

The Prevalence of Domestic Violence within Different Socio-economic Classes in Central Trinidad

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ABSTRACT

Objectives: Domestic violence is a medical and social issue that often leads to negative consequences for society. This paper examines the association between the prevalence of domestic violence in relation to the different socio-economic classes in Central Trinidad. The paper also explores the major perceived causes of physical abuse in Central Trinidad.

Subjects and Methods: Participants were selected using a two-stage stratified sampling method within the Couva district. Households, each contributing one participant, were stratified into different socio-economic classes (SES Class) and each stratum size (or its share in the sample) was determined by the portion of its size in the sampling frame to the total sample; then its members were randomly selected. The sampling method attempted to balance and then minimize racial, age, cultural biases and confounding factors. The participant chosen had to be older than 16-years of age, female and a resident of the household. If more than one female was at home, the most senior was interviewed.

Results: The study found a statistically significant relationship between verbal abuse ($p = 0.0017$), physical abuse ($p = 0.0012$) and financial abuse ($p = 0.001$) and socio-economic class. For all the socio-economic classes considered, the highest prevalence of domestic violence occurred amongst the working class and lower middle socio-economic classes. The most prominent reasons cited for the physical violence was drug and alcohol abuse (37%) and communication differences (16.3%). These were the other two main perceived causes of the violence. The power of the study was 0.78 and the all strata prevalence of domestic violence was 41%.

Conclusions: Domestic violence was reported within all socio-economic class groupings but it was most prevalent within the working class and lower middle socio-economic classes. The major perceived cause of domestic violence was alcohol/drug abuse.

Keywords: Domestic violence, socio-economic groups

Prevalencia de la Violencia Doméstica en Diferentes Clases Socio-económicas en Trinidad Central

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RESUMEN

Objetivos: La violencia doméstica es un serio problema médico y social que a menudo conduce a consecuencias negativas para la sociedad. Este trabajo examina la asociación entre la prevalencia de la violencia doméstica en relación con las diferentes clases socio-económicas en Trinidad Central. El trabajo también explora las principales causas de abuso físico en Trinidad Central.

Sujetos y Métodos: Se seleccionaron los participantes usando un método de muestreo estratificado en dos etapas, en el distrito de Couva. Las casas – cada una de las cuales aportó un participante – fueron estratificadas en diferentes clases socio-económicas (clase ESE) y el tamaño de cada estrato (o su porción en la muestra) fue determinado por la porción de su tamaño en el marco de la muestra total. Entonces sus miembros fueron seleccionados aleatoriamente. El método de muestreo perseguía equilibrar y luego minimizar los sesgos raciales, culturales y de edad, así como los factores de

confusión. El participante escogido tenía que tener más de 16 años de edad, ser mujer, y residir en una casa. Si en la casa había más de una mujer, entonces se entrevistaba a la mayor de ellas.

Resultados: *El estudio encontró una relación estadísticamente significativa entre el abuso verbal ($p = 0.0017$), el abuso físico ($p = 0.0012$), el abuso financiero ($p = 0.001$) y la clase socio-económica. Para todas las clases socio-económicas consideradas, la prevalencia más alta de violencia doméstica ocurrió entre la clase obrera y las clases medias socio-económicas más bajas. Las razones más sobresalientes citadas para la violencia física fueron las drogas y el abuso del alcohol (37%), y las diferencias en la comunicación (16.3%). Éstas eran las otras dos causas percibidas principales de la violencia. El poder del estudio fue 0.78 y la prevalencia de todos los estratos en relación con la violencia doméstica fue 41%.*

Conclusiones: *Se reportó violencia doméstica dentro de los grupos de clases socio-económicas, pero se presentaba con mayor frecuencia entre la clase obrera y las clases socio-económicas medias más bajas. La principal causa de violencia doméstica fue el abuso del alcohol y las drogas.*

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Palabras claves: Violencia doméstica, grupos socioeconómicos

INTRODUCTION

“Domestic violence is any act committed within the family by one of its members, which seriously impairs the life, body, psychological well-being or liberty of another family member” (3). Domestic violence may be seen as criminal or non-criminal behaviour and includes acts of physical violence (assault), psychological abuse, financial abuse and sexual abuse. Domestic violence is a significant medical and social issue that has considerable impact on the health and welfare of both adults and children. Although it tends to be viewed as a family concern, the ideal should be to see it as a societal problem. It has been suggested that domestic violence has escalated in Trinidad.

The aim of this study is to determine the prevalence of domestic violence within different socio-economic classes and hence show the relationship between social class/income level and domestic violence. This research sought to look not only at the complexity of problems associated with domestic violence but also discussed some interventions that can be implemented to reduce this problem.

It has been postulated that with domestic violence, educational level, religion, socio-economic status or age does not distinguish men who abuse women (1). The World Health Organization (WHO) states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2). Domestic violence does not allow for complete physical, mental and social well-being but ensures that its victim’s well-being is disturbed at every level. It is for these reasons among others that domestic violence is a medical and social issue.

Some effects of sexual abuse are: sexually transmitted diseases such as Acquired Immune Deficiency Syndrome (AIDS), unwanted pregnancies, miscarriages and loss of healthy sexual relationships (4). While psychological abuse includes criticism, verbal abuse (cursing, demeaning words), isolation from family and friends, extreme jealousy/possessiveness and destruction of personal items. Its effects mani-

fest as low self-esteem, indecisiveness, depression, frustration, embarrassment and a breakdown in healthy communication. Financial abuse would include the withholding or deprivation of funds for essential needs, gambling away the housekeeping money, purposely building debts and selling of necessary household items. Consequences of financial abuse include loss of dignity, restricted lifestyle, lack of basic human needs (eg clothes, food) which can eventually lead to malnutrition.

Domestic violence also leads to a loss of productivity in the society and to a loss of income within the family. It is due to this lack of income that there may be a tendency for the children in such families to refrain from attending school, resulting in a low level of education and hence difficulty in obtaining employment. Another consequence of this problem could be juvenile delinquency, substance abuse, prostitution, theft and increased crime rates (5). Domestic violence also leads to dysfunctional families where there is a breakdown of healthy communication among family members causing relationships to be damaged and severed (6). It also impacts on medical manpower and resources as a result of the increased demand for the allocation of funds to provide medical resources for its victims (7).

It has been estimated, worldwide, that at least two million women are assaulted by their partners each year (8) and that one in four women will experience domestic violence in their lives (9). According to a report by Amnesty International, women are beaten and raped by their boyfriends and husbands in every country and many also suffer violence after being sold for their labour, traded into marriages or forced into human trafficking networks (10). Worldwide, estimates of women reporting being hit or physically harmed by an intimate male partner in their lifetime, range from 10–50% (11). Pregnancy provides no safeguard (12) and Eisenstat and Bancroft noted that pregnancy is a risk factor in domestic violence with every one in six pregnant women in their study being abused (13).

Children in violent households are at a greater risk of being injured than children who do not live in such homes by about three to nine times more, either directly or while trying to protect their parent. The mother will also be the victim in 60% of these child abuse cases (14).

With special reference to the Caribbean, Amnesty International, said *“right here in the Caribbean we experience almost on a daily basis brutal attacks on women by cutlass wielding spouses.”*

In Trinidad, data were sourced from the Domestic Violence Hotline for the year 1998 where 2611 calls were received. The highlights of the findings were that 84% of the clients accessing the Hotline for 1998 were women while 16% were men. Also, for the year 1998, emotional abuse represented 53% of all the calls made to the Hotline, compared to 41% of cases of physical abuse and 6% for sexual abuse.

The authors here acknowledge that women may also be perpetrators of domestic violence, however, for this paper, violence against men was excluded.

SUBJECTS AND METHOD

The study area chosen was Couva, located in central Trinidad. This area was chosen because of the mixed socio-economic grouping of the community.

The study method that was used was a cross-sectional one designed to investigate the prevalence of domestic violence. In the sampling procedure, a two-stage stratified random sample was used to obtain suitable subjects.

Participants were selected using a two-stage stratified random sampling method within the Couva district. Households, each contributing one participant, were stratified into different socio-economic classes (SES Class) and each stratum size (or its share in the sample) was determined by proportion of its size in the sample frame to the total sample; then its members were randomly selected. Our sampling frame was 884 houses.

The participants chosen had to be older than 16-years of age, female and resident of the household. If more than one female was at home, the most senior was interviewed.

Data were collected using a 36-item questionnaire that provided information on demographics, family structure, salary range, alcohol consumption, history of the abuse, cause of disputes, frequency of abuse, counselling and future of the relationship. The questionnaire also helped to classify the individuals within the different socio-economic groups by using the data on salary range. Socio-economic classes were defined using the following economic parameters which related to acknowledged income per year. The “working class” were those that earned less than \$4999 per year; lower middle-class earned \$5000–\$19 000 per year; middle class earned \$20 000–\$80 000 per year and the upper middle class were those who earned more than \$80 000 per year.

The null hypothesis for this study was that there is no difference in the distribution of domestic violence in the dif-

ferent socio-economic (class) groups. The alternate hypothesis is that there is a difference.

The study was conducted only after it was approved by the Ethics Committee of the Faculty of Medical Sciences, The University of the West Indies, St Augustine. The data were analysed using Epi Info 6.04 (CDC Atlanta). The association between socio-economic class and domestic violence was determined using a chi square (χ^2) test. Specific calculators for power and expected sample size were used to determine the power of the sample and the accuracy of the calculated sample size. In each calculation, a proportion difference of 10% was maintained between what was expected and what we would have liked to obtain. This kept the calculations consistent when using the calculator.

The abused persons, who were interviewed, were given the contact numbers of various organizations that could provide help (3).

RESULTS

Those selected for the sample consisted of 390 females from six communities within the Couva area. However, the 26 respondents who did not state their income level were excluded from the analysis. The mean age of the final sample was 39.7 years.

The distribution of the respondents within their socio-economic classes is as follows. Of the sample of 364 females, 44% were from the middle class group, 28% from the lower middle group, 19% from the upper class and 8.0% from the “working class” income group. The majority of the respondents were from the age group 38 – 48 years (38.7%). There was a predominance of East Indians within the sample population (60.0%). The highest level of education gained by most of the respondents (58.0%) was “secondary school education”.

The all-strata prevalence derived for verbal abuse was 9%. The prevalence for all the types of abuse in the working class was 11.3%, for the lower middle class, 44.2%, for the middle class, 36% and the upper middle class, 17.6%. This percentage is derived from women reporting, in all strata and in each individual stratum, positively for at least one form of domestic abuse or who answered ‘YES’ if they admitted to being abused, divided by the total interviewed in all strata and in each individual stratum respectively. The calculated percentages are thus for total abuse in each stratum and all strata, keeping in mind that a woman could have contributed more than once to a particular type of abuse as the following calculation shows: $41+161+131+64 = 397$, Table 1.

Table 2 shows the percentage of respondents who experienced physical, financial and verbal abuse as well as the prevalence of each type of abuse within the different socio-economic classes. The results were statistically significant for verbal abuse ($p = 0.0017$), financial abuse ($p > 0.001$) and physical abuse ($p = 0.0012$). The table also shows that of all the socio-economic classes considered, the highest prevalence of domestic violence occurred amongst the work-

Table 1: Prevalence of abuse in each class group

Type of Abuse	Working Class		Lower middle Class		Middle Class		Upper middle Class		p-value
	n	%	n	%	n	%	n	%	
Verbal	17	41.4	73	45.3	70	53.4	33	51.6	0.0017
Financial	12	29.3	34	21.1	18	13.7	5	7.8	0.001
Physical	12	29.3	54	33.5	43	32.8	26	40.6	0.0012
Total	41		161		131		64		
Power	0.91		0.76		0.75		0.83		
Number calculated	363		361		366		366		
Beta Value	0.22		0.24		0.25		0.17		
Total prevalence within each strata		11.3		44.2		36		17.6	

Table 2: Types of abuse experienced by abused person's socio-economic group

Type of Abuse	All		Working Class		Lower middle Class		Middle Class		Upper middle Class		p-value
	n	%	n	%	n	%	n	%	n	%	
	Verbal	193	49.5	17	58.6	73	67.6	70	44.3	33	
Financial	135	34.6	12	41.4	34	31.5	18	11.4	5	7.2	0.001
Physical	69	17.7	12	41.4	54	50	43	27.2	26	37.7	0.0012

ing class and lower middle socio-economic classes. It can also be seen from the results of Table 2 that persons in the lower middle socio-economic class experienced the most amount of physical abuse (50.0%). Women in the lowest socio-economic group experienced the greatest degree of financial abuse (41.4%) when compared to the lower middle class (31.5%), middle class (11.4%) and the upper middle class (7.2%). With regards to verbal abuse, of the 364 persons interviewed, a large number of individuals reported being verbally abused (53.0%). Those in the lower middle class reported the highest prevalence of verbal abuse (67.6%). The lower middle class showed the greatest prevalence for physical, financial and verbal abuse combined.

Table 3 shows that the most common cause cited for physical abuse was drugs and alcohol (37.0%), followed by

infidelity (19.3%) and then culture and lifestyle (16.3%). In the lower class, 50.0% of the abused persons identified drugs and alcohol as being the main cause of the dispute while 25% indicated unemployment/financial constraints as their reason and the other 25% gave culture and lifestyle as theirs. No one cited pregnancy as a reason for their abuse. Table 4 addresses the issue of frequency of abuse and shows that 32% of those abused, experienced this abuse once or twice per week.

With regard to those who sought counselling, the following was the situation: 60% decided to stay together; 13% proceeded to divorce and 8.9% decided to separate. For those who had no counselling, the following was the situation: 53% decided to stay together, 10% proceeded to divorce and 14% decided to separate.

Table 3: Reasons for the abuse as perceived by the abused person by class

Reasons	Working class		Lower middle class		Middle class		Upper Middle class		Total	
	n	%	n	%	n	%	n	%	n	%
Alcohol and drugs	6	50	22	40.7	15	34.9	7	26.9	50	37
Infidelity	0	0	16	29.6	10	23.3	0	0	26	19.3
Culture/lifestyle	3	25	5	9.3	5	11.6	9	34.6	22	16.3
Educational level	0		3	5.6	3	7	3	11.5	9	6.4
Unemployment	3	25	3	5.6	2	4.7	0	0	8	6
Other	0	0	5	9.3	8	18.8	7	26.9	20	14.8
Total	12		54		43		26		135	

Table 4: Frequency of the abuse by socio-economic class

Frequency of abuse	Working class	Lower middle class	Middle class	Upper middle class	Total	
					n	%
< once per week	7	28	28	20	83	61
1–2 times per week	4	22	11	6	43	32
> thrice per week	1	4	4	0	9	7
Total	12	54	43	26	135	

DISCUSSION

The results of this study indicate that the prevalence of domestic violence was dependent on the class to which the individual belonged, thus refuting the null hypothesis. The greatest prevalence of domestic abuse demonstrated in this research was within the “working class” and lower middle socio-economic classes. This held true regardless of the type of abuse. The percentage of women who reported being abused fell within the range given by the World Health Organization for domestic abuse of women [16%–52%] (6). When all the types of abuse were taken together, verbal abuse represented 49.5%, financial abuse 34.6% and physical abuse 17.7%.

The power (0.78) of the sample, all groups considered, is strong, because there was a good response rate and only 26 persons were excluded from the selected sample. The sample of 364 persons was chosen from a population of 884 and the all-strata projected sample size calculated, using an all-strata prevalence of 0.41 (364/884) and beta value of 0.22, was actually 364. There was also an adequate distribution of persons within the various class groups. The major perceived cause of domestic violence was drugs and alcohol abuse which was reported by 37.0% of the women. As in this study, Caetano *et al* reported that 30%–40% of the men who perpetrated violence against their partners had been drinking at the time (15). These studies lend support to the data that was obtained, reinforcing the fact that drugs and alcohol abuse are major contributing factors to domestic violence (6, 16). Infidelity was the second most common perceived cause (16.3%) of violence. For the lower and middle class individuals though, they perceived this to be the most significant contributing factor to domestic violence.

In terms of this paper, communication differences included differences in opinion, lifestyle patterns and lack of communication. It was seen as the next most important contributing factor (16.3%) for domestic violence. Thus, the perception that domestic violence will result from simple differences is not unfounded. Communication was also an important factor in Rawlins’ study of two communities in which 22% of the respondents cited lack of communication as a key factor in situations of domestic violence (6).

From this study, the middle and upper middle classes had the greatest frequency of counselling with the “working” and lower middle having the least. However, of all the socio-economic classes, the upper middle class was more likely to seek counselling with their partner. The upper class as well as the middle class resorted to psychological counselling as their major source of counselling. However, it should be noted that the working and lower middle classes chose other means of counselling such as religious counselling and drug rehabilitation.

In summary, the “working class” and lower middle income classes showed the greatest prevalence of domestic violence. Alcohol and drug abuse were found to be the major perceived cause, followed by infidelity and then communication difficulties.

In terms of limitations of this research, the size of the sample used might have been too small. However, when using the projected sample size needed to make the study valid, taking each stratum into consideration, it was found that the numbers needed for each strata was quite close to the overall sample size of 364 (Table 1).

The prevalence value that was used to calculate the sample size was based on international prevalence rates and was used because there was not, at that time, another value for the prevalence of domestic violence within different socio-economic groups in the Caribbean, Trinidad or other developing countries. Additionally, some respondents might not have stated their true income.

In conclusion, proposed recommendations suggested to reduce the prevalence of domestic violence include the following; the community should be provided with the necessary services to reduce the battering of women and children. These services can be provided by doctors, nurses, teachers and other community health personnel. There should be more counselling facilities for abused persons. There should be more public opportunities for women to speak out about their problems and more rehabilitation centres.

All cases should be reported to the Police, Media and the Rape Crisis Centre either by the victim, doctors or anyone who is aware of what is happening. The government should implement measures such as drafting appropriate legislation

and enforcing the law to foster equality, promoting equal opportunities and human rights, offering economic opportunities to ensure economic independence and providing child support and improving social policies.

The avoidance of harm should remain a primary goal in violence against women. This is precisely why there is a need for high quality studies to determine which interventions are helpful for women who are experiencing violence or other abuse in their lives (17–19).

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