



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2016; 2(12): 787-790
www.allresearchjournal.com
Received: 26-10-2016
Accepted: 27-11-2016

S Nidharshana

M. Phil., Scholar, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli-2,
Tamil Nadu, India

Dr. K Kavitha Maheswari

Assistant Professor, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli-2,
Tamil Nadu, India

Impact of domestic violence on mental health of married women

S Nidharshana and Dr. K Kavitha Maheswari

Abstract

This study tries to focus on impact of domestic violence on mental health among married women. Descriptive research design was used and purposive sampling method was used to collect information. Under this method 100 respondents were selected by the researcher and among them 50 respondents those who are experiencing domestic violence and the remaining 50 respondents those who are not having the same problem were selected deliberately to constitute the sample of this study. It is revealed that married women who do not undergo domestic violence perceive better mental health and those who are experiencing domestic violence have poor mental health.

Keywords: Domestic violence, mental health, married women, impact

Introduction

Domestic violence also named domestic abuse, battering, or family violence is a pattern of behavior which includes violence or other abuse by one person on another in a domestic setting, such as in marriage or cohabitation. Intimate partner violence is violence by a spouse or partner in an intimate relationship against the other spouse or partner.

Domestic violence can take a number of forms, including physical, verbal, emotional, economic, religious, and sexual abuse, which can range from subtle, coercive forms to marital rape and to violent physical abuse such as female genital mutilation and acid throwing that results in disfigurement or death. Domestic murders include stoning, bride burning, honor killings, and dowry deaths.

The victims of domestic violence are mostly women, and women tend to experience more severe forms of violence. In some countries, domestic violence is often seen as justified, particularly in cases of actual or suspected infidelity on the part of the woman, and is legally permitted. Research has also shown there to be a direct and significant correlation between a country's level of gender equality, and actual rates of domestic violence. Domestic violence is among the most underreported crimes worldwide for both men and women. Men face additional gender related barriers in reporting, due to social stigmas regarding male victimization, and an increased likelihood of being overlooked by healthcare providers. Of the most important factors in domestic violence is a belief that abuse, whether physical or verbal, is acceptable. Other factors include substance abuse, unemployment, mental health problems, lack of coping skills, isolation, and excessive dependence on the abuser.

Mental health is a level of psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.

Violence within marital relationships has been a serious health problem (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006) [1]. Most of the researches on intimate partner violence (IPV) has focused on male-perpetrated violence against women. These studies have shown that it is associated with poor mental and physical health among the female victims (Bonomi *et al.*, 2006; Coker, Smith, Bethea, King [2].

Studies using the National Violence Against Women Survey found that among victims of domestic violence, females were more likely to report poor mental and physical health outcomes than males, including depressive symptoms, posttraumatic stress disorder (PTSD)

Correspondence

S Nidharshana

M. Phil., Scholar, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli-2,
Tamil Nadu, India

symptoms, substance use, and self reported chronic physical and mental illness (Coker, Weston, Creson, Justice, & Blakeney, 2005; Carbone-Lopez [3]. In addition, the frequency, severity, chronicity, and recency of interpersonal victimization has been associated in numerous studies with greater levels of psychological distress, including PTSD, anxiety, depression, and other psychological symptoms (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002) [1].

Materials and methods

The aim of the research is to study about the impact of domestic violence on mental health of married women in Trichy.

Objectives of the study

- To understand the demographic profile of respondents
- To understand the experience of domestic violence among the respondents
- To analyse the impact of domestic violence on mental health of the married women.

Research hypothesis

Married women who undergo domestic violence perceive poor mental health.

Research design

Descriptive research design was used here to collect the data on impact of domestic violence on mental health of the married women in Trichy district. This study focuses on the family and marital life conditions of the respondents, their experience of domestic violence and the impact of domestic violence on mental health of the respondents.

Universe

Universe of the study consists of married self-help group women who are registered members of WE Trust. This study is conducted in Thiruverumbur block in particularly Navalpattu panchayat. There are around 500 married self-help group members as the registered members of WE Trust. They constitute the universe of the study.

Sample size

Sample size of the study consists of 100 respondents from the universe.

Sampling technique

Purposive sampling method was used to collect information. Under this method 100 respondents were selected by the researcher and among them 50 respondents those who are experiencing domestic violence and the remaining 50 respondents those who are not having the same problem were selected deliberately to constitute the sample of this study.

Tools used for data collection

Self-prepared interview schedule pertaining the personal details, marital life, family life and the domestic violence experienced by the respondents was used for data collection along with the mental health inventory.

Major findings

36% of respondents belonged to the age group of 31-35 years.51% of respondents are home makers.70% of respondents belong to Hindu religion. 50% of respondents

spouse’s working in private sectors. 57% of respondents’ spouses belong to the age group of 36-45. 78% have the age difference of 1-5 years between them and their spouses.72% of respondents underwent arranged marriage. 37% of respondents have 6-10 years of marital life. 62% of respondents have 2 children. Majority of the respondents having children below 16 years of age.70% are from nuclear family

34% of respondents felt that there is no problem and difference of opinion with in law sue to cohabitation and remaining respondents experience issues. 40% of the respondents experience conflict due to dowry. Exactly 50% of the respondents spouses are alcoholics. 32% of respondents said that their partner’s consume alcohol in front of their children.

77% of the respondents spouses taking decisions in their families. Vast majority of respondents opined that their opinions are considered in their family decisions.

Regarding domestic violence, among the respondents those are the victims of domestic violence expressed that they are undergoing the physical violence (98%), emotional violence (65%), psychological violence (87%), verbal violence (92%) and sexual violence (67%).

Table 1: Distribution of the respondents by their mental health

Mental health	No of respondents (n=100)	Percentage (100%)
Positive mental health		
Low	55	55%
High	45	45%
Perception of reality		
Low	57	57%
High	43	43%
Integration of personality		
Low	57	57%
High	43	43%
Autonomy		
Low	46	36%
High	54	64%
Group oriented attitudes		
Low	48	48%
High	52	52%
Environmental mastery		
Low	49	48%
High	51	52%
Overall mental health		
Low	55	54%
High	45	46%

It is inferred from the above table that more than half of the respondents perceived low level of mental health (54%).

Regarding the dimensions of mental health, 55% of the respondents have low level of positive mental health, 57% of them have lower level of perception of reality and integration of personality.

With regard to the autonomy 64% of the respondents have high level of autonomy and 52% of them have higher level of group oriented attitudes and environmental mastery.

Hence more than half of the respondents have poor mental health and its dimensions namely positive mental health, perception of reality and integration of personality.

Research hypothesis

Married women who undergo domestic violence perceive poor mental health.

Table 2: t-test between the respondents' experience of domestic violence with regard to their mental health

Mental health	Repondents' experience of domestic violence	Mean	S.D	Statistical inference
1.Positive mental health	Victims	30.67	10.599	T=2.692 P<0.01 Significant
	Non victims	31.69	5.711	
2.Perception of reality	Victims	22.33	9.713	T=1.239 P>0.05 Not significant
	Non victims	29.24	5.972	
3.Integration of personality	Victims	33.00	13.528	T=.440 P>0.05 Not significant
	Non victims	36.39	8.689	
4.Autonomy	Victims	19.67	6.658	T=6.409 P<0.01 Significant
	Non victims	21.57	2.908	
5.Group oriented attitude	Victims	19.00	7.000	T=5.710 P<0.01 Significant
	Non victims	19.27	3.432	
6.Environmental mastery	Victims	14.33	3.215	T=.022 P>0.05 Not significant
	Non victims	12.92	2.896	
Over all mental health	Victims	133.31	.577	T=4.004 P<0.01 Significant
	Non victims	146.23	.501	

It is inferred from the above table that there is significant difference between the victims and non-victims of domestic violence with regard to their overall mental health and its dimensions namely positive mental health, autonomy and their group oriented attitude. The mean score analysis revealed that the average mental health score was better among the non-victims of domestic violence than the non-victims with respect to their overall mental health and its dimensions except environmental mastery.

The dimension wise analysis shows that the positive mental health dimension has 2.692 as 't' value at the 0.01 level of significance, with regard to the autonomy dimension the 't' value was 6.409 at 99% level of significance and regarding group oriented attitude at 0.01 level of significance the 't' value is 5.710.

The overall mental health 't' score was 4.004 at 0.01 level of significance indicates that there is significant difference between the victims and non-victims of domestic violence with regard to their mental health and inturn it is inferred that married women who undergo domestic violence perceive poor mental health.

Hence the research hypothesis is accepted.

Conclusion

From this descriptive study it is revealed that married women who do not undergo domestic violence perceive better mental health and those who are experiencing domestic violence have poor mental health.

References

- Blaauw E, Winkel FW, Arensman E, Sheriden LP, Freeve A. The toll of stalking: The relationship between features of stalking and psychopathology of victims. *Journal of Interpersonal Violence*. 2002; 17:50-63.
- Bonomi AE, Thompson RS, Anderson M, Reid RJ, Carrell D, Dimer JA *et al.* Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventative Medicine*, 2006; 30:458-466.
- Coker AL, Weston R, Creson DL, Justice B, Blakeney P. PTSD symptoms among men and women survivors of intimate partner violence: The role of risk and

protective factors. *Violence and Victims*, 2005; 20:625-643.

- Concannon Diana. *Kidnapping: An Investigator's Guide*. Newnes, 2013. 30. ISBN 978-0123740311.
- Esquivel-Santoveña, Esteban Eugenio, Lambert, Teri L, Hamel John. *Partner abuse worldwide*. Partner Abuse. Springer. 2013; 4(1):6-75. doi:10.1891/1946-6560.4.1.6. Extract.
- Finley Laura. *Encyclopedia of Domestic Violence and Abuse*. ABC-CLIO. 2013, 163. ISBN 978-1610690010.
- Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 2006; 368:1260-1269.
- Garcia-Moreno, Claudia Stöckl, Heidi. Protection of sexual and reproductive health rights: addressing violence against women, in Grodin, Michael A.; Tarantola, Daniel; Annas, George J. *et al.*, *Health and human rights in a changing world*, Routledge, 2013, 780-781, ISBN 9781136688638,
- Hess Kären, Orthmann Christine, Cho Henry. *Criminal Investigation*. Cengage Learning. 2016, 323. ISBN 978-1435469938.
- Lupri Eugene, Grandin Elaine. Consequences of male abuse - direct and indirect, in Lupri, Eugene; Grandin, Elaine, *Intimate partner abuse against men (PDF)*, Ottawa: National Clearinghouse on Family Violence, 2004, 6, ISBN 9780662379751, archived from the original (PDF) on January 4, 2009, retrieved June 21, 2014
- McQuigg, Ronagh JA. Potential problems for the effectiveness of international human rights law as regards domestic violence, in McQuigg, Ronagh J.A., *International human rights law and domestic violence: the effectiveness of international human rights law*, Oxford New York: Taylor & Francis, 2011, 13. ISBN 9781136742088,
- Newman Willis C, Newman Esmeralda. What is domestic violence? (What causes domestic violence?), in Newman, Willis C.; Newman, Esmeralda, *Domestic violence: causes and cures and anger management*,

- Tacoma, Washington: Newman International LLC, 2008, 11. ISBN 9781452843230. Preview.
13. Riviello Ralph. Manual of Forensic Emergency Medicine. Jones & Bartlett Learning. 2009, 129. ISBN 978-0763744625.
 14. Strong, Bryan; DeVault, Christine; Cohen, Theodore the Marriage and Family Experience: Intimate Relationships in a Changing Society. Cengage Learning. 2010, 447. ISBN 978-1133597469.
 15. Whitaker Daniel J, Tadesse Haileyesus. Differences in Frequency of Violence and Reported Injury between Relationships with Reciprocal and Nonreciprocal Intimate Partner Violence. Am J Public Health. 2007; 97(5):941-947.
doi:10.2105/AJPH.2005.079020. PMC 1854883.