



Violence against women and suicide

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Schedule...



- Study 1: cultural meanings of suicide among young Indians, Italians and Australians
- Study 2: Barriers to help-seeking among Indian immigrant women
- Other literature
- Final thoughts



Study 1



Italy

Often participants expressed the idea that there are differences between young M and F for the method of suicide (i.e. men use more lethal, violent and “fleshy” methods) and/or causes, reasons, and predisposing factors.

A few F and fewer M also thought that M do not talk about their emotions and problems, whereas F do so. For instance:

IT82f: <<Maybe they [suicides] are more frequent in males...because, at sense, they are people more alone because in general when they have some problem, they find it more difficult to talk about it, compared to women that almost do nothing else that that [talk about their problems] when they are together>>

IT181m: <<I believe there are more females who are able to not kill themselves. The reason is that girls are able to externalize more easily their emotions and thus to get over these>>.



Australia

Some students indicated differences in methods or causes and co-factors of youth suicide. Both genders suggested that M use more lethal and violent methods than F (usually guns vs. pills).

Australian M and F participants reported an almost homogenous belief about factors that might drive M and/or F to kill themselves, i.e. both M and F indicated that women have more social support and talk to other people about their emotions whereas men, for their social role, keep their feelings to themselves and do not seek help.

Examples are:

AU46m: <<Males commit probably because the male gender role does not accommodate talking as normal as female gender role [does]>>

AU161m: <<I'd say there would be more male youth suicide - our culture doesn't exactly encourage males to be open with their problems>>

AU171m: <<Yes. Reasons for suicide are different. Males probably [are] more likely to commit successful suicide as a result of societies' view towards emotions from men>>.



India

Many Indians expressed the idea that young M and F suicides differ in the causes.

Both F and M reported differences by gender both for the kinds of problems which might lead to suicide (typically harassment -including sexual- unwanted pregnancy and dowry in F and financial problems or lack of achievement in M) but also because in general life is more difficult for Indian F. This was well expressed by a participant:

IN17f: *<<Female rate is higher since they have more to cope with because of just being female>>.*

A belief that, although rare, was present exclusively in the Indian sample was that F might be forced to kill themselves, for example:

IN34f: *<<Yes, males usually have egoistic suicides but females have usually altruistic suicides (i.e. society makes them to commit suicide)>>.*

IN194f: *<<Females are forced more to commit suicide than males. May be dowry or other lots of problems>>.*

A few other participants reported that women cannot express their emotions, e.g.:

IN40f: *<<Males tend to be more successful, as females are taught to repress their emotions and their sorrows>>.*



Focus groups data and ethnography

Indian participants saw important reasons for youth suicide as gender specific, in particular suicide was linked to violence/harassment against women and to a social view of women not only as inferior but as "the one to blame" for whatever happens to them (e.g. be raped, pre-marriage sex not followed by marriage) and to others (e.g. death of husband or misbehaviour of children). Exclusively in the Indian sample, and across methods, a few participants indicated that women cannot express their emotions and that in some instances F might be forced to kill themselves.

History- Suicide of women in India has an ancient root: there have been recorded episodes of *jauhar* (or *johar*), a mass suicide of women to avoid molestation by the invaders (Venkoba Rao, 1975; Vijayakumar, 2004), which has been defined by Carstairs (1955) a "mass suttee".

Suttee (i.e. widow burning, spelled also sati or satee, in which the widow follow the dead husband in the funeral pyre): a custom that existed also in other cultures such as Chinese but has characterized in particular Hinduism.



श्री राणी सती दादीजी

The story of Savitri and Satyavan



(From the cover): "Regardless of what they may have to suffer, chaste and devoted wives will ultimately bring triumph to their loved ones and themselves. Draupadi's goodness would ultimately deliver them from their misfortunes, just as the caste Savitri's staunch devotion to her husband to Satyavan brought good fortune, not only to her parents and her husband's parents, but also to her own self".



Study 2: domestic/family violence



Violence against women is now widely recognized as a significant global problem, a major public health concern and one of the most widespread violations of human rights (Eng et al. 2010).

The perpetrators of the violence are often well known to their victims and, in particular, domestic violence "continues to be frighteningly common and to be accepted as "normal" within too many societies" (WHO, 2005)

PHYSICAL VIOLENCE

- Slapping
- Pulling Hair
- Punching
- Physical Attack
- Bruising
- Broken Bones
- Death

EMOTIONAL VIOLENCE

- Dominance of in law, unsupportive hb, dowry taunts
- Abused, devalued for producing female child, son birth protective against suicide, female feticide, murder of girl child M:f =1:0.8
- Verbal Abuse
- Infidelity accusations
 - Ignored
- not appreciated, or valued or respected
- Arranged marriage, hb has another woman , unsupported, alone

SEXUAL VIOLENCE

- Marital rape
- Forced to have sex to produce sons
- Incest , sexual abuse by relatives, family friends
- Sexual abuse by authority figures of society

FINANCIAL ABUSE

- Withholding money, not allowed independence



Domestic violence (physical, sexual, and emotional) and other forms of sexual violence and coercion are well known to be substantial and widespread, with women more likely than men to be abused by partners and other family members.

Higher risk of violence is found in societies with traditional gender norms and roles, unequal distribution of power and resources between M and F, a normative use of violence to resolve conflicts, and cultural approval of (or weak sanctions against) violence against women (VicHealth, 2011; WHO, 2011).



In India, population-based studies have reported concerning rates of domestic violence by partners and other family members and there is some evidence that this is true also for immigrant Indian women.



Participatory action research: performance ethnography

This project aims to explore the social and cultural aspects of domestic violence as perceived by Indian women living in Melbourne and barriers to accessing services.

PROMOTING FAMILY HARMONY SAFETY and WELL BEING

Please join Australia India Society of Victoria, The University of Melbourne, Drummond Street Relationships & Third Way Theatre.

Help us to support our community to understand the issues behind domestic violence and find the best ways to tackle this problem, present in most cultures.

WE USE GROUP DISCUSSIONS AND THEATRE
NO ACTING EXPERIENCE IS NECESSARY!

You just need to be a woman of Indian background, engaged about the topic and able to volunteer some of your time to build short plays to be performed in the community.

We are running 3 intro sessions as tasters...so please come along and find out more.

Time: march 2011

Where: location to be confirmed

RSVP-manjulao@unimelb.edu.au or 0419354482

FUNDED BY LSB and AISV.

A PARTNERSHIP BETWEEN:





Method

Indian immigrant women took part in focus group discussions and forum theatre workshops to produce short plays, based on the research data, that were then presented to the larger audience to elicitate further data.



Preliminary results

Participants indicated the presence of several forms of domestic/family violence in their community and, at the same time, discussed attitudes that sustain such practices and barriers to receiving help and accessing services.



Forms of violence...

Physical:

"I'm going to punch her because she doesn't listen, but she's going to listen this (the punch)".

Sexual:

Make woman having sex without her consent

Verbal:

"men use foul language, insult women in front of the society, say abusive words about the girl's family."



Emotional:

"For everything happening in their life, woman is blamed, whether they can't find a home, whether he has had a car accident and eventually she becomes convinced of that genuinely believe that it is her fault".

"If a man is violent and the woman leaves him, he can get another wife in India and bring her here without a sponsor or PR so that if she complain he sends her back".



Financial:

husband wants to monitor his wife money and even control the financial resources, not give money to spend on herself or question her for everything.

Also dowry:

"you pay this much money to get your daughter there in Australia and your daughter will have to do this for my son".



Social:

"For a woman it is like even this a man is physically abusing me, I can't divorce him because what would people think of me, I'm going to lose friends, my place at work."

"Society abuse is the biggest abuse in India community. The fear of society never makes you change the things that are happening in your life".

And be blamed for it:

"Because if you go talk about the issue to someone, they would say you are failure, you failed in your marriage". " People say there must be something wrong with her, that is why the husband is beating her"



Religious:

not letting her go to the temple, not let her pray, not let
her cook food to offer to God



Suicide

"I have a friend who couldn't have children and she committed suicide because her in-laws were looking for another bride for their son"

Suicide as the only way out, to "stop the violence", because you are already "socially" dead...



Suicide

Witness: "her husband was beating her like anything. She was black and blue. And her son committed wanted to commit suicide. He cut his artery and after this the police came."

DV towards elderlies (e.g. mother/father in law): "They (married couple) are doing things to an extent where the mother-in-law and father-in-law are committing suicide".



Several studies have highlighted the impact of violence against women, particularly domestic/family violence, on physical and mental health (e.g. (Coker et al, 2000; Ellsberg et al, 2008) including suicidal behavior (Chowdhary & Patel, 2008; Davar, 2003; Devries et al., 2011; Ellsberg, et al., 2008).



WHO study in 13 worldwide sites showed that intimate partner violence, non-partner physical violence and having a mother who was exposed to IPV were the most consistent risk factors for suicide attempts after adjusting for common MH problems (Devries, 2011).



Domestic violence, forced/ arranged marriage, honor related issues, sexual and physical abuse have been found relevant for Indian women who migrated to Europe.

More in general, researchers and service providers have brought attention to the higher levels of violence experienced by women from Culturally and Linguistically Diverse background (Bonar, 2006; Erez, 2000; O'Donnell, Smith, & Madison, 2002). Walker (1999, p.26) has argued that "migration from one country to another seems to foster isolation that breeds more domestic violence no matter where a woman lives".



Immigrants from Turkey in **Switzerland** who had attempted suicide: almost a quarter of the females mentioned violence in family and partnership as the main problem (Tarik, 2008).

Perceived causes of suicide attempts were examined in 180 ethnic South Asian women living in the **London** area. The 3 factors endorsed most frequently and strongly as causes of suicide attempts in South Asian women were violence by the husband, being trapped in an unhappy family situation, and depression (Hicks & Bhugra, 2003).



"Newly married couples even in the UK may share the house with the groom's family having little or no space of their own and under such conditions the cultural expectation is that the bride will make all the compromises thereby contributing to the stress. (...) These systematic social, economic and cultural pressures are more likely to affect the females than their male counterparts."

Bhugra et al, 1999, Attempted suicide in west London



4527 adolescents of Dutch, South Asian-Surinamese, Moroccan, and Turkish origin in the city of Rotterdam, **The Netherlands** (van Bergen et al, 2010).

Although these factors did not fully explain the vulnerability of Turkish and South Asian-Surinamese females, physical and sexual abuse contributed to non-fatal suicidal behavior of females across ethnicities.



Young immigrant women in the Netherlands demonstrate disproportionate rates of suicidal behavior. This study investigated the origins of suicidal behavior in South Asian-Surinamese, Turkish, and Moroccan immigrant young women who had received MH care in order to identify ethnic- and gender-specific patterns of suicidal behavior.

Suicidal behavior was influenced by the ability and right to act autonomously with regard to strategic life choices, as well as by the questioning of cultural values of self-sacrifice and protection of honor (van Bergen et al, 2011).



ATTEMPTED SUICIDE AND SELF-HARM in SOUTH ASIAN WOMEN in UK
(Chantler et al., 2010).

Interviews with senior managers, workers, survivors of
attempted suicide and self-harm and South Asian
women's groups.

No managers or workers spoke about DV!!



A key theme clearly emerging from the survivor accounts (as well as the community) was the links between domestic violence and attempted suicide and self-harm, as all but one of the survivors interviewed had experienced domestic violence.



Women experienced a sense of power and control to end their lives or to hurt themselves (normally not available to them). For the women who self-harmed, self-harm was seen both as a coping mechanism but also as a way of punishing themselves as they blamed themselves for being 'bad'.

'Suicide attempts and self-harming appear to be a 'rational' response to such violence and brutality, rather than a mental 'illness'



The state can be seen to be an active partner in the violence against immigrant women.

Story of Domestic Violence and Immigration

She came to England from Pakistan, after marrying her husband who was permanently settled here and was therefore subject to the immigration "One year rule". Underlying the one year rule is the assumption that people who come as a spouse to somebody who is permanently resident in this country are coming primarily in order to settle here for immigration purposes rather than marriage purposes. Hence the assumption is that such marriages are 'bogus' until proven otherwise. The test that has been set to 'prove' the marriage is genuine is for the marriage to continue with both partners living together for a year. If within the year, the marriage does not work, foreign nationals would be deported, unless there are compassionate grounds.



In this survivor's case, the marriage began to fail shortly after she joined her husband. She was beaten severely on a regular basis, she was exhausted from being made to do all the housework, she was refused access to the GP, and was isolated from her family and made to feel worthless and unwanted. Her sense of being trapped was magnified by the strong likelihood of deportation were she to leave the marriage. To be deported in this situation, involves a very public humiliation of a failed marriage, for which women are seen as responsible.

"I don't really want to go back to Pakistan, to listen to all the people talking about me. That kills you more, even though you are alive, you're almost dead, inside you are dead . People blame the woman - not the man, the woman is guilty".

It was this combination of interlocking factors - immigration, domestic violence and shame that led her to attempt suicide.



Controlling women via their immigration status also emerged in another of the survivor accounts, with passports and other forms of identification being withheld from women by their abusers, thus further restricting opportunities for participating in public life e.g. enrolling at colleges, access to benefits and the right to escape abusive relationships.



"Despite recent concessions to the 'one year rule' (hard to obtain because of the kind of 'proofs' required), it is unlikely that this will make any material difference to South Asian women in this situation. The evidence also illustrated how the key principle in welfare policies of the 'safety net' does not apply to this group as they have no recourse to public funds. Central to this analysis are the concepts of the shifting and different 'public' and 'private' spaces available to citizens and non-citizens."



Most survivors found their families' responses after their suicide attempts or self-harming to be very punitive and uncaring. This was mirrored for many survivors in the attitudes of mental health workers and in the failures of services.

Survivors' experiences of these agencies points not only to a failure of a wide range of services in meeting the needs of South Asian women, but also how services often (unwittingly?) put them at further risk.



Service interventions which engage both with the practical (e.g. housing, benefits etc) as well as emotional support were well received by survivors.

The South Asian women's refuge also made efforts to work with women who have no recourse to public funds because of their immigration status.



Idealised notions of strong family values in South Asian cultures need to be tempered by an understanding that families can also be a site of oppression for women - just as white families are. The popular stereotype of service providers that 'Asian families care for their own', is challenged by South Asian women fleeing from violence and abuse, illustrating very plainly that this is not the case. What these accounts highlight is the need for agencies to be alert to the specificities of South Asian women's experiences.



Conclusions

Suicidal behaviour among women has received limited attention as a public health concern, even less as an human/women's right issue.

Although there is some evidence that partner violence is associated with suicidal behaviour, only a limited number of studies have explored the role of this contributing factor (Devries, 2011).



Research

- 1) Research is urged to further explore and highlight the relationship between suicidal behaviour and violence against women, and the role that migration "laws" and policies play in developing an exacerbating the violence.



The context of marriage was seen to be a particularly vulnerable place for women, who were thought to be at risk of violence and abuse from husbands, in-laws, and family. (Chandler et al. 2010).

"Divorce, dowry, love affairs, cancellation or inability to get married, illegitimate pregnancy, extra-marital affairs and such conflicts relating to the issue of marriage play a crucial role" (Vijayakumar, 2007, p.81)



Suicide risk assessment

- assess presence of DV/FV and other forms of violence
- reconsider some of the “protective factors” as possible risk factors, such as being married and having a close social network (“extremely efficient community grapevine”, Chantler et al., 2010).



Suicide prevention/ services

- Greater awareness among service providers.

In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector (Vijayakumar, 2007)

- Greater advocacy role of MH workers dealing with DV and suicide, especially among immigrant women, also in view of the fact that access to services for migrant women is far more difficult (see Chantler, 2010).
- Strategy for effective multi-agency working.



Violation of rights, abuse and violence may play a bigger role as determinants to suicide than psychiatric illness. More light needs to be shed on the link between such a violation of human/women rights and suicide, and suicide prevention programs must embrace a human rights perspective:

Greater role played by Suicidologists in the defense of human rights and in the protection women who are victims of violence.



TASKFORCE ON DV/FV IN INDIAN COMMUNITY

Working group between community and state organizations has been formed. It meets once a month, its role is to discuss, advise, support and create networks of communications between the service organizations on one hand and the Indian community on the other.

Organized International Women Day, White Ribbon Day...joined forces with the Jewish Taskforce and included members from Islamic organization and other cultural groups (Bangladesh, Pakistan..).



Thank you & Peace to your being

QUESTIONS?

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