

Domestic Violence against Women and Their Mental Health

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Abstract – Domestic violence is an intentional and frequent abusive behaviour which is based on unequal position of power. Domestic violence is a behaviour used by one person to control another one in family. Domestic violence has many forms it may be physical, psychological, emotional, sexual, economical (manipulation, deprivation) and several times it may be the combination of several of these. Domestic violence is prevalent among Indian women. It is significantly associated with poor mental and physical health of a woman. Battered women experience extreme level of depression, low self esteem, anxiety etc. In this study interview schedule was prepared to assess the domestic violence. 80 women were interviewed of village Sinser, district Jind, state Haryana. The study showed alcoholism and unemployed state of husband are the main reason of the domestic violence. Birth of a girl child and dowry are also the reasons of domestic violence. Many battered women had knowledge about law, but due to family pressure they do not take step against the violence. They also think it as stigma that's why they avoid telling others about the violence.

Keywords: Domestic Violence, Battered Women, Depression, Anxiety

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INTRODUCTION

The term 'Domestic Violence' is used to describe the violence within our homes, towards a family member. According to Indian constitution, domestic violence act 2005, defined it as physical, sexual, verbal, emotional, and economic abuse against women by a partner or family member residing in a joint family. Domestic violence is a serious problem in our country. Millions of couples and their children are affecting from this violence each year. This violating act is detrimental for the battered person as well for the other family member. World Health Organization provides the estimates that women in south east Asia, in India, Bangladesh, Pakistan, Sri Lanka, Thailand are higher in experiencing partner abuse in their lifetime, as compare to Europe and America (WHO, 2013). Among the different proposed causes for the high DV frequency in India are deep-rooted male patriarchal roles (Visaria, 2000) and long-standing cultural norms that propagate the view of women as subordinates throughout their lifespan (Fernandez, 1997; Gundappa & Rathod, 2012). When a female child is born it is also a reason behind the abuse. In India especially in rural areas preferences is given to the male child. Due to lack of awareness women is blamed to give birth to a girl child, that's why female feticide is still happening in India after strict restriction of the government. During childhood less importance is given to the female child education. In some places of India early

marriages take place. Women are facing not only physical violence by their in-laws family and intimate partner but also they are suffering mental torture. There are many kinds of physical and psychological violence such as:

- Female foeticide and female infanticide.
- Incest, rape within marriage.
- Physical torture like slapping and murder.
- Overwork, do not give time to rest, neglect of physical and psychological health.
- Mentally torture by taunts, abusing language and threats.

The World Human Rights Conference in Vienna, first recognised gender- based violence as a human rights violation in 1993. In the same year, United Nations declaration, 1993, defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life". (Cited by Gomez, 1996).

Any kind of violence whether it is physical, psychological and sexual effects badly the battered women.

REVIEW OF LITERATURE:

There is a significant negative relationship between domestic violence and psychological and physical health. Researchers over past few decades indicate that battered women experience increased levels of depression, lower self-esteem, and higher levels of psychological distress when compared with non-battered women (Cascardi and O'Leary, 1992; Khan et al., 1993; Rounsaville and Lifton, 1983; Sato and Heiby, 1992; Testa et al., 1993). The severity of physical abuse has been shown to predict levels of depression in battered women (Campbell et al., 1997). In addition, prevalence of posttraumatic stress disorder (PTSD) in battered women is high, ranging from 45% to 84% (Houskamp & Foy, 1991; Kempetal., 1991, 1995; Vitanzaetal., 1995). Herman (1992a,b) focused on the traumatic aspect of domestic violence. He said that the battered women suffer from a trauma which is similar to the post traumatic stress disorder (APA, 1994).

In addition new researches documented that with battered women the children who grown-up in domestically violated family also experience devastating effects. Children who witness domestic violence exhibit problems in their social and emotional adjustment (Hughes, 1988; Hughes and Graham-Bermann, 1998; Sternberg et al., 1993). Researchers have documented increased levels of internalizing and externalizing behaviour and decreased social competence (Jaffe et al., 1986), lower self-esteem (Hughes and Barad, 1983; Kolbo, 1996), increased behaviour problems and psychopathology (Fantuzzo et al., 1991; Holden and Ritchie, 1991; Kolbo, 1996), increased fear and worry (Graham-Bermann, 1996), increased depression and aggression (McCloskey et al., 1995), and PTSD (Graham-Bermannand, Levendosky, 1998; Lehmann, 1997; Rossman, 1994) in children of battered women. In fact, it could not be an exaggeration to say that the recent changes in the status of women in India is not a sign of progress but it is really capturing the position that they held in the early Vedic period. Yet, the status of women who constitute almost half of the Indian population is not that encouraging (Choudhary, Kaithwas & Rana, 2017). Prior studies of domestic violence also found that these women reported more depression and trauma symptoms, and felt more dissatisfied with their relationships (Cascardi and O'Leary, 1992; Dutton and Painter, 1993; Khan et al., 1993; Saunders, 1994). In addition, the theoretical literature hypothesizes that battered women are traumatized by the violence they experience from their partner (Herman, 1992b; Janoff-Bulman, 1992). Frequency and chronicity of domestic violence and negative maternal psychological functioning were significantly related to marital satisfaction. Other studies found

that depression is related to lower marital satisfaction and warmth (Beach and O'Leary, 1993; Burns et al., 1994; O'Leary et al., 1994). Researchers have found lower marital satisfaction in battered women, although these studies did not measure frequency of psychological abuse (Jouriles et al., 1989; Sato and Heiby, 1992).

OBJECTIVES OF THE STUDY:

To study the extent and volume of domestic violence in Sinser village, (Jind, Haryana). How much violence is there?

To find out the reasons behind this violence.

To find out the knowledge of women about law and their rights.

To find out the mental health of battered women.

Hypothesis:

- There have been some efforts to eliminate domestic violence and its associated effects.
- Educated women are less battered women than illiterate or less educated.
- Women use their legal rights and seek help of the police against domestic violence.

METHODS:

Sampling:

Sampling is done purely on random bases where a survey is conducted on the women's of village Sinser, district Jind, state Haryana.

Participants:

80 Women respondents of village Sinser, district Jind, State Haryana were the participants of the study between age 23-50 years old.

Research Design:

Qualitative research design has been used in this study.

Tools and Techniques of Data Collection:

Interview schedule.

The interview schedule which formed the major tool to draw information from the battered women. This comprised mainly the personal data of the women's, their profile (name, age, education), husband's work (employed or unemployed), years of their marriage, its reasons, how many members

involved in the violence, and consequences, about their mental health and their knowledge about the law and their legal rights.

Sources of data:

Primary Data:

The respondents viz. the women's of village Sinser, district Jind, state Haryana constituted the source of primary data.

Secondary data:

Documents, books, reports of surveys and studies, literature pertaining to domestic violence, Internet and other relevant publications formed the secondary data source.

RESULT AND DISCUSSION:

The findings derived from the data gathered from the women living in village Sinser, district Jind, state Haryana are scripted below (survey on 80 women's):

- The study reveals that 65% (52) of the respondents are being hurt physically by their husband and in-laws/family members.
- 74% (59) of the respondents are mentally hurt by their husband and in-laws/family members.
- 59% (47) of the respondents faces anxiety as a consequence of domestic violence.
- 40% (32) of the respondents faces mental depression as a consequence of domestic violence.
- 70% (56) of the respondents are aware of laws related to domestic violence.
- 18% (14) of the respondents experience the domestic violence due to alcoholic nature of husband.
- 11% (9) of the respondents experience the domestic violence for dowry.
- 35% (28) of the respondents experience the domestic violence because their husbands are unemployed, when they ask them for basic needs fulfilment they were experienced domestic violence.
- 6% (5) of the respondents said that they were experience domestic violence of birth of second girl child, it was alright when first is born, when second girl born their in-laws family blamed them for the birth of girl child and torture them mentally.

- Illiterate/less educated women were experienced more domestic violence than educated women, this hypothesis is rejected because educated women also don't take step toward it.
- women use their rights and seek police help, this hypothesis also rejected because respondents said that they have to live in the same house after police case, and nobody help them in the situation including their own family so what kind of benefit they will get after police involvement.

When the respondents were asked to take legal action against the violence they said that both the families pressurize them to do not take the action. They said it a story of every household. They take it as stigma. Even when they feel themselves anxious or depressed due to violence they don't share it with others.

SUGGESTIONS:

The recommendations highlighting the roles/services of government for reducing the occurrence and prevalence of domestic violence. Women should take step against the violence. Stop taking it as stigma. Women should help one another and talk about the violence. Efforts should be made for the proper and effective enforcement of existing laws related to women. Government Agencies/department should made use of the assistance of NGOs to create awareness on Domestic violence among the public. All police stations should be equipped with special legal aid cells to provide assistance to victims of domestic violence. Counselling centres with professionally qualified counsellors should be started at the rural/urban areas focusing more on domestic violence victims. Hope the suggestions will help the victims.

REFERENCES:

- Beach, S. R. and O'Leary, K. D. (1993). Dysphoria and marital discord: Are dysphoric individuals at risk for marital maladjustment? *J. Marital Fam. Ther.* 19: pp. 355–368.
- Burns, D. D., Sayers, S. L. and Moras, K. (1994). Intimate relationships and depression: Is there a causal connection? *J. Consult. Clin. Psychol.* 62: pp. 1033–1043.
- Cascardi, M., and O'Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *J. Fam. Violence* 7: pp. 249–259.

- Choudhary, R., Kaithwas, M. & Rnan, G. (2017). Domestic Violence Against Women's in India A Study. <https://www.researchgate.net/publication/315100638>
- Dutton, D. G., and Painter, S. (1993). The battered woman syndrome: Effects of severity and intermittency of abuse. *Am. J. Orthopsychiatry* 63: pp. 614–622.
- Fernandez M. Domestic violence by extended family members in India: Interplay of gender and generation. *Journal of Interpersonal Violence*. 1997; 12(3): pp. 433–455.
- Fantuzzo, J. W., DePaola, L. M., Lambert, L., Martino, T., Anderson, G., and Sutton, S. (1991). Effects of inter-parental violence on the psychological adjustment and competence of young children. *J. Clin. Consult. Psychol.* 59: pp. 258–265.
- Gundappa A, Rathod PB. Violence against Women in India: Preventive measures. *Indian Streams Research Journal*. 2012; 2(4): pp. 1–4.
- Houskamp, B. M., and Foy, D. W. (1991). The assessment of posttraumatic stress disorder in battered women. *J. Interpersonal Violence* 6: 367–375.
- Hughes, H. M. (1988). Psychological and behavioral correlates of family violence in child witnesses and victims. *Am. J. Orthopsychiatry* 58: pp. 77–90.
- Hughes, H. M., and Barad, S. J. (1983). Psychological functioning of children in a battered women's shelter: A preliminary investigation. *Am. J. Orthopsychiatry* 53: pp. 525–531.
- Hughes, H. M., and Graham-Bermann, S. A. (1998). Children of battered women: Impact of emotional abuse on adjustment and development. *J. Emo. Ab.* 1: pp. 23–50.
- Herman, J. L. (1992a). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *J. Trauma. Stress* 5: pp. 377–391.
- Herman, J. L. (1992b). *Trauma and Recovery*, Basic Books, New York.
- Holden, G. W., and Ritchie, K. L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Dev.* 62: pp. 311–327.
- Heise L, Pitanguy J, Germain "A Violence against women: the bidden health burden.", World Bank Discussion paper 255. World Bank; 1994
- International Centre for Research on Women (ICRW), *Domestic Violence in India*", Washington, DC; May 2000.
- Jaffe, P., Wolfe, D., Wilson, S., and Zak, L. (1986). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *Am. J. Psychiatry* 143: pp. 74–77.
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Toward a New Psychology of Trauma*, The Free Press, New York.
- Jouriles, E. N., Murphy, C. M., and O'Leary, K. D. (1989). Interspousal aggression, marital discord, and child problems. *J. Consul. Clin. Psychol.* 57, pp. 453–455.
- Khan, F. I., Welch, T. L., and Zillmer, E. A. (1993). MMPI-2 profiles of battered women in transition. *J. Pers. Assess.* 60: pp. 100–111.
- Kemp, A., Green, B. L., Hovanitz, C., and Rawlings, E. I. (1995). Incidence and correlates of posttraumatic stress disorder in battered women. *J. Interpersonal Violence* 10: pp. 43–55.
- Kemp, A., Rawlings, E. I., and Green, B. L. (1991). Post-traumatic stress disorder (PTSD) in battered women: A shelter sample. *J. Trauma. Stress* 4: pp. 137–148.
- Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence. *Violence and Vict.* 11(2): pp. 113–128.
- Levendosky, A. A., and Graham-Bermann, S. A. (1998). The moderating effects of parenting stress on children's adjustment in woman-abusing families. *J. Interpersonal Violence* 12(3): pp. 383–397.
- Levendosky, Alytia A.; Graham-Bermann, Sandra A.; (2001). "Parenting in Battered Women: The Effects of Domestic Violence on Women and Their Children." *Journal of Family Violence* 16(2): pp. 171-192. <http://hdl.handle.net/2027.42/44912>
- Lehmann, P. (1997). The development of posttraumatic stress disorder (PTSD) in a sample of child witnesses to mother

assault. *J. Fam. Violence* 12(3): pp. 241–257.

McCloskey, L. A., Figueredo, A. J., and Koss, M. P. (1995). The effects of systemic family violence on children's mental health. *Child Dev.* 66: pp. 1239–1261.

Mahajan A, Madhurima O. "Family Violence and abuse in India." Deep and Deep Publications, New Delhi; 1989.

O'Leary, K. D., Christian, J. L., and Mendell, N. R. (1994). A closer look at the link between marital discord and depressive symptomatology. *J. Soc. and Clin. Psychol.* 13: pp. 33–41.

Rounsaville, B. J., and Lifton, N. (1983). A therapy group for battered women. In Rosenbaum, M.(ed.).*Hand book of Short Term Therapy Groups*, McGraw-Hill, New York, pp. 155–179.

Rossman, B. B. R. (1994). Children in violent families: Diagnostic and treatment considerations. *Fam. Viol. Sex. Ass. Bull.* 10: pp. 29–34.

Sato, R. A., and Heiby, E. M. (1992). Correlates of depressive symptoms among battered women. *J. Fam. Violence* 7: pp. 229–245.

Sternberg, K.J. Lamb, M. E., Greenbaum, C., Cicchetti, D., Dawud, S., Cortes, R. A., Krispin, O. and Lorey, F. (1993). Effects of domestic violence on children's behaviour problems and depression. *Dev. Psychol.* 29: pp. 44–52.

Saunders, D. G. (1994). Post-traumatic stress symptoms profiles of battered women: A comparison of survivors in two settings. *Violence Vict.* 9: pp. 31–44.

Testa, M., Miller, B. A., and Downs, W R. (1993). Women's self-esteem predicts subsequent violent victimization by partner. Presented at the American Psychological Association conference, Toronto, Canada.

Visaria L. Violence against women: A field study. *Economic & Political Weekly.* 2000; 35(20): pp. 1742– 1751.

Vitanza, S., Vogel, L. C. M., Maeshall, L. L. (1995). Distress and symptoms of posttraumatic stress disorder in abused women. *Violence. Vict.* 10(1): pp. 23–34.

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