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Atrocity against Women at Their Own Homes and Its Implications on Their Health Status

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ABSTRACT : *Associations between domestic violence and poor physical and mental health of women have been established in the international and national literature diagonally by many studies .The long term effects of domestic violence have not begun to be fully documented. Women suffer from physical and mental problems as a result of domestic violence. Battering is the single major cause of injury to women, more significant than auto accidents, rapes, or muggings. In fact, the emotional and psychological abuse inflicted by batterers may be more costly to treat in the short-run than physical injury. Many of the physical injuries sustained by women seem to cause medical difficulties as women grow older. Domestic violence was associated with a range of mental health issues including depression, PTSD, anxiety, self-harm, and sleep disorders. Arthritis, hypertension and heart disease have been identified by battered women as directly caused or provoked by domestic violence suffered early in their adult lives. Many physical health problems like acute or immediate physical injury, chronic health problems, femicide, female genital mutilation, are also associated with domestic violence.*

KEY WORDS*: domestic violence, physical and mental health.*

I. INTRODUCTION

The family is often equated with safe haven – a place where individuals seek love, safety, security, and shelter. But the evidence shows that it is also a place that thesaurus lives, and breeds some of the most strong forms of violence perpetrated against women and girls. Violence in the domestic field is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power – husbands, boyfriends, fathers, fathers-in-law, sons, or other relatives. Domestic violence is in most cases violence perpetrated by men against women. Women can also be violent, but their include forced pregnancy, abortion or sterilization, and harmful traditional practices such as dowry-related violence, and killings in the name of honor. And in later life, widows and elderly women may actions account for a small percentage of domestic violence. Many researches shows that violence against women has been started at the very beginning of her life, a girl may be the target of sex-selective abortion or female infanticide in cultures where son preference is prevalent. During childhood, violence against girls may include enforced malnutrition, lack of access to medical care and education, incest, female genital mutilation early marriage, and forced prostitution or bonded labor .Some go on to suffer throughout their adult lives – battered, raped and even murdered at the hands of intimate partners. Other crimes of violence against women also experience abuse.

II. THE LONG TERM HEALTH CONCEQUENCES OF DOMESTIC VIOLENCE

The studies show that domestic violence (DV) has long-term negative consequences for survivors, even after the abuse has ended. This can explain into lower health status, lower quality of life, and higher utilization of health services. (Campbell et al. 2002, p. 1157). The health consequences of violence can be immediate and acute, long-lasting and chronic, and/or fatal. Research always finds that the more severe the abuse, the greater its impact on women's physical and mental health. In addition, the negative health consequences can continue long after abuse has stopped. The consequences of violence be inclined to be more severe when women experience more than one type of violence (e.g. physical and sexual) and/or multiple incidents over time.

2.1 Common physical health consequences of violence against women

- Acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns and bites, as well as fractures and broken bones or teeth.

- More serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen.
- Gastrointestinal conditions, long-term health problems and poor health status, including chronic pain syndromes.
- Death, including femicide and AIDS-related death.
  International research finds that 'female victims of physical and/or sexual abuse have a significantly higher rate of common health problems, even after abuse ends, compared to women who have never been abused' (Campbell et al. 2002, p. 1162).

Acute or immediate physical injury

Women are far more likely than men to experience physical injury as a result of physical violence by intimate partners (6). In the WHO multi-country study on women's health and domestic violence, between 19% (Ethiopia) and 55% (Peru) of women who had ever experienced physical violence by their intimate partner reported being injured as a result According to Guth and Pachter (2000), intimate partner abuse by a current or former partner is the most common cause of injury to women, comprising 21 per cent of traumatic injuries. They identify the following patters of injury associated with domestic violence:There are very common pattern of injuries associated with domestic violence:- cuts, bruises, and black eyes to miscarriage, bony injuries, splenic and liver trauma, partial loss of hearing or vision, and scars from burn or knife wounds. Injuries to the breast, chest and abdomen are more common in battered women, as are the presence of multiple old and current injuries. In an exploratory study, Coker et al. (2000) found that women who have been in an abusive relationship for a long period of time, who had injuries associated with physical violence and who had a high frequency and severity of physical and/or sexual abuse, may have an increased risk of developing cervical neoplasia. Cervical neoplasia is associated with a history of having had a sexually transmitted infection (STI).

Chronic health problems

In most settings, women who have experienced physical or sexual violence by a partner at any time after age 15 are significantly more likely than other women to report overall poor health, chronic pain, memory loss, and problems walking and carrying out daily activities . Studies have also found that women with a history of abuse are more likely than other women to report a range of chronic health problems such as headaches, chronic pelvic pain, back pain, abdominal pain, irritable bowel syndrome and gastrointestinal disorders. Campbell et al. (2002) argue that abused women have increased risk of gynecological, central nervous system and stress-related health problems, even after the abuse has ended, that women be screened for domestic violence, including specific inquiry about sexual abuse.

Femicide- Femicide – murder of women by their batterers – is another phenomenon that should be regarded as a separate category when recording domestic violence. Women in abusive relationships are at an increased risk of being killed by a current or ex-partner (Mouzos 1999; Guth & Pachter 2000; Mouzos 2001). The National Homicide Monitoring Program (Mouzos 1999) found that nearly three in five of all female deaths in Australia, where the woman is over fifteen, occur between intimate partners. Although the low reporting rates of domestic violence make it difficult to accurately identify the proportion of intimate partner homicides where there is evidence of prior domestic violence. According to Guth and Pachter (2000), between 30 and 50 per cent of women murdered in the United States are killed by a partner or ex partner.

Female genital mutilation

FGM has serious health implications and no health benefits. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. All forms of FGM can cause immediate bleeding and pain and are associated with risk of infection. The presence of FGM increases the risks of obstetric complications and perinatal death. The more severe forms of FGM cause the greatest harm. Sexual problems are also more common among women who have undergone FGM – they are 1.5 times more likely to experience pain during sexual intercourse, experience significantly less sexual satisfaction, and are twice as likely to report a lack of sexual desire .

1.2 Common mental health consequences of violence against women

Little is known about the extent to which being a victim of domestic violence is associated with different mental disorders in men and women. There are following mental health consequences -

•Depression

• Sleeping and eating disorders

• Stress and anxiety disorders (e.g. post-traumatic stress disorder)
• Self-harm and suicide attempts
• Poor self-esteem

Depression- Depression was the most commonly researched aspect of mental health in relation to intimate partner violence, Helfrich et al. reported that the incidence of major depression during the past 12 months was 51.4% from their sample of women's shelter residents. This compared to the national average for the general US female population of just 2.4% reporting depression in the previous 12 months. An another studies conducted by Chen et al, in their US-based study of Hispanic women, indicated that women who had experienced sexual abuse from their intimate partner were at far higher odds (OR 42.60, 95% CI: 2.39–758.61) of developing depression than women with either a history of physical (OR 10.28, 95% CI: 1.54–68.77) or psychological abuse (OR 5.83, 95% CI: 2.11–16.16) when compared with no abused women. The wide fluctuations of the 95% CI for sexual abuse and physical abuse are due to the very small number of respondents in each category, indicating that these results should be viewed with caution. Wong et al. found psychological abuse to be the significant predictor of higher levels of IPV-related depression in their study of Chinese women. In this study, it was found that the more frequent the psychological abuse, the higher the level of depression experienced, but this significant result was not found to be present in relation to the frequency of physical abuse.

Posttraumatic Stress Disorder (PTSD) - many studies related to the incidence of posttraumatic stress disorder (PTSD) in abused women agreed on the fact that a history of intimate partner violence was positively associated with the increased incidence of PTSD symptoms and PTSD diagnoses. O'Campo et al. [estimated that women with a history of domestic violence were 2.3 times more likely to develop PTSD compared to never-abused women after controlling for race, marital status, and incoTwo other studies reported that women with of domestic violence histories had approximately three times the odds of meeting criteria for PTSD as compared to women who did not report a history of of domestic violence. Houry et al. reported that the relative risk of experiencing PTSD symptoms rose with the number of abuse types experienced. Women who had experienced three types of abuse were more than nine times as likely to develop PTSD as a woman who had no history of abuse. A woman experiencing only one type of abuse was just over two times as likely to develop PTSD compared to a no abused woman.

Anxiety- Anxiety is frequently associated with a history of of domestic violence. Helfrich et al. reported that 77% of women from the shelter sample reported anxiety during the previous 12 months, compared to a reported national average of 6.1% for females from a national health survey. Many research on anxiety reported that a positive association between a history of intimate partner violence and increased levels of anxiety in women. This relationship existed even after demographic variables such as age, education, and income were taken into account. Pico-Alfonso et al reported a link between severity of anxiety symptoms and co morbidity with depression, observing that the severity of state anxiety was higher in abused women with depressive symptoms. There was also a dose-response trend apparent, with a greater severity of anxiety symptoms being present in abused women when the abuse experienced was more frequent, more intense, or more severe.

Suicide - according to Vachher and Sharma [45] reported that 22.3% of the study subjects had ever thought of suicide, 12.0% reported suicidal thoughts in the past month, and 3.4% of the women had tried to commit uicide. Suicidal tendencies were considerably more common in women with a history of partner violence, compared to those who had not experienced violence, and these differences were statistically highly significant.A study conducted by Naved and Akhtar, in Bangladesh and reported that sexual violence by a husband was not ssociated with suicidal ideation in either rural or urban study sites. They found emotional violence and severe physical violence to be the major determinants of suicidal ideation amongst their sample of Bangladeshi women
Sleep disorder- Most of the women reported that they had spent considerable periods of time with the quality and quantity of their sleep restricted, and they felt the impact on their health and wellbeing had been significant. The authors concede that it is difficult to make direct links between the women's lack of sleep and physical problems, but the women all felt that their lack of sleep had led to a range of physical health problems. Symptoms reported included being "run down"; aching all over; having migraines and/or headaches, raised blood pressure, chronic fatigue and digestive problems; being more susceptible to other illnesses, such as flu. Sleep deprivation was also reported to dramatically reduce the women's "ability to cope" with the violence they were experiencing.

III. CONCLUSION

The findings of studies included in the present review show that women with a history of domestic violence experience significantly poorer health including depression, anxiety, PTSD, and reduced measures in both functional and somatic physical health domains.

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