

INFLUENCE OF FAMILY VIOLENCE AND AGE ON MANIFESTATION OF DEPRESSIVE SYMPTOMS AMONG MARRIED WOMEN

MARY NICOLETTE CHINWE IHENACHO, *IHM*

Department of Educational Psychology
Nwofor Orizu College of Education
Nsugbe, Anambra State, Nigeria
Email: chinweihenacho@yahoo.com
Phone: +2348035081647

Abstract

The study investigated the influence of family violence and age on the manifestation of depressive symptoms among married women. The sample for the study comprised 200 married women (100 battered and 100 non-battered) who were selected from Onitsha North Local Government Area, Anambra State, Nigeria. Marital Conflict Behaviour Checklist (MCBC) was used to serve as an indicator of conflict behaviour which spouses engaged in, during conflicts. The Centre for Epidemiological Studies Depressive Scale (CESD) Radloff, (1977) was used to measure the levels of depressive symptoms manifested by the participants. Data were analyzed using 2x2 Analysis of Variance (ANOVA). The results showed that there was significant difference between battered and non-battered women on the report of depression and there was a statistically significant age difference in the manifestation of depression. Young battered women reported higher depression than old battered women. The findings suggest that depression was as a result of battering. The correlation co-efficient of marital conflict and depression showed to be positive and significant at ($P>0.05$), which implied that the higher the marital conflict, the higher the depression of the participants. Based on the findings of the study, recommendations were made.

Keywords: Family violence, Battered women, Non-battered women and Depressive symptoms.

Introduction

Global trends have shown that the increasing frequency of violence and its attendant consequences on women, children, families and communities is becoming source of concern to family physicians, psychologists, sociologists, social health workers, community leaders, politicians and families themselves. Violence inflicts long-term harm on physical, mental, emotional, psychological, spiritual, social and economic well-being of individuals.

Violence is an act carried out with the intention or perceived intention to cause pain, injury, or abuse. When two people or parties fail to achieve a consensus over an issue, the tendency is that they may resort to the use of violence, if they failed to control their emotions. The stronger party may lord it over the weaker one as sometimes happens in the case of husband and wife. Violence against women was culturally accepted in most African societies (Kunnyi, 2014). Gender stereotype prejudice against women in Nigeria perceives the male as superior and the female as inferior. The male role socialization and cultural influence invest them with lots of powers and recognition. Uchem (2002) stated that men often enact laws and women bear the brunt. For instance, adultery and promiscuity are often punished in women but

not in men. Unfortunately, the women in trying to keep the family conflict secret oftentimes suffer in silence. Hence, violence in the family which may have social, cultural, religious, race and ethnic orientations are usually perpetrated by the male members of the family against women (Musbau 2017 & Ishiola, 2016).

Unfortunately, family violence affects every member of the family, husbands, wives, parents, children, elders, siblings and dating partners (Seifert, 2012). However, because women appear to be the most frequent victims, they are termed "appropriate victims." This is in concordance with United Nations' General Assembly 2000 assertion that, domestic violent acts are often gender-based and result to physical, sexual and mental harm to women with inclusive intimidation, deprivation of public and private liberty. Deprivation of women's human rights is an act of violence against women which violate, impair or nullify their enjoyment of human rights and fundamental freedom (UN (2013).

Ideally, the family is a place of warm intimacy, and a place where one's security is expected to be assured. Paradoxically however, it is also in the family that people are more likely to be abused, physically assaulted, sexually victimized, beaten up, slapped or spanked by other members than anywhere else or by anyone else. World Health Organization (WHO, 2016), averred that family violence are portrayed in behaviours such as threats, damaging property, violent sexual behaviour or play fighting. In Nigeria, family violence, include wife battery, acid attack, molestation, rape, corporal punishment, girl-child marriage forced or arranged, female genital mutilation, dowry related violence, gun shots and other traditional practices harmful to women (Ishiola, 2016). Despite the harm inflicted on women who are victims of domestic violence in many parts of Nigeria, the notion still persists that family conflict matter has no room for external intrusion. This African erroneous perception cages women to the point that in trying to cope with all the stressors in family life and domestic violence, they may begin to manifest depressive symptoms such as sleeplessness, sadness, loss of weight, obesity and crying spells. A lot of victims of physical, psychological and sexual violence suffer from psychosomatic illnesses, gastrointestinal disturbances, mental health disorders, sadness, chronic pain, etc. (Department of Justice, Canada, 2017).

Physical violence is the inflicting or attempt to inflict bodily or physical harm or injury by beating, battering, slapping, grabbing, kicking, stabbing, punching, flogging, shooting, using weapon against partner e.g. pangas, guns, knives (Rhodes, Frankel, & Levinthal, 2007). Physical abuse and neglect also include withholding access to resources of medical care and hygienic assistance, forced alcohol and drug use (Arisi, 2011). Psychological violence or neglect, manifested in patterns of behaviour such as degrading, bullying, terrorizing, isolating, corrupting, gas lighting, and verbal or non-verbal form of abuse against one's spouse. Psychological abuses are actions that serve to undermine an individual's self-worth or esteem. It may be evident in constant criticism, belittling, name-calling, silent treatment, making and breaking of promises. Emotional abuse or mental abuse is characterized by a person exposing or subjecting another to behaviours that may result in lots of psychological trauma, such as: fear, anxiety, depression, post-traumatic stress disorders and other forms of psychological wounds.

Research has shown that a number of factors which include, personality traits, demographic and economic factors are associated with family violence (Abadi, Mahdavi, Esnaeli & Amighi 2014 & Abdulhai, Moseleh, 2015). In the view of (Colucci & Hassan 2014), spousal violence is seen to be more prevalent in blue and low socio-economic families. Thus, total dependency of wives on husbands for basic necessities of life such as food, shelter and

clothing (Nurul, Syazlian, Maisarah, Normilia 2018), may keep them long in an abusive relationship, and after some time they may begin to internalize the belief that they are helpless. Feelings of helplessness may manifest in depressive symptoms, which in many cases in the Nigerian setting, are glossed over.

However, battering may not affect younger (age range 15- 40) and older married women (50 and above) in similar ways for reasons that other family challenges such as child-bearing and rearing may be an important factor in the lives of the former. Experience has also shown that in Nigeria, most older married mothers take comfort in their grown up children and if their children were married, the advantage of taking leave for a while to assist their nursing daughters (what the Igbos call, 'omugwo'), has a lot of soothing effect and a break from violent husbands. Incidentally, studies have not yet explored the pattern of depressive syndrome manifestation of younger and older married women.

Theoretical Framework:

This study is based on the social learning and situation models. According to the social learning model, we are all born into families and it is in these families that we are taught the first profound lessons of social interaction and society's rules of accepted conducts. The social learning model can be better understood by the use of the phrase "cycle violence" – that violent childhood of the abused children grow up to become abusive parents and violent adults. This is what Kaufman and Zigler (1987) termed inter-generational transmission of violence. One can say that much of violent behaviour that occurs in the school is a re-play of violence that has been learned at home. On the other hand, women who experienced spousal violence in the family of orientation are more likely to accept conjugal violence as part and parcel of married life. However, this model affirms that since violence is a learned behaviour, it also can be unlearned.

The social situation model proposes that violence arises out of two main factors, stressful life events and cultural norms. Stressful events associated with family violence include low income or inadequate financial resources, unemployment, poor educational opportunities, poor-living conditions, illness and large family size. Culturally, in most African societies violence is used by husbands and fathers as disciplinary and corrective measures against women and children (Atinmo, 1997). Yet, tough and violent disciplinary measures have negative consequences such as depressive symptoms. Nonetheless, cognitive theories aver that it is the individual's interpretation of events or problems which cause depression, whereas, Beck (1982) asserted that depression is linked with self-defeating beliefs. The depressed person perceives life irrationally and negatively. The negative views about themselves, life situation and the future lead them to overestimate the severity of negative or feared events and underestimate the positive or their ability to cope. These self-defeating beliefs/thoughts is what Seligman (1976) referred to as "Learned helplessness". The battered women seem to be helpless and come to see the batterer as being in control. The result is the tendency to withdraw, become passive, depressed and ultimately despairing of themselves, their plight and future.

Clinical as well as survey data consistently reveal a high incidence of depression, anxiety and an increased risk of suicide, among samples of women victims of violent marriages (Durbach, 2016). In Nigeria however, recent studies such as Benebo, Schumann and Vaezghasemi (2018) conducted multilevel study of the effect of intimate partner violence on women's status and community norms; Ekundayo, Durowaiye and Modupe, (2015) studied the effects of Domestic Violence on young people in family. However, studies on the degree of married women's depressive symptoms manifested by battered and non-battered married women in Nigeria are sparse. Hence, the need to examine the degree of manifestation of depressive symptoms among young and older battered women.

Statement of the Problem

The rate of family violence against women in Nigeria has continued to attract the concerns of psychologists, sociologists, and medical and mental health personnel. Male chauvinism appears to be an accepted norm such that in many families, husbands despicably batter wives - both young and old. This results to devastating effects on the battered women who may begin to manifest depressive symptoms. Research so far done in Nigeria has not examined the influence of violence on manifestation of depressive symptoms on the young and older battered women. Put in question form therefore, the statement of the problem of this study is, "to what extent does family violence influence young and old married battered women, young, which is manifested in depressive symptoms?"

Hypotheses

Based on the findings from the reviewed work, the following hypotheses were proposed.

1. There will be no significant difference in the manifestation of depressive symptoms between battered women and non-battered women due to domestic violence.
2. There will be no significance difference in the manifestation of depressive symptoms between young and old battered women due to domestic violence.
3. There will be no significant correlation between marital conflict and extent of depression expressed in the married women.

Sampling Technique: The participants comprised two groups – 100 from reported or identified cases of violent families and 100 from non-violent families. Purposive sampling was used to select the names and addresses of the battered women from the files of various reported cases in the area of study, Onitsha North Local Government Area of Anambra State, Nigeria. They were married women living with their husbands with one child at least. The ages of the participants ranged from 20 to 40 years of younger women; 41 to 55 years for older women.

Method: The design used was Factorial design. A 2 x 2 Analysis of Variance (ANOVA) with unequal sample sizes was used in testing hypothesis one and two. It was analyzed on SPSS version 7.5. For the third hypothesis, Pearson r was used to test the relationship between marital conflict and depression.

Instruments: Two instruments, the Marital Conflict Behavior Checklist (MCBC) Omeje (1998) and the Center for Epidemiological Studies Depressive Scale (CESD) Radloff (1977) were used for the data collection. The MCBC (Omeje, 1998) is a 37-item test that measure conflict in marriage, with a reliability index of .94 and concurrent validity index .90. MCBC was considered to be reliable and valid for the study of marital conflict and violence. The scale was used because it incorporates the two forms of violence, physical and psychological appropriate for this study. Each item was scored on a four-point scale of: Rarely – 1, Sometimes – 2, Often – 3, Always – 4. The MCBC served as an indicator of conflict behavior spouses engaged in during conflicts and how often they do so. The CESD is a 20 – item test, designed to assess depressive symptoms in the general population (Radloff, 1997). The scale has been used in Nigeria by Okafor (1997), who reported a reliability index of .85, while Ugwu (1998) reported concurrent validity index of .41. The items were scored on a four-point scale ranging from 1 – 4, (rarely 1, sometimes 2, often 3, always 4). The participants report the frequency with which the 20 events were encountered within a six months period.

Procedure for Data Collection: The two instruments: MCBC and CESD were administered to the participants by the researcher. They were made up of identified victims from violent families and non-victims from various parishes and social welfare department in the selected areas of Onitsha North. The researcher also visited the women during their meetings in their different parishes and administered the instruments to those who willingly volunteered to complete the questionnaire.

Results:

Table 1: Summary of a 2 x 2 ANOVA on effect of age and battering on depression

Source of Variation	Sum of squares	Df	Mean Square	F-Ratio
Age	2355.51	1	2355.51	37.49**
Battering	1009.39	1	1009.39	16.06*
Age and Battering	1885.55	1	1885.55	30.01**
Error	12315.65	196	62.84	
Total	321056.0	200		

* P<.05

**P<.01

The result as shown in Table I above indicates $F = 37.49$, $p > .05$ and this shows that there is a significant difference between young and old women in their manifestation of depressive symptoms. The result indicated a statistically significant difference between battered and non-battered women in their manifestation of depressive symptoms, $F = 16.06$, $p > .05$. There is also a significant interaction effect between age and battering in the report of depressive symptoms: $F = 30.01$, $P > 0.5$. This showed that depressive scores of the participants were influenced by a combination of age and battering such that the scores of the young battered were higher than that of non-battered women.

Table II: Mean and Standard Deviation (SD) of Depression Scores of Battered and Non-Battered Women

Age		Battered	Non-battered
Young	X	47.24	36.51
	SD	8.19	8.06
Old	X	34.12	35.78
	SD	6.56	8.45

Table II above indicates the mean and standard deviation scores of depression of the group of participants, young battered women and young non-battered women, old battered women and old non-battered women. The results show that young battered women had the highest depression scores ($x = 47.24$) whereas the old battered women had the least depression scores ($x = 34.12$). This indicates that there is a significant difference in the manifestation of

depressive symptoms between the young battered women and old battered women. The result also shows that the young battered women had significant higher mean depression score (47.24) than the other three groups, whose depression scores did not differ significantly from each other, old battered women (34.12), old non-battered women (35.5) and young non-battered women (36.51).

Table III: Correlation of Marital Conflict and Depression

		DEPRESS	MARCON
Pearson	Depress Marcon	1.000	.356**
Correlation		.356**	1.000
Sig 2 (tailed)	Depress		.000
Macron		.000	
N Depress		200	200
Macron		200	200

The correlation co-efficient of 0.36 of marital conflict and depression was positive and significant at ($P > 0.05$). This implies that the higher the marital conflict, the higher the depression of the participants.

Discussion

The findings in the study revealed that there is a significant difference in the manifestation of depressive symptoms between battered and non-battered women. The battered women reported higher depression than non-battered women. This was in contrast with the first hypothesis which stated that there will be no significant difference in the manifestation of depressive symptoms between battered and non-battered women. The result indicates that battery induces a lot of depression, on the battered women. Marital relationship problem was also a common source of psychological distress. Okolo (2001) equally observed that stress-related illness and stressful life events or family violence with their consequence could reinforce depression and these would have a lot of negative impact on the mental health of the battered group.

The second hypothesis stated that there would be no significant difference in the manifestation of depressive symptoms between young and old battered women. Contrary to this prediction, the result showed that young battered women manifested higher depression than the old women. This confirms that women under thirty years of age and “newer” marriages experience the highest rate of family violence than the older group. The National Population Commission, Nigeria (2015) confirmed that women under the age bracket of 15 – 49 years’ experience the highest marital conflict from their intimate partners. The variables that may have contributed to the high depression reported by the young battered women may be inexperience, marital adjustment on the part of the “newer” married. They come into marriage with high expectations and when these are not met the result is disagreement, quarrels, disappointment and sadness. The older women having learnt through life lived experience tend to portray better shock absorber than the young ones, so are less depressed. On the hand, the young battered women could be people with many responsibilities – like caring

for their young children, adjusting to new jobs, some could be students without jobs so could be solely dependent on their husbands economically. Hence, when crisis exists in the marriage in form of battering the young women may tend to manifest high depressive symptoms than the old women.

However, the young non-battered women manifestation of a low level of depression could be that their expectations about marriage were met by their partners and those around them. They have enjoyed love, care, economic support in their marriage and so are not likely to manifest high depressive symptoms like their young battered counterparts. The old battered women and old non battered women did not manifest significantly in their depression scores because they may have over the long years of their marriage learnt to cope with their situation. Moreover, the older women at this stage of their lives may be enjoying the social and economic support of their grown-up children, relations, friends and other social groups. Again, they may be economically balanced and fulfilled in life, so this may serve to cushion them from feeling the impact of battery and depression intensely.

The third hypothesis which stated that there will be no significant correlation between marital conflict and depression was not confirmed. There was significant relationship between marital conflict and depression. The young battered women who experienced high level of marital conflict also reported higher depression. Therefore, this goes to show that when there is marital conflict there is also depression. Recent research equally showed that women, who suffer depression, are often killed by their family members, 51% of whom are spouses point to a long standing spousal abuse as a factor (National Organization for women, 2018).

Conclusion

Family or domestic violence is one of the most heinous abuses that women suffer in marriage or intimate relationships. Results from this study have shown that domestic violence affects the well-being of women- both young and elderly married women, though the younger women seem to manifest more depressive symptoms than the latter. Hence, the negative effect of husband battering on women in the context of this study, confirm the high rate of depression, physical and psychological illnesses experienced by Nigerian women and by extension the increasing rate of maternal death in the country. This therefore calls for critical attention and attitudinal change among Nigerian men as well a review of cultural practices against women.

Recommendations

The findings presented in this study clearly point to the fact that some fundamental changes in the attitude, values and beliefs of the society towards women have to occur before a decrease in the level of marital violence against women can take place.

- . Parents, teachers and all entrusted with the training of the child should start early to educate them on the need to live in partnership, equality and respect. Inequality between men and women starts from the home. Elimination of this inequality right from the cradle would be a vital means of curbing family violence.
- . Legal administrators of family laws should make effective policies and enforce them so as to protect women from marital violence.
- . Family physicians can prevent suffering, serious injuries and death by being alert to the possibilities of marital violence and victimization when evaluating their patients.
- . Public awareness, enlightenment and education of the masses on the seriousness of family violence and its damaging consequences to the individual involved, to the children, families and the society at large.

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