

Commentary

Conceptual Understanding of Domestic Violence and its Impact on Emotional Health

**Bhakti Murkey¹, Suresh Kumar Mehta^{2*}, Deepak Salvi³, Rahul Audichya⁴,
Neha Agarwal⁵**

¹Assistant Professor, ²Professor and Head, ⁵Senior Resident,

Department of Psychiatry, Pacific Medical College and Hospital,
Udaipur, Rajasthan, India

³Professor and Head, ⁴Assistant Professor,

Department of Clinical Psychology, Pacific Medical College and Hospital,
Udaipur, Rajasthan, India

*Corresponding author Email:v2d.bm3@gmail.com

INTRODUCTION

The word violence creates deep inner stirrings in an empathic mind, and has diverse perceived impressions, depending on our culture and beliefs. Given its complex phenomenology, finding a universal definition for violence has been a challenge. However, in an attempt to holistically understand the entity of abuse/ violence/ battering, the WHO has proposed its definition, as “intentional use of actual or threatened physical force/ power over oneself or another person/ group/ community, which results/ can result in injury/ death/ psychological harm/ deprivation.”

Magnitude

In India, the patriarchal culture has spread its claws over generations of women, evident through history of female foeticides, preference of male births and for provision of education/ resources, early marriage of girls, and dislike for mothers who are unable to bear male heirs. There is also the unique role of non-partner perpetrators of *domestic violence (DV)* in joint family settings, and normalisation of

neglect, isolation, control over family planning, and dowry harassment, including bride burning and honour killings. Although historically there has been a higher count of female victims of DV, the fact remains that it is not a gender issue and can be inflicted upon anyone, whether on the streets or behind closed doors.

It would be crucial to note that woman battering is seen to occur 5 times more often at home, than in public. For a receptive, nurturing woman, who juggles multiple roles in her life and strives to find support and happiness throughout her struggles, this sounds like a breakdown effected by her harsh reality. It is not only sad, but more so humiliating and infuriating to the person within, who suffers a deep sense of imposed mistrust and hopelessness. The paradox of the situation is that, consumed by their fear of aftermath, or feelings of shame and guilt, these women hardly step forward to report abuse at home or seek help for themselves. Facing violence in front of another is not any easier. Women who get abused outside their homes face the on-lookers' judgement and pity for their helplessness, rather than getting protection or encouragement to revive from the misery.

In fact, beating or abuse of women was not considered wrong for decades, in the multicultural communities of India. It was only in the recent few decades, that women's rights activists sought to acknowledge the act of DV as a punishable *crime* in India. Thus, contemporary social/ legal (Section 498A IPC) norms were built towards preventing VAW (*violence against women*). The Protection of Women from Domestic Violence Act (2005) also specifies DV as physical/ sexual/ verbal/ emotional/ economic abuse against a woman by a partner/ family member.

The recent version of *domestic violence (DV)* as per literature search is “coercive/ assaultive behavioural pattern, of physical/ sexual/ verbal/ psychological/ economic attacks used against an intimate partner, whether married/ unmarried, heterosexual/ gay/ lesbian, or living together/ separated.” This definition resonates more with western world concepts and is called *intimate partner violence (IPV)*.

Conceptual Overview

Conceptually, WHO has classified violence into 3 categories: self-directed, interpersonal, and collective. These terms are self-explanatory, and DV is encompassed under family/ partner domain of interpersonal violence. A closer look into DV shows how it can manifest overtly, through physical, sexual, or verbal abuse and more importantly, covertly, through psychological trauma. Non-verbal aggression, coercion, economic restriction, and/ or exploitation, as well as subtle mind games of gas-lighting, sarcasm, invalidation, neglect, blame shifting, word twisting, and feigning ignorance, are all forms of covert abuse. Covert abuse is hard to identify and describe. Such abuser can systematically manipulate our thoughts and emotions and make us doubt ourselves. This has the most deleterious and chronic effects on the victim, slowly taking away their sense of identity under the pretence of love and care.

The current global estimate of deaths by DV approximates to 16 lac deaths annually¹. In India, there is substantial prevalence of 41% reported abuse, more common in victims of extreme age groups, and communities with low-income, comorbid substance use, and unemployment². Surprisingly, this is only a quarter of the actual statistics of DV as per NCRB (National Crime Records Bureau) of India. Researchers have identified childhood delinquent behaviour, family history of domestic abuse, impulsive personality, and association with maladaptive peer group as risk factors for IPV perpetrators. On the other hand, certain factors are found to be protective against IPV, such as having a strong social support and network of stable relations, co-ordination of community resources and services, access to safe houses and medical and/ or financial help.

Impact on Health

Irrespective of age, gender, economic background, religious beliefs or social status, an experience of violence affects each victim, every time. Numerous studies have directly linked DV with multiple adverse health consequences ranging from poor physical health, increase in sexually transmitted infections, and diminished healthcare utilisation, to increased emotional turmoil, low self-esteem, and suicidality. In the short run, it impacts the victim's physical and emotional sense of self but in the long run, it can worsen their occupational and social functioning, and even child-rearing abilities, in turn, diminishing their quality of life.

National Family Violence Survey in the USA clearly reported high incidence of depression in victims of DV. Surprisingly, self-blame was found to be a major contributor to experiencing depressive symptoms in these victims. All forms of anxiety disorders, specifically PTSD (post-traumatic stress disorder) have been found to have higher incidence with DV in adults.

Concurrently, DV has been reported to be more prevalent in people who are already suffering from psychiatric disorders, as per a longitudinal study conducted in the UK. For example, patients of eating disorders, sleeping disorders, obsessive-compulsive disorder, bipolar disorder and/ or schizophrenia tend to be victimised more often than general population. The risk of DV in women suffering from Depression is found to be 2.5 times higher than other women. Similarly, this risk was 3.5 times more in women suffering from Anxiety, and 7 times higher in those already suffering from PTSD.

The most recent surge in DV was seen during the Covid-19 pandemic, followed by significant psychological adverse effects, which got amplified by social quarantine. The economic instability of this period, and cultural norms of India together ignited abuse against women during the pandemic, causing rise in complaints of dowry harassment and death registered in the post-lockdown period (2020). In fact, there was a rise of 15.3% reported DV crime rate merely over one year of lockdown, as per 2021 data³.

An aggrieved person who is suffering from mental health issues secondary to experiencing abuse or trauma can approach for help at Government hospitals attached with State Mental Health Authority in each state in India, in addition to the legal support system. During lockdown, an Indian study on use of social media (WhatsApp) for providing support to these victims also reported higher incidence of posttraumatic symptoms, substance abuse, panic attacks, depressions, hallucinations, eating disorders, self-harm, etc. in the victims. This article hereby summarises the psychological impact and resultant psychiatric morbidity in victims of DV.

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