violence is widespread in the state.

### **Mental Health and Interpersonal Violence**

World Health Organization defined the mental health as a complete physical, mental and social wellbeing. This is the ability of human beings to adjust to the world and to each other with maximum effectiveness, happiness, ability to balance feelings, desires, ambitions and ideals in one's daily living (Bhatia,1982). It is understood that its levels and conditions should be socially acceptable and personally satisfying. This is reflected characteristics of a person who meets the demands of life on the basis of his own capacities (Johns et al,1989). The official psychiatric diagnostic classification suggests a view of mental disease orders as separate and discrete disease entities, which patient's contract and which mental health workers must differentially diagnose. Higher index of mental health indicates individual's high effectiveness (Kornhausers,1965). Mental health has its basis in socio-cultural milieu (Peter et al,1992) and we can say that a person with positive mental health should have ability to understand the realities which exist both externally and internally. It is the ability to maintain an even temper, an alert

intelligence, socially considerate behaviour and a happy disposition. Sub factors of Mental Health are given as under:

- (i) Positive self-evaluation (PSE): It includes self-confidence, self-acceptance, self identity, feeling of worth wholeness, realization of one's potentialities, etc.
- (ii) Perception of Reality (PR): It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.
- (iii) Integration of Personality (IP): It indicates balance of psychic forces in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.
- (iv) Autonomy (AUTNY): It includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.
- (v) Group oriented Attitudes (GOA): It is associated with the ability to get along with others, work with others and ability to find recreation.
- (vi) Environmental Mastery (EM): It includes efficiency in meeting situational requirements, the ability to work and play the ability to take responsibilities and capacity for adjustment.

It is also upheld that the precisely, a mentally healthy individual would exhibit the following symptoms:

- (i) **Self-evaluation:** The individual is aware of his limitations, and accepts faults and make efforts to get rid of them. He introspects, analyse his problems, prejudices, and reduce them to minimum.
- (ii) **Adjustability:** The individual makes the fullest possible use of existing opportunities and adjust to every new situation. He is a cool individual who deal patiently with every novel circumstance, without fear disturbance, anxiety, complaint or a desire to avoid them.
- (iii) **Maturity:** Intellectual and emotional maturity is another peculiar sign of mentally healthy individuals. The individual behave like a balanced, cultured and sensible adult in all matters pertaining to life.
- (iv) **Regular life:** Habits are understood to be important element in maintaining mental health. Healthy person performs most of the common function of life with quick assurance and a show of maturity. Their life is a model of regularity, balance, and measured calculation.
- (v) **Absence of extremism:** Excess of everything is bad and extremism is no well wisher of mental health.
- (vi) **Satisfactory social adjustment:** The greater the balance of social relationships, the better will be the individual's mental health. Improper conduct of the part of others can be the cause of both mental problems and disease.
- (vii) **Satisfaction from chief occupation:** For mental health it is essential that everyone should find satisfaction from his/her vocation.

Coming to the relationship of mental health and interpersonal violence, various studies have established close relationship between them. Martin et al (1999) examined the prevalence and characteristics of wife abuse in a sample of 6700 married women in five districts of northern India. The study reported physical abusing of wives range from 18% to 45% with 18-40% of the men in each case having had non-consensual sex with their wives and 4-9% having physically forced their wives to have sex. Using logistic regression analysis to control for a variety of socio-demographic variables found positive relationship with stress related factors including husbands having a low educational level. Caetano et al (2003) examined the association of exposure to parental violence during childhood and

childhood physical abuse with the development of alcohol-related problems. Analyses showed that childhood physical abuse and exposure to parental violence are associated with the development of alcohol-related problems in adulthood. These violence-related experiences during childhood and adolescence have both immediate and long term health consequences. In the same lines, Albus et al (2004) examined the associations between youth risk behaviour and exposure to violence. It has been found that knowledge of violence was associated with substance use and sexual behaviour variables. Witnessing violence was associated with violence involvement, substance use, and exercise variables. Humphreys and Kathryn (2005) conducted a study on disturbance in battered women living in transitional housing. Findings suggest that battered women in transitional housing programs may improve daytime alertness and benefit from interventions directed toward reducing sleep onset latency as well as increasing total sleep time. Amar et al (2006) examined the college women's experience of stalking: mental health symptoms and changes in routines. A quarter of the sample reported experiencing stalking most often by an intimate or dating partner. Individuals experienced stalking reported significantly more mental health symptoms and lower perceived physical health status than individuals who did not. Vachher and Sharma (2010) conducted a cross sectional study in New Delhi among 350 women in the age group of 15-49 years. The results showed that 42.8% of them reported one or other type of violence. 34.9% of the women reported either physical or sexual violence ever in life. 29.1% of the women reported either physical or sexual violence in the past 1 year. 12% of women reported mental ill health. Women who had experienced domestic violence were more likely to report mental ill health status and suicidal tendencies as compared to women who had not experienced violence.

### Methods and Tools

This study attempted to investigate the direction and magnitude of the relationship of mental health with intrapersonal violence in reference to the adult and aged women facing interpersonal violence. More specifically, it has been tried to see the difference between adults and aged women on these variables i.e. mental health and interpersonal violence and to investigate the influence mental health on interpersonal violence among these two strata of women. Correlational design was used to study the interpersonal violence and mental health among adult and aged women. Further, data has also been subjected to t-test and regression analysis. Total 400 women (N=200 adult women+ N=200 aged women) constitute sample of the study. Sub-factors of mental health i.e. Positive self-evaluation, Perception of reality, Integration of personality, Autonomy, Group-oriented attitudes, Environmental mastery tested. In order to observe prevalence and nature of violence faced by the participants a brief interview was also conducted besides, the tools were used to assess the interpersonal violence and mental health of the adult and aged women as followed:

- (a) **Interpersonal violence scale:** To assess the interpersonal violence among these women, an Interpersonal Violence Scale was developed to explore the interpersonal violence among the adult and aged women following the lines of Edleson & Minnesota (2007) scale on domestic violence. For assessing violence exposure to women, 33 items on five point scale inventory were constituted. There were five options: Never, sometime, often, almost and always. Each item is scaled from the lowest to the highest and each sub-item representing a point on the scale. This also means that only one of the sub-items is to be checked for a particular respondent under each of the 33 items. The score on each item ranges from 1 to 5. To get the total interpersonal violence score is

calculated by, adding all the factors score. Total score ranges from 33 to 165 and higher score indicate more interpersonal violence.

(b) **Mental Health Inventory (Jagdish and Srivastava, 1983):** It has been designed to measure mental health (positively) of normal individuals. It is a four point scale; there are 46 items in this scale. Lower scores on the measure has been supported to indicate high mental health where as higher scores as the indicative of poor mental health.. The reliability of the scale is .73. There are 6 dimensions of mental health as per this model which are as following:

1. Positive self-evaluation: 1,7,13,19,23,27,32,38,45,51
2. Perception of reality: 6,8,14,24,35,41,46,52
3. Integration of personality: 2,9,15,18,20,25,28,33,36,40, 47,53
4. Autonomy : 3,10,29,42,48,54
5. Group-oriented attitudes: 4,11,16,21,26,30,39,43,49,55
6. Environmental mastery: 5,12,17,22,31,34,37,44,50,56

### Scoring

In this scale, 4 alternative responses have been given to each statement i.e. 4 scores to 'always', 3 scores to 'often' 2 scores to 'rarely', and 1 score to 'never' marked responses to be assigned for true keyed (positive) statements whereas 1,2,3,4, scores for always, often, rarely and never in case of false keyed (negative) statements. Add the items, to assess the positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery of a person according positively and negatively.

To being with, the human resource women were requested to arrange interaction session with the adult and aged women respectively. In this session the participants were given a brief overview of the concepts of violence and mental health. After getting the list of participants who were randomly selected on the basis of age and education and who have given their consent to participate in the study, were contacted individually by the investigator and were assured that the information given by them would be kept confidential. The standard instruction with reference to each scale was administered to each participant. After establishing a good rapport with the subjects, the tester ought to read instructions, while subjects do read them silently along with her. The subjects are asked to respond any one alternative of each item by marking a tick. They were again assured that the data so collected should only be used for academic purpose. After collecting all the questionnaires, scoring was done as per the instruction given in the scoring manuals of each variable of violence, mental health following test were applied to the data obtained.

### Result and Discussion

In the present study, it was endeavored to explore the direction and magnitude of relationships of mental health and interpersonal violence among adult and aged women. Secondly, this study also explored the differences between adult and aged women on these variables i.e. mental health and interpersonal violence among adult and aged women. The first objective of the study was to investigate the relationship of mental health with interpersonal violence. The data obtained has been treated with correlation analysis and the results are being discussed accordingly with relevant research evidences.

The scores of overall mental health in case of **adults** are also significantly and negatively correlated with interpersonal violence ( $r=-.45^{**}, p<.01$ ). The correlations are also significant between interpersonal violence and the sub factors of mental health i.e., positive self-evaluation ( $r=-.35^{**}, p<.01$ ), Perception of reality ( $r=-.32^{**}, p<.01$ ), Integration of personality ( $r=-.30^{**}, p<.01$ ), Autonomy ( $r=-.30^{**}, p<.01$ ),

group oriented attitude ( $r=-.28^{**}, p<.01$ ), environmental mastery ( $r=-.36^{**}, p<.01$ ). The scores of overall mental health in case of **aged** women are also significantly and negatively correlated with interpersonal violence ( $r=-.27^{**}, p<.01$ ). The correlations are also significant between interpersonal violence and the sub factors of mental health i.e., positive self-evaluation ( $r=-.37^{**}, p<.01$ ), Perception of reality ( $r=-.39^{**}, p<.01$ ), Integration of personality ( $r=-.46^{**}, p<.01$ ), Autonomy ( $r=-.30^{**}, p<.01$ ), group oriented attitude ( $r=-.25^{**}, p<.01$ ), environmental mastery ( $r=-.50^{**}, p<.01$ ). These findings indicate that interpersonal violence is significantly and negatively correlated with mental health and its sub-factors and mental health and its sub factors also significantly and negatively correlated with interpersonal violence in whole sample among adult and aged women. The relationship of interpersonal violence is found to be negatively and significantly correlated with overall mental health and its sub factors in the total sample of adult and aged women the 400 women, adult ( $n=200$ ) aged ( $n=200$ ). The findings do find support directly and indirectly from the earlier studies done in this area. Caetano et al (2003) have established that violence-related experiences have both immediate and long term health consequences. Hindin (2006) has found that the adolescent witnessing parental interpersonal violence experiences depressive symptoms 11% of young men and 19% of young women reported wishing that they were dead occasionally. Individuals experienced stalking reported significantly more mental health symptoms and lower perceived physical health status than individuals who did not. Holt et al (2006) indicated that greater physical and emotional victimization was associated with more anxiety/depression among women. The findings are also in consonance with the findings of Vachher and Sharma (2010) who conducted a cross sectional study in New Delhi among 350 women in the age group of 15-49 years. The results showed that women who had experienced domestic violence were more likely to report mental ill health status and suicidal tendencies as compared to women who had not experienced violence. It is clear from the above discussions that Mental Health is negatively related with interpersonal violence hence confirms the results of present study which reveals negative correlation between Mental Health and interpersonal violence.

Further, in order to study the difference between adult and aged women t-test was applied on the scores of **mental health** and its factors (positive self-evaluation, Perception of reality, integration of personality, autonomy, group oriented attitudes, and environmental mastery **and interpersonal violence**). Significant differences have also emerged between adult and aged women on their scores of overall mental health ( $t=3.37, p<.01$ ) and on their scores of its sub factors i.e., Positive self-evaluation ( $t=11.55, p<.01$ ) perception of reality ( $t=7.51, p<.01$ ) integration of personality ( $t=4.82, p<.01$ ) autonomy ( $t=.26, p<.01$ ) group oriented attitude ( $t=9.75, p<.01$ ) environmental mastery ( $t=5.77, p<.01$ ). The mean scores of adult women are higher than the mean scores of aged women on their overall mental health ( $M(ad.)=144.20/ M(ag.) = 136.01$ ) and on the scores of its sub factors i.e. positive self-evaluation ( $M(ad.)=28.41/ M(ag.) =20$ ) perception of reality ( $M(ad.)=18.45/ M(ag.) =14.61$ ) integration of personality ( $M(ad.)=31.54/ M(ag.) =27.73$ ) Autonomy ( $M(ad.)=15.42/M(ag.)=15.52$ ) group oriented attitudes ( $M(ad.)=24.60/M(ag.)= 29.21$ ) environmental mastery ( $M(ad.)=25.77/ M(ag.) =28.90$ )

The significant differences have also emerged between adult and aged women on their scores of interpersonal violence ( $t=9.43, p<.01$ ) and the mean score of adult women is higher than the mean score of aged women on their scores of interpersonal violence ( $M(ad.)=70.01/ M(ag.) =57.78$ ). Results have revealed significant difference between adult and aged women in terms of interpersonal violence. The mean values of adult women on interpersonal violence were higher as compared to aged women. This indicates that the interpersonal violence among adult women is in higher as compared to aged women.

The findings of this study corroborates with the findings of others who provide evidence that age distribution for males and females have shifted towards younger population and in the similar have also

found this age specific pattern of violence (Daly and Wilson,1988). Further, the result of t-test has revealed a significant difference between adult and aged women in terms of overall mental health and its sub factors. The mean values of adult were higher on overall mental health that they are better as compared to aged women. The findings of this study in consistent with the findings of Survey conducted by Mental Health Charity Mind, who have found that women in their 40s and 50s were becoming increasingly affected by trying to manage the responsibilities of family, home and work and have established it that women in old age, especially in their 50s are prone to mental health problems and most of them remain unattended, thereby, making it evident that adult have high score on mental health as compared to aged women. Currin et al (2011) too have found that increase in age have significant relationship with the mental health of aged people as well as their perception towards mental health. In nutshell, the results show that the significant difference among adult and aged women in whole sample on these variables i.e. mental health and interpersonal violence. The mean score of overall mental health of adult women is higher than aged women. So it is clear that the score of interpersonal violence in case of adult is higher than aged women in whole sample. Aged women express or release inner feelings that determine one's ability to effectively and successfully lead and express. It is also described as the essential social skill to recognize, interpret, and respond constructively to emotions. Aged women express emotion appropriate to the situation and their needs and they will not seek to suppress emotions in others as compared to adult women. The discussion highlight the main findings of the study with respect to its objectives in the light of relevant research evidences i.e. overall mental health was negatively and significantly correlated to interpersonal violence in terms of its sub factors among adult and aged women; adult women were higher on overall mental health and its sub-factors, positive self-evaluation, perception of reality, integration of personality were higher than aged women but the autonomy, group oriented attitudes and environmental mastery were higher of aged women as compared to adult women, and adult women were higher on interpersonal violence as compared to aged women.

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