



The interconnectedness and causes of female suicidal ideation with domestic violence

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Abstract

Although there is a significant body of knowledge about suicide, in particular male suicide, very limited empirical data exist about female suicidal ideation. This theoretical analysis considers the extent to which domestic violence may constitute an underlying cause of female suicidality by examining published literature mainly from Australia. It explores major effects of domestic violence, investigates the prevalence of suicide in women, and then considers the relationships between domestic violence, mental disorders in women, victim-blaming attitudes and female suicidality. The paper suggests that a traditional victim-blaming attitude towards abused women is considerably interrelated with female suicide. It is recommended that female suicidal ideation, which may be caused by domestic violence, needs to be recognised as an important women's and public health issue.

Keywords

women, suicide, suicidal ideation, domestic violence, depression

Introduction

It has been widely recognised that death is the most extreme outcome of domestic violence. In fact, domestic violence is the 'leading contributor to death, disability and illness in Victorian women aged 15–44 years' (Victorian Health Promotion Foundation, 2004). Domestic violence, which affects the lives of millions of women, children and men worldwide (Mishra, 2000) in all socio-economic and educational classes, can result in suicide (Astbury, Atkinson, Duke et al., 2000; Hirigoyen, 2000; Jones, 2000; Taft, 2003). Women who have been abused by their intimate partners are almost four times more likely to have suicidal ideation compared to non-abused women (Taft, 2003). Women are criminal offenders too. Although women's crimes are most often trivial and much less

often violent compared to men's (Pickering & Adler, 2000), very often no clear distinction can be made between victimisation and offending. 'Women who are offenders are also victims of crime, particularly violent crimes' (Pickering & Adler, 2000: 28). According to Walker (1989), many women who killed their abusers initially intended to commit suicide themselves.

In Australia, despite the fact that community awareness of domestic violence has risen significantly over recent decades; that women's refuges have been built; that legislative changes have been made; and that the serious nature of intimate partner violence has been underlined by making it a social and criminal issue (Adler, 1995), suicide rates and homicide rates have remained relatively constant (Mouzos & Segrave, 2004).

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The purpose of this paper is to examine the characteristics and circumstances of female suicide in order to determine how female suicidal ideation may be correlated with domestic violence. It describes some of the major effects of domestic violence not only for abused women, but also for children who are either victimised directly or exposed to the violence. It then investigates the prevalence of female suicide and the risk factors for suicide in general, identifies the interrelationship between suicide and mental disorders in women and, discusses the role that domestic violence was historically thought to play.

The paper also reviews the problematic history of victim-blaming attitudes and their consequences in relation to domestic violence. It also identifies the strong links between victim-blaming and sexual abuse, where women were – and still are – held responsible. Further, it reveals the complex inter-relationship between domestic violence and family homicide.

This paper concludes that female suicide and domestic violence are heavily interrelated. It further suggests that traditional attitudes towards women may prevent professionals adequately responding to victims.

Definition of domestic violence

The most officially recognised definition of domestic violence in Australia is that of the Commonwealth Partnerships Against Domestic Violence. It is, however, a very broad rather than a specific definition, which might cause difficulties in application:

Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in relationship and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation (Indermaur, 2005).

Major effects of domestic violence

Domestic violence, according to feminist scholars is more damaging than street violence because the abuse of power, which occurs in the context of a familial relationship, tends to be more psychologically damaging (Bartol & Bartol, 2005; Stubbs, 2002). Crime victimisation generally has profound emotional

effects and produces fear and anxiety. In addition, domestic violence has a much greater capacity to attack the identity of abused individuals (Bartol & Bartol, 2005; Indermaur, 2005). As a result an individual may lose his or her sense of self-worth (Hobmair, Altenthan, Bettscher-Ott et al., 1997).

The effects of domestic violence are unequally distributed between women and men (Egger, 1997). Women and children are most often sufferers, while men are most often perpetrators. Domestic violence perpetrated by men can have many negative consequences for women and their children, sometimes even before they are born (Campbell, 2001; Taft, 2002). A number of excellent studies have been undertaken mainly in the US and Canada, which provide a rich set of information about the specific vulnerability and victimisation of pregnant women. The studies found that abused pregnant women suffered from gynaecological problems such as placental separation, foetal fracture, rupture of the uterus, and spontaneous abortions as a direct consequence of domestic violence (Bowen, Heron, Waylen et al., 2005; Burch & Gallup, 2004; Fraser, 2003; Pak, Reece & Chan, 1998; Saltzman, Johnson, Gilbert & Goodwin, 2003; Taft, 2002; Taft, Watson & Lee, 2004). Thus, pregnant women may miscarry as a result of domestic violence, and babies may be born with defects and abnormalities due to violence in the homes. Moreover, a number of researchers suggest that abortion may be sought because forced sex by an intimate partner may have resulted in an unwanted pregnancy (e.g. Fisher, Singh, Shuper et al., 2005; Taft, 2002; Whitehead & Fanslow, 2005). As can be seen, there are a number of risks to pregnant women who experience physical and/or sexual violence by their partners. Inevitably, stress related mental illnesses may be the consequence.

Intimate partner violence does not necessarily involve only physical and sexual abuse. It may also include forms of emotional abuse and threats (Stark & Flitcraft, 1996). In a study of 4,500 women who visited surgical emergency services, Stark and Flitcraft found that victimised women tended to experience psychosocial problems in addition to physical injuries. A recent Australian study conducted by Taft et al. (2004) also found that intimate partner violence had a significant impact on women's mental health. Taft and her

colleagues note that women who had recently been abused by their intimate partners were thirteen times more likely to report depression or anxiety disorders. The development of such severe psychological symptoms can be explained by the particularly damaging effect of experiencing fear and anxiety (Indermaur, 2005). Chronic high stress levels may lead to mental health conditions as severe as a Posttraumatic Stress Disorder (PTSD) (Fraser, 2003). For example, a study of 335 abused women in Australia who suffered from mental health problems indicated that almost half of the women who were admitted to the Emergency Department of the Brisbane Hospital had a very long history of domestic violence (Taft, 2003). Almost 50 % of the women presented with symptoms that correspond with PTSD. These findings clearly indicate that women who suffer from intimate partner violence are much more susceptible to mental health disorders associated with PTSD. Furthermore, there is much empirical evidence suggesting an interrelationship of mental health disorders and suicide rates (Caldwell, Jorm & Dear, 2004). Thus, mental health disorders may be a strong risk factor for suicide.

Emotional and physical abuse of mothers can bring enormous distress to children too. Such children not only tend to suffer from developmental difficulties, but also are more prone to teen dating violence (Bancroft & Silverman, 2002; Taft, 2002). Hence, victimisation in childhood may lead on to victimisation in adulthood. For example, Taft notes that a child who has experienced violence by a parent or a carer is almost four times more at risk of being abused in an adult relationship. US studies into dating violence suggest not only correlation increases in teen dating violence but also in teen pregnancy, factors that are related to depression, suicide, substance abuse and school drop out (Bancroft & Silverman, 2002).

It is not surprising, therefore, that the 1995 UN Conference on Women declared domestic violence to be the most fundamental violation of basic human rights (Jones, 2000; Mishra, 2000; Rathus, Rendell & Lynch, 2001) and Amnesty International suggested that violence against women is 'the greatest human rights scandal of our times' (Amnesty International, 2004:1).

A 14-year study of suicide, from 1986–2000, in Western Australia found that of the 3,249 persons who committed suicide, 617 were women. Females in the age groups of 30–34 and 40–44 had the highest rates of suicide (Ministerial Council for Suicide Prevention, 2004). This study suggests that often it is not a single risk factor, which leads to suicide, but rather an interplay of associated causes such as psychological, economical, and demographical factors. It is acknowledged, however, that some risk factors are significantly more influential than others. The most frequently identified risk factor in this study was mental health disorder. The study revealed that 57% of the women who had committed suicide were also diagnosed with a psychiatric illness in the months prior to the suicide. Moreover, it was found that more than half of the female suicide victims had attempted suicide previously. The Ministerial Council for Suicide Prevention emphasises that these findings need to be taken as 'conservative' figures for it is generally acknowledged that people tend to under-report suicide attempts.

Similarly, Caldwell et al. (2004) and LIFE (2000) note that mental health disorders in women and suicide rates are interrelated. Both suggest that the strongest risk factor for suicide can be attributed to mental health disorders. Caldwell et al.'s research focused on regional differences in Australia, which revealed that women from rural Australia in the age group 30–44 had higher suicide rates compared to women in metropolitan areas. These findings are consistent with a study of suicide in Queensland from 1999–2001, where the mortality rates for women were found to be twice as high in remote areas compared to metropolitan areas (De Leo & Heller, 2004). However, in contrast to Caldwell et al.'s study, De Leo and Heller found evidence to suggest that the highest suicide rates for females were in the age group 25–34. Interestingly, suicide rates for Aboriginal women were found to be not significantly higher compared to non-Aboriginal women.

Abused women and psychiatric disorders

For centuries it was considered that women's biology, the feminine personality, and jealousy of men made females distinctively susceptible to mental ill health (Hobmair et al., 1997). Moreover, it was believed that the feminine psychopathology was the original cause of

domestic violence and dysfunctional families (Taft, 2003; Walker, 1989). Early scientists who followed the Freudian theory considered women in general to be prone to hysteria, which originated from their problematic dualism of penis envy and the way their reproductive functions influenced their state of mind (Hobmair et al, 1997). Helene Deutsch, a German psychiatrist, had further developed the connections between women's sex-roles and unresolved conflicts in childhood, and had argued that these connections lead women to 'penis envy and masochism' (Hobmair et al., 1997). These early theories, according to Hobmair et al. and Taft have heavily influenced the mental health professions and their understanding of depression. Not surprisingly, mental health problems in women were also considered to be the cause of domestic violence (Taft, 2003).

Jones (2000) refers to a US study in 1988, where abused women's medical records were examined. They found that psychiatrists often mislabelled patients, mistaking the after-effects of domestic violence for personality disorders. The study revealed that psychiatrists had perceived their female patients to be inherently dependent, passive, self-defeating or masochistic, and labelled them as 'hysteric', 'neurotic', 'hypochondriac', and 'crock' (p. 147). Moreover, it was found that suicidal women were prescribed sedatives and tranquilisers, but not offered any support (Jones, 2000). As can be seen, medical professionals in this study did not seem to acknowledge that domestic violence inflicted by the female patients' male partners had any relevance but rather attention was on women's pathology alone and not considered to be correlated with the violence at home.

The second wave of the women's movement, which started in the beginning of the 1960s not only criticised patriarchy openly and demanded social reforms, but also lifted the lid on feminine vulnerability in the home (Jones, 2000; Lake, 1999; Walker, 1989). Feminist researchers such as Walker challenged common beliefs of psychiatrists and psychologists by associating mental illnesses of abused women with the violence at home. Walker devoted attention to abused women and adapted the 'learned helplessness theory' developed by Seligman (Walker, 1989) to explain these women's actions and reactions to domestic violence.

Domestic violence and suicide

Clear evidence has been found to suggest that women who have been abused by their intimate partners are almost four times more likely to have suicidal tendencies compared to non-abused women (Taft, 2003). Taft comments that abused women who were in refuges or hospitalised at the time of the surveys were found to have higher tendencies towards suicidal ideation. In addition, Boyce, Carter, Penrose-Wall et al. (2003) refer to a recent meta-analysis of studies conducted in Australia, which found a clear association between the likelihood of attempted suicide and a history of sexual abuse among female hospital patients. Women who had been sexually abused during their childhood had significantly higher rates of serious, sometimes repeated, suicide attempts. The study also reported that women were twice as likely to attempt suicide as men, a rate that according to Boyce et al. (2003) may well be underestimated.

Walker (1989) argues that in her studies many women who had killed their abusers reported that initially they had intended to commit suicide. Thus, at some point in an abusive relationship the violence may be ended either through suicide or homicide (Walker, 1989). However, it can be assumed that the majority of abused women neither commit suicide nor kill their partners. Domestic violence and suicidal ideation tend to be very complex issues with additional situational factors that influence an abused woman's risk to attempt suicide. Therefore, it is fair to suggest that many women may suffer silently for years. Taft (2003) suggests that the abuse may only be discovered when victimised women attend hospitals or visit their GPs (Taft, 2003). For example, an Australian study of 335 women who were admitted to the Emergency Department of the Brisbane hospital for mental health problems indicated that almost half of the women had a very long history of domestic violence (Roberts, Lawrence, Williams & Raphael, 1998). Some of these women, Roberts et al. note, had experienced abuse as children; others suffered intimate partner violence without a history of childhood abuse. Not surprisingly, the study revealed that those women who were diagnosed with the most severe psychiatric disorders, such as phobias, anxiety, and depression, were those who had experienced both - childhood abuse as well as

adult domestic violence. In addition to mental health problems, it was found that these women had high drug dependences and harmful levels of alcohol consumption. Over forty eight percent of the women also met all the criteria for PTSD. These findings are consistent with those from an Adelaide study, where 100 women who left refuges were surveyed (Taft, 2003). In addition to meeting the diagnosis of PTSD, 45 of these women reported having a partner who they believed could have killed them. All these studies clearly indicate that women who suffer from domestic violence are much more susceptible to mental health disorders so severe that they not only meet the PTSD diagnostic criteria but may attempt suicide.

Victim-blaming: The relationship to domestic violence

Domestic violence, combined with victim-blaming attitudes from family, friends, and professionals, may result in abused women contemplating suicide. The following section analyses how the perceived factors of humiliation, control and coercion in intimate relationships can impact on abused women and why popular cultures of victim-blaming are most dangerous to women. The strong links between victim-blaming and sexual abuse are explored.

The history of victim-blaming

In the years following World War II the new discipline 'Victimology' was introduced (Mawby & Walklate, 1994). Victimology as a study of victimisation focuses on the role of a victim in the perpetration of a criminal offence. Early Victimologists such as Mendelsohn and Von Hentig created typologies of victims and classified them according to the extent to which the victims were believed to have contributed to the perpetration of the crime, and concluded that most victims of crime had 'an unconscious aptitude for being victimised' and that victims would provoke offenders. The female sex in particular was described as 'another form of weakness recognised by the law' and having 'a death wish' (Walklate, 1989: 3-4). Consequently, the theory, that most crime victims would contribute either actively or passively to their victimisation was established, and it was generally believed that victim precipitation was the causal factor of crime. Moreover, studies of the causes of homicides led to the notion that victim-

precipitated homicides were caused by the unconscious desire of the victims to commit suicide (Faulkner, 2002).

As can be seen, these early typologies clearly implicate victim precipitation as a degree of responsibility for victimisation, which suggests that they had to take responsibility for the crime, even if they contributed to it unknowingly. This is commonly referred to as 'victim-blaming'. Although the notion of victim-blaming was criticised by feminist groups in the early 1970s as well as researchers (Fattah, 1999; Faulkner, 2002), the belief that victims contribute to their victimisation remains a common public attitude (Calder, 2001; Walker, 1989). Such women-blaming tendencies are particularly damaging in relation to domestic violence.

Domestic violence and victim-blaming

Along with the women's movement in the 1970s social factors began to be considered as playing a role in women's mental illnesses in general (Taft, 2003). Many studies have been conducted since about domestic violence, which have revealed that domestic violence does occur between both partners. Men and women, it has been found, are almost equally violent and therefore the problem is located in the dynamics of the two adult partners. As a result, many professionals have turned their attention to the abused women in their post-victimised states, and have analysed these women in different ways in order to find explanations for their vulnerability. Jones (2000) argues that consequently, women are often sent to marriage guidance counselling, and therapy to practice interpersonal, and communication skills, as well as to raise the level of their distorted self-esteem (Jones, 2000). Further, she explains that these practices are justified due to the notion that the occurrence of domestic violence is a result of abused women's failure to maintain family stability or to meet their partner's demands. Such attitudes clearly are rooted in assumptions of traditional gender-roles, which suggest that abused women fail to prevent domestic violence (Dwyer & Strang, 1989), which inevitably may lead to victim-blaming, also among professionals. Baker (2003:33) reported that young Australian girls in her study tended to believe that 'women in a post-feminist era of equality and opportunity have no excuses [for being abused].' Not surprisingly, abused girls and women may feel

personally responsible for the violence, which, according to both Jones and Baker, can lead to an increase of feelings of fear and helplessness. In this context it can be argued that emotional instability caused by domestic violence, along with victim-blaming practices of professionals, may lead to suicidal ideation in victimised women.

Conclusion

This paper has considered the adverse effects of domestic violence and investigated the extent to which it may constitute an underlying cause of female suicidal ideation. While it is clear that there is more than one simple cause behind a woman's decision to suicide, particular focus was placed here on factors that contribute to domestic violence. Strong evidence has been found to suggest that domestic violence often results in depression and other forms of mental illnesses such as PTSD, which can subsequently lead to suicide. Thus, this paper clearly indicates that violent behaviour by an intimate partner may cause mental illnesses, and can lead to suicidal ideation in victimised females. Moreover it has been established that abused women often suffer from mental illness as a consequence of domestic violence and do not provoke domestic violence because of mental disorders.

Historically rooted victim-blaming attitudes seem to be still dominant. It is important to recognise that these established prejudicial attitudes towards abused women may increase the risk of them becoming suicidal. To help abused women overcome problems they are facing due to violence in their relationships, professionals need to be aware of all areas of the problem, including victim-blaming attitudes. Thus, by giving attention to the personal areas affected, as well as attitudes towards abused women, professionals may further strengthen and empower them to escape from violent relationships.

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