

Well-Being of Adult and Aged Women Facing Interpersonal Violence: A Study of Women Living In Shimla District of Himachal Pradesh

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ABSTRACT

This study attempted to investigate the direction and magnitude of the relationship of well-being 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. well-being and interpersonal violence and to investigate the influence well being on interpersonal violence among these two strata of women. The total sample N=400, adult (n=200), aged (n=200) was given general well being scale Verma & Amita and interpersonal violence scale of Edleson and Minnesota. Besides, correlation, regression and t-test were performed. The findings revealed that well being is significantly and negatively correlated with interpersonal violence among adult and aged women. Aged women were higher on well being as compared to adult women. Adult women were higher on interpersonal violence as compared to aged women. It may also be said that well being emerged as a predictor of interpersonal violence among aged women.

Keywords: Interpersonal Violence, Well-Being, Women

Well-being is generally defined as the subjective feeling of contentment, happiness, satisfaction, sense of achievement, utility and belongingness etc. Emmons (1992) has found that level of personal striving is closely related to well-being and satisfaction is related to well-being. This is also positively associated with contentment and this tends to differ life events of a person. Beyond this, it is considered to have positive correlation with quality of life, satisfaction level in job as well as in general life, sense of achievement and overall personality development. Simultaneously, this is considered negatively related with neuroticism, psychoticism, and other such factors that contribute to enhance negativity in life. It is also well established that it depends

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on a network of relationship with other variables i.e. the variations in the other variables may tend to affect the well-being of a person. Like living status is important part of life, the personality traits also matters, that is what they feel, like or dislike, satisfaction, experience of work, belongingness, utility etc. Violence in general and interpersonal violence tends to have close association with the well-being a person (Bacchus et al, 2006; Mattila et al, 2006). In the present times of globalisation, voices against interpersonal violence against women are coming from every part of the world and interpersonal violence is the most reported form of violence (Okemgbo, 2002; Horne, 1999; Mcwhirter, 1999).

Given to women's stressful living conditions inside their homes, the health, and human right concerns of women are of vital importance and deserves to be given serious attention. Their vulnerability to violence expands and the probability of violent events increases when they work outside their homes, outside their familial and social boundaries. Bacchus et al (2006) did a qualitative study of 16 women who had experienced domestic violence in the previous 12 months. The violence was perpetrated by a current or former partner in all but one case. Ten of the 16 women had experienced domestic violence during their recent pregnancy, of which four women had also been assaulted in at least one previous pregnancy. Three women had been assaulted by their partners in a previous pregnancy but not during their recent pregnancy, and three had experienced domestic violence outside of pregnancy only. Some women reported increased feelings of insecurity, jealousy, and possessiveness in their partner during their pregnancy. Abuse within the relationship centered around the arrival and care of the new baby; financial worries, the woman's lessening physical and emotional availability during pregnancy, the lack of practical and emotional support from the male partner, and doubts about paternity. Mattila et al (2006) conducted a study on risk factors for violence and violence-related injuries among a random sample of 14 to 18 year-old finns (3319 boys, 3890 girls) were sent a questionnaire on the occurrence of violence and violence related injury. Altogether, 76% responded. Weekly stress symptoms, depressive mood, smoking, drunkenness, peer drug use, previous unintentional injury and not living with both parents predicted both incidents.

Henton et al (1983) in their study have established a correlation between dating violence and well being. Their results showed that in the sample 60.3% felt angry, 57.5% felt hurt, surprised or sorry was the feeling of 34.2%. 31.5% were scared. Bohan (1997) reported that sexually abused women ranked personal values such as inner harmony, self-respect, wisdom and health as most important to them. The non-abused women ranked the outer values of equality, a world of peace, national security, and world of beauty as most important which may indicate greater psychological maturity. Mean scores for anxiety and conflicts in 15 women who reported childhood sexual abuse were significantly higher than those for 15 women who had experienced no abuse. The majority of the sexually abused reported feeling only a moderate amount of wellbeing.

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Loxton et al (2006) examined the psychological health correlates of domestic violence in a large random sample of mid-aged Australian women (age 47 to 52 years). Logistic regressions were used to investigate the associations between domestic violence and depression, anxiety, psychological well-being, after adjusting for demographic variables (marital status, income management). The results indicate that a history of domestic violence is associated with decreased psychological well-being. Balsam and Dawn (2005) conducted a study on relationship quality and domestic violence in women's same-sex relationships. Degree of loudness, internalized homophobia, lifetime and recent experiences of discrimination, butch/femme identity, relationship quality and lifetime and recent experiences of domestic violence were assessed in a sample of 272 predominantly European American lesbian and bisexual women. In bivariate analyses, minority stress variables (internalized homophobia and discrimination) were associated with lower relationship quality and both domestic violence perpetration and victimization. Analysis revealed that relationship quality fully mediated the relationship between internalized homophobia and recent domestic violence.

Interpersonal violence against women is primarily associated with intimate relationship which a woman leads. It is argued that interpersonal violence constitutes physical violence, sexual violence, threats of such violence, and emotional abuses etc. Her intimate partners cause physical, psychological or sexual harm for the known or unknown reasons. Sometimes such women became victim of the caprice of the partner and the other time their own weakness for not responding back led them into such a situation leading to violence against them. In such a situation the status of well being tend to be cause of interpersonal violence against women. It is not disputed that women face interpersonal violence irrespective of their age and social status simply because they are women.

The young generation of women is more educated, aware, knowledgeable and confident about their existence as compared to the women in the middle and older age group. Therefore, it has been argued that violence is more directed towards adult and aged women but most of studies on violence are centred on married and unmarried, working and non-working women. The area constituted by the adult and aged women is relatively less explored. There is dearth of data concerning the interpersonal violence against adult and aged women. This group constitute the women who share the family and social responsibility to greater degree. Therefore, this study is a humble attempt to assess well being of women facing interpersonal violence.

General well-being may be defined as the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work sense of achievement, no distress, dissatisfaction or worry. It is a dynamic state characterised by a reasonable harmony between an individual's abilities, needs and expectations, and environmental demands and

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opportunities (Levi, 1987). It is also considered to be connotative of a harmonious satisfaction of one's desire and also involves individual pleasure depending upon his psychological status and environmental conditions.

The concept of well-being is seen as an abstraction and different connotations. While utilitarianism see well-being as well-feeling i.e. pleasure seeking, and from the economic point of view it is reflected by income and in the words of Fromm (1978) it is reduced to being well-off materially and financially. Thus, it may be said that well-being subsume quantity of life as well as quality of life (Ryan & Deci, 2001). It can be summarised that material well-being; happiness, health, and overall participation in society in society are correlated. Dasgupta (2001) calculates that in many low-income countries the rise in present wellbeing has been achieved by degradation of natural assets and the societal wealth of well-being over time has fallen. Given the many relevant aspects of well-being, there are many major aspects of 'objective' well-being such as health, family life, employment, recreation, quality of death, and these are also major determinants of subjective well-being.

With well-being of individual violence shares close association as this has detrimental effect on the well-being of the victim (McCauley et al, 1995). Devries et al (2011) have found that violence against women is strongly associated with suicide attempts. Summarily, it affects significantly not only its victims as individuals but the society as a whole (Martin et al,2000; Commons,2000).Despite the increasing recognition that violence against women is a global public health concern, population based studies of violence against women and its determining consequences remain scarce in developing countries (Gage,2005). There is much that remains to be understood about the total set of possible association of violence against women with reference to their well being.

METHODOLOGY

Having the primary aim of investigating the direction and magnitude of the relationship of well-being with interpersonal violence in reference to the adult and aged women facing interpersonal violence, this study also attempted to explain the difference on variables of well-being and interpersonal violence. This study has been carried out in the Shimla city of Himachal Pradesh which is also capital of State. The total population of Himachal Pradesh is 60,70,305 (Census, 2011) out of which nearly 50% of which are females and the cases of domestic and interpersonal violence have been regularly reported in this State. Correlational design was used to study the interpersonal violence and well being 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. 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 well-being of the adult and aged women as followed:

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1. **Interpersonal violence scale:** For assessing interpersonal violence among the women in sample, 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.
2. **General well-being (Verma and Amita, 1989):** There are 20 items in this scale. Observations of any unusual nature, restlessness, physical discomfort due to any reason, being in a hurry, a significant even in resent past like death in the family, accident, examination/interview, fatigue, disinterest, etc. have been taken note of and considered while interpreting test results, on the usual lines of a clinical interview. The reliability of the scale is .86.

Scoring

Numbers of ticks are counted and constitute the well-being score of that particular individual at the time. Firstly, 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 well being.

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, well being following test were applied to the data obtained:

RESULTS AND DISCUSSION

The results of the present study indicate that well being is negatively and significantly correlated with interpersonal violence in whole sample among adult and aged women. Further, the results show that the significant difference among adult and aged women in whole sample on these

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variables i.e. well being and interpersonal violence. Further, the score of well being of aged women is higher than adult women. So it is clear that the score of interpersonal violence in case of adult is higher than aged women in whole sample.

The scores of adult women are also significantly and negatively correlated between well-being and interpersonal violence ($r=-.32^{**}$, $p<.01$). The scores of aged women are also significantly and negatively correlated between well being and interpersonal violence ($r=-.51^{**}$, $p<.01$).

The findings do find support from the earlier studies done in this area. Henton et al (1983) in their study have established a correlation between dating violence and well being. Their results showed that in the sample 60.3% felt angry, 57.5% felt hurt, surprised or sorry was the feeling of 34.2%. 31.5% were scared. Bohan (1997) reported that mean scores for anxiety and conflicts in 15 women who reported sexual abuse were significantly higher than those for 15 women who had experienced no abuse. The majority of the sexually abused women reported feeling only a moderate amount of wellbeing. Loxton et al (2006) found that current psychological well-being had an inverse association with a history of domestic violence: as psychological well-being decreased, the odds of having ever experienced domestic violence increased.

Going beyond, the second objective of the study was to investigate the differences in adult and aged women on the variables viz. interpersonal violence and well being so t- test was applied to know the same. The result of the t-test analysis showed the significant differences between adult and aged women on their scores of well being ($t=-12.94, p<.01$) and the mean scores of adult women is lesser than the mean scores of aged women on their scores of well being ($M(ad.)=10.38/ M(ag.) =14.03$). 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 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.

It is clear that the aged women have better well being as compared to adult women. Because they have no choice for betterment, their children are married or old, so their needs are very short in nature. So they have no more choices, most of them are widow, divorcee, and single stage. They have lost their husbands due to some family circumstances, or internal circumstances they don't want anything more in their lives. Most probably they are fully satisfied, and get better well being than adult women because they realize every incident but have capacity to face the situation related them, as compared to adult women.

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Having said this, the major findings of the study are- (i) well being is significantly and negatively correlated with interpersonal violence among adult and aged women, (ii) aged women were higher on well being as compared to adult women, and (iii) adult women were higher on interpersonal violence as compared to aged women.

These findings are in consistent with the findings of Philips et al (2005) who have found a substantial relationship between aging and well being as they tend to use inward focused strategies to sooth or calm the conflict. The findings also corroborated with the findings of Carstense et al (2003) that in older people high level of well being is due to good regulations of emotions. Gross etal ((1997) and Della Sala (2002) too have indicated the similar trends.

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