

IMPACT OF DOMESTIC VIOLENCE ON WOMEN'S MENTAL HEALTH

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ABSTRACT

This study aims to review the impact of domestic violence on women's mental health. It goes without saying that this violence has a significant negative impact on the physical, emotional, and mental well-being of the female population. The problem has a sociocultural extension in its association with various evil practices such as dowry, child marriage, and normalization of the violence against women. It has been well documented that demands for dowry are what forms basis for violence against women in a number of the cases. The perceived failure of performing one's duties as the female of the house is also seen as a cause in some cases. The perpetual cycle of violence is also fueled by some other factors such as low socioeconomic status, less wages, poor living conditions, having a number of children, ongoing pregnancy, alcohol, and other substances abuse. In the conclusion the final finding of the study is that the domestic violence on a women's mental and as well as physical health, the perpetual cycle of violence is also fueled by some other factors such as low socioeconomic status, less wages, poor living conditions, having a number of children, ongoing pregnancy, alcohol, and other substances abuse.

Keywords: Woman, Mental Health, Marriage, Socioculture, Violence.

Introduction

Let's first look at what is violence, it is the termed used to describe the use physical forces like causing injury, abusing and damage or destroy someone or something. There are various forms of abuse which happens everywhere in the world. Physical abuse where the person harms the other person physically like beating up with hands belts shoes and etc. then comes up the emotional abuse where a person abuses the other person so much that it gives them major impact on their self the other person starts developing a doubt against her or himself, the drop of confidence, the person is completely shattered mentally.

Domestic violence is one of the physical abuse it can happen to anyone is not just woman or children but also men. But today we are going to talk about the violence which happen against

women.

There are two types of violence in this:

Intimate partner violence refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.

Sexual violence is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

Violence against women can cause long-term physical and mental health problems. Violence and abuse affect not just the women involved but also their children, families, and communities.

These effects include harm to an individual's health, possibly long-term harm to children, and harm to communities such as lost work and homelessness. This not something new the violence against women is held out from a long time back Although the domestic violence may be perpetrated by either sex, the women are invariably the victims in the majority of the cases, especially in the more conservative societies. The reasons for this are manifold, and there is sufficient literature to suggest this observation. Although of late and particularly in the urban and semi-urban areas, there have been reports of reversal of this trend although the number of such cases is still very less as compared to the cases where females are the victims. The perpetrators are usually the husband or the in-laws in vast majority of the cases. This is particularly true in case of the intimate partner violence where the domestic violence occurs between the current and ex-partners and is this is generally viewed as a gender issue cutting across the societies globally.

Although a number of other terms have been used to describe the phenomenon of domestic violence, the underlying theme of power dynamics is always reflected in the description. The World Health Organization (WHO) has defined intimate partner violence as "any behavior within an intimate relationship which causes physical, psychological, or sexual harm to those in the relationship; it includes physical aggression, psychological abuse, forced intercourse, and other forms of sexual coercion, as well as other controlling behaviors." [3] This broad definition includes a myriad of behaviors which comes under the definition of domestic violence and this has been one of the inherent difficulties in research as well as one of the major criticisms of the definition.

This broad definition also affects the comparability of the research carried out globally and one

of the major reasons for such variability of the results. Ultimately, the prevalence rates will depend on the definition used for measuring the magnitude of the problem. Despite all these difficulties, there is no denying the fact that the problem is one of the enormous magnitudes and may exhibit iceberg phenomenon where only the tip of the cases may be reported while the majority of the cases may go unreported, especially in the developing countries where the plight of the females is generally poor.

The National Crime Records Bureau has reported that cases of domestic violence are the most prevalent form of the crime against women in India. The prevalence rates of the domestic This gross variation in the rates across the country can be attributed to the methodological issues as discussed above. The WHO multicountry study on the extent of the physical and sexual intimate partner violence against women in 15 sites in 10 countries has yielded a lifetime prevalence of physical and sexual violence between 15% and 71% suggesting that the cultural and regional differences account for varying rates of the domestic violence globally.

It goes without saying that this violence has a significant negative impact on the physical, emotional, and mental well-being of the female population. The problem has a socio-cultural extension in its association with various evil practices such as dowry, child marriage, and normalization of the violence against women. It has been well documented that demands for dowry are what forms basis for violence against women in a number of the cases. The perceived failure of performing one's duties as the female of the house is also seen as a cause in some cases. The perpetual cycle of violence is also fueled by some other factors such as low socioeconomic status, less wages, poor living conditions, having a number of children, ongoing pregnancy, alcohol, and other substances abuse.

The domestic violence has an adverse impact on the physical health of the females, is associated with low birth weight, pregnancy complications, and also impacts the overall well-being of the mother and children. The association between the mental health and domestic violence is usually bidirectional, and it is associated with some mental health outcomes such as depression, posttraumatic stress disorder (PTSD), suicidality, substance abuse, and exacerbation of the psychotic symptoms.

There is sufficient evidence in the literature which has established this bidirectional nature of mental health issues and domestic violence. A review of the international literature found high prevalence rates of intimate partner violence among men and women across all the diagnostic categories of the mental disorders. The prevalence of intimate partner violence was found to be 45.6% among patients suffering from depressive disorders, 27.6% in anxiety disorders, and 61% for PTSD. The same review also found that there was a high likelihood of experiencing intimate

partner violence in women with mental illness as compared to the women who do not have any mental health problems.

Review Of Literature

Helfrich, Fujiura (2010)

This study investigates the presence of mental health symptoms and disorders reported by 74 women in a domestic violence shelter and the impact of those symptoms on function in work, school, and social encounters. Findings are compared to estimates of U.S. women generally, based on a national sample of over 65,000 women drawn from the 1995 National Health Interview Survey. The sheltered sample presents significantly higher rates of mental conditions and functional impairments affecting their work, school, and social functioning. These women are also less educated and poorer and use more health services than the U.S. population. Mental health conditions must be identified in shelters to improve functioning and facilitate independence from abusers.

Carney, Buttel (2012)

The purpose of this article is to review the literature on women as perpetrators of violence in their intimate relationships (i.e., domestically violent women) and summarize the scant literature on intervention programs for these women. Particular attention is paid to the cultural influences that shape our conceptualization of “domestic violence” and the fact that empirical research suggests that domestic violence has been falsely framed as exclusively male initiated violence. The article concludes with a discussion of the similarities and differences between male and female domestic violence offenders and identifies areas where treatment for female offenders might be improved.

Knight, Hester (2016)

Domestic violence affects every age group and is present throughout the life span, but, while the mental health impact of domestic violence is clearly established in working age adults, less is known about the nature and impact of domestic violence among older adults. This review, therefore, aimed to synthesize findings on the prevalence, nature, and impact of domestic violence among older adults, and its identification and management. Electronic searches were conducted of Medline, PsycINFO, Cinahl, and Embase to identify studies reporting on the mental health and domestic violence in older adults. Findings suggested that, although prevalence figures are variable, the likely lifetime prevalence for women over the age of 65 is between 20–30%. Physical abuse is suggested to decrease with age, but rates of emotional abuse

appear to be stable over the lifespan. Among older adults, domestic violence is strongly associated with physical and mental health problems, and the scarce research comparing the impact of domestic In contrast, there is evidence that older victims may experience less psychological distress in response to domestic violence than younger victims. Internationally, evidence on the management of domestic violence in older adults is sparse. Findings suggest, however, that identification of domestic violence is poor among older adults, and there are very limited options for onwards referral and support. violence across the age cohorts suggests that the physical health of older victims may be more severely affected than younger victims.

Howard, Galley (2013)

Domestic violence in the perinatal period is associated with adverse obstetric outcomes, but evidence is limited on its association with perinatal mental disorders. We aimed to estimate the prevalence and odds of having experienced domestic violence among women with antenatal and postnatal mental disorders (depression and anxiety disorders including post-traumatic stress disorder [PTSD], eating disorders, and psychoses) Sixty-seven papers were included. Pooled estimates from longitudinal studies suggest a 3-fold increase in the odds of high levels of depressive symptoms in the postnatal period after having experienced partner violence during pregnancy . Increased odds of having experienced domestic violence among women with high levels of depressive, anxiety, and PTSD symptoms in the antenatal and postnatal periods were consistently reported in cross-sectional studies. No studies were identified on eating disorders or puerperal psychosis. Analyses were limited because of study heterogeneity and lack of data on baseline symptoms, preventing clear findings on causal directionality. High levels of symptoms of perinatal depression, anxiety, and PTSD are significantly associated with having experienced domestic violence. High-quality evidence is now needed on how maternity and mental health services should address domestic violence and improve health outcomes for women and their infants in the perinatal period.

Valentin, Son (2012)

Ethnically diverse populations of women, particularly survivors of intimate partner violence (IPV), experience many barriers to mental health care. The search terms “women” and “domestic violence or IPV” and “mental health care” were used as a means to review the literature regarding barriers to mental health care and minority women. Abstracts chosen for further review included research studies with findings on women of one or more ethnic minority groups, potential barriers to accessing mental health care, and a nonexclusive focus on IPV. Fifty-five articles were selected for this review. Identified barriers included a variety of patient, provider, and health system/community factors. Attention to the barriers to mental health care for

ethnically diverse survivors of IPV can help inform the development of more effective strategies for health care practice and policy.

Howard, trevallion (2010)

There are clear gender differences in the experience of domestic violence and associated mental health outcomes. There is also increasing evidence of chronic, severe and often long-term adverse mental health effects for victims. This paper explores these gender differences and the evidence on how mental health care services should respond to domestic violence. The authors argue that any strategy to reduce the burden of women's mental health problems should include efforts to identify, prevent or reduce violence against women.

Fischbach, Herbert (2010)

Gender-based violence, only recently emerging as a pervasive global issue, contributes significantly to preventable morbidity and mortality for women across diverse cultures. Existing documentation suggests that profound physical and psychological sequelae are endemic following intimate partner violence. The presentation of domestic violence is often culture specific. A new lexicon, prompted by the expansion of human rights analysis, describes particular threats to local women including dowry deaths, honor murder, sati, and disproportional exposure to HIV/AIDS as well as globally generic perils including abuse, battering, marital rape, and murder. While still fragmentary, accruing data reveal strengthening associations between domestic violence and mental health. Depression, stress-related syndromes, chemical dependency and substance (ab)use, and suicide are consequences observed in the context of violence in women's lives. Emerging social, legal, medical, and educational strategies, often culture specific, offer novel local models to promote social change beginning with raising the status of women. The ubiquity, gravity, and variability of domestic violence across cultures compel additional research to promote the recognition, intervention, and prevention of domestic violence that are both locally specific and internationally instruction.

Jordan, Campbell (2010)

The reach of violence against women (VAW) has been profoundly felt by women across the United States and around the globe. VAW has been documented for decades as a legal and social justice problem, but as illuminated in this review, it is also a substantial mental health concern. A full understanding of the phenomenon must include discussion of how often it occurs, in what forms, and to whom. This review defines violence against women in its variant forms and examines the literature on the mental health effects associated with these abuse experiences. The effectiveness of the mental health system's response to the complex needs of women suffering

battering, rape, stalking, and psychological aggression is also examined. The future of research and the important role of the discipline of psychology in the future of this field of study are discussed.

Karakurt, Smith (2014)

This study aimed to explore the mental health needs of women residing in domestic violence shelters; more specifically, we aimed to identify commonalities and differences among their mental health needs. For this purpose, qualitative and quantitative data was collected from 35 women from a Midwestern domestic violence shelter. Hierarchical clustering was applied to quantitative data, and the analysis indicated a three-cluster solution. Data from the qualitative analysis also supported the differentiation of women into three distinct groups, which were interpreted as: (A) ready to change, (B) focused on negative symptoms, and (C) focused on feelings of guilt and self-blame.

Jones, Hughes (2011)

The objectives of this research were to analyze data from literature based on studies of battered women to determine (a) the correlation of domestic violence and post-traumatic stress disorder (PTSD), (b) the best treatment strategies for PTSD, and (c) the evidence of PTSD treatment effectiveness with battered women. Findings were (a) symptoms of battered women are consistent with PTSD symptoms; (b) certain populations are at higher risk of developing PTSD symptoms; (c) intensity, duration, and perception of the battering experience is a significant factor in the severity of the PTSD symptoms; (d) demographic variables influence PTSD severity; (e) standardized PTSD assessment is needed by professionals working with women experiencing domestic violence; (f) there is a need for greater public health involvement for prevention, identification, and medical treatment of domestic violence and PTSD; and (g) certain treatment strategies are recommended for PTSD but lack rigorous testing of their efficacy.

Discussion and conclusion

The aim of this report was to look over the impact of domestic violence on mental health of women. We learnt that from very beginning of the eras women have been suppressed and considered as object by man no matter if I for love or war. The women is always sacrificed. The man thinks that if women is married to them then they can be treated as an item. Whenever they wish they can show love and whenever they want they can beat them. This matters continues with the time and irrespective of age. Domestic violence this terms means violence is one of the physical abuse it can happen to anyone is not just woman or children but also men. But today we are going to talk about the violence which happen against women.

There are two types of violence in this:

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This type of violence which I have mentioned above are the two which are generally done on women. Specially with partner who have anger issues and drinking problems. These are two of the main cause for domestic violence in many of the report the stats shows the domestic violence is generally done by these type of man. When the women earns like in rural area to carry on their normal life and have an addictive partner is generally said to face this type of violence so that the women give the man the money he needs. Second when the man has anger issues and the women is the right person to take out all of his frustration by beating or sexual assaulting the partner.

The third is when the required dowry is not given to the man's family many reports have shown that if the girls family is not able to pay the desired amount of money to the groom the family torture the women until she dies (specially in India). Generally this kind of violence has an great impact on the mental health, this violence thing creates a mental trauma, PTSD and many more problems. Their confidence is shattered, most of the time the women is quite because of the kids or the question what will her parents and society will say.

The problem is that due to this society and parental pressure the women suffers a lot sometimes its women judging other women without understanding the person which is the bigger cause of deaths due to domestic violence. In some of the houses the women who is going through domestic violence tells her mother in the hope that she would save her but in return sometimes the mother says just quietly accept whatever is happening and don't tell anyone. Which is another cause of having mental stress.

Overall in It goes without saying that this violence has a significant negative impact on the physical, emotional, and mental well-being of the female population. The problem has a sociocultural extension in its association with various evil practices such as dowry, child marriage, and normalization of the violence against women. It has been well documented that demands for dowry are what forms basis for violence against women in a number of the cases. The perceived failure of performing one's duties as the female of the house is also seen as a cause

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