

The effect of domestic violence on women



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The cost to women's mental health due to their experience of domestic violence This assignment will discuss and evaluate the personal cost to women's mental health from their experience of domestic violence.

It will consider perpetrator behaviour that undermines self-esteem, confidence and sense of self, and can lead the victim to suffer mental health conditions, such as anxiety, depression and posttraumatic stress disorder (PTSD). The link between women's experience of domestic abuse and the onset of poor mental health will be demonstrated. Although this essay focuses on first order effects of domestic violence against women, it does acknowledge that men also experience mental ill health as a first order effect of domestic violence (Harne and Radford 2008). The main use of violent abuse, whether physical or psychological is to establish and maintain power and control over the victim. Perpetrators use several strategies of coercive power and control over their victim, such as keeping the victim isolated from their friends and family, intercepting their mail, gate-keeping phone calls and locking them indoors as the perpetrator is able to venture out freely. All of these acts seek to undermine the victim and although most are not criminal, they are all psychologically abusive (Harne and Radford 2008).

The World Health Organisation state that Mental Health can be conceptualised as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. World Health Organisation (2007) Other definitions include the person being in a state of spiritual resilience and well being (Health

Education Authority 1997). This essay encompasses all elements of these definitions as its understanding of mental well being. Where these stabilising elements are challenged by the onset of domestic violence, a person's mental health can deteriorate, leading to symptoms such as depression, anxiety and post traumatic stress disorder.

Suicide and attempted suicide are also linked to domestic violence (Women and Equality Unit 2004). Lenore Walker (2009) believes that there is a Cycle of Violence which creates a distinct link between domestic violence and the psychological impact on the victim, stating that there is a pattern of phases. There is a state of tension-building which include more minimal violence, insults and accusations. This escalates to an explosion where more severe violence occurs, after which the perpetrator exudes denial as he minimises what has happened by blaming the victim or making excuses for his behaviour. This results in the perpetrator apologising and trying to gain sympathy from the victim who in turn may feel loved again and regains hope. This cycle instils fear in the victim, as the tension phase leads them to lose control and blame them self for not being able to diffuse the situation. After the honeymoon phase of hopefulness, the cycle continues.

With the reoccurrence of the cycle, the honeymoon phase in time becomes shorter and the violence becomes more frequent. This cycles demonstrate how psychological abuse is exerted within a violent relationship, where dependency on the perpetrator is created by isolating the victim from external others. The victim becomes emotionally dependent on the perpetrator from the cycle of abuse and then calm, rendering the victim having little alternative but to accept the beliefs and behaviours of the

perpetrator as being justified (Romero 1985). The use of humiliation and ongoing violence which may include sexual violence exerted by perpetrators for power and control, contribute heavily to the onset of depression, as it eats away to destroy the confidence and self-esteem of the victim, leaving them feeling trapped and powerless in the relationship (Humphrey and Thiara 2003). Campbell (2002) discusses how psychological abuse is known to occur before or during episodes of physical abuse. Coker et al (2000) and WHO (2005) found that victims of domestic violence have much higher odds of developing low self-esteem, depression and mental illness than non-abused women.

Although there are several studies which link domestic violence to mental health, most of these include physical abuse. Some studies have demonstrated that psychological abuse per se can result in mental disorder (Pico-Alfonso et al 2006). Psychological abuse is non-physical and verbal. Gelles and Straus (1988) suggest that emotional abuse includes ignoring, criticising, scolding and belittling.

A succinct definition of psychological abuse is: acts of recurring criticism and/or verbal aggression towards a partner, and/or acts of isolation and domination of a partner. Leary (2001) p23 In a study by Lindgren and Renck (2008), it was evident that many women suffer with emotional problems as a result of abuse. The study was on women who had left abusive relationships. Many continued to experience problems with psychological functioning even two years after leaving the relationship. Symptoms such as poor concentration sleep problems, repression and depression. Their study demonstrates how many women can suffer for many

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years after the abuse has ended. Depression is a common mental disorder for women who feel trapped in the relationship feeling they have lost any power over their lives due to the coercion and control of the perpetrator. Work by Golding who studied 17 pieces of research, found that there was a depression rate of around 46%.

And that women who experience domestic violence were three times more likely to develop depression than non-abused women. Golding also found that the length of depression is related to the length of the relationship and severity of abuse (Golding 1999). Campbell and Soeken (1999) highlight how ongoing depression declines when the abuse ends, thus proving a strong link between poor mental health and domestic violence. A continuum of mental torture can induce post-traumatic stress disorder (PTSD) in victims as PTSD occurs in people who have suffered, or are suffering life-threatening conditions including domestic violence. (Robertiello 2006). Research by Nixon et al (2004) and Stein et al (2001) both cited by Pico Alfonso et al (2006) made high correlations between depression and PTSD.

Pico-Alfonso (2006) agrees with this and believes that emotional abuse from domestic violence is the greatest predictor for the development of PTSD. Not all women who experience domestic violence endure PTSD, however a large proportion do. From a sample of 655 women (most having experienced DV), 55% were found to have symptoms of PTSD (Stampfel et al 2010).

Symptoms of PTSD were also evidenced in a study by Humphrey and Thiara, of 180 women who had used Women's Aid outreach services. It illustrated that women who had received death threats or experience of

threatening violence had continued to have terrible fear as well as panic attacks and sleeplessness (Humphrey and Thiara 2003). A study by Walker (1979) supports this stating that psychological anxiety from verbal attacks was the worst experience of domestic violence for women, regardless of whether any physical abuse had taken place. Dutton et al (1999) suggests that psychological abuse is a greater predictor of depression and PTSD than is physical abuse. Mechanic et al (2008) adds that psychological abuse has real damaging effects even after attacks have ceased. Another study by Humphreys and Thiara (2002) of 200 separated women showed that 76% of women were still subjected to ongoing verbal and psychological abuse.

This was considerably higher than the number that had serious threats made towards them or those subjected to physical violence (Humphreys and Thiara 2002). A study by Breslau et al (1998) from a sample of the general population found a heightened incidence of PTSD in people who had experienced trauma or rape. In the same study it was also found that although the median recovery for PTSD in women was four years, it was more than ten years for 49% of women who had been raped. This was much greater than where PTSD is caused by other violent crimes such as car accidents. These facts are not written to minimise the enormous impact of physical and/or sexual abuse, but to illustrate how great the cost is of psychological abuse to women.

Psychological abuse is arguably the most damaging form of abuse as it is so hidden and insidious (Gelles and Straus 1988). Coercive control exerted by the perpetrator breaks down the identity of the victim, meaning that all their

values, beliefs and everything they understood to be real become confusing, and systematically invaded and broken down.(Herman 1997).

In an interview with Kreisler Herman discusses how the victim often experiences a double reality as they bounce between their own values and belief system, and those of the perpetrator, questioning if theirs are right, even after leaving the relationship (Conversations with History 2002). As women seek help from services for mental distress, it should be recognised by professionals that these women are victims, and have been traumatised by their experiences. Their mental distress is a normal reaction to an abnormal event (Herman 1997). Goodman et al (1997) argues that many women entering psychiatric services can find them self in a situation that replicates to some extent, the abuse they have left, as they are often confronted by violence from other patients in a coercive environment. MIND??™s campaign ??? Ward Watch??™ evidenced that women are still bullied and sexually harassed in long term care (MIND 2004). When all previous evidence is considered, this can only lead to a greater cost on women??™s mental health. As I conclude: It is evident that domestic violence has a serious impact as a first order effect on women??™s mental health.

This evidence, based on research, highlights how fear and anxiety exerted by power of coercive control from the perpetrator undermines a woman??™s ability to have control over thoughts, values and aspirations, leaving them unable to meet any of the conceptualised ideals of mental health WHO (2007). Women can get locked into a cycle of violence and suffer BWS, depression, anxiety, PTSD and suicidal thoughts. Correlations between <https://assignbuster.com/the-effect-of-domestic-violence-on-women/>

treatment of victims of domestic violence and those of POW are clear, as many symptoms are synonymous. Psychological abuse can continue much more so than physical or sexual after the relationship ends. The impact of the abuse can still be significant after several years as many women experience nightmares, flashbacks and sleeplessness, all symptoms of PTSD. It is evident that all women who experience domestic abuse will exhibit some symptoms of psychological distress.

Unfortunately when they look for support from services, their mental health is often treated in isolation from the abuse suffered. As the seriousness of the abuse becomes invisible, appropriate support is lacking, as the perpetrator's violence is not acknowledged. To minimise the amount of women that may continue to develop PTSD, professionals should become aware of the dynamics of domestic violence and look at ways to engage victims in earlier intervention, as the onset of PTSD is clearly linked to depression.