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REVIEW

# Violence against women and mental health



Anant Kumar<sup>a,\*</sup>, S. Haque Nizamie<sup>b</sup>, Naveen Kumar Srivastava<sup>b</sup>

<sup>a</sup>Department of Rural Management, Xavier Institute of Social Service, Dr. Camil Bulcke Path, Ranchi, Jharkhand 834001, India

<sup>b</sup>Central Institute of Psychiatry, Ranchi, India

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**Abstract**

Violence against women is a serious social and mental health problem and human rights abuse worldwide. It is an extremely complex phenomenon, deeply rooted in gender based power relations, sexuality, self-identity, and social institutions that pose a serious threat to women's mental health. This paper discusses the various factors behind violence against women with some cases and its consequences on women's mental health and wellbeing. The paper suggests that recognizing violence against women as a mental health issue is an essential first step which requires concerted and multi-sector responses backed by strong political commitment aimed at ending discrimination and violence against women.

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## Introduction

Violence against women is a serious social, mental health problem (World Health Organization, 2013a, 2013b, 2013c; Vachher & Sharma, 2010; Babu & Kar, 2009; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Bonomi et al., 2006; Kumar, Jeyaseelan, Suresh & Ahuja, 2005; Campbell & Boyd, 2003) and human rights abuse against women (World Health

\*Corresponding author. Tel.: +91 651 2200873x401 (office), +91 651 6452110 (residence), mobile: +91 9934160637; fax: +91 651 2213381.

E-mail addresses: [pandeyanant@hotmail.com](mailto:pandeyanant@hotmail.com), [pandeyanant@gmail.com](mailto:pandeyanant@gmail.com) (A. Kumar).

URL: <http://www.xiss.ac.in> (A. Kumar).

Organization, 2013c; Kulkarni, 2012; Tokuç, Ekuklu, & Avcioğlu, 2010; Dalal, Rahman, & Jansson, 2009; Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006; Kishor & Johnson, 2004; United Nations, 1997). Research studies show that the consequences of such violence on women's mental health, her dignity, self-identity, self-esteem and wellbeing include an increasing health burden, intergenerational effects and demographic consequences (Babu & Kar, 2009; Ellsberg et al., 2008; Bonomi et al., 2006; Kumar et al., 2005; Jewkes, 2002; Campbell, 2002; Campbell et al., 2002; Heise, Mary, & Megan, 1999).

United Nations General Assembly, Declaration on the Elimination of Violence against Women, 1993 defines violence against women (VAW) as, "Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". The definition includes various forms of violence including the mental and psychological harm. In most cases, the perpetrators of VAW are intimate partners (World Health Organization, 2013c; Campbell, 2002; Martin et al., 1999; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005) which compels women not only to bear their sufferings silently, but are even socialized to accept, tolerate and rationalize it (Prasad, 1999; Rao, 1997; Jaisingh, 1995; Hegde, 1996). Violence against women is widespread (Kulkarni, 2012) (beyond the class, caste, age, gender and geographical boundaries) and thus they experience psychological and mental abuse throughout their lifecycle, during infancy, childhood and/or adolescence, or during adulthood or older age (Heise, Lori, Pitanguy, & Germain, 1994). The World Health Organization's recent report on 'Global and regional estimates of violence against women' shows that both intimate partner violence and non-partner sexual violence are widespread and that they have important effects on women's physical, sexual and reproductive, and mental health (World Health Organization, 2013c). The World Health Organization (WHO) multi-country study on women's health found that 15-71% of women (aged 15-49 years) have experienced violence physically or sexually by their intimate partners at some point in their lives (World Health Organization, 2005, 2013b). The few studies available also indicate that physical abuse on Indian women is quite high, ranging from 22% to 60% (World Health Organization, 2005; Mahajan, 1990).

## Causes

The most common causes for women stalking and battering include demand and dissatisfaction with the dowry, arguing with the partner, refusing to have sex with him, neglecting children, going out of home without telling the partner, not cooking properly or on time, indulging in extramarital affairs, and not looking after the in-laws, etc. In some cases, infertility in females also leads to violence and assault by the family members. The greed for dowry, desire for a male child and the alcoholism of the spouse are major factors of domestic violence against women in rural areas. The combination of all three factors can be seen in the

Case 1 discussed below of a poor woman who visited Central Institute of Psychiatry (CIP) at Ranchi.

### Case 1:

*This twenty two year old poor female patient came with her father with two years history of remaining sad, apathetic, having poor interaction with others and not taking care of her two year old female child after serious head injury with a rod by her husband. The patient reported that she faced frequent criticism and assault by her alcoholic husband and in-laws for bringing less dowry soon after the marriage. After one year of marriage, when she delivered a female baby, this abuse got further worsened. One day on a trivial issue, her husband hit on her head with a rod and tried throttling her. Somehow, she survived and with the help of some neighbours, she got admitted in a hospital. After that head injury, she started behaving differently and was brought to Central Institute of Psychiatry (CIP) for her treatment.*

## Objective and methods

The paper focuses on violence against women and its mental health consequences. The paper is based on the desk review of research studies, reports, documents available online and select case studies of women victims of violence. The paper focuses on mental health consequences of violence against women, barriers, challenges, opportunities, and highlights the role of mental health professionals and practitioners in reducing the mental health consequences of VAW.

## Mental health consequences of violence against women

The mental health consequences of violence are far reaching. A growing body of research has emerged in recent years indicating the mental health (MH) consequences of violence against women on individuals (World Health Organization, 2013a, 2013c; Babu & Kar, 2009; Ellsberg et al., 2008; Bonomi et al., 2006; Kumar et al., 2005; Canadian Women's Foundation, 2011), as well as the burden it places on the social and health care system (World Health Organization, 2013c; Ellsberg et al., 2008; Cook & Bewley, 2008). Women exposed to intimate partner violence are twice as likely to experience depression and almost twice as likely to have alcohol use disorders (World Health Organization, 2013a). In addition, it affects all aspects of women's life, her health, productivity, and ability to care for herself and her family. Within the field of mental health, there is growing recognition of the possible linkages between violence and a range of adverse mental health outcomes (World Health Organization, 2013a, 2013c; Babu & Kar, 2012; Kaur & Garg, 2008; Mayhew & Watts, 2002) (see Fig. 1).

The mental health consequences of violence are far reaching. Besides the negative mental health consequences, violence against women also has indirect effects on the society. It undermines women's sense of self-worth, sense of autonomy, and their ability to think and act independently. It also increases their risk for a wide range of negative mental health outcomes and premature death. Physical, psychological, and sexual abuse and violence have negative

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