

## **Domestic Violence, Mental Health, Anxiety and Quality of life among Women during Covid-19**

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### **Abstract**

The impact of Corona-Virus pandemic on mental health of individuals is now available in latest researches. According to the National Commission of Women data, India recorded a 2.5 times increase in domestic violence between February and May 2020. Domestic violence by definition could be explained as any violent, forceful, and abusive or threatening words or/and acts caused by either the whole family or one member of the family. The present study aimed to assess the level of mental health, anxiety and quality of life among the women suffering from domestic violence. The sample of 30 women was taken suffering from domestic violence. Mental Health Inventory (Verma and Srivastava, 1983), WHO-Quality of Life (Saxena et al., 1988) and Hamilton Anxiety Rating Scale (Hamilton, 1959) were administered to assess the level of mental health, anxiety and quality of life among the women. Descriptive statistics results shows that most women suffering from domestic violence had poor mental health and quality of life. Victims also found to perceive more anxiety.

**Key words:** Covid-19, Women, Domestic Violence, Mental Health, Anxiety, Quality of Life

### **INTRODUCTION**

Love, understanding, respecting one another, trust, engagement and unity are the key to successful marriage. While many couples can find all the essential ingredients in their marital relations, others find one or more elements that lack their connection. This leads to implications that are not always expected or desired. For this reason, several couples are exposed to adverse effects such as divorce.

These circumstances also vary from one culture to another. If we take Indian culture, these also disputes related to marriage is a big concern in society. Above all during Covid-19, such incidence of

unhealthy married life lead to domestic violence too. According to the National Commission of Women data, India recorded a 2.5 times increase in domestic violence between February and May 2020. Despite this increase in incidents of gender-based violence, Jagori, a Delhi-based NGO, has witnessed a drop in calls on its helpline numbers by 50%. This could be because of the fear of getting discovered by their offenders at home according to Jaya Velankar, Director Jagori (Chandra, 2020). Allen-Ebrahimian (Allen-Ebrahimian, 2020) reported that China witnessed a three-fold increase in the cases of domestic violence after imposing quarantine. Different states in the United States also reported an increase of about 21–35% in domestic violence (Wagers, 2020). Even the UK has been facing concerns due to rising family violence.

Although a disturbed marriage has many effects, in such relationships, domestic violence is the most common form of aggression. Different groups and individuals have defined domestic violence to include everything from words that are unkind to words that decrease or that hit, kick, shock or even kill. Domestic violence refers most frequently to violence between married and living couples, even if it refers sometimes to violence against other householders, for example children and the elderly. Factors such as poverty, drugs or alcohol abuse and mental disease increase their probability in every racial, socio-economic, ethnic and religious group.

#### **Domestic violence in Indian homes and their causes**

- The major cause of prevalence of domestic violence is the orthodox and idiotic mindset of the society that women are physically and emotionally weaker than males.
- Alcoholism (Markowitz, 2000) and mental illness (Dutton, 1994) may be co-morbid with abuse.
- Dissatisfaction with the dowry and exploiting women.
- Refusing to have sex with him/her.
- Neglecting children.
- Going out of homes without telling the partner.
- Not cooking properly or on time.
- Indulging in extramarital affairs (Indian Express, 2003).
- Not looking after her in-laws.
- Infertility in females.
- Desire for male child.
- Forced marriage and child marriage (WHO, 2013).
- Inferiority complex (Hamberger and Hastings, 1991)<sup>[9]</sup>.
- Her/his absence from the house till late night.
- Being more forward socially.

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- Forced marriage and child marriage (WHO,2013).

### **Consequences of domestic violence**

- Women cannot stand up and are the major victims of this truth, as we know, males are physically stronger than women. It is difficult and terrible for them to survive. Consequently, many of these persons are supported by women's assistance
- Certain female traffickers and pornography are strongly involved. This leads to a high risk of becoming addicted and HIV/AIDS sufferers.
- Domestic violence most seriously impacts children. It's a deeper, more awful impact on your psyche if you experience a physical assault on your mother. When you become used to it at home, you do the same thing at home.
- When a sexual partner abuses women, women tend to stay distant from their partner, which adversely affects their sexual life. Many of the victims ultimately divorce and become separated (Goetz, 2010).

The psychological factors also play a major role in domestic violence.

- Domestic violence affects the personality traits and mental characteristics of the victim. The personality traits include hidden bursts of anger.
- Poor Impulse control, repressed aggression.
- Poor self-respect, hopelessness, low confidence.
- Poor mental health, feeling of isolation.
- Depression, anxiety, development of suicidal tendencies (Siemienbuik et al., 2010).
- Personality disorderseg. borderline personality, antisocial personality disorder, drug abuse, bipolar disorder, schizophrenic (Worell, 2001).
- Jealousy felt by the partner that there partners being unfaithful or is planning to leave the relationship.
- Feeling insulted by the rejection resulting in no self-esteem.

### **Objectives**

The main purpose of the study was to analyze the level of Mental health, Quality of Life and Anxiety among the women suffering from domestic violence.

1. To assess the level of Mental health among the women suffering from domestic violence.
2. To determine the level of Quality of life among the women suffering from domestic violence.
3. To evaluate the level of Anxiety among the women suffering from domestic violence.

### **Hypothesis**

1. There will be a differential level of Mental health observed among the women suffering from domestic violence.
2. There will be a differential level of Quality of life among women suffering from domestic violence.
3. There will be a differential level of Anxiety among women suffering from domestic violence.

### **Variables**

1. Mental Health
2. Quality of life
3. Anxiety
4. Women suffering from domestic violence

### Sample

The total sample of the study consisted of 30 women clients who arrived at women day care centers family counseling center for seeking help and to resolve their marital conflicts suffering from the case of domestic violence. Purposive sampling was done. Sample was collected on availability basis.

### Inclusion Criteria

1. Women clients ageing from 25-40 were selected.
2. Women clients suffering especially from domestic violence were selected.
3. Informed consent.

### Exclusion Criteria

1. Women suffering from psychological illness were excluded.
2. Women having other problems apart from domestic violence were excluded.

### Tools of Measurement

1. Mental Health Inventory (Verma and Srivastava, 1983).
2. WHO-Quality of Life (questionnaire in Hindi) (Saxena et al., 1988).
3. Hamilton Anxiety Rating Scale (HAM-A) (Hamilton, 1959).

**Procedure:** Women clients suffering from domestic violence were selected and three were administered on them to assess the level of Mental health, Quality of life and Anxiety. After the conduction of the test, scoring of the data obtained was done and results and discussion of the result tables were drawn.

**Scoring:** Scoring of the test was done according to their respective manuals.

## RESULT AND DISCUSSION

The purpose of the study was to assess the level of mental health, anxiety and quality of life of women suffering from domestic violence. The sample (N=30) was taken from various women day care centers. The tools employed were mental health inventory, Hamilton's anxiety scale and quality of life questionnaires. These questionnaires were administered on the subjects. The scoring of the data obtained was done according to the manuals. Relevant statistical tools were applied and results obtained were tabulated and discussed.

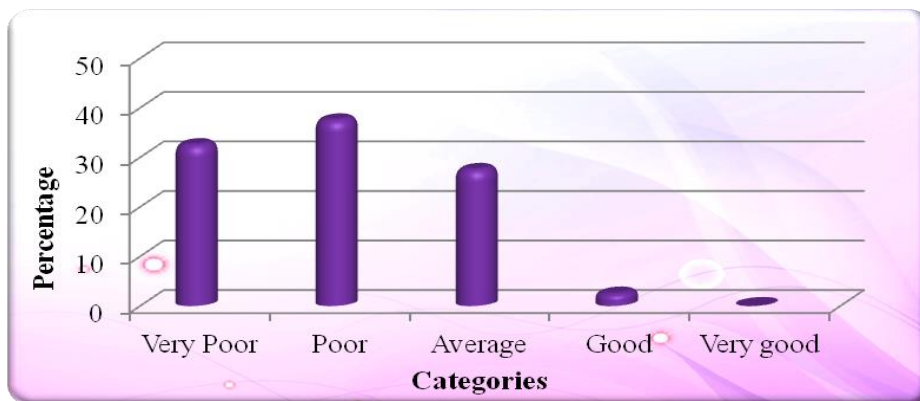
**Table 1: Showing frequency and percentage of the number of women clients suffering from domestic violence lying in a particular level of the mental health.**

Categories	Frequency	Percent	Valid Percent	Cumulative Percent
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Very Poor	9	32	32.5	32.5
Poor	11	37	37.5	70.0
Average	9	27	27.5	97.5
Good	1	2	2.5	100.0
Very good	0	0	0	
Total	30	100.0	100.0	

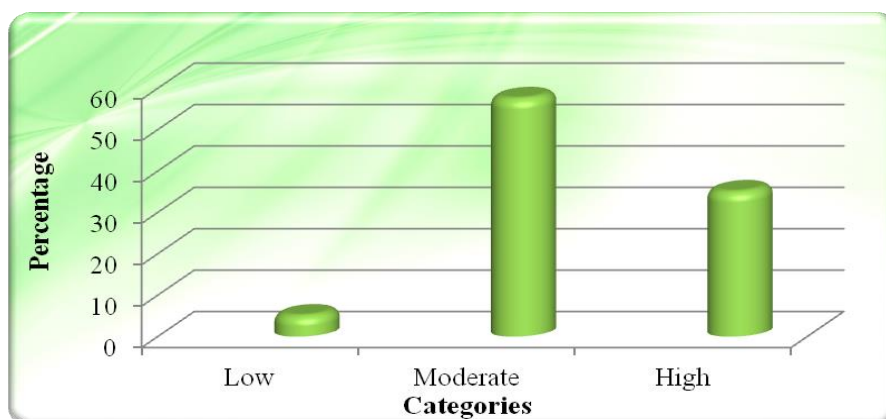
**Graph 1: Showing percentage of the number of women clients suffering from domestic violence lying in a particular level of the mental health.**



**Table 2: Showing frequency and percentage of the number of women clients suffering from domestic violence lying in a particular level of the anxiety.**

Categories	Frequency	Percent	Valid Percent	Cumulative Percent
Low	2	5	5.0	5.0
Moderate	18	57	57.5	62.5
High	10	35	35.0	97.5
Total	30	100.0	100.0	

**Graph 2: Showing percentage of the number of women clients suffering from domestic violence lying in a particular level of the anxiety.**



**Table 3: Showing frequency and percentage of the number of women clients suffering from domestic violence lying in a particular level of the Quality of Life.**

Categories	Frequency	Percent	Valid Percent	Cumulative Percent
Very Poor	7	22	22.5	22.5
Poor	13	45	45.0	67.5
Average	7	25	25.0	92.5
Good	3	7	7.5	100.0
Very good	0	0	0	
Total	30	100.0	100.0	

**Graph 3: Showing percentage of the number of women clients suffering from domestic violence lying in a particular level of the Quality of Life.**

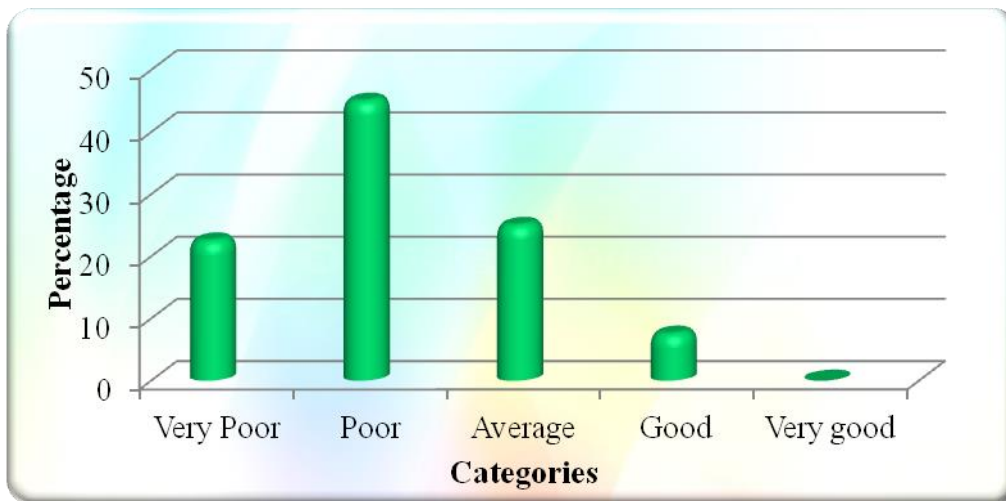


Table 1 indicates the frequency and percentage of the number of women clients suffering from domestic violence lying in a particular level of mental health. It may be seen from the table that 9 out of 30 women suffering from domestic violence also suffered from very poor mental health i.e. around 32% of the women were having very poor mental state. 37.5% of the women were found to have poor level of mental health 27.5% had the average mental health and only one out of 30 subjects were observed to have good mental health. None of the subjects were reported to have mental health at very good level. The graph 1 showing the same data was also constructed in the support of the results obtained.

Thus, it may be seen from the level of mental health these women that how domestic violence directly affects the mental health of the women who has been victimized by the family either by husband or by other family members by any means like using abusive language, hitting, kicking, choking etc. This poor level of mental health deteriorated their ability to enjoy life, to attain balance between life activities and to attain psychological resilience.

It was observed in table 2 (showing frequency and percentage of the number of women suffering from domestic violence lying in a particular level of anxiety) that 35% of the total women population taken under study had high level of anxiety. 57% of the suffered women were found to have moderate level of anxiety and only 5% had low anxiety. It may be seen that these women who

suffered from high and moderate level of anxiety were taking help from the women helping centres in order to overcome their stress. These women were found to have stress regarding their future and their children's future if any. They used to feel financially inefficient and socially backward. They felt that they can't survive in the competitive world. Graph 2 was constructed in the support of the table.

When the frequency and percentage of the number of women clients suffering from domestic violence lying in a particular level of quality of life was assessed in table 3, it was found that 45% of the sufferers were having poor level of quality of life, 22.5% of them suffered from very poor quality of life. 25% of the women clients were seen to have average quality of life and only 7% had good quality of life. None of the women sufferers were having very good quality of life. This showed that the torturing of the women in the form of domestic violence also hindered their quality of life. They are not able to sleep or eat properly. They are not able to take care of themselves, family or the surroundings effectively. Due to this torture, proper medical or hygienic facilities are also not made available to them. Graph 3 has been made to support the findings.

Kalokhe et al. (2017) reported low mental and phytosanitary prevalence of female domestic violence in India. In the last decade, 137 quantitative studies reviewing Indian women's DV experiences were carried out on the basis of a systematic investigation. A total of 41% of females experienced domestic violence throughout their lifetimes and 30% reported domestic violence in studies that examined at least two types of abuse in the last year.

Inman and Rao have addressed the experiences of Asian women with domestic abuse and how they are cured (2017). The study underlined the significance of the community as a significant indigenous health supply and demonstrated the personal, political, societal, and cultural contributors to Indian women's vulnerability and resilience both within and in India.

Thus, on the basis of all the above tables and supporting studies, it may be said that women suffering from domestic violence to such an extent that she needs help gets broken from all spheres of life. She doesn't know which way to go, what method she should follow in order to live happily and spend her rest of the life. Her mental state gets deteriorated, she becomes emotionally imbalanced, and finds no one to support or comfort her. At this stage she requires constantly motivating, encouraging and helping hand, where the role of a psychologist begins.

## **CONCLUSION**

Domestic violence directly affects the mental health, anxiety and quality of life of the women who has been victimized by the family either by husband or by other family members by any means like using abusive language, hitting, kicking, choking etc.

## **LIMITATIONS**

The following limitations were identified by the researcher:

1. Owing to constraints of time, resources and nature of the study, the sample was not sufficiently sizable which turned out to be problematic at the time of analysis.
2. The research work limits itself to Shakti-Stambh only. Different organizations have different socio- cultural environment and different problems, which could have been included.

3. However, this was a delicate issue as many respondents would not talk about their personal problems easily. The whole process thus became a time consuming affair.
4. The effects of domestic violence only on the level of mental health, anxiety and quality of life were evaluated. Socio demographic variables were not included, which also affect the marital happiness to considerable extent.

## IMPLICATIONS

1. Further interventions and follow ups may be given to the participants and feedback may be taken.
2. In as much as the experience of loneliness and the absence of confidence appear to be associated with distress in marital life among certain participants, interventions should focus strongly around the issues of mental health, and marital adjustment and ways of improving it.
3. Inculcating positive thinking in the certain participants to enhance the positivity through interventions may be carried out.
4. Training may be provided to participants on the certain techniques of physical workout, stress management and meditation which would ensure longevity and would enhance quality of life.
5. Counselling strategies may be adaptive for enhancing physical, mental, emotional, cognitive, vocational, and marital state of the participant.

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