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ORIGINAL ARTICLE

Impact of domestic violence: a study in communities of Bangkok Metropolitan, Thailand

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Abstract
Introduction: Domestic violence, now a national health concern, has pervasive effects at both individual and social levels. The objective of this study was to survey the prevalence of DV, the characteristics and the impact of the violence among married women living in the slum communities of metropolitan Bangkok, Thailand. *Methods:* A cross-sectional survey was carried out. A total of 580 married women aged 15 years and above were randomly sampled from seven slum communities in Bangkok. Information on age, education, occupation, income, family size, alcohol use, and experience of DV were collected. *Results:* The prevalence of DV was 27.2%. Most of the violent episodes were triggered either by factors related to personal characteristic of the couples, such as bad temper (89.9%) and being grumpy (83.5%), or circumstantial factors, such as financial problems (74.7%) and suspicion of adultery (28.5%). Twelve per cent of the abuse episodes were moderate violence, and 34.2% was severe violence. The impacts of victims of violence included mental, family, and social problems. The mental impacts, e.g., anxiety, stress and nervousness were found in 79.1%. Others were sad, unhappy, and depressed at 68.4%. Of those, 50.3% could not control their emotion, got angry easily, and threw things. Other important mental episodes were that they wanted to harm others or revenge at 19% and injured themselves or committed suicide at 17.1%. The last was negative attitude about sex at 12.2%. *Conclusion:* DV is common in slum communities and highly related to socioeconomic status, personality characteristics, and alcohol consumption of the couples.

Keywords: *abused women, alcohol consumption, domestic violence, partner*

Introduction

Domestic violence (DV) is one of the most prevalent causes of injury in women. Men who abuse women generally subscribe to the idea of male superiority over women, and the violence is usually used to create and enforce gender hierarchy, as well as to be regarded as punishment for transgressions. The damaging impact of DV is tremendous on woman health. In addition to immediate health effects, long-term health consequences of violence include depression, suicide attempts, and psychiatric disorders.

In USA, it is estimated that one in four families may face DV [1], and 35% of women who seek treatment at the emergency room (ER) faced DV [2]. To estimate the severity of this problem, studies in

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many countries have found that at least one of three women was beaten, sexually forced, or harmed at least once in her lifetime [3]. The impact of DV on society is very extreme. In the respect of medical expenses, after controlling other factors, medical cost of a woman with physical or sexual violence is 2.5 times higher than that without the violence [4]. Moreover, there are costs incurred by police, court, and legal services for lawsuit and by men who need therapy for their violence. A Cabinet Resolution dated June 29, 1999 objectively paid attention to the issue of DV in Thailand. The resolution was to issue the criteria in solving the problems of violence against children and women and to impose every November to be the month of 'stopping violence against children and women'. This is to encourage the society to be aware of violence against children and women. However, the Friend of Women Foundation gathered information about violence against children and women from five newspapers in 2003 and found that, of 184 cases, 148 cases died. Thirty cases were beaten to death by their husbands, and 13 wives committed suicide [5].

Although DV causes many impacts, it is always seen by the society as a personal problem. This attitude is deeply held and therefore difficult to change. In viewing DV as a personal problem, research has been limited and the magnitude of the problem may not have been discovered. Victims of the DV hardly tell the problem and only come to the hospital or ask for helps when they have physical injuries. Because of this, solving the problem may be difficult. Moreover, some violence may cause death as shown in the newspapers. Therefore, the information collected in the community is very important to help estimate the problem size, especially mental impact which can happen in the early period of violence and lead to the resolution.

The objectives of this study were to estimate the prevalence of DV and to study the characteristics and the impacts of violence among married women living in the slum communities of Bangkok Metropolitan, Thailand.

Methods

This cross-sectional interview survey was conducted in seven slum communities located in Bangkok Metropolitan between March and December 2005. The study was approved by the Institutional Review Board of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University.

All participants provided written informed consent. The study population included community members of 1,164 households. We aimed to select 600 married women, aged > 15 years and were residents in the communities. This number was calculated based on a formula [10] to ensure the 95% confidence interval (CI) of detecting a prevalence rate of DV of 23%, with an error between ±0.03% and ±0.04%.

A sample of 600 households was selected by systematic sampling. A married woman aged > 15 years old in each household was randomly selected as a respondent. The investigator team visited each household and asked for the participant's consent before the interview. Prior to the interview, the study team, including social workers and nursing students, were trained to look out for appropriate characteristics, which could influence the women in their disclosure of violent histories. After the training, the interviewers were able to communicate with people from difficult backgrounds and ask about sensitive issues. Participants were interviewed face-to-face without the presence of their partners, and confidentiality was safeguarded. A structured questionnaire was developed by the research team, which included a psychiatrist, a medical epidemiologist, nurses and social workers who were experienced in taking care of victims of intimate partner violence. The questionnaire included information on age, education, occupation, monthly family income,

family size, regular alcohol consumption of either women or their partners (> two days per week), history of partner violence, frequency of the violence, events triggering the assault, and type/severity of abuse. The questions on woman's experience of violence were about whether in the past 12 months she had been intimidated (belittled, slapped, kicked, beaten, forced to have sex, physically or psychologically or emotionally hurt) by her partner. Those who answered "yes" were asked further on the frequency of the occurrence. The questionnaire was tested in the field before actual data collection.

Results

A total of 580 women participated in the survey (response rate 96.7%). The demographical characteristics of the participants are shown in Table I. Age of participants ranged between 17 and 78 years (mean 42.9 years, SD 12.7 years). More than half of the women were aged ≤45 years. Most of the participants had primary school education or higher. More than half (57.8%) had a monthly income of 125 USD or less. Of the participants, 46.1% reported that their incomes were usually not enough for their daily expenses. Nearly one-fifth of the respondents reported that their partners regularly drank alcohol, and approximately 4% of the women reported themselves as regular alcohol consumers. Overall, 158 (27.2%) of 580 participants reported having experienced DV in the past 12 months.

Table 1 shows the characteristics of five hundred and eighty female interviewees aged 17-87 years old. Over a half of them were under 45 years old (mean=43 years old; range=17-78 years old). Most respondents completed primary education. Over a half of them earned less than 5,000 Baht per month. Two out of three respondents had alcohol consumption in the family. In previous year, there was physical and mental abuse in 158 families (27.2%), and verbal abuse in 197 families (34%).

Table 2 reveals that there were many characteristic features of violence, i.e., look down, insult, treat, force, confine, slap, hit, kick, punch, use material/weapon and sexual force. One hundred and fifty-six cases

Table 1: General characteristics of the samples (N=580)

Characteristics the study population	**Number (%)**
Age group (year)	
<35	153 (26.4)
35-44	171 (29.5)
45-54	156 (26.9)
>=55	100 (17.2)
Education	
No Education	39 (6.72)
Primary School	321 (55.3)
High School	120 (20.7)
Vocational	100 (17.2)
Occupation	
Not working/ housewife	188 (32.4)
Government official/ state enterprise/ self employed	229 (39.5)
Other types of employment	163 (28.1)
Incomes (Thai Bahts)	
<5000	336 (57.9)
5001-10000	122 (21.0)
>10000	122 (21.0)
Alcohol consumption in family	
Yes	375 (64.7)
No	205 (35.4)
In the past year, there has been physical and psychological violence in the family	
Yes	158 (27.2)
No	422 (72.8)
In the past one year, there has been verbal abuse in the family	
Yes	197 (34.0)
No	383 (66.0)

Table 2: Characteristics of physical and psychological violence in the families within the past year (N=158)

Characteristic of the Violence	Number (%)	Frequency of the violence			
		Almost everyday	*Once a week*	*At least once a month*	*Not specified*
		Number (%)	*Number (%)*	*Number (%)*	*Number (%)*
Psychological violence	156 (98.7)	42 (26.6)	36 (22.8)	74 (46.8)	4 (2.5)
Physical violence	35 (22.2)	1 (0.6)	0	17 (10.8)	17 (10.8)
Sexual violence	7 (4.4)	0	0	2 (12.0)	5 (3.2)

Note: For a violence event, violence type might be more than one. Each physical harm event caused more than one type of impact. Psychological violence includes verbally abusing, intimidating, forcing and confining. Physical violence includes slapping, kicking, and using weapons. Sexual violence includes rape.

Table 3: Physical injury of the DV victims within the past 1 year (N=158)

Physical injury	Number (%)
No physical injury	123 (77.9)
Minor injury	25 (15.8)
Minor injury which has to be sent to hospital	7 (4.4)
Major injury which has to be sent to hospital	3 (1.9)

Table 4: Impacts on victims of violence within the past 1 year (N=158)

Impact	Amount (%)	
	Yes	*No*
Mental Impacts		
Worry, stress, nervous and insomnia	125 (79.1)	33 (20.9)
Sad, unhappy and depressed	108 (68.4)	50 (31.1)
Loss of control one's emotion, get angry easily or throwing things	79 (50.3)	78 (49.7)
Harming others or taking revenge	30 (19.0)	128 (81.0)
Self injury / suicidal behavior	27 (17.1)	131 (82.9)
Having negative attitude towards sex	19 (12.2)	137 (87.8)
Family plus social Impacts		
Economic problem	93 (58.9)	65 (41.1)
Family breakdown	27 (17.1)	131 (83.9)
Children engaging in gambling, drug addictions, run away from home or being prosecuted for criminal behavior	21 (13.3)	137 (86.7)
Death, disability or injury of family	20 (12.7)	138 (87.3)
Unemployment or job loss	20 (12.7)	138 (87.3)

of the respondents (98.7%) had been mentally abused. Focusing on the frequency, it was found that such mental abuse occurred almost every day in a fourth of all victims and once a week in a fourth of all victims. Physical abuse such as slapping, hitting, kicking and punching occurred in 22.2% of the respondents. Half of these reported the frequency as being at least once a month, the other half of them did not disclose. Sexual abuse occurred in 4.43% of the respondents and most of them did not specify the frequency of abuse.

Table 3 shows that 77.85% of women who experienced being beaten and other forms of DV did not sustain physical injury. For those who were injured, most of them experienced minor injury (15.8%) only. Whereas 4.4% experienced minor injury and were sent to the hospital, 1.9% experienced major injury and were also sent to the hospital.

Table 4 shows that impacts on victims of violence could be separated into 2 parts, which were mental impact and family plus social impact. The mental impacts with higher frequency were being worry/stress/ nervousness at 79.1% and sad/unhappy/depressed at 68.4%. In addition, 50.3% could not control their emotion, got angry easily and threw things. Other important mental impacts included wanting to harm other or revenge at 19.0%, injure themselves or commit suicide at 17.1%, and have negative attitude about sex at 12.2%.

As for the family plus social impacts, economic problems were the most common at 58.9%. Next was family breakdown at 17.2%, followed by gambling problems, drug problem, run away from home, criminal behavior or members in family death, disability and job loss at 12.0%-13.0%.

Table 5 shows opinions on direction to solve DV. Of the interviewees, 85.7% recommended to have a particular law. For punishment, 55% recommended that offenders should receive punishment in accordance with the laws, and 80% recommended that offenders should receive mental therapy.

Table 6 shows the results of attitude study. For the attitude of power relation, the participants agreed to have right to choose a friend at 53.8%, that man should show the power in house at 33.1%, a good wife should obey her husband at 32.2%. They also agreed that the husband could beat his wife, if he found that she had an affair at 47.2%, she did not obey her husband at 22.1%, either wife or husband suspect the other having affair at 17.9%, she denied to have sex at 14.1%, and he was unsatisfied with her housework at 9.6%.

Regarding attitude towards the resolve of problems, most of the sample suggested that the family problem should be consulted among family members at 77.8%, and although the husband did not behave well towards his wife, others should not be involved at 62.8%.

For attitude towards sex, wife could refuse to have sex with her husband if: she was unwell at 86.9% as the highest; he did not treat her well at 80%; he drank at 71.6%; she did not want to have sex at 66% and she asked him to use a condom but he refused at 64.6 as the lowest. The sample did not agree that a wife had a duty to respond to husband's sexual desire at 46.7%.

Discussion

In this study survey on opinions and characteristics of behavior leading to DV, the information was collected from a group of women who had low income and education.

One forth of women aged 15 years old or more experienced mental or physical violence, which was a similar finding to that of other studies. For example, a study conducted by the Institute for Population and

Table 5: Opinions on direction to solve DV (N=580)

Statement	Agree	Some	Not agree	Not specified
	Number(%)	*Number(%)*	*Number(%)*	*Number(%)*
1. There should be specific laws that will help solve the issue of DV	497 (85.7)	38 (6.6)	39 (6.7)	6 (1.0)
2. Offenders should receive punishment in accordance with the laws	317 (55.0)	88 (15.2)	168 (29.0)	7 (1.2)
3. Offender should receive mental therapy	464 (80.0)	59 (10.2)	51 (8.8)	6 (1.0)

Table 6: Attitude towards the role of men and women (N=580)

Attitude	Percentage of agreement	Percentage of disagreement	No answer
1. Attitude on relationship In term of power			
1.1 Right to choose a friend even if her husband does not agree with her relationship with her friend	312 (53.8)	187 (32.2)	81 (14.0)
1.2 Man should show the power in the family	192 (33.1)	362 (62.4)	26 (4.5)
1.3 A good wife should obey her husband	187 (32.2)	329 (56.7)	64 (11.1)
1.4 Husband can beat his wife if:			
1.4.1 she has an affair	274 (47.2)	241 (41.6)	65 (11.2)
1.4.2 she does not obey her husband	128 (22.1)	399 (68.8)	53 (9.1)
1.4.3 either the wife or husband suspect the other partner of having an affair	104 (17.9)	431 (74.3)	45 (7.8)
1.4.4 she denies to have sex	82 (14.1)	443 (76.4)	55 (9.5)
1.4.5 he is unsatisfied with her housework	55 (9.6)	500 (87.6)	25 (4.3)
2. Attitude towards solving family problems			
2.1 Family problems should be consulted only among family members.	451 (77.8)	97 (16.7)	32 (5.5)
2.2 If a husband does not treat his wife well, people who are not family members should be involved in solving the problem.	162 (27.9)	364 (62.8)	54 (9.3)
3. Attitude towards sex			
3.1 A woman who is married can refuse to have sexual activity with her husband when			
3.1.1 she is not well	504 (86.9)	65 (11.2)	11 (1.9)
3.1.2 the husband does not treat her well	464 (80.0)	92 (15.9)	24 (4.1)
3.1.3 the husband is drunk	415 (71.6)	122 (21.0)	43 (7.4)
3.1.4 she does not want to have sex	383 (66.0)	146 (25.2)	51 (8.8)
3.1.5 she asked him to use condom but he refused	372 (64.6)	142 (24.7)	66 (11.4)
3.2 The wife has a duty to respond to husband's sexual desire	240 (41.4)	271 (46.7)	69 (11.9)

Social Research, Mahidol University, in cooperation with Foundation for Women (FFW) found that 23% of women faced DV [6]. Further information collected by the World Health Organization (WHO) from many countries such as Bangladesh, Brazil, Ethiopia, Peru, Namibia, found that DV occurred in each country at a rate of 23.0%-49.0%. However, the prevalence is low in some country, such as Japan (3.8%) and England (4.2%) [7,8]. This may be caused by the fact that these countries have lower risk factors, such as high education, low level of economic problems [9].

To consider the details of DV occurrence, this study covered physical, mental, and sexual abuse. It was found that almost all of them had been mentally abused (98.7%). This was a very high incidence compared with the physical abuse (22.2%). According to a long-term research, mental abuse always happens before physical abuse [10]. Therefore, victims of mental abuse have a higher chance of being physically abused. If the doctors can find this problem in the early stage, they may be able to prevent the following physical abuse. However, mental abuse is often difficult to detect compared with physical abuse and is not the reason for victims to seek treatment or ask for help, but it can make a patient see a doctor for unspecific physical symptoms. For example, the research from which information was gathered from the victims of DV in Family Physician Department showed that physical symptoms always happening in victims of mental abuse are headache, palpitation, chest pain, and stomachache [11]. Asking a simple question, such as "how is your relationship with your partner?", may help to get information to assess whether they are facing mental abuse. There is a study which has found that women (the victims) are pleased to answer the questions, but most doctors or nurses hardly ask their patients [12,13].

For the results of DV on physical injury, there were not many physical injuries occurred. However, there had been major and minor injuries that had to be sent to hospitals. The percentage was 4.4% and 1.9% respectively. If physical injury happened, emergency rooms would be the first place to take care of the victims. A study collecting information from female patients visiting an emergency room found that 37% of them had DV problems [14]. Although there is no follow-up if these victims receive further assistance, whether this problem is taken care of, this will help reduce the physical and mental symptoms as well as to prevent the violence to occur again.

To collect the information of mental impacts, a half of the victims of DV chose to answer the worst case which is stress and worry. In this study, it was found that the highest was worry, stress, sleeplessness at 80%. Next was sadness, worthlessness, self-blame and depression at 70%. These figures are close to the research which found that mental illnesses commonly found in the victims of DV are anxiety and depression [15,16]. The most importance is that 19% of the victims would like to hurt others, which is slightly higher than those to hurt themselves (17.0%) leading to physical abuse and may cause death. In the USA, there is a report that, everyday, more than 3 women are killed by their husbands [17]. In the year 2000 there were 1,247 women killed by their husbands. The research also found that pregnant women have a higher risk to be abused leading to death, and the death of these women is higher than other causes, such as cancer or asphyxiation decease [18]. Hence, paying attention to DV is very important for these problems.

As for the impact on family and society, it was found that economic problems were the highest area of concern at 58.9%. Although details of the problem were not clearly specified, it revealed that DV affected work effectiveness and reduced in-

come. In the USA, there is a report that 30% of women of DV lose their jobs [19]. Moreover, not only direct victims are affected, children who witness DV may have learning problems as well. Other problems such as separated family, injury in family members, and loss of jobs are around 12.0%-17.0% [20]. Other important impacts including gambling problems, drug addiction, runaway from home, and criminal behavior are at 13.0%. Therefore, it was found that being around DV could increase children aggression and anti-social behavior. Moreover, anxiety, depression, and behavior problems are easy to be found in children who witness or are involved with DV [21].

The opinions to solve this problem were as follows: i) 85.7% suggested to have particular law to solve the issue of DV (The current relevant law is that offenders are punished like a prisoner for acts of DV); ii) 29.0% of respondents disagreed with this law; and iii) 80,0% agreed that the offenders should undergo mental therapy with the reason that most offenders have already had mental problems such as jealousy, low tolerance for stress, low self-control, unstable emotions, and an attitude in line with the use of violence to solve the problem [22]. Therefore, mental therapy for the offenders may reduce the DV and maintain relationships within the families.

Attitude towards the role of male and female can be divided in 3 topics: i) attitude to the power relationship, ii) to resolve the family problem, and iii) to sexuality. For the first attitude, most women do not agree that men should take a dominating role or beat their wives. However, in the case in which a woman had an affair, 47.2% agreed that men could beat their wives. This shows that almost a half of women agree that, in certain circumstances, DV is acceptable. The attitude towards solving the problem revealed found that most of the respondents agreed that family problems should be consulted amongst family members (77.8%), and 62.8% agreed that others should not be involved, if the husbands did not treat wives fairly well. The last attitude is related to sex. In general, most of them agreed that wives could refuse to have sex with their husbands and almost half of them did not agree that it was the duty of a wife to respond to her husband's sexual desire. It is important to consider these attitudes when taking care of the victims of DV. It should depend on the victims to plan to solve the problem. Expressing the opinions is to show that they are aware of their rights and to encourage the victims to be out of the unwilling situations and change for better lives [23]. However, attitude to solve the problem that most women agreed is to consult among the family members. This may mean that emphasis needs to be placed on the importance of consulting a professional body from a women's organization to assist in finding a better solution to the problem of DV [24].

The positive aspects of this research include the fact that 50% of the families in target communities were interviewed and that the interviews were conducted by direct interview methods, whereby the team traveled to the communities. The team was well-trained to interview female patients of the emergency room, which is the way other research has been conducted.

However, the weakness of this research is that it is limited to the collecting of information from women only, and therefore only the women's opinions were expressed. This research was only able to collect initial information from the respondents and may not be able to asses clearly the seriousness of the problem. In addition, this study was conducted in slum communities in Bangkok having medium to low socio-economic status. The information received may be different from a group who has a different socio-economic status or from a different location. This research, however, could be applied to other crowded communities or slums which have similar popula-

tion and socio-economic status.

Recommendations for further research are: i) for the problem magnitude, studies should be carried out in Thai families at all social levels to understand the whole problems, not only at a specific level. For causes of the problem, it should study offenders (husbands) to get information about factors leading to DV, and determine what actions would assist in solving the problem of DV. For mental impact, it would be useful to use a detailed questionnaire to estimate the seriousness of the problem. For example, using clinical diagnosis for mental illnesses may help explore the problem more clearly and lead to systematic resolutions of the problem.

Conclusion

A quarter of families studied experienced DV. This reflects that Thai society may lack the awareness on DV problem and its impact. Most of them ignore and accept DV as a norm. Although physical abuse is a criminal offence, most of the offenders still live normally. Further, the victims often defend the offenders because of the family relationship and acceptance of being abused. This may be due to mental factors or other institutes not being able to assist fully.

From the basic information, most of the women with low socio-economic level and low education are facing DV. Most of them live in slum. A low socio-economic level appears to be both the cause and the result. For example, a woman with low socio-economic level has a lower chance of being educated or finding a good job. A low socio-economic woman tolerates the abuse and gradually internalizes it. As it does not often have obvious physical impacts, most victims try to face the problem of DV by themselves, which can cause and increase their mental health problems.

The researcher concludes and recommends as follows:

1. to publish the basic information of the violence found in Thai society to increase the awareness of this problem;
2. to encourage the victims, surrounding community and society to know that DV includes physical as well as mental, psychological and sexual abuse. And to emphasize that physical abuse is a criminal offence, not a family matter;
3. to encourage that the law relating to DV should also focus on mental therapy for the offenders.

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