

DEPRESSION IN BATTERED WOMEN OF ODISHA

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Abstract:

The American Psychological Association has defined Battered Woman's Syndrome or battered wife syndrome, as a sub category of Post-Traumatic Stress Disorder (PTSD). The syndrome includes learned helplessness (causes her to firmly believe that she deserves the abuse and that she cannot get away from it) in relation to the abusive spouse as well as symptoms of post-traumatic stress. Walker highlighted that battered woman's syndrome is the psychological effects of living with intimate partner violence and that is not a mental illness, but the result of what happens when you live day in and day out with trauma. This paper critically focuses on Depression among Battered women of Odisha. The main aim of this research was to identify the battered women using Women's Abuse Screening Tool (WAST). After identifying the battered women, the Beck's Depression Inventory was administered to assess the level of depression, and those who scored high level of depression were selected and interviewed using purposive sampling technique from Vasundhara, Cuttack. Out of 120 number of women, every sixth participant was selected for the said purpose. The relationship between battering and depression has been documented for more than three decades, but has rarely been noted in the depression literature of Indian studies. This discussion has implications for policy making and the primary health care system.

KEYWORDS: Domestic Violence, Battered Women Syndrome, Depression

INTRODUCTION

An inappreciable number of Indian studies label the everyday challenges faced by battered women and even lesser in Odisha. The darker side of women ill-treatment remains intentionally buried treating it to be a part and parcel of a woman's life. The repercussions that domestic violence has on mental health and well-being is unimaginable. It shakes the WHO report on violence and health illustrated that in most countries of the world women are mostly maltreated, and the major victims of domestic violence. It also found that women who were victimized by their partners had higher rates of depression, anxiety, and phobias than those who were not victimized. Identity of the battered woman, majority of them thinking it to be okay to live with.

It is important to examine the concomitants of depressive symptoms reported by battered women because of the high frequency and potential vulnerability-enhancing effects of these symptoms within battering relationships.

The term "battered woman syndrome" portrays a stereotypic image of battered women as helpless, passive, or psychologically impaired, and battering relationships as matching a single pattern,

which might not apply in individual cases. A battered woman's perception of danger in a battering relationship, which is relevant to a defense of self-defense or coercion. The consequences of battering on a woman's state of mind at the time of the alleged crime that are relevant to her defense; -- Patterns of violent and coercive behavior in battering relationships and a battered woman's coping behaviors that are relevant to 1) explaining a battered woman's behavior, such as recanting testimony or remaining with the batterer; 2) charging and sentencing a battered woman; and 3) prosecution of batterers. Battered woman syndrome results in several distinct symptoms. A person in an abusive relationship may:

- Think the abuse is their fault
- Hide the abuse from friends and family
- Fear for their life or the lives of their children
- Believe that the abuser is all-knowing and can see their every movement
- Be afraid and never know what side of their partner they'll see that day — a loving partner or an abuser

A battered woman's threat appraisal also can be influenced by her state of mind at the time the threat is made. Her prior exposure to abuse can result in pessimistic psychological trauma, altering her state of mind in such a way as to enhance the salience of the batterer's threat. Additional research supports the conclusion that violence negatively impacts battered women in other ways, for example, economic loss, loss of employment, and increased health-care utilization. The scholarly literature documents the negative emotional, social, educational, and physical impact of domestic violence on children. The negative effects on children of witnessing violence can serve as an additional stressor for battered women, thus increasing their distress and/or decreasing their capacity to cope effectively.

Gleason found a significantly higher prevalence of major depression in 62 battered women than in an age and sex matched sample drawn from the National Institutes of Mental Health (NIMH) Epidemiological Catchment Area study. In controlled studies from a variety of settings, battered women are consistently found to be depressed on a variety of instruments.

Depressive episodes may be single or recur over time. Unless otherwise stipulated, when this paper refers to depression, major depressive disorder as defined by the Diagnostic Battering. It is defined in this paper as repeated physical and/or sexual assault by a partner or ex-partner within a context of coercive control. At least 1.8 million women are battered in the United States each year, and almost all experts estimate the actual figure at closer to 3 to 4 million. Saunders and colleagues recently demonstrated that in a sample of 394 adult women seeking care at a family practice medical center, depression was the strongest indicator of adult relationship abuse.

Violence against women is a prevalent problem around the world (Garcia-Moreno, Heise, Jassen, Ellsberg, & Watts, 2005). It has a profound and negative impact on women's ability to live happy and productive lives (Kilpatrick, 2004). Violent acts against women include rape, incest, physical

violence, and emotional abuse (Barnett, Miller-Perrin & Perrin, 2011). While both men and women are victimized, prevalence rates of violence against women are higher (Johnson, 2008). Furthermore, as compared to men, women are more likely to be terrorized, injured, or killed by violence, regardless of their ethnicity, race, or socio-economic status (Johnson, 2008; Kellerman & Mercy, 1992).

Also referred to as domestic violence or spousal abuse, Intimate Partner Violence (IPV) results in exorbitant physical, emotional, and economic costs, and death is not an uncommon result (WHO World Report on Violence and Health, 2002). According to a literature review by Campbell (2002), injurious physical and mental health sequelae of Intimate Partner Violence (IPV) include injury or death, chronic pain, gastrointestinal and gynecological problems, depression, and post-traumatic stress disorder (PTSD).

The symptoms of depression, including feelings of guilt, worthlessness, helplessness, or hopeless, may also interfere with a woman's ability to pick safe partners or impede the termination of an abusive relationship. Although the mechanisms remain unknown, both PTSD and depressive symptoms may cause or exacerbate difficulties in the ability to adequately recognize risk and interfere with safety behaviors in intimate relationships. Moreover, suffering from PTSD and/or depression symptoms may make a woman look confused or distracted, marking her as a vulnerable target to potential abusers (Cloitre, 2006). Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression is an affective, or mood disorder. It is an illness that immerses its sufferers in a world of self-blame, confusion, and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life's pressures (Schwartz & Schwartz, 1993).

In a longitudinal study, Balsco-Ros et al. (2010) studied the recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone. According to Domestic violence and mental health policy initiative (DVMHPI, 2010), PTSD is the number one mental health symptoms suffered by women of domestic violence, percentage range from 54%-84%. Depression is ranked second between a range of 63% to 77% and anxiety ranks third between the ranges of 38% to 75%. Depression is common mental health disorder associated with women of Intimate Partner Violence. Helfrich et al., (2008) stated that 35-70% of domestic violence victims are at risk of developing depressive symptoms. Depression is a concern for women of domestic violence, due to, the frequency, persistence, and interference with daily life activities. Depression may affect a woman's ability to maintain a healthy relationship, resulting in social isolation and limited financial support. Women suffering from IPV are six to seven times more likely to be diagnosed with depression (Jackson, 2007). The frequency of abuse also increases the possibility of depression diagnosis. Depressed victims require time and patience when accessing the root of the

problem, not just prescribed medication, because a treatment of the disorder alone does not eliminate the victims' doubt of not being at fault (Jackson, 2007).

Depression symptoms have also been implicated as a potential mental health risk factor for general re-victimization. In two separate studies of college women, Gidycz and colleagues (1993, 1995) found that symptoms of depression (and anxiety) preceded re-victimization among a sample of college students (Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson, & Layman, 1995). Similarly, Acierno and colleagues (1999) found that women's depression increased their risk of future physical assault (and PTSD) following IPV exposure. Finally, Cogle et al. (2009) found that depression, but not PTSD symptoms, predicted future IPV victimization among a large community sample of women.

Depression symptoms may increase risk for IPV via a reduced cognitive and affective capacity by which to detect potential abusers, physical IPV triggers, and/or make decisions to avoid risk. Feelings of guilt, worthlessness, helplessness, or hopeless may also impede the termination of abusive relationships or potentially abusive relationships. Additionally, the low motivation and energy levels characteristic of depression may also interfere with one's ability to escape from dangerous situations or potentially violent relationships (Breslau, Davis, Andreski, Peterson, & Schultz, 1997; Cogle et al., 2009).

THEORETICAL FRAMEWORK

The current study takes into perspective the feminist theory. Battered women, for instance, are stigmatized or blamed for allegedly causing the battery and for not ending the predicament promptly. They are held responsible for the occurrence of abusive situations (Vidal-Fernández & Megías, 2014). This shows women as victims are perceived to have personality issues which instigate husbands to hurt them. Hence, battered women develop inferior and unhealthy perceptions of themselves as what others think bothers them. The feminist theory emphasizes the power of inequality among the opposite sexes. In a patriarchal society, men are regarded as heads of families, economic providers, and decision makers and these social norms are used to justify males' resort of assault to ascertain deference by females (Wallach, Weingram, & Avitan, 2010). In the present study, to assess the level of depression the feminist standpoint epistemology (that focuses on building knowledge and empowerment through women's lived experience) has been taken into consideration. This is also because the basic purpose of epistemology is to empathetically understand and gain new knowledge from women's direct experience.

The fundamental goal of feminist perspective is to understand women's oppression in terms of race, gender, class and sexual preference and how to change it. Feminist effort is to end patriarchal domination and insists on the eradication of exploitation and oppression of women in the family context and other intimate relationships. The theories aforementioned provide in-depth insights as to the factors and conditions that justify the occurrence of women battering in society. The theories offer a background understanding of a social phenomenon with women portrayed as the typical victims.

The present research takes Feminist Epistemology into consideration while focusing on the lived experience of the Battered Women. The fundamental goal of feminist perspective is to understand the women's oppression in terms of race, gender, class and sexual preference and how to change it. Feminist effort is to end patriarchal domination and insists on the eradication of exploitation and oppression of women in the family context and other intimate relationship. Advocates of this theoretical explanation argue that domestic violence is broadly defined as male coercion and female oppression within four walls. Advocates of this theory argue that domestic violence is systematic and structural mechanism of patriarchal control of women that is built on male superiority and female inferiority, sex stereotyped roles and expectation and economic, social and political predominance of men and dependancy of women. (Giddens,2006).

The current feminist standpoint is adapted from Dorothy Smith (a Marxist-feminist developed during the 1970). Smith's standpoint theory argues that the origin of standpoint came from women's experiences as housewives. Each of her three ancestors were housewives and that added to and shaped their approach to feminism and activism.

METHOD

The present qualitative study aims to assess the lived experiences of 20 Battered Women of Odisha. The participants of the present study were selected, from Shradha the Gruha,Vasundhara,Cuttack. In the current study, a pre-generated interview questionnaire was administered for data collection named the Women's Abuse Screening Tool (WAST). After identifying the battered women, the Beck's Depression Inventory was administered to assess the level of depression, and those who were found to have high level of depression were selected and interviewed using purposive random sampling. The idea was to identify women with high level depression and conduct in-depth interview to get a better insight about the triggers and issues of concern.

In the interview, the women were asked questions aimed at their particular experience, and these questions revealed important insights into what it was like being abused and being a battered woman, how they cope up and beyond. If it was not for the interviews, then it was likely that the majority of these battered women may not have had a chance to disclose about their struggles, instances of torture and trauma to anyone other than their closest confidants - as a rule, or probably live with it as a product of learned helplessness.

Conducting an in-depth interview based on narratives has given an insight into relevant aspects that the battered woman faces on a regular basis behind the four walls, every case being unique. The foremost priority being in-depth interviews focusing on the quality. The study limits the interviews to 2 sessions, the lengths of which ranged from one to two hours. The current study strictly follows the Ethical Code of Conduct by the National Academy of Psychology, 2010.

FINDINGS

The study indicates high level of depression among the battered women. Scores highlighted 10 out of 20 being extremely depressed, 6 of them being severely depressed and 4 of them being

moderately depressed. Three central themes were also identified, namely recurrence of physical abuse, learned helplessness, and disempowerment of women. To analyze the battered women's verbal description and narration, thematic content analysis method has been taken into consideration.

From the interview it was clear that different women had different triggers and different style of coping mechanism. 10 women categorized as extremely depression. Out of them, 4 of them accepted violence as a part and parcel of life as a product of learned helplessness, stating why they keep their mouth shut and are unwilling to seek help from the family members. This feeling of oppression is self-inflicted. Other 4 women stated that tolerance to violence was a product of disempowerment and how women experience battering of multiple forms and how they have conditioned their minds and bodies to unreasonable, unhealthy, uncomfortable and dysfunctional situations.

2 more women pointed out their trigger was recurrent physical abuse which shattered their inner self live apart seeking for help and justice, at times they also held them accountable for the same. From the above findings it was evident that how they are degraded not only by the husband but also by themselves. Depression or any form of mental trauma was a product to repeated exposure to such stressful situation day in and out, time and again.

In the narratives it was clearly prominent how the depressed women showcased negative emotions, energy drainage and complete detachment from the mind, body and the world. Majority of them stated that they feel a sense of numbness, emptiness and non-existent. The constant low stated pushes them further to think about death or any other possible escape route. The battered women experiences in their narratives highlight, an overwhelming past, a stagnation of the present, and the impossibility of the future. The individual interview portrayed the pathetic condition that these battered women undergo few due to their own silence and majority due to no fault of their own. The reasons that they gave was equally heart wrenching viz. If the food was not tasty, if they did not serve hot food, if they denied intimacy with their spouse, if they came late from work, if they did not give their spouse's money to drink, if they did not get dowry, if they gave birth to female child to name a few. It was not until assessment and diagnosis it was known that these women were clinically depressed. Most of them thought it was very natural feeling to feel miserable, lonely, desperate, traumatized, isolated, have bouts of anxiety, cry helplessly for months together without sharing with anyone or seeking proper help.

One of the women stated that she felt she was no match for him, due to his strength as a man and adds that she feels she might be at fault for his violent outburst. She also states that he constantly blames her for his violent behaviors, which she reports is beginning to take a bigger toll on her than the toll of his angry outbursts". Another women said that "she struggles with the thought that her only escape from her abusive relationship may be to protect herself on spot and ask for forgiveness after the fight is over. She describes this as one option, because it provides immediate protection for her children from the violence to which they children have become accustomed to witnessing within the four walls from the very beginning. She describes "I fear of what my husband might do to her if he survived her attempt at protecting herself and fears what he might do to our

children”. She describes her fear as debilitating, keeping her locked to this abusive relationship “When I relive the moments of trauma I don’t know why I had to go through this cycle of violence. I am yet to be come in terms with the fact that it is real and not a nightmare. I often sit alone and wonder if it is my fault or it is wrong? Why I am not feeling well or why my mental well-being is not validated is surely another matter of concern. As day and night pass by I hope and pray my husband changes and gives me the love and respect I deserve but unfortunately it is far from reality as he thinks he is right and I am wrong. A couple enters holy matrimony on the basis of respect and mutual understanding. As time passes by, the relationship evolves and then comes the domestic concerns. Some male counterparts tend to show their dark side against their wives through multiple ways of violence and abuse (physical, emotional and verbal). Women, on the other hand, try to normalize things and are forgiving in nature, usually suppress their sad feelings. The findings in the present study highlighted the unique experiences and dreadful condition that battered women faces.

CONCLUSION

The study highlighted how violence and abuse have shaken the backbone of battered women for ages. The constant grief, hopelessness, helplessness has taken away the right to live with honor and dignity. Most of the battered women showcase psychological issues like anxiety, depression, PTSD, low self-esteem and regular psycho-somatic complaints. The majority of women lack the willpower to raise voice against violence, this is where we need serious attention and rigorous effort by policy makers, social workers, psychologists, academicians, community members and family members most importantly to extend a helping hand to empower these battered women and raise their standard of living.

The present study also supports the research findings with Cogle et.al 2009, which talks about the relationship between learned helplessness and depression. It also corroborates the findings of Balsco-Ros et al. (2010), which highlight how physical abuse makes situation critical in depressive patients. A study by Ferrari found that Women who recently experienced high level of domestic abuse and survive developed high level of depression, anxiety, and especially PTSD. Another study in Tehran, Iran conducted by Ahmadzad-Asl M et al. found that DV as a social factor is significantly correlated factor with depression and anxiety.

Limited amount of literature contributes to this field of study in India, specifically in Odisha. More research work needs to be done in the socio-cultural and religious context regarding the difficulties and challenges encountered by battered women. Continuous documentation of narratives and in-depth interviews should be practiced, which will help us gain a better understanding of their lived experiences.

Just as other essential rights, protection of women from any kind of abuse is equally important. Policy makers should work on awareness and improving the standards of the battered women so that they don’t feel that there is no life beyond trauma. It can be clearly observed that there is a need to have a well-defined and well-structured culturally sensitive feminist intervention model which will be accessible to enhance mental well-being. Other than confining oneself to

closed doors and sinking into emotional loops of disorders or self-blame, empowering and educating can help break barriers in battered women.

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