

Impact on domestic violence victims' women concerning mental health

Prakruti Pandya^{1*}, Prof. Sangeeta Pathak²

ABSTRACT

The present study has been finding to assess the impact on domestic violence victims' women concerning mental health. Domestic violence in India incorporates any type of violence experienced by an individual a natural family member, yet regularly is the violence endured by a lady by male individuals from her family or relatives. According to a National Family and Health Survey in 2005, absolute lifetime pervasiveness of domestic violence was 33.5% and 8.5% for sexual violence among ladies matured 15–49. This research was adopted 2×2×2 factorial design with 2 types of area [rural and urban] 2 education [below graduate and above graduate] 2 age [30 below and 30 above]. A total of 200 domestic violence victims women shall be selected out of which 100 would be rural and urban out of which 50 would be below graduate and 50 above graduate from each of this 100 women 25 below 30 year and 25 above 30 year victim women would take. Mental Health Scale prepared by Dr. D.J.Bhatt and Kumari G.R.Gida in Gujarati was used to measure the level of mental health of working and non-working women. The research study report should be written in an obvious and unmistakable words so judge the sufficiency and the strength of the research study. No, any major impact detected in domestic violence victims' women concerning mental health.

Keywords: *Domestic Violence, Women, Mental Health*

At the point when individuals consider domestic abuse, they frequently center around domestic violence. Be that as it may, domestic abuse remembers any endeavor by one individual for a close connection or union with command and control the other. Domestic violence and abuse are utilized for one reason and one reason just: to pick up and keep up all out authority over you. An abuser doesn't "follow the rules." An abuser utilizes dread, blame, disgrace, and terrorizing to wear you out and hold you subservient to them. Domestic violence and abuse can transpire; it doesn't segregate. Abuse occurs inside hetero connections and in same-sex associations. It happens inside all age ranges, ethnic foundations, and monetary levels. And keeping in mind that ladies are all the more regularly misled, men additionally experience abuse—particularly verbal and passionate. Basically injurious conduct is rarely worthy, regardless of whether from a man, lady, young person, or a more established grown-up. You have the right to feel esteemed, regarded, and safe.

¹ Research Scholar, Department of Psychology, Sardar Patel University, Vallabh Vidyanagar, India

² Professor, Department of Psychology, Sardar Patel University, Vallabh Vidyanagar, India

*Responding Author

Received: February 02, 2020; Revision Received: March 21, 2020; Accepted: March 31, 2020

Impact on domestic violence victims' women concerning mental health

Domestic abuse regularly heightens from dangers and obnoxious attack to violence. And keeping in mind that physical injury may represent the most clear risk, the enthusiastic and mental outcomes of domestic abuse are likewise serious. Genuinely harsh connections can wreck your self-esteem, lead to nervousness and gloom, and cause you to feel vulnerable and alone. Nobody ought to need to persevere through this sort of torment—and your initial step to breaking free is perceiving that your relationship is injurious.

DOMESTIC VIOLENCE IN INDIA

Domestic violence in India incorporates any type of violence experienced by an individual a natural family member, yet regularly is the violence endured by a lady by male individuals from her family or relatives. According to a National Family and Health Survey in 2005, absolute lifetime pervasiveness of domestic violence was 33.5% and 8.5% for sexual violence among ladies matured 15–49. A recent report in *The Lancet* reports that in spite of the fact that the detailed sexual violence rate in India is among the least on the planet, the enormous populace of India implies that the violence influences 27.5 million ladies over their lifetimes. However, A study completed by the Thomson Reuters Foundation positioned India as the most hazardous nation on the planet for women.

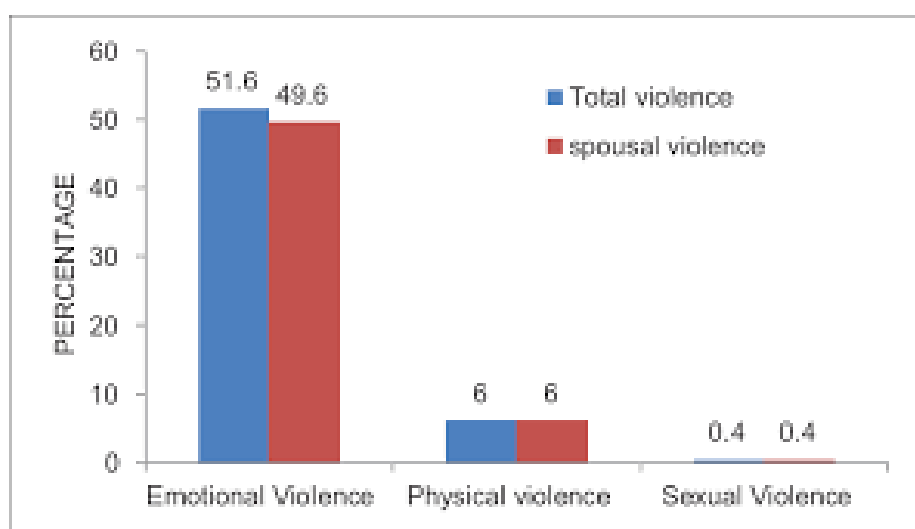


Chart: A: Various Violence in India

The National Family Health Survey of India in 2006 evaluated the lifetime pervasiveness of sexual violence among ladies matured 15–49, remembering occasions of conjugal assault for India. The investigation remembered for its meaning of "sexual violence" all examples of a lady encountering her significant other "genuinely driving her to have sex with him in any event, when she would not like to; and, constraining her to play out any sexual demonstrations she didn't need to". The examination inspected 83,703 ladies across the nation, and established that 8.5% of ladies in the 15-49 age bunch had encountered sexual violence in their lifetime. This figure incorporates all types of constrained sexual movement by spouse on wife, during their wedded life, yet not perceived as conjugal assault by Indian law.

Impact on domestic violence victims' women concerning mental health

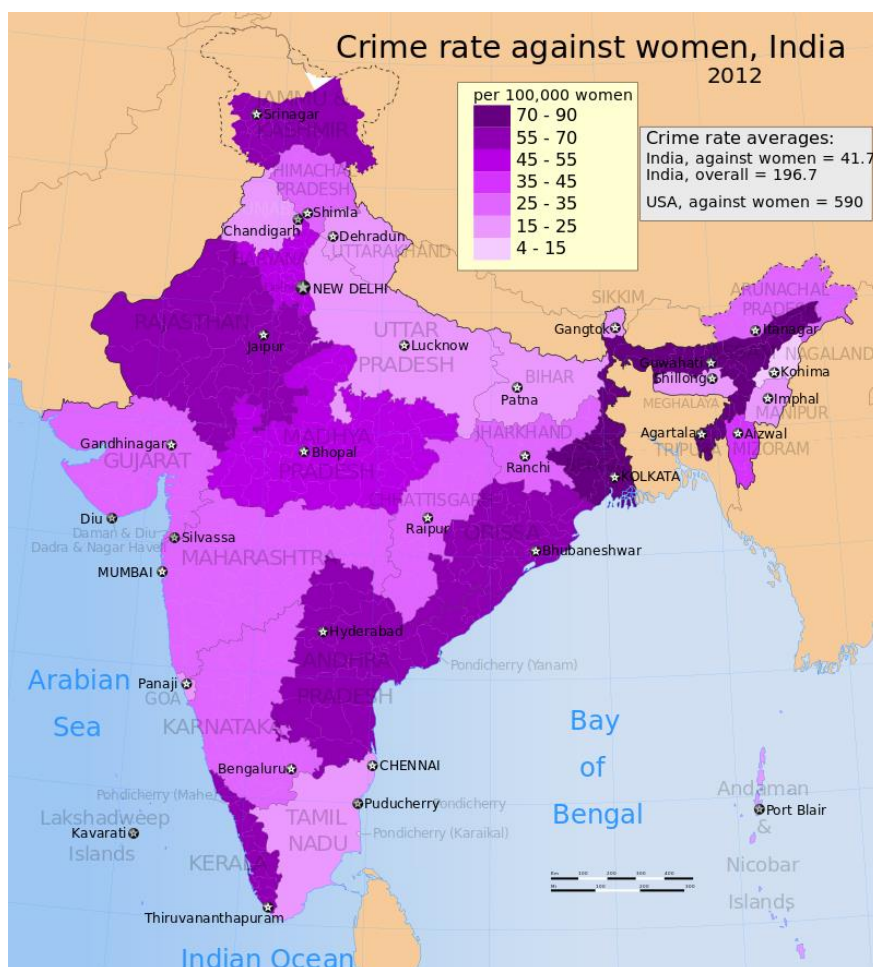


Chart: A: India Map: Crime rate against women, 2012

The 2006 NFHS study revealed sexual violence to be most reduced against ladies in the 15-19 age gathering, and urban ladies announcing 6% lifetime predominance pace of sexual violence, while 10% of provincial ladies detailed encountering sexual violence in their lifetime. Women with ten years of training experienced psintedly less sexual violence, contrasted with ladies with less education. The aggregate of nearly 83703 ladies participated and of 67426 Hindu ladies who partook in it 22453, that is equivalent to 33.3% respondents said yes to being genuinely abused at their home, comparable is the situation of Buddhist ladies where 40% ladies said yes to being truly abused.

REVIEW OF PAST STUDIES

Singer (1971) pointed out that the aggressive bahaviour is responsible for greatest personal violence within the family. He further suggested that aggressive behaviour is more closely tied to the emotional consequences of frustration of hopes, images and day-to-day stress among persons who have important complex relations.

Hotaling and Sugarman (1997) in a critical review of 52 studies conducted in the U.S. found that the only risk marker for women consistently associated with being the victim of physical abuse was having witnessed parental violence as a child.

Johnson (2005) also stated that the rate of wife beating is much higher for men who have witnessed violence by their own fathers, but at the same time it is also true that some of the abusive men were not exposed to violence in childhood.

Impact on domestic violence victims' women concerning mental health

Gender based socialization and imposition of all ill customs on daughters is another casual factor of domestic violence (Kishwar, 1994).

Parents guide their daughter to adapt typical feminine traits i.e. submissiveness, nurturance, dependency and low achievement orientation to successfully carry out their future roles as obedient daughter and dutiful wife. Studies evinced that sex stereotype is an universal phenomenon and has direct link with violence against women behind the close doors (Rao & Rao, 1982; Ward & Sethi, 1983 & Panday, 2008).

Thakur (2001) conducted a study on gender based violence in the city of Ajmer and reported that education and occupation of women play a very positive role against violence towards women. Psychological abuse and degradation were found to be even more difficult to bear than physical abuse. Major causes of violence were found to be dowry, greedy attitude of in-laws, financial problems, alcoholism, gambling, childlessness, incompetence in child care or house work (beyond one's capacity), superstitions, discussion of family matters with neighbours and breaking social and family restrictions.

METHODOLOGY

Objective:

1. To study the mental health among rural and urban domestic violence victims women.
2. To study the mental health among below graduates and above graduates domestic violence victims women.
3. To study the mental health among below 30 year and above 30 year domestic violence victims women.

Hypothesis:

- Ho₁. There will be no significant difference between rural and urban area of domestic violence victims women in relation to mental health.
- Ho₂. There will be no significant difference between below graduates and above graduate education level of domestic violence victims women in relation to mental health.
- Ho₃. There will be no significant difference between below 30 year and above 30 year age group of domestic violence victims women in relation to mental health.

Variables:

1. Independent variables :-

1. Types of area :- Rural / Urban
2. Education:- Below graduates / Above graduates
3. Age :- Below 30 year / Above 30 year

2. Dependent variable:-

1. Mental Health

3. Control variable:-

1. Only Anand and Kheda districts women include in this study.
2. All religious D.V.V. women not include in this study.
3. Only domestic violence victim women include in this study.

Research Design:

Main aim of this study is get information about the rural and urban domestic violence victim women mental health other important variable like types of area, education, age level. This research was adopted 2×2×2 factorial design with 2 types of area [rural and urban] 2 education [below graduate and above graduate] 2 age [30 below and 30 above]

Impact on domestic violence victims' women concerning mental health

Sample:

In this research study of domestic violence victim women is select from Anand and Kheda Districts in Gujarat state. This sample was selected by random sampling method. A total of 200 domestic violence victims women shall be selected out of which 100 would be rural and urban out of which 50 would be below graduate and 50 above graduate from each of this 100 women 25 below 30 year and 25 above 30 year victim women would take.

Tools:

For this research to collect required information the following tools shall be used.

1. Personal Data sheet:-

A personal data sheet developed by researcher was used to gather information about types of area, education, age.

2. Mental Health Scale:-

Mental Health Scale prepared by Dr. D.J.Bhatt and Kumari G.R.Gida in Gujarati was used to measure the level of mental health of working and non working women. This inventory contains 40 statements. These statements are classified in five factors in every division, there are 8 statements. These five factors and the order of the statement in each division is given below.

1. Perception of reality : 1, 6, 11, 16, 21, 26, 31, 36
2. Integrated personality : -2, 7, 12, 17, 22, 27, 32, 37
3. Positive self-assessment : 3, 8, 13, 18, 23, 28, 33, 38
4. Group oriented tendencies : 4, 9, 14, 19, 24, 29, 34, 39
5. Mastary over environment : 5, 10, 15, 20, 25, 30, 35, 40

In this inventory, we get different scores for five factors of mental health and we also get total score for the mental health. In the present research total score of mental health has been used in this inventory, there are two alternatives, agree, disagree. The subject has to makes sign of true on the alternative selected by him. Here for the statements 2, 4, 5, 6, 8, 10, 11, 12, 13, 15, 16, 17, 21, 23, 27, 29, 30, 31, 32, 34, 36, 39 and 40, 1 score is given for the response of agree and 0 score is given for the response of disagree.

For the statement No. 1, 3, 7, 9, 14, 19, 20, 22, 24, 25, 26, 28, 33, 35, 37, 38, the score 1 is given for the response of disagree and 0 score for the response of disagree and 0 score for the response of agree. In this inventory minimum scores is 0 and maximum is 40. It is interpreted that the low scoring in the scale indicates low mental health and the high scoring indicates high level of mental health. The reliability score of this inventory is 0.94 found out by split-half method in the sample of 100 males & females. The researcher has found the reliability score as 0.54 by split half method, on the sample 450 teachers. The evident validity & content validity of this scale was very high. The concurrent validity of this scale was found to be 0-63, which was significant at 0.01 level.

Procedure

The aim and object of current study is find information about mental health check list, emotional maturity scale and personality inventory of domestic violence victims women. Information was received according to matter of study from domestic violence victims women to take in Anand and Kheda District. Information was together from Anand, Kheda family court, probation office and NGO. After receiving permission of related chief person about total number of domestic violence victim's women of urban and rural area to take

Impact on domestic violence victims' women concerning mental health

questionnaire were prepared. Total 200 filled up questionnaires were together from the different district in Gujarat.

RESULT AND DISCUSSION

Main aim of this study is getting information about the rural and urban domestic violence victim women mental health. For that purpose the methods of factorial design were used. For this research study of domestic violence victim women is selected from Anand and Kheda Districts in Gujarat state. This sample was selected by random sampling method.

Table 1, Showing results of ANOVA scores of Mental Health

Source of Variations	SS	Df	MSS	F	Sig.
Area	1.280	1	1.280	.057	NS
Edu	2.000	1	2.000	.089	NS
Age	79.380	1	79.380	3.55	NS

Value- .05 level < 3.89 and .01 level < 6.76 – NS = Not significant, Sig = Significant

(A) Area

Main effects (A) correspond to the factor of area. It was inferential that domestic violence victims' women from two different areas each differ from other significantly. Main effects (A) which correspond to the factor of area obtained on F value of 0.057 which is not as much of as required to be significant at 0.05 level. As can be seen from the table-1 rural and urban area domestic violence victims women do not differ from each other in respect of Mental Health. It means the null hypothesis is accepted in case of main effect A.

Table 2, Showing mean differences in Mental Health level with deference to area.

Area	N	Mean	Mean Difference
Rural	100	21.23	0.16
Urban	100	21.39	

The mean scores of Rural and Urban area are 21.23 and 21.39 in that order. The mean difference between rural and urban is 0.16. Mental Health does not seem to be influencing factor on area. This suggests that the level of area does not play a significant role in the level of mental health of a domestic violence victim woman.

(B) Education

Main effects (B) correspond to the factor of education. It was inferential that domestic violence victims' women from two different educations each differ from other significantly. Main effects (B) which correspond to the factor of education obtained on F value of 0.08 which is not as much of as required to be significant at 0.05 level. As can be seen from the table-1 below graduate and above graduate education of domestic violence victims women do not differ from each other in respect of Mental Health. It means the null hypothesis is accepted in case of main effect B.

Table 3, Showing mean differences in Mental Health level with deference to education.

Education	N	Mean	Mean Difference
Below graduate	100	21.41	0.20
Above graduate	100	21.21	

Impact on domestic violence victims' women concerning mental health

The mean scores of below graduate and above graduate education are 21.41 and 21.21 in that order. The mean difference between below graduate and above graduate is 0.20. Mental Health does not seem to be an influencing factor on education. This suggests that the level of education does not play a significant role in the level of mental health of a domestic violence victim woman.

(C) Age

From the different values in table 4.1 it becomes visible that the main effect C is not significant at 0.05 levels. As can be seen from table-1, 30 year below and 30 year above age of domestic violence victims' women do not differ from each other in respect of Mental Health. It means the null hypothesis is accepted in case of main effect C.

Table 4, Showing mean differences in Mental Health level with deference to age.

Age	N	Mean	Mean Difference
30 year below	100	20.68	1.26
30 year above	100	21.94	

The mean scores of 30 year below and 30 year above age are 20.68 and 21.94 in that order. The mean difference between 30 year below and 30 year above age is 1.26. Mental Health does not seem to be an influencing factor on age. This suggests that the level of age does not play a significant role in the level of mental health of domestic violence victim woman.

CONCLUSION

The current study is descriptive in natural history. Descriptive research studies are designed to obtain pertinent and precise information relating to the present status of phenomena and, whenever possible, to draw valid general conclusions from the facts exposed. Therefore, the research study information aims at important the person who reads the problems, examines the technique adopted, outcome found and the conclusion reached. The research study report should be written in obvious and unmistakable words so judge the sufficiency and the strength of the research study.

1. No significant difference found between domestic violence victim women of rural and urban area in relation to mental health.
2. No significant difference found between domestic violence victim women of below graduates and above graduate education level in relation to mental health.
3. No significant difference found between domestic violence victim women of below 30 year and above 30 year age group in relation to mental health.

LIMITATION

1. Only Kheda and Anand districts women victims of domestic violence were included in this study so conclusion of this study were not considered with other districts of Gujarat state/other states.
2. In this study only women who have suffered physical, emotional and domestic violence have been taken. So the findings of the current study will not be generalized on other common women.
3. Physically or psychologically retarded females were not chosen in the current study as a sample, so these conclusions cannot be appropriate to such females.

SUGGESTION

1. Not only Kheda and Anand districts but other districts of Gujarat and other State will be measured in future research.
2. Illiterate domestic violence victim women of rural and urban areas can be measured and research can be followed.
3. Study can be set at all situation level instead of a number of areas of country, state or districts for the study of mental health, emotional maturity and personality of women victims of domestic violence.

REFERENCES

- An offence, of course". Indian Express. 2011-01-15. Retrieved 2012-12-28.
- Criminal recognition to marital rape in India is long overdue". The Times of India. 2012-12-04. Retrieved 2012-12-28.
- Ellsberg, Mary, PhD. "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." *The Lancet* 371 (2008). 17 Mar. 2013.
- Foundation, Thomson Reuters. "The world's five most dangerous countries for women 2018". poll2018.trust.org. Retrieved 2019-04-06.
- Global Study on Homicide 2013, United Nations Office on Drugs and Crime, page 12, ISBN 978-92-1-054205-0
- Intimate Partner Violence, 1993–2010, Bureau of Justice Statistics, US Department of Justice, table on page 10.
- Kalpna Sharma (2010-11-10). "Contradictions and confusion cloud rape laws. The result is miscarriage of justice". *Tehelka*. Archived from the original on 2013-02-03. Retrieved 2012-12-28.
- Marital rape not criminal offence: MPs committee backs govt". NDTV.com. 2013-03-01. Retrieved 2013-04-16.
- Martin, Sandra; Amy Tsui; Kuhu Maitra; Ruth Marinshaw (1999). "Domestic Violence in Northern India". *American Journal of Epidemiology*: 150.
- National Crimes Record Bureau, Crime in India 2012 - Statistics Archived June 20, 2014, at the Wayback Machine Government of India (May 2013)
- Peter Foster (2006-10-27). "India outlaws wife-beating and marital rape". *The Telegraph*. Retrieved 2012-12-28.
- Rosenthal, Elizabeth (6 October 2006). "Domestic violence plagues women worldwide, study says - SFGate". *The San Francisco Chronicle*. Committee on Health Care for Underserved Women. Intimate Partner Violence. *American College of Obstetricians and Gynecologists*, Feb. 2012. Web. 17 Mar. 2013.
- S. Harrendorf, M. Heiskanen, S. Malby, INTERNATIONAL STATISTICS on CRIME AND JUSTICE United Nations Office on Drugs & Crime (2012)
- Sexual violence and rape in India *The Lancet*, Vol 383, March 8, 2014, p. 865
- Vizcarra, B. Partner Violence as a Risk Factor for Mental Health among Women from Communities in the Philippines, Egypt, Chile, and India. National Centre for Biotechnology Information. Department of Psychology Universidad De La Frontera, Temuco, Chile, 2004. 18 Mar. 2013.
- Women's Empowerment in India" (PDF). National Family and Health Survey. Retrieved 2015. Check date values in: |accessdate= (help)

Impact on domestic violence victims' women concerning mental health

Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Pandya, P & Pathak, S (2020). Impact on domestic violence victims' women concerning mental health. *International Journal of Indian Psychology*, 8(1), 1116-1124. DIP:18.01.137/20200801, DOI:10.25215/0801.137