ISSN 2394 - 2053 (Print)
ISSN 2394 - 2061 (Online)
www.ojpas.com

ORIGINAL RESEARCH PAPER

Open Journal of Psychiatry & Allied Sciences

Domestic violence: profile of married women availing institutional help

Abstract

Background: In India, women are not keen to seek formal help to solve the issue of domestic violence (DV). Aim and objectives: Current study attempted to understand the profile of women who sought or availed institutional help (legal/counselling services etc.) to address DV. **Material and Methods:** Data were collected from sixty women aged between 18 years and 50 who faced domestic violence from their husbands. **Results:** Most of the respondents were young, unemployed and not well educated. They faced physical, emotional & verbal, sexual and economic types of violence from husbands and husbands' family members. Their children also witnessed DV. Perceived causes for DV were; husbands' exposure on their parental violence, psychoactive substance abuse, dissatisfied sexual life, extra marital relationships in husbands and influence of other wife-beating family members. Most of them felt that DV as their fate and had attempted suicide. Even though many of them received legal help; many felt that, legal help was not adequate in addressing DV. **Conclusion:** Importance of mental health approach to address DV has been discussed.

Keywords: Mental Health. Law. Intimate Partner Violence.

G Ragesh[1], C Sabitha[2], Sajitha K[3], Ameer Hamza[4]

[1]PhD Scholar, Department of Psychiatric Social Work, NIMHANS, Bangalore-29, Karnataka, India, [2]Supervisor, Integrated Child Development Services (ICDS), Kozhikode Urban No. 3, Kozhikode, Kerala, India, [3]Psychiatric Social Worker, Department of Psychiatric Social Work, NIMHANS, Bangalore-29, Karnataka, India, [4]Additional Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore-29, Karnataka, India

Correspondence: G Ragesh, MPhil, PhD Scholar, Department of Psychiatric Social Work, NIMHANS, Bangalore-29, Karnataka, India. rageshpsw@gmail.com

Received: 6 September 2016
Revised: 17 October 2016
Accepted: 21 November 2016
Epub: 24 November 2016

DOI: 10.5958/2394-2061.2016.00048.3

Introduction

Over the last few years, violence against women in developing countries is becoming a major concern among researchers and policymakers interested in women's empowerment and health.[1] Violence against women is a major public health issue in both the developed and less developed countries.[2] A study on domestic violence (DV) conducted by World Health Organization (WHO) revealed that intimate partner violence is the commonest form of violence in women's lives – may be more than the abuse or assault or rape by others.[3] The WHO study revealed that women face enormous physical and sexual violence by husbands and partners, and this has an impact on the health and well-being of women around the world.[3] Also, the partner violence is still largely hidden in most of the countries.[3] In India, a study on 90,303 married women indicated presence of widespread of DV (21%, since age 15) and another study showed 39% of women undergoing DV.[4,5]

A study among Asian women showed that reasons for not seeking help were social stigma, rigid gender roles, marriage obligations, expectations of silence from women, loss or lack of social support after migration, limited knowledge about available resources, and myths and misconceptions about intimate partner abuse.[6] DV victims usually turned for help only after experiencing or developing significant mental and physical health problems.[6] A study conducted in India showed that women accessing external support systems such as the police or nongovernmental organisations (NGOs) was viewed as both socially inappropriate and infeasible.[7] On the contrary, another study revealed that many women approach NGOs or police to get help.[8] The profile of women sought or availed help to address DV and the outcome of institutional help is minimal in Indian literature. In this context, the current study made an attempt in profiling married women undergoing DV, who received any kind of institutional (counselling centres, police, etc.) help from various agencies to address DV.

Methods

The data were collected from Calicut (Kozhikode) district of Kerala state, India. Authors approached various government (police/family counselling centres/court etc.) and NGOs. With the permission from organisations, researchers approached the clients. The purpose of research was explained to the clients and those who were ready to give consent were included in the study. All participants were allowed to withdraw their consent at any point. Institute ethical clearance was obtained to conduct the study.

The study had adopted descriptive research design. Data were collected from 60 married women aged between 18 and 50; who were experiencing DV from their husbands. An interview schedule was prepared by the authors and validated by professionals (social worker, sociologist, lawyer, and psychiatrist) for the purpose of collecting data. The interview schedule covered socio-demographic data of respondents and their husbands, nature of violence, perceived reasons for violence, services related information, and their response to DV. Descriptive statistical analysis was done.

Results

With regard to the demographic details (Table 1) of women who experienced DV, they belonged to the age group of 25-45 years. Majority were from semi-urban (61%) background. Only 30% were staying with their husbands and others were at their own house or shelter homes or relative's homes. With regard to the education, 46.67% were educated up to tenth standard, five per cent were illiterate. Majority were unemployed (60%). Socio-demographic details of husbands (Table 2) showed that they were in the age group of 25-65 years, 51.66% were educated up to tenth standard, mainly were doing daily wage works (36%), and 55% abused alcohol or drugs.

With regard to the DV experienced (Table 3), 60% of them faced DV for more than five years. All of the participants have faced at least one form of DV (physical, emotional or verbal, sexual, and financial). Majority (63.33%) had faced DV from husband's family members also. Their children (58.33%) also have witnessed DV. Perceived causes of DV were (Table 4) husband's exposure on parental violence (58.34%), extramarital relationship in spouse (58.34%), presence of wife-beating member in husband's family (56.66%), and other reasons. With regard to the responses towards DV (Table 5), majority remained submissive (46.67%) when DV happened and 66.66% had attempted suicide. With regard to the knowledge about legal aid services (Table 6), 53.33% did not have awareness on laws or services to protect women's rights, majority (50%) approached NGOs for support, and 75% considered legal/formal support was inadequate to solve the DV related problems.

Discussion

The current study focused on profiling of married women who were undergoing DV and of those who have sought or

Table 1: Socio-demographic details of respondents

Details	Number	Percentages
Age in years		
25-30	12	20.00
30-35	24	40.00
35-40	17	28.34
40-45	7	11.66
Religion		
Hindu	18	30.00
Muslim	26	43.34
Christian	16	26.66
Place of permanent residence		
Rural	17	29.00
Urban	6	10.00
Semi-urban	37	61.00
Present residence		
Husband's house	18	30.00
Own house	24	40.00
Shelter home	10	16.66
Relative's home	8	13.34
Educational status		
Illiterate	3	05.00
Up to tenth standard	28	46.67
Up to graduation	21	35.00
Above graduation	8	13.33
Occupational status		
Employed	24	40.00
Unemployed	36	60.00
Monthly income		
Nil	27	45.00
Below Rs. 1000	5	8.34
Between Rs. 1000-2000	8	13.33
Between Rs. 2000-5000	14	23.33
Above Rs. 5000	6	10.00
Type of marriage		
Arranged	43	72.00
By choice	17	28.00
Age at marriage in years		
<20	8	13.34
20-25	28	46.66
25-30	20	33.33
>30	4	6.67
Duration of marital life in years		
<1	7	11.66
1-5	17	28.34
5-10	28	46.66
>10	8	13.34
Type of family		
Joint	10	17.00
Nuclear	33	55.00
Extended	17	28.00
Number of children		
No children	6	10.00
1	10	16.66
2	18	30.00
3	16	26.67
>3	10	16.67

Table 2: Socio-demographic details of husbands

Details	Number	Percentages
Age in years		
25-35	12	20.00
35-45	24	40.00
45-55	20	33.34
55-65	4	6.66
Educational status		
Illiterate	2	3.34
Up to 10 year of education	31	51.66
Up to graduation	22	36.66
Above graduation	5	8.34
Occupation		
Daily wage	21	36.00
Professional	6	10.00
Business	10	16.00
Govt. employees	12	20.00
Agriculture	11	18.00
Habits		
Alcohol/drug abuse	33	55.00
Gambling	11	18.33
Other bad habits	8	13.34
All of the above	8	13.34

Table 3: Domestic violence related details

Details	Number	Percentages
Duration of violence in years		
<1	7	11.66
1-5	17	28.33
5-10	28	46.67
>10	8	13.34
Nature of violence		
Physical	21	35.00
Sexual	10	17.00
Verbal and emotional	14	23.00
Economic	15	25.00
Physical (N=21)		
Beating	5	23.82
Kicking	3	14.28
Punching	1	4.77
Pulling of hair	3	14.29
Burning	4	19.02
All of the above	5	23.82
Sexual violence (N=10)		
Forced sexual intercourse	5	50.00
Forces to look pornography or any other obscene pictures	2	20.00
Humiliating or degrading sexual act	3	30.00
Type of verbal or emotional violence (N=14)		
Insult	4	28.57
Name calling	1	7.14
Accusations on character	5	35.72
Threat to commit suicide	1	7.14
All of the above	3	21.43
Economic violence (N=15)		
Not given money for daily living and money was taken away	15	100.00
Violence from husband's family members		
Yes	38	63.33
No	22	36.67
Violence towards children and children witnessed violence		
Yes	35	58.33
No	25	41.67

availed any kind of institutional help from various sources (NGOs/police/family counselling centres/court etc.) to deal with DV. The study showed that majority of the victims were young, from low socioeconomic strata (LSES), and belonged to nuclear family. The majority of the respondents were not highly educated and employed also. These findings go along with findings in other studies.[4,9,10] All these factors may be maintaining factors for DV and this may worsen DV, as women may avail less social, legal, and emotional support.

With regard to religion, most of them were Muslims. This is contrast to a report in an electronic media that DV is high in Hindu family.[11] The children also have witnessed DV. It may adversely affect the development of children. This has been established in few studies that the children and adolescents living with DV are at high risk of undergoing emotional, physical, and sexual abuse and of developing emotional and behavioural disorders.[12-14] This reminds health professionals that the children of women undergoing DV also require attention.

With regard to the perpetrators of DV, most of them were young, abused alcohol or other psychoactive substances, and had extramarital relationships. These findings are similar to the other studies also.[4,15-18]

Most of the respondents were undergoing DV in terms of physical, sexual, emotional or verbal, and economic violence. This finding has been established in a few other studies conducted in different countries including India.[19-21] Many studies have revealed that physical violence and forced and unprotected sex has major impact in physical health and reproductive health of women.[22-26] Majority of the respondents have experienced DV from husband's family members also. Same findings have been found in other few Indian studies and this may worsen the condition of women further.[18,27]

Current study has explored respondents' perceived factors of DV, such as husband's exposure on their parental

Table 4: Perceived causes of violence

Details	Number	Percentages
Husband's exposure on parental violence		
Yes	35	58.34
No	25	41.66
Extramarital relationship in spouse		
Yes	35	58.34
No	25	41.66
Presence of wife-beating member in husband's family		
Yes	34	56.66
No	26	43.34
Other perceived causes		
Alcohol/drug abuse	25	42.00
Conflict regarding household expenses	6	10.00
Dowry related	8	13.00
Dissatisfactory sexual relationship	5	8.00
Husband's dominant nature/ personality issues	14	24.00
Other reasons	2	3.00

Table 5: Responses to domestic violence

Details	Number	Percentages
Immediate reaction of respondents when violence occurs		
Remain submisSsive	28	46.67
Hits him back	8	13.33
Yell out for others	24	40.00
Consider it as fate		
Yes	40	40
No	20	20
Sharing of feelings with others		
Yes	20	33.00
No	40	67.00
Suicide attempts		
Yes	40	66.66
No	20	33.34

violence, substance abuse, dissatisfied sexual life, extramarital relationships in husbands, influence from other wife-beating family members, and dominant nature or personality issues in husbands. A few other studies have had similar findings.[15,16,28] Surprisingly dowry issues were not raised as a major reason for DV in the current study. But other few studies conducted in India, found dowry as a major reason for DV.[29,30] It could be because of that, people in Kerala while compared to other states of India, are aware of legal consequences of giving or accepting dowry.

Most of the study participants responded to DV in unhealthy manner. Many became submissive and felt it

Table 6: Services related information

Details	Number	Percentages
Awareness on laws to protect women's rights before seeking formal support		
Yes	28	46.67
No	32	53.33
Considering domestic violence as a crime before seeking formal support		
Yes	19	31.67
No	41	68.33
Knowledge about PWDV Act before seeking formal support		
No	40	67.00
Yes	20	33.00
Agencies of formal support sought		
NGOs (family counselling centres and NGOs for women)	30	50.00
Police station	14	23.00
Court/lawyer	16	27.00
Received or receiving legal support		
Yes	43	71.66
No	17	28.34
Legal support sought under PWDV Act		
Yes	33	55.00
No	27	45.00
Considering legal/formal support is adequate to solve the problems		
Yes	15	25.00
No	45	75.00

PWDV=Prevention of Women from Domestic Violence, NGOs=Nongovernmental Organisations

is their fate. In a study conducted in India revealed that woman prefers to be submissive during DV.[27] This may be because the cultural beliefs and gender disparity exist and one common custom is women should be submissive to men. Current study revealed that majority of them has made suicide attempts due to DV. Many studies showed that DV has greater role in developing mental illnesses in women, such as anxiety, depression, posttraumatic stress disorders (PTSD), and suicide.[25,31-36] This is an alarming situation that mental health consequences are high in women because of DV and this needs immediate attention.

The Protection of Women from Domestic Violence (PWDV) Act was passed in 2005 in India.[37] But, legal awareness (about legal protection for women and DV as crime) was low among respondents. Poor legal knowledge may increase the risk of living in a hostile environment and associated psychosocial, health, mental health risks. In the current study though most of them sought help including legal help from various sources, at the same time they felt legal interventions are inadequate to address DV. These findings go along with another study conducted in India which claims

that the PWDV Act could neither guarantee any reduction in the extent of such violence, nor could they expedite the justice delivery system in India.[38]

Here, most of the perpetrators abuse psychoactive substances and women had poor coping skills and this has caused to force them even attempting suicide. The current study findings alarm health professionals and policy makers about the importance of approaching DV in mental health perspective. Evaluation and treatment of mental health condition of both perpetrators and the victims are essential. Physicians, nurses, counsellors, social workers, and psychologists working with the DV victims should be trained how to provide psychological first aid to the women who experienced DV. This may reduce suicide rate among the victims. Along with community awareness programme, extension of legal awareness and legal aid interventions, mental health services including individual counselling or psychotherapy, family counselling or therapy, de-addiction services, etc. should be available to both victims and perpetrators. The children who witnessed DV also require special attention. They also require screening for emotional and behavioural disorders. Police and lawyers also need to be to be sensitised about this issue and may require training on how to approach DV in mental health perspective. So, these professionals can refer DV cases to appropriate professionals and minimise the impact of DV.

Conclusion

DV is a major public health issue and it is not openly discussed by the victims in Indian society even now. In the current study, most of the participants who were undergoing DV were young, from LSES, not well educated, and were unemployed. The perpetrators abused psychoactive substances and had extramarital relations. Lack of awareness about laws and women's rights and unhealthy way of coping with DV worsened the situation and it had an impact on their mental health. Victims perceived that the legal measures did not help them adequately. Multi-level interventions are required to address the issue. Political, legal, social, and mental health interventions are essential. A greater amount of attention is required from health professionals, especially mental health professionals as the impact of DV is long lasting and severe among women as well as among their children. Police and lawyers also need to be trained to manage DV.

Acknowledgements

We convey our sincere gratitude to:

1. Mr Ashraf Kavil, Probation Officer, Calicut, Kerala, India
2. Mr Subash M Joseph, Social Worker, UK
3. Dr Sibin, MK Research Associate, Department of Human Genetics, NIMHANS, Bangalore, India.

References

1. Heise LL, Pitanguy J, Germain A. Violence against women. The hidden health burden. Washington, DC: World Bank; 1994.
2. Heise LL, Raikes A, Watts CH, Zwi AB. Violence against women: a neglected public health issue in less developed countries. Soc Sci Med. 1994;39:1165-79.
3. World Health Organization. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization; 2005.
4. Mahapatro M, Gupta R, Gupta V. The risk factor of domestic violence in India. Indian J Community Med. 2012;37:153-7.
5. Sahoo H, Pradhan MR. Domestic violence in India: an empirical analysis. New Delhi: INDE: Serials; 2009.
6. Ahmad F, Driver N, McNally MJ, Stewart DE. "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. Soc Sci Med. 2009;69:613-22.
7. Ragavan M, Iyengar K, Wurtz R. Perceptions of options available for victims of physical intimate partner violence in northern India. Violence Against Women. 2015;21:652-75.
8. Panchanadeswaran S, Koverola C. The voices of battered women in India. Violence Against Women. 2005;11:736-58.
9. Wilt S, Olson S. Prevalence of domestic violence in the United States. J Am Med Womens Assoc. 1996;51:77-82.
10. Gin NE, Rucker L, Frayne S, Cygan R, Hubbell FA. Prevalence of domestic violence among patients in three ambulatory care internal medicine clinics. J Gen Intern Med. 1991;6:317-22.
11. TwoCircles.net. Domestic violence more common among Hindu families [Internet]. 2007 Sep 19 [cited 2015 May 21]. Available from: http://twocircles.net/2007sep19/study_domestic_violence_more_common_among_hindu_families.html#.WDGQgLJ97IV.
12. Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: a review of the literature. Child Abuse Negl. 2008;32:797-810.
13. Fantuzzo J, Boruch R, Beriama A, Atkins M, Marcus S. Domestic violence and children: prevalence and risk in five major U.S. cities. J Am Acad Child Adolesc Psychiatry. 1997;36:116-22.
14. Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. Child witnesses to domestic violence: a meta-analytic review. J Consult Clin Psychol. 2003;71:339-52.
15. Romans SE, Poore MR, Martin JL. The perpetrators of domestic violence. Med J Aust. 2000;173:484-8.
16. Gortner ET, Gollan JK, Jacobson NS. Psychological aspects of perpetrators of domestic violence and their relationships with the victims. Psychiatr Clin North Am. 1997;20:337-52.
17. Das TK, Alam MF, Bhattacharyya R, Pervin A. Causes and contexts of domestic violence: tales of help-seeking married women in Sylhet, Bangladesh. Asian Social Work and Policy Review. 2015;9:163-76.
18. Verma RK, Collumbien M. Wife beating and the link with poor sexual health and risk behavior among men in urban slums in India. J Comp Fam Stud. 2003;34:61-74.
19. Martin SL, Tsui AO, Maitra K, Marinshaw R. Domestic violence in northern India. Am J Epidemiol. 1999;150:417-26.
20. Koenig MA, Stephenson R, Ahmed S, Jejeebhoy SJ, Campbell J. Individual and contextual determinants of domestic violence in North India. Am J Public Health. 2006;96:132-8.
21. Bhuiya A, Sharmin T, Hanifi SM. Nature of domestic violence against women in a rural area of Bangladesh: implication for preventive interventions. J Health Popul Nutr. 2003;21:48-54.
22. Solomon S, Subbaraman R, Solomon SS, Srikrishnan AK, Johnson SC, Vasudevan CK, *et al*. Domestic violence and forced sex among the urban poor in South India: implications for HIV prevention. Violence Against Women. 2009;15:753-73.
23. Campbell JC. Health consequences of intimate partner violence. Lancet. 2002;359:1331-6.
24. Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical health consequences of physical and psychological intimate partner violence. Arch Fam Med. 2000;9:451-7.
25. Ellsberg M, Jansen HA, Heise L, Watts CH, Garcia-Moreno C; WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. Lancet. 2008;371:1165-72.
26. Stephenson R, Koenig MA, Acharya R, Roy TK. Domestic violence, contraceptive use, and unwanted pregnancy in rural India. Stud Fam Plann. 2008;39:177-86.
27. Kaur R, Garg S. Domestic violence against women: a qualitative study in a rural community. Asia Pac J Public Health. 2010;22:242-51.

28. Ahmad A, Jaleel A. Prevalence and correlates of violence against women in Nepal: findings from Nepal Demographic Health Survey, 2011. Adv Appl Sociol. 2015;5(4):119-28.
29. Rocca CH, Rathod S, Falle T, Pande RP, Krishnan S. Challenging assumptions about women's empowerment: social and economic resources and domestic violence among young married women in urban South India. Int J Epidemiol. 2009;38:577-85.
30. Srinivasan S, Bedi AS. Domestic violence and dowry: evidence from a South Indian village. World Dev. 2007;35:857-80.
31. Chang EC, Kahle ER, Hirsch JK. Understanding how domestic abuse is associated with greater depressive symptoms in a community sample of female primary care patients: does loss of belongingness matter? Violence Against Women. 2015;21:700-11.
32. Flanagan JC, Gordon KC, Moore TM, Stuart GL. Women's stress, depression, and relationship adjustment profiles as they relate to intimate partner violence and mental health during pregnancy and postpartum. Psychol Violence. 2015;5:66-73.
33. Fisher JRW, de Mello MC. Mental health consequences of violence against women. In: Lindert J, Levav I, editors. Violence and mental health: its manifold faces. Dordrecht The Netherlands: Springer; 2015:133-52.
34. Kumar S, Jeyaseelan L, Suresh S, Ahuja RC. Domestic violence and its mental health correlates in Indian women. Br J Psychiatry. 2005;187:62-7.
35. Pico-Alfonso MA, Garcia-Linares MI, Celda-Navarro N, Blasco-Ros C, Echeburúa E, Martinez M. The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. J Womens Health (Larchmt). 2006;15:599-611.
36. Tichy LL, Becker JV, Sisco MM. The downside of patriarchal benevolence: ambivalence in addressing domestic violence and socioeconomic considerations for women of Tamil Nadu, India. J Fam Viol. 2009;24:547-58.
37. Das PK. Handbook on Protection of Women from Domestic Violence Act and Rules. Universal Law Publishing; 2011.
38. Ghosh B, Choudhury T. Legal protection against domestic violence in India: scope and limitations. J Fam Viol. 2011;26:319-30.

Ragesh G, Sabitha C, Sajitha K, Hamza A. Domestic violence: profile of married women availing institutional help. Open J Psychiatry Allied Sci. 2017;8:76-81. doi: 10.5958/2394-2061.2016.00048.3. Epub 2016 Nov 24.

Source of support: Nil. **Declaration of interest:** None.