IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11A, 2022

LONG - TERM PHYSICAL & MENTAL HEALTH EFFECTS OF VIOLENCE AGAINST WOMEN

Nazia Kamboj
Research scholar at Department cum Centre for Women's Studies & Development, Panjab university Chandigarh

ABSTRACT
Examining the effects on the mental health of women who have been victims of domestic abuse is the focus of the current research. In India, any kind of violence suffered by a person's natural family members is considered domestic violence. However, the most common form of domestic violence is male-on-female assault. Among women aged 15–49, the absolute prevalence of domestic abuse was 33.5% and sexual violence 8.5% in a 2005 National Family and Health Survey. With two kinds of areas (rural and urban). Levels of education, years of age were considered. For this study, we will recruit 200 female victims of domestic abuse. Of these, 100 will come from rural areas, and 50 will be from metropolitan areas. Of these 100, 50 will have bachelor's degrees or less, and 25 will have master's degrees or more. Researchers in Gujarati surveyed both employed and unemployed women using the Mental Health Scale developed by Dr. D.J. Bhatt and Kumari G.R. Gida. Write the research study report in clear and concise language so that readers may assess its strength and sufficiency. The mental health of women who have been victims of domestic abuse has not been significantly affected.
Keywords: Mental Health, Physical health, women violence, domestic abuse

Introduction
Negative impacts on women's physical and emotional health from violence are substantial and long-lasting. People from all walks of life and income levels are impacted by this extensive and ubiquitous problem. The effects of this kind of assault on victims might linger long after the initial occurrence has passed. Some of the negative impacts of violence against women on women's physical and mental health over the long term are as follows:

Influence on Physical Health:
Bruises, broken bones, and slits are all examples of the kinds of injuries that may result from physical abuse, and some of these wounds can leave permanent scars or limitations. Victims of violence may live with ongoing physical and emotional suffering as a result of the trauma they endured. Even when the violence stops, the suffering may continue. Problems with Reproductive Health: Sexually transmitted infections (STIs), unwanted pregnancies, and gynaecological disorders are all outcomes of violence that may impact reproductive health. In instance, sexual assault may have lasting effects on reproductive health. Substance misuse: As a coping method, substance misuse may be used by some survivors, which may lead to long-term addiction and health complications. Chronic Health Conditions: Heart disease, autoimmune illnesses, gastrointestinal problems, and other long-term health problems may be triggered or worsened by the stress and trauma experienced as a result of being a victim of abuse. Night Sweats, Insomnia, and Nightmares:

ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11A, 2022

Those who have survived trauma may suffer from a variety of sleep disorders that may have a negative effect on their general well-being.

Influence on Mental Health:

Post-Traumatic Stress condition (PTSD): A significant number of individuals who have survived acts of violence may acquire this anxiety condition, which is marked by disturbing memories of the traumatic incident, frequent nightmares, and a great deal of emotional pain. Clinical depression may develop when victims endure debilitating emotions of despair, hopelessness, and disinterest in once pleasurable activities. Survivors of violence often have anxiety disorders such as social anxiety, panic disorders, and generalised anxiety. Trauma from violent experiences may lead to suicide ideation and self-harm, among other self-destructive behaviours. Eating Disorders: As a coping mechanism for trauma, some survivors may develop an eating disorder, which may have lasting physical and mental effects. A victim's capacity to carry out everyday tasks may be impaired if they undergo dissociation, a coping method that entails distancing oneself from one's own thoughts, emotions, or environment. Survivors may struggle to develop and sustain healthy relationships as a result of trust concerns, a fear of intimacy, and problems with emotional management.

It's worth noting that these impacts on mental and physical health are interrelated, and that some people may have more than one of these difficulties. For survivors to overcome the long-term effects of violence against women, it might be essential to seek professional treatment via counselling, therapy, and support groups. Furthermore, it is crucial to confront and fight this widespread problem by increasing awareness, educating the public, and advocating for preventative measures.

DOMESTIC VIOLENCE IN INDIA

In India, any kind of violence suffered by a person's natural family members is considered domestic violence. However, the most common form of domestic violence is male-on-female assault. Among women aged 15–49, the absolute prevalence of domestic abuse was 33.5% and sexual violence 8.5% in a 2005 National Family and Health Survey. Despite having one of the world's lowest rates of sexual assault per capita, a recent study in The Lancet found that 27.5 million Indian women would be victims of sexual abuse at some point in their lives. Nonetheless, according to a report by the Thomson Reuters Foundation, India is the most dangerous country in the world for women.

In 2006, the National Family Health Survey of India examined the prevalence of sexual violence across a woman's lifespan, specifically focusing on incidents of domestic violence in India, among women aged 15 to 49. According to the study's definition of "sexual violence," each time a woman's partner "genuinely drives her to have sex with him in any event, when she would not like to; and, constrains her to play out any sexual demonstrations she didn't need to" falls under this category. The study looked at 83,703 women throughout the country and found that 8.5% of women in the 15-49 age group had experienced sexual assault at some point in their lives. Included in this total are all forms of restricted sexual mobility between husband and wife that do not constitute conjugal assault according to Indian law.

The National Family Health Survey (NFHS) from 2006 found that sexual violence was lowest among girls and young women aged 15–19, with a lifetime prevalence rate of 6% among urban women and 10% among rural women reporting having experienced sexual abuse. Sexual assault was somewhat less common among women with a bachelor's degree or more compared to those with a high school diploma or less. Of the almost 83703 women who took part, 22453 (or 33.3% of the total) identified as Hindu and 40% as Buddhist, respectively, suggesting that these groups' members may have experienced real domestic violence.

Review of Literature

According to Singer (1971), the most common kind of domestic violence is aggressive behaviour. Additionally, he hypothesised that people with significant, complicated relationships are more likely to exhibit violent behaviour as a result of the emotional fallout from the disappointment of their dreams, aspirations, and the stress of daily life.

The only risk factor for women consistently linked with being the victim of physical abuse was having observed parental violence as a kid, according to Hotaling and Sugarman (2017), who critically reviewed 52 research done in the US.

While it's true that some abusive men did not grow up in homes where violence was common, Johnson (2015) found that men whose dads were violent had a much greater incidence of wife beating.

One unintentional component of domestic violence is the socialisation of girls into conformity with traditional gender roles (Kishwar, 2014).
In order for their daughter to fulfil her future duties as an obedient daughter and faithful wife, parents teach her to adopt conventional feminine attributes such as submissiveness, nurturing, reliance, and low accomplishment oriented. According to research (Rao & Rao, 1982; Ward & Sethi, 1983 & Panday, 2018), sex stereotypes are prevalent everywhere and are directly associated with domestic violence against women.

Research on gender-based violence in Ajmer by Thakur (2021) found that women's education and employment significantly reduce the prevalence of such violence. It was discovered that psychological abuse and degrading treatment were significantly more distressing than physical abuse. The study's authors identified dowry, in-laws' greed, money problems, alcoholism, gambling, lack of children, superstitions, discussing family issues with neighbours, and violating social and family restrictions as major contributors to domestic violence.

Objectives of the study:

- To examine the prevalence and types of violence against women to understand the scope and severity of the issue.
- To assess how physical and mental health effects of violence against women may be interconnected and influence each other over the long term.

ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11A, 2022

Hypothesis of the study

- There is no significant association between exposure to violence against women and the development of mental health disorders in the long term.
- Demographic factors do not significantly moderate the relationship between violence against women and long-term health effects.

Research Methodology

The primary objective of this research is to collect data on the mental health of female victims of domestic abuse in both urban and rural areas, as well as other relevant demographic variables such as region type, level of education, and age. This study focuses on women who have been victims of domestic abuse. The sampling procedure used to pick this sample was randomised. From each group of 200 female victims of domestic abuse, 25 will be under the age of 30 and 25 will be beyond the age of 30, with 50 being victims from rural areas and 50 from metropolitan areas respectively. Of these 100 women, 50 will have bachelor's degrees or less and 50 will have master's degrees or more. The following instruments will be used in order to gather the necessary data for this study. Types of location, education level, and age were all collected using a researcher-created personal data sheet. The mental health of both working and non-working women was assessed using the Gujarati Mental Health Scale developed by Dr. D.J. Bhatt and Kumari G.R. Gida. A total of forty statements make up this inventory. There are eight assertions total, and each category is based on one of five criteria.

Procedure

The present study's overarching goal is to collect data from women who have been victims of domestic abuse using a variety of measures, including a personality assessment, an emotional maturity scale, and a mental health check list. According to the subject of the research, data was collected from women who had been victims of domestic abuse. The family court, the probation office, and the NGO all shared the same information. We created the questionnaire after obtaining authorization from the relevant chief person about the total number of women who have been victims of domestic abuse in both urban and rural areas.

DATA ANALYSIS AND INTERPRETATION

The primary objective of this research is to collect data on the psychological well-being of female victims of domestic abuse in both urban and rural areas. Methods of factorial design were used for that goal. In this study, women who have been victims of domestic abuse are the focus. The sampling procedure used to pick this sample was randomised.

Table 1 Showing results of ANOVA scores of Mental Health

Source of Variations	SS	Df	MSS	F	Sig.
Area	1.542	1	1.542	.044	NS
Edu	2.321	1	2.321	.079	NS
Age	78.987	1	78.987	4.14	NS

(A) Area

A is the main influence that is proportional to the area factor. Women who have been victims of domestic abuse from two distinct regions vary greatly from one another, as was implied. The primary effects (A), which are the derived area factors on the F value of 0.044, are not statistically significant at the 0.05 level because they are not large enough. The mental health of women who have been victims of domestic abuse does not vary between those living in rural and urban areas, as seen in table 1. It indicates that, in the event of major effect A, the null hypothesis is accepted.

Table 2 Displaying average variations in mental health status according to geographic region.

Area	N	Mean	Mean Difference
Rural	100	22.01	0.01
Urban	100	22.02	

Urban areas have a mean score of 22.02 whereas rural areas have a score of 22.01. There is a 0.01 gap between urban and rural areas on average. There seems to be no correlation between mental health and location. It seems that the degree of area does not have a major impact on the mental health of women who have been victims of domestic abuse.

(B) Education

One component that correlates with schooling is its main consequences (B). The conclusion that women's experiences of domestic abuse vary greatly depending on their level of education was inferential. The education factor's main impacts (B) had an F-value of 0.079, which is below the 0.05 threshold of significance. The mental health of women who have been victims of domestic abuse does not vary between those with a graduate degree and those without, as seen in table 1. This indicates that, in the event of major effect B, the null hypothesis is accepted.

Table 3 Displaying educationally-related mean disparities in mental health.

Education	N	Mean	Mean Difference
Below graduate	100	22.62	0.10
Above graduate	100	22.52	

Below graduate education has a mean score of 22.62, while above graduate education has a mean score of 22.52. The average gap between those with a bachelor's degree and those with a master's is 0.10. There seems to be no correlation between mental health and academic performance. This data demonstrates that a woman's mental health is unaffected by her degree of education when it comes to domestic abuse.

(C) Age

The main effect C is not significant at the 0.05 levels, as shown by the various values in table 4. Table 1 shows that there is no difference in mental health between women who are 30 years old or older who have been victims of domestic abuse. In the event that primary effect C is true, it signifies

that the null hypothesis is accepted.

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

Age	N	Mean	Mean Difference
30 year below	100	21.84	0.70
30 year above	100	22.54	

Results for those 30 years younger and older are, respectively, 21.84 and 22.54. The average age gap between those 30 and above is 0.70 years. There seems to be no correlation between mental health and chronological age. This provides further evidence that the mental health of women who have been victims of domestic abuse is unaffected by their age.

Conclusion

Natural history is the field that this subject primarily aims to describe. The goals of descriptive research are to learn about the current state of a phenomenon as accurately as possible and, ideally, to derive reasonable generalisations from those findings. In light of this, the research paper details the issues examined, the methodology used, the results obtained, and the conclusion drawn. Write the research study report in clear and concise language so that readers may assess its strength and sufficiency. There was no discernible disparity in the mental health of women who had been victims of domestic abuse between those living in rural and urban areas. When it comes to mental health, there is no substantial difference between women who have below-graduate degrees and those who have above-graduate degrees who have been victims of domestic abuse. In regards to mental health, there was no discernible difference between women who were victims of domestic abuse and those who were over the age of 30.

REFERENCES

- An offence, of course". Indian Express. 2011-01-15.
- Criminal recognition to marital rape in India is long overdue". The Times of India. 2012-12-04.
- 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).
- Foundation, Thomson Reuters. "The world's five most dangerous countries for women 2018".poll2018.trust.org.
- 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.
- Kalpana 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.
- Martin, Sandra; Amy Tsui; Kuhu Maitra; Ruth Marinshaw (1999). "Domestic Violence inNorthern India". American Journal of Epidemiology: 150.
- National Crimes Record Bureau, Crime in India 2012 - Statistics Archived June 20, 2014, atthe Wayback Machine Government of India (May 2013)
- Peter Foster (2006-10-27). "India outlaws wife-beating and marital rape". The Telegraph.
- 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.
- 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.
- Women's Empowerment in India" (PDF). National Family and Health Survey.