

LIVED EXPERIENCE OF WOMEN FACING INTIMATE PARTNER VIOLENCE

Dissertation submitted to Kerala University

In partial fulfillment of the requirement for the award of the Degree of

M. Sc. Counselling Psychology

By

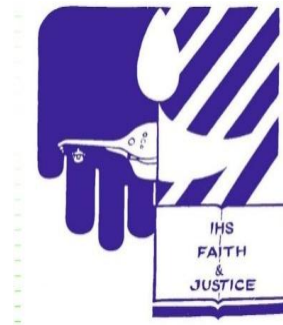
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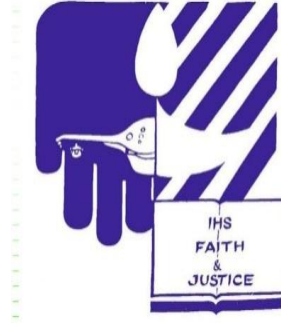
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CERTIFICATE

This is to certify that the Dissertation entitled “**Lived Experience of Women Facing Intimate Partner Violence**” is an authentic work carried out by **Shaheena Sharafudeen**, Reg. No. 60422115020 under the guidance of **Dr. Ammu Lukose** during the fourth semester of M.Sc. Counselling Psychology programme in the academic year 2022- 2024.

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DECLARATION

I, Shaheena Sharafudeen, do hereby declare that the dissertation titled “**Lived Experience of Women Facing Intimate Partner Violence**”, submitted to the Department of Counselling Psychology, Loyola College of Social Sciences, Sreekariyam, under the supervision of **Dr. Ammu Lukose**, Assistant professor of the Department of Counselling Psychology, for the award of the degree of Master’s in Science of Counselling Psychology, is a bonafide work carried out by me and no part there of has been submitted for the award of any other degree in any University.

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Regards,

Shaheena Sharafudeen

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ABSTRACT

This research paper explores the multifaceted experiences of women facing intimate partner violence (IPV) through a cross-sectional study that integrates both qualitative and quantitative methodologies. Utilizing the General Health Questionnaire (GHQ-28), the study quantitatively evaluates participant's psychological and physical distress across four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Results reveal pronounced distress, emphasizing the severe mental and physical health challenges. From the Thematic analysis, nine themes emerge that is Cycle of Abuse, Control and Coercion, Impact on Mental and Physical Health, Impact on Children, Socio-Economic Constraints and Dependency, Legal and Institutional Challenges, Cultural and Religious Influences, Resilience and Hope, and Learned Helplessness. The Cycle of Abuse highlights the repetitive and escalating nature of violence experienced by victims. Control and Coercion underscore the abuser's systematic methods to maintain dominance over their partners. The findings indicate severe consequences for mental health, including chronic depression and anxiety, as well as physical injuries resulting from abuse. IPV's impact extends to children, contributing to a cycle of violence and influencing future behaviour patterns. Socio-economic and institutional barriers further complicate participant's efforts to escape abusive relationships. Cultural and religious norms, along with learned helplessness, intensify the participants to capture in their situations. Regardless of these significant challenges, the study also identifies themes of resilience and hope, reflecting the participants' ongoing struggle for a better future. The GHQ-28 results align with the qualitative findings, highlighting the impact of IPV on mental health, social functioning, and physical well-being. Additional research is needed to investigate the adverse effects of intimate partner violence on the physical and psychological well-being of victims. The combined insights from the GHQ-28 and qualitative data emphasize the urgent need for robust support systems and interventions tailored to address the complex needs of IPV survivors. This research highlights the critical need for comprehensive approaches to support and assist women enduring IPV, aiming to improve their mental health, safety, and overall quality of life.

KEY WORDS: Intimate Partner Violence, Lived Experience, Psychological Impact, Emotional Abuse, Physical Abuse, Mental Health Issues, Economic Abuse, Survivor Experience, women

CHAPTER I

INTRODUCTION

Intimate partner violence is a prevalent societal problem and public health issue with significant impacts on individuals, families, and society overall. Worldwide, about one-third of women are victims of physical and sexual violence from their intimate partners. Women are at a higher risk of experiencing intimate partner violence. Intimate partner violence, as defined by the World Health Organization (WHO), is actions by a current or former intimate partner that result in physical, sexual, or psychological harm, which can include physical violence, sexual manipulation, emotional abuse, and controlling actions. The American Psychological Association (APA) specifies intimate partner violence (IPV) as physical, psychological, or sexual abuse, harm, or aggression by one individual towards another in an intimate relationship. This refers to mistreatment from present or past romantic partners or husbands/wives. As per the APA, control is a key characteristic of IPV, which may involve: Regulating the partner's interactions with loved ones, Managing joint financial matters, Consistently keeping tabs on the partner's actions, and Pursuing the partner if they end the relationship. According to the APA, intimate partner violence is a prevalent type of violence against women. Intimate partner violence can take place in spouses, partners in non-marital relationships, and cohabiting partners. Intimate partner violence can happen in relationships between heterosexual or homosexual partners.

In India, a prevalent issue is intimate partner violence (IPV), as 32% of ever-married women have experienced physical, sexual, or emotional violence from their husbands in their lifetime. According to the National Family Health Survey (NFHS) 2019-2021, 29.3% of married women aged 18-49 reported experiencing domestic or sexual violence. The NFHS discovered that 87% of married women facing marital violence do not seek assistance. In 2021, the National Crime Records Bureau (NCRB) documented more than 428,000 incidents of domestic violence in India, with the problem showing a continuous rise annually. As stated by the National Crime Records Bureau (NCRB), Kerala has the highest number of domestic violence cases in India.

According to the American Psychological Association (APA), physical violence is the deliberately aggressive or violent behaviour by one person toward another that results in bodily injury. Physical abuse involves actions like punching, kicking, biting, choking, burning, shaking, and beating, which can sometimes cause lasting harm, such as traumatic brain injuries or even death. This form of abuse is most commonly seen in relationships where there is an expectation of trust, such as between parents and children or intimate partners, like in marriages. Violence against women and children in these contexts is a significant public health issue, though few effective interventions exist to mitigate its occurrence. Victims of physical abuse often feel isolated and powerless,

leading to a higher risk of developing various mental health issues, including depression, eating disorders, posttraumatic stress disorder, anxiety, and substance use disorders. There is ongoing debate over whether certain forms of physical discipline, such as spanking, which are not intended to harm, might still be considered excessively harsh and potentially abusive.

Psychological abuse refers to the acts such as degradation, humiliation, intimidation and threats of harm; intense criticizing, insulting, belittling, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile and keep them under the control of the abuser; verbal threats of abuse, harm, or torture directed 9 at an individual, the family, children, friends, companion animals, stock animals, or property; physical and social isolation that separates someone from social support networks: extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser's wishes; monitoring movements, and driving fast and recklessly to frighten someone (American Medical Association, 1992).

Victim is a target of violence (Saltzman, Fanslow, McMahon, & Shelley, 1999). Perpetrator person are who inflicts violence or abuse (Saltzman et al., 1999). Relationship partners are spouses (current and former), nonmarital partners (current and former), dates and girlfriends or boyfriends (heterosexual and same-sex: Saltzman et al., 1999). Persons who have just met and are in the preliminary stages of intimacy are considered within the scope of this definition of relationships.

The American Psychological Association (APA) defines sexual abuse as any non-consensual or exploitative sexual activity that's imposed on someone without their consent. Sexual abuse can occur in any relationship of trust.

Women who are victims of intimate partner violence (IPV) encounter various difficult obstacles. The fear, anxiety, depression, and low self-esteem they experience are a result of the ongoing danger of violence and manipulation from their abuser (World Health Organization, 2013). Numerous individuals lack access to support systems, hindering their ability to ask for assistance (Ellsberg et al., 2015). Relying on the abuser for finances makes it harder for women to escape abusive relationships, limiting their ability to leave (Peterson & Belknap, 2020).

Physical violence and sexual abuse are common in situations of intimate partner violence, causing both immediate and long-term health problems (Campbell, 2002). Women often face major obstacles when trying to leave abusive relationships, including worries about experiencing more violence, the wellbeing of their children, and financial insecurity (Gordon, 2007). The legal system

may feel overwhelming for women as they try to get protective orders and face insensitivity from law enforcement (Klein, 2009).

Long-term health issues, such as physical injuries and mental health disorders, can be caused by persistent exposure to IPV (Tolin & Foa, 2006). Abuse experienced by mothers can also affect their children, leading to emotional and behavioural problems like aggression and conduct disorders (McCloskey et al., 2005).

Interpersonal violence (IPV) is a complicated problem that is frequently passed down through generations, with its origins deeply intertwined with family dynamics and societal norms (Heise, 1998). Studying both personal and group encounters is essential for comprehending the ongoing presence of IPV. Recurrences are influenced by behavioural patterns, trauma, and environmental factors. Children who grow up in violent households might absorb these actions as commonplace reactions to conflict without even realizing it (Ehrensaft et al., 2003). As they age, these children could imitate the abusive behaviours they witnessed, thinking that these actions are okay or required (Widom, 1989).

Trauma has a major impact on the passing down of IPV through generations. If not addressed, children who witness violence may experience significant mental health difficulties like anxiety, depression, or PTSD (Kendall-Tacke & Briere, 2005). These lingering problems may hinder their capacity to establish positive relationships, possibly causing them to either experience or engage in IPV (Zlotnick et al., 2003). This pattern of trauma can continue through multiple generations, with each new generation experiencing the same pain as the one before (Wolfe et al., 2003).

Cultural and societal influences also contribute significantly to the continuation of intimate partner violence (IPV). In societies where violence is considered normal or traditional gender roles are imposed, children may perceive IPV as an inevitable part of life (Jewkes et al., 2015). These settings frequently do not have the necessary resources to confront or alter damaging attitudes, leading to their continuation through successive generations (Heise, 1998). It is challenging to end the cycle of abuse due to the societal approval of violence and harmful stereotypes (Moreno, 2007).

Economic difficulties and social distance make the dynamics of IPV more complex across different generations. Financial stress can escalate family conflicts, raising the chances of violence within the home (Johnson & Ferraro, 2000). Families who go through IPV frequently encounter social isolation, which reduces their ability to seek outside help (Garcia-Moreno et al., 2005). The act of being isolated may cause individuals to become deeply trapped in abusive situations, leading each

successive generation to be more entrenched in a pattern of violence and hopelessness (Wood & Jewkes, 2006).

IPV is a result of a combination of various factors that are linked together, such as individual, relational, community, and societal levels. Personal factors like a past of abuse, drug abuse, and mental health issues play a major role in the probability of being involved in or committing IPV (Dutton, 2006). Individuals who have experienced abuse in the past may be at a higher risk of experiencing or causing violence within relationships. Substance abuse can worsen aggression and hinder decision-making, while mental health issues may raise susceptibility to victimization or tendency for violence (Felitti et al., 1998).

Power imbalances in relationships play a crucial role in predicting the likelihood of IPV. When one partner has power over the other, it creates a situation that enables abuse (Gelles & Straus, 1988). Inadequate communication may result in conflicts that escalate to violence, and economic pressures like financial instability can cause tension in relationships (Pleck, 1995). Jealousy and excessive control within a relationship can also play a part in abusive behaviours (Brownridge, 2006).

Community norms that allow or forgive violence contribute to the continuation of abusive actions by not addressing them (Berk, 2004). A dearth of community resources and support systems may result in individuals not receiving the essential help they need, which can increase their susceptibility to IPV (Wilson, 2004). This vulnerability is worsened by social isolation, which can be caused by either geographical location or personal circumstances (Coker et al., 2002). On a social level, larger factors also have an impact. Cultural norms that uphold male authority and power enable the flourishing of IPV (Connell, 2005). Insufficient legal safeguards and enforcement may not adequately protect victims or hold offenders responsible (Kearl, 2016). Economic inequalities, such as uneven income and job chances, can worsen power differences and pressure that contribute to IPV (Crenshaw, 1991).

Intimate partner violence (IPV) in India is a pervasive issue that transcends social, economic, and cultural boundaries. In societies where patriarchal values dominate, intimate partner violence (IPV) is both prevalent and reinforced by entrenched gender norms. Such societies often maintain traditional gender roles that position men as leaders and women as subordinate, which normalizes and justifies male dominance and abusive behaviour in relationships (Smith, 2021). This gender imbalance is reflected in the legal and institutional responses to IPV, which are often ineffective due to inherent gender biases. These biases contribute to the creation of less stringent laws and

inadequate support for survivors, thereby perpetuating the cycle of violence (Johnson & Adams, 2020). Furthermore, cultural narratives in patriarchal societies often support the normalization of IPV, with beliefs that equate male honour and female subservience with social stability, thereby legitimizing abusive actions (Williams, 2019). Additionally, patriarchal norms typically enforce economic dependence, making women vulnerable to economic manipulation by their partners. This economic reliance can trap women in abusive relationships as abusers use financial control to prevent their partners from leaving (Martin & Lopez, 2018). Therefore, the combination of gender norms, legal and institutional deficiencies, cultural justifications, and economic control plays a significant role in sustaining the high rates of IPV in patriarchal societies.

India's cultural, religious, and social factors have a big impact on intimate partner violence (IPV). Strong patriarchal traditions reinforce traditional gender roles, where men hold power and women are expected to submit. This cultural background often leads to the acceptance, and sometimes justification, of IPV as normal behaviour within families. A major cultural idea that worsens IPV in India is the concept of family honour, or *izzat*. In many traditional and rural areas, a family's honour is tied to the behaviour of its women. Women are seen as the keepers of the family's reputation, and any behaviour seen as improper can bring shame to the entire family. This belief leads families, particularly male members like husbands, to strictly control women's actions. The pressure to maintain honour forces many women to stay silent about abuse, as they fear that speaking out could harm their family's reputation. As a result, women may feel obligated to tolerate violence as part of their role within the marriage, driven by societal expectations.

Arranged marriages are a common practice in India, and while they are not harmful in themselves, they can increase power imbalances between spouses. Marriage is often viewed as a lifelong commitment, making it hard for women to leave abusive relationships. The dowry system, despite being illegal, still exists in many places. If a bride's family cannot meet dowry demands, the wife may face abuse from her husband and in-laws. Research shows that dowry-related violence, including deaths, remains a serious issue, especially in rural and less educated communities (Sharma & Prasad, 2020). Divorce in India carries a strong social stigma, especially for women, which worsens IPV. Although divorce is legally allowed, divorced women often face social exclusion, and remarrying is difficult. Society often views a woman's value as tied to her marriage, forcing many women to stay in violent marriages due to fear of being isolated or financially insecure. Religious beliefs, especially in Hinduism, make things even more complicated. Many texts promote the idea of marriage as permanent, and the belief in *pati pameshwar* (the husband as god) encourages women to serve their husbands, even if they are abusive. Divorce in such cases is seen as defying not only society but also religious principles.

To combat IPV, India has introduced legal measures, with the Protection of Women from Domestic Violence Act (PWDVA) of 2005 being one of the most important. This law defines domestic violence broadly, covering physical, emotional, sexual, and economic abuse. It aims to protect women with legal orders for safety, housing, and financial support. The PWDVA is a significant step in recognizing the many forms of domestic violence. Unlike earlier laws that focused only on physical violence, this law acknowledges emotional, verbal, and economic abuse. It allows women to seek protection orders, monetary compensation, and custody of children. It also requires government support through shelters and legal aid. Despite this progress, the PWDVA faces challenges in implementation. Many women, particularly in rural areas, are unaware of their rights under the law, and the stigma surrounding domestic violence keeps them from seeking help. Additionally, societal beliefs that domestic issues should stay private discourage both victims and witnesses from involving law enforcement.

A major obstacle in addressing IPV in India is the gap between the laws and their actual implementation. Although laws like the PWDVA exist, many women find it hard to use the legal system due to slow court processes, social pressures, and the reluctance of police to get involved in what is often seen as a family matter. Statistics show that women filing for protection orders under the PWDVA often face long delays, with cases dragging on for months or even years (Sharma & Prasad, 2020). Police officers are often unwilling to act in domestic violence cases, as they view it as a private family issue, which further victimizes women.

Social attitudes also make it difficult for women to seek legal help. Women who file complaints are often seen as breaking family ties or bringing shame to their families, which can lead to social isolation and blame. Many women withdraw their complaints due to fear of backlash from their community. While the PWDVA allows for emergency protection orders, many women struggle to get immediate help. Courts often require evidence of abuse, which is hard to provide, especially in cases of emotional or psychological violence. Without quick help from the legal system, many women feel trapped in abusive relationships.

To fight IPV effectively, it is important to address both cultural and legal barriers. Raising awareness about legal rights, improving law enforcement, and challenging harmful social norms are crucial steps. A combination of legal reform, education, and community support is necessary to end the cycle of IPV and promote the well-being of women in Indian society.

Recent high-profile cases underscore the severity and ubiquity of this problem, highlighting the urgent need for comprehensive intervention strategies. In Cherthala, Kerala, a brutal incident

involved a 36-year-old man who set his wife on fire in broad daylight on a public road. This shocking act not only exemplifies the extreme physical danger faced by IPV victims but also illustrates a troubling societal indifference. The public nature of the crime suggests a disturbing level of impunity and a failure of societal mechanisms meant to protect individuals from such violence (The Hindu, 2024).

Similarly, the tragic case of 26-year-old Shraddha Walker, allegedly killed and dismembered by her partner Aaftab Amin Poonawala, has drawn significant media attention. This case highlights the deadly potential of unchecked abuse and the psychological manipulation often present in abusive relationships. The dismemberment of Shraddha's body symbolizes the dehumanization that victims frequently endure, reduced to mere objects of control and violence by their abusers (Times of India, 2023).

Another case involves 22-year-old Vismaya from Kollam district, who died under suspicious circumstances at her husband's home. Alleged dowry-related harassment and physical mistreatment were reportedly factors in her death. Vismaya's communications with her family, revealing her injuries, offer a disturbing insight into the cycle of violence and fear that she experienced. This case underscores how cultural customs like dowry can exacerbate IPV, creating an environment where women are treated as possessions and subjected to ongoing abuse (The New Indian Express, 2023).

The Uthara murder case further exemplifies the calculated nature of IPV. In this case, a man used a cobra to kill his wife in a bid to make her death appear accidental. The use of such a dangerous method reflects an alarming level of cruelty and a severe breach of trust. The perpetrator received a double life sentence plus an additional 17 years in jail, highlighting the gravity of the crime and the extreme lengths to which abusers will go to maintain control and inflict harm (Hindustan Times, 2024).

These incidents reveal the multifaceted nature of IPV in India, illustrating the severe physical and psychological pain inflicted upon victims, as well as the cultural and societal factors that perpetuate this violence. Addressing IPV effectively requires not only stringent legal measures against perpetrators but also a societal shift in how relationships and gender roles are perceived. Emphasizing victim protection and empowerment before violence escalates to extreme levels is crucial in combating this pervasive issue.

Need and significance of the study

Understanding the causes, effects, and solutions of Intimate Partner Violence (IPV) is essential due to its widespread prevalence worldwide. IPV can appear in various ways such as physical, emotional, sexual, and economic abuse, impacting people from various demographics. Studies indicate that every year, millions of individuals, especially women, experience the impacts of IPV, which have significant effects on their physical and mental health. Studying IPV is important because of how common it is and the severe impact it has on people, families, and society. Approaching IPV with a focus on research and policy can reduce the negative impact it has on public health.

Studying the lived experiences of women facing intimate partner violence (IPV) is essential for gaining a holistic understanding of the issues and can capture the emotional, psychological, and social dimensions that women endure. These lived experiences offer deep insights into the day-to-day realities of those affected by shedding light on the personal narratives, coping strategies, and emotional responses. By doing research can gain more understanding of IPV by going beyond the surface level to explore the complex layers of trauma, resilience, and survival.

Studying IPV is important because it affects both mental and physical health significantly. Those who experience IPV frequently face numerous health problems such as long-lasting pain, worry, sadness, PTSD, and substance misuse. The emotional wounds caused by IPV may endure for many years, resulting in chronic health issues that disturb everyday activities. By examining these impacts on health, researchers and healthcare professionals can gain a deeper understanding of victims' needs, resulting in enhanced treatment choices and more successful intervention tactics. This part of the research emphasizes the important connection between IPV and health, emphasizing the necessity of cohesive support services for survivors

Moreover, IPV frequently has a cyclic nature, with the violence increasing gradually and potentially being passed down through different generations within families. Children who witness IPV have an increased likelihood of either experiencing or inflicting violence as adults, leading to a cycle of abuse. Comprehending the workings of this cycle is crucial for developing prevention tactics that tackle both the immediate effects of IPV and its long-lasting societal consequences. By conducting research, strategies can be created to disrupt this pattern, such as implementing early intervention initiatives, educating the community, and providing family counselling, in order to safeguard future generations from the effects of violence.

Research on IPV provides valuable information to legislators and policymakers, resulting in the development of laws and regulations that safeguard victims through measures like restraining orders, emergency shelter, and legal assistance. It also underscores the importance of implementing changes in the criminal justice system to make sure that offenders are responsible for their actions, and that victims are provided with the necessary assistance. In addition, studying how law enforcement deals with IPV incidents can help identify shortcomings in protection and recommend enhancements in training, resource distribution, and the general response to IPV.

Economic factors also emphasize the importance of researching IPV. The financial impact of IPV is vast, including medical bills, court costs, income loss, and decreased efficiency. When individuals can't work because of physical injuries or emotional trauma, it has a ripple effect on the economy, affecting more than just their own households. Research can assist policymakers in grasping the financial impact of IPV on society, leading to increased funding for prevention initiatives, shelters, and victim services.

Examining IPV offers understanding of the cultural and societal elements that play a role in violence. The way IPV is perceived and addressed within various communities is frequently influenced by cultural norms, gender roles, and societal beliefs. Certain cultures may view victims negatively or accept certain forms of abuse as normal, which can hinder individuals from seeking assistance. Researchers can support vulnerable populations by advocating for culturally sensitive interventions that consider the social context of IPV. Having this knowledge is crucial for creating policies and programs that address the unique needs of different communities, to ensure that all groups are included in the fight against IPV.

Statement of the problem

Intimate partner violence (IPV) against women is a profound violation of human rights and remains a critical public health issue worldwide. The impact of IPV extend far beyond the immediate physical injuries or the risk of fatal outcomes; they also encompass a wide range of long-term psychological, emotional, and social consequences. Women subjected to IPV frequently experience mental health challenges, including depression, anxiety, posttraumatic stress disorder (PTSD), and substance abuse. These psychological scars can persist for years, deeply affecting their quality of life and overall well-being.

Despite the severity of these impacts, many women find themselves trapped in abusive relationships due to various barriers. These include fear of retaliation, financial dependency, social stigma, and a lack of accessible support services. The complexity of IPV is further compounded

by the interplay of cultural, economic, and social factors that can inhibit a woman's ability to seek help or leave the abusive environment.

The current study aims to explore into the lived experiences of women facing intimate partner violence, offering a comprehensive understanding of the multifaceted challenges they endure. It seeks to explore not only the emotional and physical toll of IPV but also the socioeconomic effects and the coping mechanisms women employ in their daily lives. By identifying the barriers that prevent women from accessing support, this study will contribute to a deeper understanding of the systemic and individual factors that sustain IPV, ultimately informing more effective interventions and support strategies.

CHAPTER II REVIEW OF LITERATURE

Theoretical review

Intimate Partner Violence (IPV) is a complex problem that can be more comprehensively examined using multiple theoretical perspectives. Utilizing theoretical frameworks offers a complete perspective on the factors impacting IPV and the experiences of individuals impacted by it. This review delves into multiple important theories that are applicable to comprehending IPV.

According to Bandura's Social Learning Theory (SLT), people learn new behaviours like violent tendencies by watching and copying others' actions (Bandura, 1977). This theory highlights the influence of both the environment and cognitive processes on an individual's behaviour, attributing importance to observation, imitation, and reinforcement. SLT can offer understanding of how women are guided on how to act in situations of intimate partner violence (IPV). In the study of intimate partner violence (IPV), SLT can help explain how women learn to endure, tolerate, or even engage in violence in their relationships. Women may build a tolerance for IPV due to different factors. Witnessing violent or threatening behaviour within their families, communities, or through media can normalize IPV, leading to increased acceptability. Women might imitate behaviours they witness or experience, such as aggression or self-blame, potentially perpetuating the cycle of violence. They could receive rewards or reinforcement for tolerating or permitting IPV, such as preventing further disagreements or experiencing security. Research on SLT has provided insight into the experiences of women dealing with IPV. Women may internalize and continue to uphold victim-blaming attitudes after seeing or being instructed to take responsibility for the violence they face (Belknap, 2001). Cultural or social norms that justify or permit violence against women can lead women to accept IPV (Dutton, 1994). Women experiencing IPV may perpetuate the cycle of violence by utilizing coping mechanisms such as self-blame, shame, or substance abuse (Herman, 1992). Bandura (1977) states that the Social Learning Theory suggests that behaviour is acquired by observing and engaging with others. This theory is applicable to IPV as it explains how violent behaviours can be learned and maintained within families and communities. For instance, children who witness IPV may begin to believe that this behaviour is normal or acceptable, which could lead to an ongoing cycle of violence persisting across multiple generations (Widom & Maxfield, 2001). The Social Learning Theory highlights the importance of addressing these learned behaviours through interventions and educational efforts that aim to break the cycle of violence.

Feminist Theory examines how gender power imbalances contribute to the perpetuation of violence against women (Tong, 2009). It asserts that IPV originates from patriarchal systems that undervalue women and perpetuate gender inequality.

Bronfenbrenner (1979) developed the Ecological Model as a framework with multiple layers to explain the intricate relationships among individual, relational, community, and societal elements. This theory proposes that IPV arises from a combination of these factors rather than separate issues. For instance, a woman's encounter with IPV may be impacted by her individual background, the interactions within her relationship with the abuser, the assistance provided by her community, and societal perspectives on violence (Heise, 1998). The Ecological Model helps discover various points of Intervention for effectively addressing IPV.

Trauma Theory looks at the lasting mental effects of traumatic events (van der Kolk, 2014). Understanding the mental health effects of IPV, including PTSD, anxiety, and depression, is crucial. Trauma Theory delves into the impact of IPV trauma on a woman's mental health, ways of dealing with it, and overall life satisfaction. This viewpoint emphasizes the importance of providing trauma-informed care and support to survivors.

Attachment Theory, created by Bowlby in 1982, examines the impact of early attachment experiences on future relationship behaviours. Within the realm of IPV, this theory proposes that those with insecure or disorganized attachment styles could potentially be at a higher risk for abusive relationships. Studies have shown that previous experiences of neglect or abuse can impact an individual's capacity to establish healthy relationships and play a role in the dynamics of intimate partner violence (Johnson, 2006). Understanding different attachment styles can help therapists tailor their treatment strategies for survivors of intimate partner violence

Examining women's actual encounters with IPV also necessitates examining the impact of power and control within these relationships. The power and control wheel, created by the Duluth Model, is a commonly utilized tool that demonstrates the different methods in which perpetrators of IPV maintain control over their partners. This structure contributes to illuminating the intricate ways in which offenders utilize strategies like intimidation, emotional mistreatment, and isolation to uphold dominance and authority in the relationship. Besides these theoretical frameworks, it is crucial to take into account societal and cultural norms in sustaining IPV. For instance, cultural expectations that prioritize conventional gender roles, with men being strong and assertive and women being compliant and caring, can help maintain incidents of IPV. Likewise, cultural expectations of quiet respect and stigma can hinder women from speaking up about IPV and getting assistance.

Empirical review

Abramsky. T et.al (2011) conducted a study What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. The study using data from the WHO Multi-country Study on Women's Health and Domestic Violence analysed risk factors for IPV in ten countries was conducted using data from the WHO Multi-country Study on Women's Health and Domestic Violence. The results showed that specific factors always impacted the risk of IPV. Protective factors of secondary education, higher socioeconomic status (SES), and formal marriage were identified. On the other hand, the risk was increased by factors such as alcohol abuse, living together without being married, being young, having positive attitudes towards wife-beating, and having experienced childhood abuse or witnessed domestic violence. The risk was especially elevated if both partners displayed these factors. The research suggests that programs aiming to prevent IPV should prioritize changing damaging gender norms, tackling childhood abuse, and decreasing alcohol abuse. In addition, encouraging education for girls and boys can have a vital impact on stopping violence.

Shanthakumari. R S (2014) conducted a research on Difficulties come to humans and not trees and they need to be faced': A study on resilience among Indian women experiencing intimate partner violence . This qualitative research investigates the strength and perseverance of Indian women who have encountered domestic violence from their partners, particularly those whose husbands were receiving treatment for alcohol addiction. Carried out in Bangalore, the study included in-depth interviews with 16 women to reveal the factors that helped them be resilient. The examination, using QSR NVivo software, pinpointed six main themes: encouragement from women, men, and family; individual qualities; respect and employment; resilience for the children; and belief in a higher power. The results emphasize the vital importance of encouraging resilience through supportive social networks, personal attributes, and aspirations. The research indicates that interventions should take into account these factors that focus on strengths in order to provide more effective support for women experiencing IPV.

Davies .L et. Al (2015) conducted research on Patterns of Cumulative Abuse Among Female Survivors of Intimate Partner Violence: Links to Women's Health and Socioeconomic Status . This research, using data from the Women's Health Effects Study with 309 women who have recently ended an abusive relationship, examines the trends of ongoing abuse over their lifetime, the economic factors tied to these trends, and the resulting health effects. By employing latent class analysis, researchers discovered four distinct abuse profiles: IPV Dominant, Child Abuse and IPV, All Forms, and All Forms Extreme. The results show a connection between long-term abuse and socioeconomic factors, with the most severe health effects seen in women categorized under the

All Forms Extreme profile. The findings are crucial for guiding future research and intervention approaches aimed at addressing the lasting impact of abuse on women's health.

Lewis. S D; Henriksen. R C;& Watts. R E (2015) conducted research on Intimate Partner Violence: The Recovery Experience. This research study explores how six women who have endured intimate partner violence (IPV) perceive their recovery process. Through conducting interviews, the study identified two primary groups of topics: procedures and assistance. Process themes consist of spirituality, facing the prospect of death, contemplating future relationships, and the importance of hope and support. The support themes include both professional assistance, which was deemed either successful or unsuccessful, and informal support from loved ones, friends, and fellow survivors. The research emphasizes the importance of professionals in assisting IPV survivors to enhance their comprehension of the healing journey and refrain from enforcing predetermined plans.

Ragavan. M ; Lyengar. K ; & Wurtz. R (2015) conducted study on Perception of Options Available for Victims of Physical Intimate Partner Violence in Northern India to investigate how the community perceives the various choices accessible to victims of physical IPV in northern India. Interviews with members of the community and experts on intimate partner violence (IPV) showed that victims are required to tolerate the violence, try to change their husbands' behaviour, or reach out to their families of origin for assistance. Turning to outside sources such as the police or NGOs is considered socially unacceptable and not feasible. These insights play a vital role in forming IPV prevention strategies in India.

Roush. K & Kurth. A (2016) conducted research on The Lived Experience of Intimate Partner Violence in the Rural Setting . The purpose of this research was to explore the real-life encounters of intimate partner violence (IPV) among women in the rural Adirondack Mountain area of upstate New York. By conducting thorough interviews with 12 women who had recently gone through IPV, the study revealed two main problems: isolating oneself to deal with stigma and facing abuse from law enforcement and the legal system on a widespread level. The results emphasize the intricate relationship between personal, societal, cultural, financial, and political elements that uphold IPV. The research highlights the importance of removing stigma surrounding IPV, overcoming isolation, and dealing with systemic abuse. Furthermore, it highlights that numerous obstacles, like bias and legal troubles, originate externally from the healthcare system, indicating the need for nursing care to be incorporated into a wider public health strategy to adequately assist survivors of IPV.

Baloushah. S et .al (2019) conducted research on Learn to live with it. Lived experience of Palestinian women suffering from intimate partner violence. This research is centered on comprehending the encounters of Palestinian women who have experienced domestic violence from a romantic partner. The researchers utilized van Manen's method and a hermeneutic phenomenological approach to conduct thorough, semi-structured interviews with 11 survivors. Thematic analysis uncovered the central theme of "adapting to it," which includes four subthemes: "inability to improve," "lack of support," "difficulty with sexuality," and "struggling with decision-making." This topic showcases how women come to terms with their challenging situations because they are unable to alter them. The research findings suggest that Palestinian women struggle to cope with violence due to cultural customs and dependence on family and finances.

Richardson. R et .al (2020) conducted studies on The effect of intimate partner violence on women's mental distress: a prospective cohort study of 3010 rural Indian women examines how various aspects of intimate partner violence (IPV) affect the mental distress of women in rural tribal communities in Rajasthan, India. The study examines physical, psychological abuse, and controlling behaviour in 3,010 women surveyed at two different times over a 1.5-year period, using questions adapted from the Domestic Violence Module of the Demographic and Health Survey. The results show a strong connection between psychological abuse, controlling behaviour, and higher levels of mental distress symptoms, with 0.65 and 0.31 symptom increases, respectively. Surprisingly, there was no association found between physical abuse and a rise in distress symptoms. These findings emphasize the importance of psychological abuse and controlling behaviour in grasping the connection between IPV and mental health, emphasizing the importance of specific interventions that target these frequently ignored aspects of IPV.

Mukherjee. R & Joshi. R K (2021) conducted study on controlling Behaviour and Intimate Partner Violence: A Cross-Sectional Study in an Urban Area of Delhi, India shows that women who justify their partner's violence and controlling behaviour are more likely to have experienced intimate partner violence (IPV). Women with less education, without financial independence, and who have experienced violence in their marriage are more likely to be subjected to controlling behaviour by their husbands. This emphasizes the need to address disparities in education and economy and disrupt the acceptance of violence to reduce IPV and encourage healthier relationship dynamics.

Agumuraperumal. R et.al (2024) conducted research on Evaluation of Intimate Partner Violence and Its Association With Depression Among Women in Chengalpattu District, India: A Cross-Sectional Study. This study, carried out in rural India, focused on 190 married or partnered women aged 18 and over to determine the frequency of intimate partner violence (IPV) and its effect on

mental health. By utilizing a questionnaire that had been pre-evaluated, the research discovered that in the previous year, 57.4% of respondents encountered controlling behavior, 31.1% dealt with physical violence, and 7.4% disclosed experiencing sexual violence. Moreover, mild depression was found in 34.7% of women, while moderate depression was found in 21.6%. A strong correlation was found between IPV and depression ($p < 0.001$). The research underlines the serious mental health impacts of IPV and stresses the importance of raising awareness, providing education, and empowering women, especially in rural regions, to effectively address and handle violence.

Abdul Azeed .E P ;et.al (2024) conducted research to investigate the reasons why women in northern India choose to remain in abusive marriages, employing a constructionist viewpoint to analyze the barriers that deter them from seeking separation. By conducting descriptive qualitative research, 17 women were interviewed, and the data were analysed thematically. Important themes that were noted are the absence of family assistance, societal pressures, acceptance of violence as normal, fear, affection, optimism, and psychological distress. These factors have strong foundations in societal beliefs about marriage and the roles of women in both the family and society. The research provides valuable perspectives, specifically within the Indian setting, and carries important consequences for policies and interventions addressing the well-being of women facing intimate partner violence (IPV).

Periyasamy .C et.al (2024) conducted research on Lived Experiences of Intimate Partner Violence and Help-seeking among Wives of Persons with Alcohol Dependence: A Thematic Analysis. This study explore the experiences of intimate partner violence (IPV) among 20 participants through in-depth interviews for data gathering. The examination using ATLAS.ti.9 software found four main themes: causes of IPV, seeking help, obstacles to seeking help, and ways of coping. The research discovered that individuals who have experienced IPV frequently choose not to seek assistance because of self-stigmatization, limited resources, and lack of knowledge about alcohol dependence treatment options. The research suggests that healthcare professionals should regularly assess for IPV in female partners of people with alcohol addiction and offer needed emotional and social assistance to these victims.

Research gap

Even though extensive research on intimate partner violence (IPV), there remains significant gaps in understanding the complete experiences of women facing this abuse. Further investigation is needed to examine how factors such as race, socioeconomic status, and cultural background impact women's experiences with and responses to IPV. There is an insufficient examination of the real-life encounters of women who have encountered intimate partner violence, especially when it

comes to grasping their distinctive viewpoints, forms of mistreatment, methods of dealing with it, and lasting impacts on different areas of their lives. Research on domestic violence is not carried out in Kerala. This comprehensive viewpoint is frequently disregarded, hindering our comprehension of how different types of discrimination and marginalization worsen the impact of IPV.

Additionally, although many current studies examine the immediate physical and emotional consequences of IPV, there is a shortage of long-term studies that follow the lasting effects of abuse. It is crucial to comprehend how women adapt in their recovery journey and how their resilience and coping strategies change over time in order to create lasting support mechanisms. Moreover, there is a lack of research that assesses the efficacy of current support systems from the viewpoint of the users. Women's input on the availability, sufficiency, and promptness of services is vital for recognizing deficiencies and opportunities for enhancement in support systems.

Focusing on these areas of research can result in gaining a better understanding of the complexities of IPV, which in turn can help in developing specific, culturally appropriate interventions and support programs. In addition, this can greatly enhance the efficiency of IPV responses and boost the general well-being and empowerment of women facing intimate partner violence

CHAPTER III

METHODOLOGY

Aim

The purpose of the study is to explore the lived experience of women facing intimate partner violence .

Variables under study

Independent variable: Intimate partner violence

Dependent variable: Lived experience of women

Operational definitions of the variables

Intimate partner violence (IPV) refers to ongoing actions or experienced in a close relationship that result in physical, sexual, or psychological harm to one or both partners. This may include behaviours like physical aggression, sexual manipulation, emotional mistreatment, and controlling actions. IPV can occur between current or former partners, whether as perpetrators or victims

Lived experience encompasses all the events, interactions, and situations that an individual has encountered throughout their lifetime. It consists of the person's personal perception, influenced by positive and negative occurrences, connections, and obstacles. In qualitative research, the focus is often on capturing lived experiences to better understand individuals' distinct viewpoints and stories in particular situations.

Objectives of the study

The current study will reveal the complexity of abuse, including physical, emotional, and psychological aspects, through exploring the first-hand. experiences of women dealing with intimate partner violence. This study aims to comprehend the significant effects of violence on the mental and physical health, social connections, and general wellness of women. It examines how women deal with abuse, the obstacles they face when looking for assistance, and the importance of support systems in their well-being. The research highlights their ability to bounce back and take action, offering important information that can help shape specific policies and services to better address intimate partner violence.

Hypothesis of the study

The study is to explore the women who are victims of intimate partner violence will describe various emotional, psychological, and social effects that greatly impact their overall psychological well-being. These encounters will also expose shared trends and strategies for dealing with the violence that impact their willingness to seek assistance and heal.

Research design

Exploratory, Cross Sectional Method

Participants

Five women who has experienced Intimate partner violence and scored high in Women Abuse Screening Tool (WAST). The age of the participants are between 19-49 years.

Tools used for the data collection

In depth interview

An in-depth interview is a method used in qualitative research where researchers conduct detailed, open-ended conversations with participants to understand their views, experiences, and insights on a specific topic. This method is useful for exploring complex issues and capturing detailed personal experiences. During these interviews, participants are encouraged to share their stories and opinions freely. Typically, the interviewer uses a semi-structured format, following a guide but allowing the conversation to flow naturally to uncover new themes (Creswell, 2014). This approach helps in gathering rich and meaningful data that might not be obtained through quantitative methods.

According to APA guidelines, presenting the results from in-depth interviews should be clear and well-organized. This includes describing how the interviews were conducted, providing information about the participants, and highlighting the main themes that emerged. Researchers must ensure participants' confidentiality and address ethical concerns. The methodology section should detail how interviews were carried out, transcribed, and analysed. Findings should be supported with participant quotes to illustrate the themes and back up the research conclusions (American Psychological Association, 2020). Following these guidelines helps ensure the research is valid and reliable.

Women Abuse Screening tool (WAST).

The Women Abuse Screening Tool (WAST) Is an eight-question survey created to gauge intimate partner violence (IPV) in women, examining emotional and physical abuse. A Likert scale (often, sometimes, never) is utilized to rate responses, with higher scores representing a higher chance of abuse. There is no set score to determine abuse; rather, responses are analysed for patterns of abusive actions, and more frequent reports of negative behaviours lead to further inquiry. The WAST has shown dependable reliability and validity in clinical environments. Studies have demonstrated that it is reliable for detecting emotional and physical abuse, showing high levels of sensitivity and specificity, which makes it a reliable method for screening for IPV. Research has shown that it is useful in various populations, as women find it convenient and easy to answer the questions, indicating its reliability for healthcare professionals. The full WAST includes eight items, scored 1 (never or none) to 3 (a lot or often). Total scores range from 8 to 24, and the tool developer recommended a cut-off of 13 to indicate presence of abuse. This cut-off score also was used in Wong and Othman's (2008) IPV study in Malaysia.

General Health Questionnaire

The GHQ-28 is a respected instrument used to assess overall mental health and detect individuals who may be facing psychological issues. It is made up of 28 elements divided into four categories: Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, and Depression. Higher distress levels are indicated by higher scores on a 4-point rating scale for each item. The overall score is determined by adding up the answers for each subcategory, with higher scores suggesting greater mental health issues . The GHQ-28 is well known for being highly reliable and valid when used with different populations. Studies have proven its efficacy in differentiating individuals with psychiatric disorders from those without, with Cronbach's alpha values typically above 0.80, and it shows strong correlation with other established mental health assessments (Goldberg & Williams, 1988).

Procedure of data collection

Purposive sampling is employed to choose participants with a history of intimate partner violence. The participants were chosen using the Women Abuse Screening tool (WAST). A WAST score of 13 or above signifies the existence of abuse. The WAST is a tool used to screen for intimate partner violence (IPV) which monitors various forms of violence such as psychological, physical, and sexual. Ten females were approached to undergo the screening process. One of them refused to talk about her experience and four participants did not pass the screening tool . Five out of nine participants scored high in WAST scale. The participants who met the criteria in the Women

Abuse screening tool (WAST) underwent in-depth interviews and completed the General Health Questionnaire (GHQ-28).

Statistical techniques used for data analysis

The methodology of thematic analysis was performed to categorise and identify themes and sub themes. The nine themes identified were Physical Violence, Control and Coercion, Impact on Mental and Physical Health, Impact on Children, Socio-Economic Constraints and Dependency, Legal and Institutional Challenges, Cultural and Religious Influences, Resilience and Hope, Learned helplessness. To analyze data from the General Health Questionnaire (GHQ-28), descriptive statistics help to summarize and understand the results. This involves calculating mean scores, median scores, standard deviation and the range of scores for each subscale and the overall Questionnaire

CHAPTER IV

RESULTS AND DISCUSSION

RESULT

Table:4.1 The common Themes and Subthemes of the participants

Themes	Subthemes
Cycle of Abuse	1.1 Physical Violence 1.2. Verbal and Emotional Abuse 1.3. Sexual Abuse 1.4.Economic Abuse
Control and Coercion.	2.1. Isolation from Social Support 2.2. Manipulation and Gas lighting 2.3. Cultural and Familial Pressure
Impact on Mental and Physical Health	3.1. Mental Health Issue 3.2. Physical Health Problems 3.3. Coping Mechanism
Impact on Children	4.1. Witnessing Domestic Violence 4.2. Intergenerational Trauma 4.3. Parent-Child Relationship
Socio-Economic Constraints and Dependency	5.1. Financial Dependence

	5.2. Barriers to Leaving
	5.3. Attempts to Gain Independence
Legal and Institutional Challenges	6.1. Legal Struggles
	6.2. Inadequate Support Systems
Cultural and Religious Influences	7.1. Role of Religion and Tradition.
Resilience and Hope.	8.1. Endurance for the Sake of Children
	8.2. Aspirations for a Better Future
Learned helplessness Family	9.1. Tolerating Abuse for the Sake of
	9.2. Financial Insecurity
	9.3. psychological Impact

Table:4.1

Cycle of Abuse

1.1 Physical Violence

Participants described incidents where common items, like coconuts, knives were utilized as weapons in attacks. These attacks frequently resulted in severe physical harm, such as eyes that were swollen and bruised. Moreover, perpetrators used methods of confinement, like trapping individuals in a bathroom for the entire night, in order to maintain dominance and create a sense of terror.

“He use to beat me, banging my head against the wall. Once, he pushed me, and I fell between the television stand and the table, losing consciousness.” (P 1)

“My husband used to beat me, throwing coconuts at me and hitting me on my back. Once, he beat me so severely that my eyes were swollen and blackened.” (P 2)

“He has been physically abusive towards me. After an argument, when I responded to him, he beat me and locked me in the bathroom for the entire night.”

1.2 Verbal and Emotional Abuse

The participants stated that offenders employed varying strategies to dominate and belittle their victims, including falsely accusing them of infidelity and publicly shaming them. Utilizing these methods, often involving the participation of relatives, created an atmosphere defined by fear and shame. Individuals suffered intense verbal mistreatment and psychological coercion, compounded by neglect and breakdowns in communication. It was stated that the combination of verbal abuse and emotional neglect heightened their suffering, exacerbating their emotional pain and weakening their self-esteem and stability.

“He would accuse me and verbally abuse me. He even spread rumours that I had a relationship with his brother and my son in law “. (P1)

“He belittles me publicly . He stopped talking since two months ” (P5)

1.3. Sexual Abuse

Participants shared that neglect of their sexual needs and experiences of coercion deeply affected their emotional well-being and strained their relationships with their spouses. The prolonged absence of sexual attention led to a loss of closeness and added significant stress to their relationships. In cases of sexual coercion, abusers would use threats of false accusations, such as linking cool skin to infidelity, to maintain control. This behaviour eroded trust and created an atmosphere of fear and manipulation, further damaging the victims’ emotional and relational health.

“ We have no sexual relationship since two months.” (P5)

“He would accuse me of sleeping with someone else if my skin felt cold when coming back after going to pee from outside at night.. There were no bathroom at that time. We use to go outside ” (P 1).

1.4. Economic Abuse

Participants reported that abusers compromised their financial stability by selling personal items like gold, leaving them financially dependent and vulnerable. They received minimal financial

support, which only added to their instability and deepened their reliance on the abuser. Additionally, any attempts to achieve financial independence, such as starting a business, were blocked by the abuser, who used this control to maintain power over their financial situation.

“He sold all my gold, and I was left with nothing.” (P4)

“My husband was a labourer and he use to take lottery and lose the money. He didn’t provide any expenses.” (P1)

“I started an online business with my brother’s money, but he forced me to stop.” (P 5)

Control and Coercion

2.1 Isolation from Social Support

Participants explained how abusers isolated them by limiting their interactions with friends and family, for example, by forbidding phone usage and blocking communication with others. The abuser’s tight restrictions on their actions and relationships made them depend more on the abuser, leading to a deep sense of being alone and confined.

“He does not allow me to visit my family or go anywhere. I didn’t have a phone for years. “He doesn’t allow me to visit my family or go anywhere, making our home feel like a jail” (P2)

“He often brings his friends home, and drinks at home. If I say anything we will end up in a fight and he start beating me.” (P4)

2.2 Manipulation and Gas lighting

Participants described how abusers manipulated them into returning after they had left, often by making empty promises of change or minimizing the seriousness of the abuse. They also shared that their children were used as leverage, with abusers threatening harm or using the children to force compliance, which further tightened the abuser’s control over them.

“He would accuse me of having a relationship with other men whenever I talked to any man.”(P1).

“Every six months, we have a fight where he beats me, and I leave for my parents’ house. Then, he comes to take me back, and I return with him.” (P 4).

“He questions my communication with others and belittles me publicly.”(P5)

23 Cultural and Familial Pressure

Participants revealed that the interference of extended family members, particularly controlling figures like a mother-in-law, greatly intensified their abuse and hindered their ability to seek help. They also felt pressured by societal norms that accept or normalize such abuse, forcing them to endure their suffering quietly instead of seeking support.

“My relatives criticized me for not staying with my husband, which upset me deeply. My mother would say that such things happen in every household and that I should tolerate it.” (P 2)

“My parents forced me to marry him due to poverty.”(P3)

Impact on Mental and Physical Health

3.1 Mental Health Issues

Participants shared that enduring prolonged abuse took a serious toll on their mental health, leading to deep depression and anxiety that affected their overall well-being and daily lives. The relentless abuse wore down their self-esteem, making them feel powerless and stuck, with some even admitting to having suicidal thoughts as a result of the intense emotional pain.

“I often wished for death but kept going for the sake of my children.”(P1)

“I sought psychological treatment for depression after 10 years of marriage.”(P4)

3.2 Physical Health Problems

Participants stated that continuous mistreatment led to long-lasting physical injuries that often needed medical attention. The continuous violence also resulted in lasting health problems, like decreased bone density, that impeded their daily functioning. Moreover, the abuser’s use of substances, such as alcohol, worsened the health issues for both themselves and the victims, leading to a decline in their overall health.

“ He beats me so hard that I have to take medical treatment for my bruises “(P4)

“ I’m suffering from bone loss . I cannot stand or sit for long period of time. I have pain in my back and leg” (P1)

3.3 Coping Mechanism

Participants explained that they turned to mental health services to manage the emotional trauma inflicted by the abuse, reflecting their attempts to handle their psychological suffering. They also often sought temporary shelter with friends or family to escape immediate threats and find a safe place away from their abuser.

“I meet our expenses by doing a job as a helper in anganawadi.” (P3).

“I usually run away and stay in neighbourhood and next morning, I go to my parents’ house.”

Impact on Children

4.1 Witnessing Domestic Violence

Participants described how their children directly witnessed the violence, such as when one child discovered a parent unconscious, showing the immediate impact of the abuse on their well-being. This exposure led to severe psychological consequences for the children, including behavioural issues like delinquency and substance abuse, illustrating the deep and harmful effects of witnessing the abuse.

“After returning from school, when my daughter found me unconscious, she screamed and tried to wake me.” (P 1)

“My eldest son has started drinking . He gets involved in fights with others regularly. Recently he hit a boy badly and his parents filed complaint against my son. The case has been compromised and we paid compensation” (P 4).

4.2 Intergenerational Trauma

Participants stated that the abusive behaviour their children witnessed often persisted into their own relationships, perpetuating the cycle of violence. As a result, the children began to adopt and repeat the abusive actions they had observed or normalize the abuse passing on the pattern of abuse to future generations.

“My eldest daughter is facing a similar situation. Her husband drinks alcohol and beats her whenever she protests.” (P1)

“He use abusive words in front of children . Hearing abusive words my son tells me his father is a bad man.” (P 5)

4.3 Parent-Child Relationship

Participants reported that the abuse led to considerable strain and tension in their relationships with their children, worsened by ongoing threats and emotional stress. They also faced severe emotional strain and deep worries about their children's futures, which further intensified the overall impact of the abuse on their family dynamics.

“ Many proposals came for marriage but my son has threatened to kill the man whom I marry.” (P2)

“I worry about how I would survive if I left him. How will my children survive.”(P4)

“I worked hard to take care of my daughters and took on all the responsibilities for their marriages by myself.” (P1)

Socio-Economic Constraints and Dependency

5.1. Financial Dependence

Victims explained that they remained in abusive relationships largely because they depended on their husband's income, having no alternative financial means. They also faced persistent financial problems, such as debt and instability, which further complicated their efforts to escape the abusive situation.

“I tolerated the abuse because I didn't want to burden my parents, and my younger sisters were still not married.” (P 1).

“I began an online business using money from my brother. I was earning well, but he put an end to it.”(P5)

5.2. Barriers to Leaving

Victims found it difficult to gain financial independence and leave the abusive situation because of their limited education and job prospects. They also feared social judgment and stigma related to leaving the abuser, which further prevented them from seeking help or making changes

“I wanted to leave my husband and have tried to do so multiple times, but he always convinces me to return. I didn't have job or education that someone provide me the job” (P4)

“I hesitate to leave him, remembering how he once loved me and considering the benefits for our children if they stay with their father . I can't give my children the things which he can provide ” (P5)

5.3. Attempts to Gain Independence

Victims who tried to achieve financial independence by starting small businesses often encountered obstacles from their abuser. These challenges highlighted the difficulties in attaining true autonomy. Even when they managed to establish their own ventures, ongoing interference from the abuser made it tough to sustain their independence.

“I worked hard, cleaning vessels at marriage halls and cutting waste plants with other women.” (P1)

“I started an online business with money from my brother.” (P5)

Legal and Institutional Challenges

6.1. Legal Struggles

Victims reported facing major obstacles in the legal system, including their abusers avoiding responsibility, which made it hard to secure a divorce or alimony. They also noted that their attempts to obtain legal protection were often blocked by withdrawn complaints or insufficient enforcement, adding to their difficulties

“I filed a case for alimony and child support, but he never appeared in court or for out-of-court settlements.”

“ After he beat me, I left the house and went to stay with my parents. The next day, when he came to bring me back, I refused to return. He used abusive language, damaged my father’s bike, and set it on fire. Although my father initially filed a complaint, he later withdrew it. Eventually, after some time had passed, I went back to my husband.”(P4)

6.2. Inadequate Support Systems

Victims reported that inadequate intervention by law enforcement often resulted in dropped cases and continued abuse. Additionally, the limited availability of shelters and support resources made it extremely difficult for them to leave their abusers and find a safe place.

“No relatives are there to help and all my siblings are poor like me.”(P1)

”When I left my husband and went to my parents’ house, my relatives criticized me for not going back to him, which led to my depression.” (P2)

Cultural and Religious Influences

7.1. Role of Religion and Tradition

Victims reported that religious and cultural norms, including expectations to convert or endure hardship, significantly shaped their decisions and experiences. They also mentioned that cultural beliefs about marriage being a sacred institution and the expectation that problems would eventually resolve often trapped them in abusive situations.

“I wanted to live with iman (faith) and perform Umrah (sacred pilgrim) so I didn’t do anything.” (P1)

“After our first child was born, he revealed our marriage to his parents. His parents said to convert to Islam then they will accept me and they will approve for marriage according to Islam sharia”

Resilience and Hope

8.1. Endurance for the Sake of Children

Participants reported that they stayed in abusive relationships primarily to protect their children, even though it meant enduring considerable personal suffering. They said they made significant sacrifices, including putting up with the abuse, to avoid adding burdens on others and to keep the family together.

“I worked hard to take care of my daughters and took on all the responsibilities for their marriages by myself.”(P1)

“I am working hard to meet our expenses and want to educate my son.”(P2)

8.2. Aspirations for a Better Future

Victims shared that they maintained the hope of a better future, including dreams of dignity and improved living conditions, despite the ongoing abuse. They revealed that their pursuit of dignity and peace motivated them to endure the suffering, showing their resilience and commitment to achieving a better life.

“My children are now grown up and my son is working in a company. All will be alright “. (P3)

“I started working as a lab technician, even though the salary is low , but I can manage our expenses.” (P3).

Learned helplessness

9.1.Tolerating Abuse for the Sake of Family

Participants stated that they frequently stayed in harmful relationships in order to protect their family members, particularly their children, or to prevent their parents from feeling overwhelmed. This feeling of responsibility keeps them stuck in patterns of mistreatment, despite recognizing the negative consequences.

“I tolerated the abuse because I didn’t want to burden my parents.” (P1)

“I often leave him, but I end up going back for the sake of the children.” (P4)

9.2.Financial Insecurity

Participants felt financially constrained and believed that they cannot make it on their own without the help of their abusive partner. They find it very challenging to imagine a life without the abuser due to the absence of social support, education, and job opportunities.

“I worry about how I would survive if I left him. I have no social support or education that someone provide me the job” (P4)

“He doesn’t provide any financial support, only giving our son three thousand rupees by bank transfer.” (P2)

9.3 psychological impact

The participants reported that the constant abuse and lack of escape options caused them significant psychological distress, such as depression, anxiety, and hopelessness. They indicated that, over time, they internalised their helplessness and came to believe that no matter how much they suffered their situation could not change.

“After so many years of fighting in court, I felt I have no choice but to live this life. .” (P3)

“ I seeked psychological treatment for depression after 10 years of marriage. This has made it difficult for me to focus on my children.”(P4)

Table 4.2: Descriptive statistics of the GHQ- 28 items of the participants

Subscale.	Mean	Median	Standard Deviation	Min.	Max
Somatic Symptoms	7.2	5	4.71	3	15
Anxiety and Insomnia.	12.2	13.	6.14	3	20
Social Dysfunction	6.8	7	1.64	4	8
Severe Depression	8.6	9	2.30	5	11
Total.	34.8	33	8.89	23	47

The General Health Questionnaire (GHQ-28) consists of four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Descriptive statistics were computed for each subscale to explore the distribution of the participants' scores. Table 1 summarizes the means, standard deviations, medians, and ranges for each subscale and the total GHQ score.

The mean score for the somatic symptoms subscale was 7.2 (SD = 4.71), with scores ranging from 3 to 15. The median score was 5. This indicates that participants had a moderate level of somatic symptoms, with a few reporting significantly higher levels.

The anxiety and insomnia subscale yielded a mean score of 12.2 (SD = 6.14), with a range from 3 to 20. The median score was 13, suggesting that a substantial portion of participants experienced heightened levels of anxiety and sleep disturbances. The wide range and higher standard deviation reflect variability among participants in terms of the severity of their anxiety and insomnia.

For the social dysfunction subscale, the mean score was 6.8 (SD = 1.64), with scores ranging from 3 to 8. The median score was 7, indicating that participants exhibited mild-to-moderate levels of

social dysfunction. The low standard deviation and relatively narrow range suggest that most participants reported similar levels of dysfunction in social performance.

The severe depression subscale had a mean score of 8.6 (SD = 2.30), with a range from 5 to 11. The median score was 9, implying that participants generally reported moderate levels of depressive symptoms. The scores indicate that a significant number of participants reported depressive symptoms, though extreme scores were rare.

The total GHQ-28 score, which is the summation of all subscale scores, had a mean of 34.8 (SD = 8.89), with scores ranging from 23 to 47. The median total score was 33, indicating a generally moderate level of psychological distress across all participants. The wide range of total scores suggests variability in the overall psychological well-being of the participants

DISCUSSION

This study provides an in-depth exploration of the lived experiences of women subjected to intimate partner violence (IPV). The study reveals how abuse manifests in various forms and its multifaceted impact on the victims. By thematic analyzing , narratives from the participants has studied in the research that uncovers nine central themes that capture the complexities of abuse, control, and societal pressures. These themes also highlight the pervasive influence IPV has not only on the individual victims but also on their families and communities by shedding light on the barriers women face in seeking help and achieving autonomy.

The first theme, Cycle of Abuse, demonstrates the recurring and escalating nature of violence experienced by women in abusive relationships. Physical violence was not only frequent but also extremely severe, with abusers using household objects like coconuts and knives as weapons, often leaving victims with significant injuries. Additionally, confinement tactics, such as locking victims in rooms or restricting their movements, were employed to maintain control, amplifying feelings of helplessness and fear. Beyond physical violence, participants also endured verbal and emotional abuse, including public humiliation and constant false accusations, particularly regarding infidelity. This decline of self-worth created a constant state of emotional turmoil, further isolating victims from social support. Sexual abuse was often described as emotional neglect or coercion, deepening the emotional disconnection in their relationships. Economic abuse, including the control of personal assets and preventing financial independence, compounded the difficulty of escaping the relationship. The combination of these abusive tactics created a perpetual cycle by making it harder for victims to break free.

The second theme, Control and Coercion, reveals how abusers systematically employed various methods to maintain power over their victims. Isolation was a key tactic, with abusers cutting off

the victims' communication with family and friends, preventing them from seeking external help or support. This forced dependence on the abuser for emotional and financial needs strengthened the abuser's control. Additionally, manipulation was used extensively, including gas lighting, which made victims doubt their reality, and using children as leverage, further complicating the victims' ability to leave. Cultural and familial pressures, particularly from extended family members like mothers-in-law, added another layer of coercion. These pressures often encouraged victims to tolerate the abuse, sometimes framing it as a necessary sacrifice to maintain family unity or honour, making it exceedingly difficult for victims to defy these societal expectations.

The third theme, Impact on Mental and Physical Health, sheds light on the deep and long-lasting effects of IPV on both mental and physical well-being. Women in abusive relationships experienced a range of mental health issues, including chronic depression, anxiety, and in some cases, suicidal ideation. The constant emotional distress left them feeling trapped in a state of despair and unable to envision a way out of their circumstances. Physically, the abuse resulted in serious injuries requiring medical attention, and in some cases, long-term health conditions such as decreased bone density. Even when women sought mental health services or temporary shelter with family, the lack of ongoing support and resources often left them in a state of continued distress, without a clear path to recovery or escape.

Impact on Children, the fourth theme, emphasizes the far-reaching consequences of IPV beyond the immediate victims, showing how deeply it affects children. Many children witnessed the violence first-hand, leading to severe psychological trauma that often manifested as behavioural issues such as substance abuse or aggression. The trauma extended across generations, with some children replicating the violent behaviours they witnessed will perpetuate the cycle of violence. Furthermore, the abusive environment strained the mother-child relationship, as mothers were torn between trying to protect their children and managing their own survival in the abusive relationship. This dynamic often left mothers feeling guilt-ridden and emotionally conflicted, struggling to shield their children from harm while being caught in their own battles for safety and emotional well-being.

The fifth theme, Socio-Economic Constraints and Dependency, highlights how economic dependence was a critical barrier preventing many women from leaving their abusive partners. Financial control was often exerted through preventing access to education, limiting job opportunities, or sabotaging efforts to gain financial independence. Many women expressed a desire to start small businesses or work outside the home, but these attempts were frequently thwarted by their abuser, who sought to maintain financial control. Additionally, societal stigma surrounding divorce or separation—particularly in cultures where marriage is seen as a lifelong commitment—further trapped participants in abusive relationships. This combination of financial instability and societal expectations made it extremely difficult for participants to envision a future outside the abusive relationship, as they feared the social and economic repercussions of leaving.

The sixth theme, Legal and Institutional Challenges, examines the systemic barriers participants face when seeking justice or protection. Legal systems often failed to provide adequate support, with many abusers avoiding responsibility by skipping court appearances, delaying divorce or alimony proceedings, and exploiting legal loopholes. Victims frequently encountered dismissive attitudes from law enforcement, who might drop cases or fail to offer protective measures, leaving them vulnerable to continued abuse. The lack of access to shelters or long-term housing solutions compounded these difficulties, forcing many women to return to their abusive homes. These institutional failings not only left participants feeling abandoned by the systems meant to protect them but also reinforced their sense of helplessness and despair.

The seventh theme, Cultural and Religious Influences, highlights how societal norms and religious expectations played a significant role in shaping the decisions of participants. Participants reported feeling pressure to remain in abusive marriages due to cultural expectations that framed marriage as sacred and divorce as shameful. Religious beliefs, sometimes imposed by in-laws, further trapped women in these relationships, particularly when conversion to a different faith was demanded. These cultural and religious pressures often silenced participants and discouraged them from seeking help or leaving, as they were made to believe that enduring the abuse was a moral obligation or a pathway to spiritual redemption. As a result, many women felt that they had no choice but to stay, even as the abuse persisted.

In spite of the overwhelming challenges they faced, the eighth theme, Resilience and Hope, showcases the strength and determination of the participants. Few participants chose to stay in their abusive relationships for the sake of their children by making personal sacrifices to maintain family unity and protect their children from the brunt of the violence. While some women expressed feelings of hopelessness, others held on to a sense of hope and dignity, aspiring to a future where they could live free from abuse. Acts of defiance, such as seeking employment or leaving the abuser temporarily, reflected their resilience and desire to break the cycle of abuse. Although external pressures often forced them to return to their abusers, these moments of resistance demonstrated the victims' inner strength and their enduring hope for a better future.

The final theme, Learned Helplessness, explores how the combination of abuse, systemic barriers, and societal pressures led many women to internalize a sense of helplessness. Over time, repeated exposure to abuse and the failure of external systems to provide support made many victims feel as though there was no escape from their situation. Financial insecurity, fear of social judgment, and the lack of viable alternatives contributed to their belief that they were trapped in an unchangeable cycle. As a result, many women accepted their circumstances, believing that no matter how much they suffered, they could not alter their fate, further entrenching the cycle of abuse and preventing them from seeking help or attempting to leave.

Table 4.2 shows The GHQ-28 scoring shows that intimate partner violence (IPV) seriously affects both the mental and physical health of victims. High scores in depression and anxiety indicate that victims are often deeply distressed, which matches their reports of feeling

depressed, anxious, and even having suicidal thoughts. This stress is due to the ongoing abuse, which makes them feel trapped and powerless. The GHQ-28 results align with the idea of learned helplessness, where victims feel hopeless and unable to escape their situation. Many of these victims also seek help for their depression after enduring long-term abuse.

The GHQ-28 also points to significant physical health problems caused by IPV. Victims often suffer from injuries like bruises and fractures that require medical attention. The abuse can be worsened by the abuser's substance abuse, affecting both the victim's and the abuser's health. The GHQ-28 data highlights the severe impact of IPV on both mental and physical health.

Participants also face major social problems, as shown by the GHQ-28. Abusers often isolate victims from their friends and family, increasing their feelings of helplessness and dependence. Social and cultural pressures may force victims to stay in abusive relationships to keep family unity.

The GHQ-28 results show that anxiety and insomnia are common among participants, reflecting the emotional and economic abuse they endure. Emotional abuse, like gas lighting, and economic abuse, such as controlling finances, heighten anxiety and make it harder for victims to escape.

The impact of IPV on children is also significant. Many women said their children witnessed the abuse and some even started showing aggressive behaviours. This can create a cycle of violence, where children might repeat or normalize the abuse they have seen. The GHQ-28 results support these concerns, as victims are worried about their children's future and strained family relationships.

Although participants had through difficulties but many participants show resilience. They try to build a better future by working, starting small businesses, or seeking help from loved ones. Although the GHQ-28 results show high levels of psychological distress, the women's stories reveal their strength and determination to overcome their difficulties.

CHAPTER V SUMMARY AND CONCLUSION

SUMMARY OF THE STUDY

The study offers an in-depth exploration of the lived experiences of women facing intimate partner violence (IPV), shedding light on the intricate and intertwined forms of physical, emotional, and socio-economic abuse they face. By integrating quantitative data from the GHQ-28 questionnaire with qualitative interviews, the research highlights the wide-ranging impacts IPV has on women's mental health, physical condition, social isolation, and financial dependency.

The GHQ-28 findings reveal the significant psychological impact IPV has on victims, including high levels of depression, anxiety, and insomnia. Emotional and verbal abuse such as continuous belittlement, false accusations of infidelity, and manipulative behaviour have deeply affect the participants' mental health. Many women reported feelings of hopelessness and powerlessness, with some even experiencing suicidal thoughts. Despite seeking psychological support, cultural and family expectations, as well as financial struggles, often kept them trapped in abusive relationships.

The physical effects of IPV were apparent in women's accounts of serious injuries, such as bruises, broken bones, and chronic health conditions. Some women described extreme acts of violence, including being attacked with weapons or forcibly confined for long periods. The abuser's substance abuse often worsened these violent episodes, exacerbating health issues for both the victim and the perpetrator. The somatic scores from the GHQ-28 confirmed a high occurrence of physical symptoms among the participants, reflecting the severity of their injuries.

A major theme was the social isolation imposed by abusers, who often restricted women's contact with family and friends, leaving them more dependent on their abusers. Cultural norms that place importance on maintaining marriage and family harmony made this isolation even worse, discouraging women from seeking help. The GHQ-28 social dysfunction scores showed that victims struggled to maintain social connections and engage in normal daily activities, further intensifying their isolation.

Economic control was a recurring form of abuse, with many women reporting that their abusers manipulated their finances, sold their possessions, or blocked their efforts to achieve financial independence. This financial exploitation left many victims without the resources necessary to leave their abusers, trapping them in a cycle of dependence. The study emphasizes how economic

abuse not only strips women of financial autonomy but also deepens their vulnerability, making it harder to escape the abusive environment.

Children exposed to IPV were profoundly affected, showing emotional distress, behavioural issues, and in some cases, mimicking the abusive behaviours of their fathers. This perpetuation of violence across generations was evident in some cases where women observed their daughters facing similar abuse in their own relationships. The study highlights the long-term impact of IPV on family dynamics and the importance of addressing the trauma experienced by children who witness abuse.

Despite the overwhelming challenges, many women demonstrated significant resilience. Some sought refuge with friends or family, engaged in counselling, or attempted to gain financial independence through small businesses. Their resilience was driven by a desire to protect their children and build a better future. This determination to overcome adversity reflects the strength and perseverance of these women, despite their difficult circumstances.

This study reveals the extensive and harmful effects of IPV on women's mental, physical, and socio-economic well-being. The combination of quantitative GHQ-28 data and qualitative interviews provides a comprehensive view of how IPV traps women in abusive relationships. The findings underscore the need for immediate and holistic interventions, including psychological care, economic support, and legal protections, to help victims break free and rebuild their lives.

Furthermore, the research highlights the importance of challenging cultural and societal norms that perpetuate IPV. Many women feel pressured to endure abuse due to cultural and religious values that emphasize family unity and the sanctity of marriage. Confronting these norms is crucial for empowering women to seek help and escape abusive relationships. The study concludes that to effectively support IPV victims, a comprehensive approach is needed to address the psychological, physical, financial, and cultural barriers that prevent women from breaking free from abusive environments and healing from their trauma.

MAJOR FINDINGS OF THE STUDY

This study provides an in-depth exploration of the significant effects of intimate partner violence (IPV) on women's mental, emotional, physical, and socio-economic well-being. It places particular emphasis on qualitative narratives, which offer a richer understanding of the victims' experiences.

The interviews highlighted the intense psychological distress faced by women subjected to IPV, aligning with the GHQ-28 findings. Many women spoke about living in constant fear, anxiety, and emotional pain. They described being trapped in cycles of emotional abuse, involving relentless verbal attacks, public humiliation, and false accusations, especially concerning infidelity. This abuse left many women feeling worthless and powerless, with several revealing they had considered suicide as a way out. Some participants shared how their abusers manipulated their perception of reality, causing them to doubt their own thoughts and feelings, which left them emotionally detached and vulnerable. This type of psychological abuse, although less visible than physical harm, inflicted lasting emotional damage and made it difficult for victims to seek help. The interviews shed light on the deep emotional toll, with many victims feeling depressed, hopeless, and emotionally “broken.”

Participants described physical abuse of being hit with objects, attacked with knives, and confined to small spaces for long periods. These incidents weren't random but were deliberate efforts by the abusers to exert control and dominance. Many women lived in fear, never knowing when the next violent episode would occur. One woman described being locked in a bathroom all night, causing both physical and psychological harm. Physical injuries ranged from bruises to broken bones, with some victims experiencing long-term health problems. Abusers' substance use often escalated the violence, leading to more severe assaults. The GHQ-28 data supported these stories, showing that participants may continue to suffer from chronic physical health issues as a result of the abuse.

The qualitative data also revealed how abusers used isolation as a form of control. Many women described being cut off from family and friends, leaving them completely reliant on the abuser for emotional and financial support. Cultural and social pressures further compounded this isolation, as some women felt obligated to maintain the appearance of a stable family. Even when they tried to seek help, societal expectations about preserving marriage often limited their options. This isolation not only increased emotional distress but also trapped them in the abusive relationship. The narratives showed how abusers would monitor their movements, control phone calls, and prevent them from engaging in social activities, further deepening their dependence. The GHQ-28 findings on social dysfunction supported this, revealing that the participants may have impaired social functioning and reinforcing the sense of entrapment these women experienced.

The study highlighted economic abuse as a major issue. Women shared how their abusers controlled their finances, leaving them with little or no money to escape. Some spoke of how their possessions, such as gold or family heirlooms, were sold without their consent. One woman

described how her abuser managed all the household finances, leaving her completely financially dependent and unable to leave. Many women were denied the chance to work or pursue education, which further entrenched their financial dependence on the abuser. This financial control caused significant anxiety and helplessness. The GHQ-28 findings also indicated high levels of anxiety and insomnia related to economic insecurity.

Participants expressed deep concern over the emotional and psychological toll the violence had on their children, who often witnessed the abuse. Some children began to mimic their fathers' abusive behaviours, perpetuating a cycle of violence. Others mentioned their daughters entering into abusive relationships, highlighting the long-term trauma passed down through generations. The emotional impact on children often led to behavioural issues such as aggression, withdrawal, or instability. Many mothers felt guilty and distressed about their children's suffering. The GHQ-28 results reflected the mothers' distress over their children's well-being, emphasizing the widespread effects of IPV on family dynamics.

Despite the challenges, many women showed resilience in dealing with IPV. The interviews highlighted how some victims sought temporary refuge with family or friends, engaged in counselling, or pursued financial independence through small business ventures. These narratives emphasized the strength and determination of these participants who, despite the trauma have continued to fight for a better future for themselves and their children. One participant shared how she started a business. Others spoke about protecting their children from the violence or trying to shield them emotionally. This resilience was often driven by a desire to end the cycle of abuse and ensure a safer life for the next generation.

The study offer a comprehensive view of the complex impact of IPV on women's lives. Beyond the physical and psychological harm, the stories of social isolation, financial control, and resilience provide a deeper understanding of how IPV traps victims and perpetuates cycles of abuse across generations. The findings underscore the need for a multifaceted approach to addressing IPV, one that includes legal protection, economic support, and mental health care. The study emphasizes that breaking the cycle of violence requires challenging cultural and social norms that enable IPV, as well as providing victims with the necessary resources and support to rebuild their lives.

LIMITATIONS OF THE STUDY

The study provides important insights into the effects of intimate partner violence (IPV) on women but comes with several limitations, particularly regarding the qualitative data. Recognizing these limitations is essential for accurately interpreting the results and directing future research.

A significant limitation of the study is its small sample size. With only a few participants providing qualitative data, the study may not capture the full spectrum of experiences among women affected by IPV. The small number of participants limits the generalizability of the findings and might overlook variations in experiences across different age groups, socioeconomic statuses, or cultural backgrounds. A larger sample could have revealed a wider range of abuse types and coping strategies, offering a more complete view of the diverse experiences of women in various social and economic situations.

The study may also suffer from sampling bias. Participants who chose to take part may have been more willing or able to discuss their experiences, potentially skewing the results. Those still deeply involved in abusive situations or lacking access to support might be underrepresented. This could mean that experiences of extreme isolation or significant barriers are not adequately reflected, leading to a distorted understanding of IPV's impact.

The cross-sectional design of the study is another limitation. This approach captures data at a single point in time, offering only a snapshot of the participants' emotional and physical states. It does not account for how these experiences might change over time. For instance, the study does not track whether participants' mental health improved or worsened or if they managed to leave their abusive situations. Longitudinal studies, which follow participants over a longer period, could provide a more detailed understanding of the long-term effects of IPV.

Self-report bias is a concern, as participants might have modified or omitted details due to fear of judgment, shame, or difficulty recalling traumatic events. This can result in underreporting the severity of abuse or certain types of violence, such as sexual or economic abuse. Cultural taboos may also impact how openly participants discuss sexual violence, potentially limiting the study's ability to capture the full extent of IPV. Additionally, economic abuse might be less recognized or reported, affecting the study's overall comprehensiveness.

The study may not fully consider the broader cultural and social contexts that shape participants' experiences of IPV. The narratives discuss themes like isolation and control, but these experiences are likely influenced by cultural norms related to gender roles, family, and marriage. Societal pressures to maintain a stable family might affect women's decisions about staying in or leaving abusive relationships. The impact of different cultural contexts on IPV experiences and available resources may not be fully addressed in the study.

The study lack the long-term follow-up is an another limitation. While the study provides valuable insights into participants' experiences at one moment in time, it does not track their ongoing recovery or continued suffering. There is no information on whether those who planned to leave their abusive partners succeeded or if the violence escalated afterward. Long-term studies could offer more insights into the effectiveness of coping strategies and interventions over time, providing a clearer picture of how different approaches impact long-term recovery.

Although the study touches on resilience and coping strategies, it does not explore these aspects in depth. Some participants mentioned seeking help from family or achieving some financial independence, but the study does not thoroughly examine the specific strategies women use to cope with ongoing abuse. A more detailed analysis of coping methods could reveal how women from various backgrounds handle IPV differently, highlighting the need for more targeted interventions.

The study focuses on women as the sole victims of IPV, while important, may overlook the experiences of other groups affected by IPV, such as men, LGBTQ+ individuals, or those in non-heteronormative relationships. Future research should aim to include these perspectives to develop a more inclusive understanding of IPV and ensure that interventions are accessible and effective for all individuals, regardless of their gender or sexual orientation.

These limitations highlight the need for future research to include larger and more diverse samples, use longitudinal designs, and consider cultural and social contexts more thoroughly. Such an approach would deepen the understanding of IPV and aid in developing more effective interventions tailored to the diverse needs of different victim groups. Addressing these gaps could provide a more comprehensive view of IPV's impact and enhance support and resources for affected women.

IMPLICATIONS OF THE STUDY

The results of this study are valuable for both research and practice in combating intimate partner violence (IPV). Initially, the research highlights the immediate requirement for a more thorough comprehension of IPV's varied consequences, especially relating to its physical, emotional, and financial aspects. This requires additional research to explore in more depth the particular ways in which IPV impacts women's lives, including the overlap of economic manipulation and emotional abuse. Future research should investigate these connections more thoroughly, which could result in the creation of more complex interventions that target the complete range of abuse suffered by victims.

The research also emphasizes the significance of incorporating mental health services into IPV support systems. The notable emotional suffering reported by participants, shown through persistent anxiety, depression, and thoughts of suicide, indicates that existing support systems may not completely meet the mental health needs of IPV victims. Researchers and professionals need to work together to create and execute mental health treatments that are customized to the needs of survivors of intimate partner violence. This might entail developing custom counselling programs, support groups, and trauma-informed care strategies to aid victims in processing their experiences and restoring their mental health.

Another important consequence is the requirement to overcome the economic obstacles hindering women from leaving abusive partners. The results of the research show that financial reliance plays a key role in keeping women stuck in patterns of abuse. Further studies should concentrate on investigating methods for economic empowerment, such as financial education programs, secure housing options, and job training programs, to offer women the support necessary to break free from abusive relationships. When creating programs and services to help IPV survivors, policymakers and practitioners should take these strategies into account.

The research highlights the importance of implementing interventions aimed at families that have long-term objectives, as a result of the lasting impacts of IPV across generations. Observing IPV can influence children's present welfare and their future actions and relationships. Investigators need to study the lasting effects of IPV on children and create programs for prevention and intervention that cater to the needs of these child observers. Targeting both IPV victims and their children could help end the cycle of violence and encourage healthier family dynamics for future generations.

Finally, the research suggests a necessary change in societal attitudes and norms regarding IPV. The ongoing presence of IPV, despite the presence of legal and support systems, shows that more

extensive cultural and societal transformations are needed to effectively address this problem. Further studies could investigate how public education initiatives, community interventions, and policy changes can alter societal views on IPV and lessen its occurrence. These initiatives should focus on confronting and altering the societal norms that play a role in the acceptance and continuation of violence in romantic relationships.

SUGGESTION FOR FUTURE RESEARCH

In future research, researcher should aim to include larger and more diverse sample sizes in their investigations. Incorporating women from a variety of cultural, socioeconomic, and geographic backgrounds into the demographic scope allows researchers to better understand how different factors affect experiences and outcomes of IPV. This would also enhance the general relevance of the findings, fostering a comprehensive understanding of IPV across different populations.

Additionally, it is crucial to carry out long-term studies to examine the enduring impacts of IPV on physical and mental health. In contrast to cross-sectional studies that offer a snapshot, longitudinal research allows for tracking health outcome changes over time and determining causal relationships between IPV and its lasting effects.

It is crucial for future studies to also investigate IPV in various relational contexts, such as same-sex relationships and IPV among men. Most of the current research, including this study, largely centers on women who are in straight relationships. Broadening research to encompass various populations will enhance a more comprehensive comprehension of IPV and guarantee that prevention and intervention initiatives are customized to suit the requirements of all impacted individuals, irrespective of their gender or sexual orientation.

Moreover, it is important to examine how cultural, religious, and societal norms influence both the prevalence of IPV and how victims respond. Having knowledge of how these factors affect both the initiation of violence and the actions of victims seeking help can help in creating interventions and campaigns that are culturally appropriate for public health. Potential future studies could investigate the impact of particular cultural or religious beliefs on victims' ability to seek assistance, as well as the variations in societal perceptions of IPV among different areas and populations.

Finally, upcoming studies must explore the incorporation of mixed-methods strategies that merge quantitative and qualitative data collection. Quantitative data can help to grasp the widespread

occurrence and trends of IPV, while qualitative data can provide more profound understanding of victims' personal experiences. This integrated method would offer a deeper comprehension of IPV, encompassing both the magnitude of the problem and the intricate emotional and psychological effects on people. Mixed-methods research can also investigate the efficiency of different intervention tactics by merging statistical results with personal accounts to evaluate the most effective ways to assist IPV survivors.

REFERENCES

- Abdul Azeez, E. P., et.al. (2024). Why do they decide to stay? Experience of Indian women surviving intimate partner violence. *Journal of Aggression, Conflict and Peace Research*, 16(2),172–188. <https://doi.org/10.1108/JACPR-08-2023-0945>
- Abramsky, T et.al (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women’s health and domestic violence. *BMC Public Health*, 11(1), 109. <https://doi.org/10.1186/1471-2458-11-109>
- Agumuraperumal, R., et.al. (2024). Evaluation of intimate partner violence and its association with depression among women in Chengalpattu District, India: A cross-sectional study. *Cereus*, 16(5), e59825. <https://doi.org/10.7759/cureus.59825>
- American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). American Psychological Association.
- Baloushah, S.,et.al . (2019). Learn to live with it: Lived experience of Palestinian women suffering from intimate partner violence. *Journal of Family Medicine and Primary Care*, 8(7), 2332–2336. https://doi.org/10.4103/jfmpe.jfmpe_330_19
- Bandura, A. (1977). *Social Learning Theory*. Prentice-Hall.
- Belknap, J. (2001). *The Invisible Woman: Gender, Crime, and Justice*. Wadsworth Publishing.
- Bushman, B. J., & Baumeister, R. F. (1998). Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does high self-esteem protect against aggression? *Journal of Personality and Social Psychology*, 75(1), 219-229.

<https://doi.org/10.1037/0022-3514.75.1.219>

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331-1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)

Connell, R. W. (2005). *Masculinities*. University of California Press.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.
<https://doi.org/10.2307/1229039>

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Davies, L., et.al.(2015). Patterns of cumulative abuse among female survivors of intimate partner violence: Links to women's health and socioeconomic status. *Violence Against Women*, 21(1), 30–48. <https://doi.org/10.1177/1077801214564076>

Dutton, D. G. (1994). *The Domestic Assault of Women: Psychological and Criminal Justice Perspectives*. UBC Press.

Ellsberg, M., et.al(2015). 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*, 368(9543), 128-139. [https://doi.org/10.1016/S0140-6736\(06\)69523-8](https://doi.org/10.1016/S0140-6736(06)69523-8)

Goldberg, D. P., & Williams, P. (1988). *A user's guide to the General Health Questionnaire*. NFER-Nelson.

Gordon, M. (2007). Barriers to leaving: Economic dependence and financial control. *Violence Against Women*, 13(8), 811-827. <https://doi.org/10.1177/1077801207302828>

Haworth, J., Nandi, A., & Williams, P. (2022). Optimal cutoff scores for the GHQ-28: A systematic review. *Psychiatric Research*, 306, 114207. <https://doi.org/10.1016/j.psychres.2022.114207>

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262-290. <https://doi.org/10.1177/1077801298004003005>

Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*. Basic Books.

Hindustan Times. (2024). Uthara murder case: Man sentenced to life imprisonment for using cobra to kill wife. 15 August 2024 from [Hindustan Times website]

Jewkes, R., Levin, J., & Penn-Kekana, L. (2015). Prevalence of and factors associated with non-partner rape perpetration among South African men: A cross-sectional survey. *The Lancet*, 368(9540), 122-132. [https://doi.org/10.1016/S0140-6736\(06\)69253-2](https://doi.org/10.1016/S0140-6736(06)69253-2)

Johnson, H., & Ferraro, K. J. (2000). Research on domestic violence. In A. R. Roberts (Ed.), *Handbook of domestic violence* (pp. 3-24). Wiley.

Johnson, L., & Adams, M. (2020). Institutional responses to intimate partner violence: The impact of patriarchal values. *Law & Society Review*, 54(2), 345-368. <https://doi.org/10.1111/lasr.12456>

Johnson, M. P. (2006). *Conflict and Control: Gender Symmetry and Asymmetry in Domestic Violence*. Cambridge University Press.

Kendall-Tacke, K., & Briere, J. (2005). Trauma and PTSD in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 34(3), 390-398.

https://doi.org/10.1207/s15374424jccp3403_4

Lewis, S. D., Henriksen, R. C., Jr., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy*, 38(1-2), 135–147.

<https://doi.org/10.1080/02703149.2014.978216>

Martin, S., & Lopez, G. (2018). Economic control and intimate partner violence: A patriarchal perspective. *Journal of Economic Violence*, 12(1), 22-35.

<https://doi.org/10.1080/13593315.2017.1397271>

McCloskey, L. A., Soeken, K., & Sloane, D. C. (2005). Intimate partner violence and physical health consequences. *Journal of Interpersonal Violence*, 20(5), 599-617.

<https://doi.org/10.1177/0886260504262964>

Mukherjee, R., et al. (2021). Controlling behaviour and intimate partner violence: A cross-sectional study in an urban area of Delhi, India. *Journal of Interpersonal Violence*, 36(19-20), NP10768–NP10789. <https://doi.org/10.1177/0886260519872293>

Periyasamy, C., Ezhumalai, S., & Vranda, M. N. (2024). Lived experiences of intimate partner violence and help-seeking among wives of persons with alcohol dependence: A thematic analysis. *J Psychiatry Spectr*, 3(1), 20–27. https://doi.org/10.4103/jopsys.jopsys_17_23

Ragavan, M., et al. (2015). Perceptions of options available for victims of physical intimate partner violence in northern India. *Violence Against Women*, 21(5), 652–675.

<https://doi.org/10.1177/1077801215573337>

Richardson, R., & et al. (2020). The effect of intimate partner violence on women's mental distress: A prospective cohort study of 3010 rural Indian women. *Social Psychiatry and Psychiatric Epidemiology*, 55(1), 29–38. <https://doi.org/10.1007/s00127-019-01771-0>

Roush, K., & et al. (2016). The lived experience of intimate partner violence in the rural setting. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 45(3), e23–e37.

<https://doi.org/10.1016/j.jogn.2016.03.005>

Shanthakumari, R. S., Chandra, P. S., & Stewart, D. E. (2014). Difficulties come to humans and not trees and they need to be faced: A study on resilience among Indian women experiencing intimate partner violence. *International Journal of Social Psychiatry*, 60(7), 703–710.

<https://doi.org/10.1177/0020764013513440>

Smith, J. (2021). Gender norms and intimate partner violence: A review of the literature. *Journal of Social Issues*, 77(3), 605–620. <https://doi.org/10.1111/josi.12345>
The Hindu. (2024). Kerala man sets wife on fire in public: A grim reminder of IPV. Retrieved 15 August 2024 from [The Hindu website]

The New Indian Express. (2023). Dowry harassment and its deadly consequences: The case of Vismaya. Retrieved 15 August 2024 from [The New Indian Express website]

Times of India. (2023). Shraddha Walker murder case: The horror of domestic violence and its

impact. Retrieved 15 August 2024 from [Times of India website]

Tolin, D. F., & Foa, E. B. (2006). Posttraumatic stress disorder among victims of intimate partner violence: A review. *Clinical Psychology Review*, 26(6), 716-737.

<https://doi.org/10.1016/j.cpr.2006.04.002>

Tong, R. (2009). *Feminist Thought: A More Comprehensive Introduction* (2nd ed.). Routledge.

Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

Widom, C. S. (1989). The cycle of violence. *Science*, 244(4901), 160-166.

<https://doi.org/10.1126/science.2704995>

Williams, R. (2019). Cultural justifications for intimate partner violence in patriarchal societies.

Culture and Gender Studies, 15(4), 789-805. <https://doi.org/10.1080/14467845.2019.1678394>

Wilson, W. J. (2004). The role of community resources in domestic violence prevention. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 337-356). Sage Publications.

Saltzman, L. E., et.al (1999). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 1.0*. Centers for Disease Control and Prevention, N Center for Injury Prevention and Control.

<https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>

Sharma, S., & Prasad, R. (2020). Legal challenges in addressing domestic violence in India: An

analysis of the Protection of Women from Domestic Violence Act (2005). *Journal of Gender Studies*, 15(3), 245-261. <https://doi.org/10.1080/09589236.2020.1832714>

Wood, K., & Jewkes, R. (2006). Love is a dangerous thing: The social construction of intimate partner violence. In M. K. Goodman & M. A. McCrohan (Eds.), *Intimate partner violence: A comprehensive guide* (pp. 175-190). Routledge.

APPENDICES

WOMEN ABUSE SCREENING TOOL

1. In general, how would you describe your relationship?

A lot of tension

Some tension

No tension

2. Do you and your partner work out arguments with:

Great difficulty

Some difficulty

No difficulty

3. Do arguments ever result in you feeling down or bad about yourself?

Often

Sometimes

Never

4. Do arguments ever result in hitting, kicking, or pushing?

Often

Sometimes

Never

5. Do you ever feel frightened by what your partner says or does?

Often

Sometimes

Never

6. Has your partner ever abused you physically?

Often

Sometimes

Never

7. Has your partner ever abused you emotionally?

Often

Sometimes

Never

8.Has your partner ever abused you sexually?

Often

Sometimes

Never

GENERAL HEALTH QUESTIONNAIRE

Each question in the GHQ-28 has four possible responses that reflect increasing severity of symptoms or concerns. The scoring system typically uses a 4-point Likert scale:

- **0:** Not at all
- **1:** No more than usual
- **2:** Rather more than usual
- **3:** Much more than usual

1. Have you been feeling perfectly well and in good health?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

2. Have you been feeling in need of a good tonic?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

3. Have you been feeling run down and out of sorts?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

4. Have you felt that you are ill?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

5. Have you been getting any pains in your head?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

6. Have you been getting a feeling of tightness or pressure in your head?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

7. Have you been having hot or cold spells?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

8. Have you lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

9. Have you had difficulty in staying asleep once you are off?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

10. Have you felt constantly under strain?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

11. Have you felt you couldn't overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

12. Have you been feeling nervous and strung-up all the time?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

13. Have you been managing to keep yourself busy and occupied?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

14. Have you been getting easily upset or irritated?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

15. Have you been managing to keep yourself busy and occupied?

- Better than usual
- Same as usual
- Less so than usual
- Much less than usual

16. Have you been taking longer over the things you do?

- Quicker than usual
- Same as usual
- Longer than usual
- Much longer than usual

17. Have you felt on the whole you were doing things well?

- Better than usual
- Same as usual
- Less well than usual
- Much less well

18. Have you been satisfied with the way you've carried out your tasks?

- More satisfied
- Same as usual
- Less satisfied
- Much less satisfied

19. Have you felt that you are playing a useful part in things?

- More so than usual
- Same as usual
- Less useful than usual
- Much less useful

20. Have you felt capable of making decisions about things?

- More so than usual
- Same as usual
- Less so than usual
- Much less capable

21. Have you been able to enjoy your normal day-to-day activities?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

22. Have you been feeling unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

23. Have you been losing confidence in yourself?

- Not at all

- No more than usual
- Rather more than usual
- Much more than usual

24. Have you been thinking of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

25. Have you felt that life isn't worth living?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

26. Have you been feeling hopeful about your future?

- More so than usual
- About same as usual
- Less so than usual
- Much less than usual

27. Have you been feeling reasonably happy, all things considered?

- More so than usual
- About same as usual
- Less so than usual
- Much less than usual

28. Have you thought of the possibility that you might make away with yourself?

- Definitely not
- I don't think so
- Has crossed my mind
- Definitely

Top of Form

Bottom of Form