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AN EMPIRICAL STUDY ON SILENT VICTIMS OF DOMESTIC VIOLENCE AND WOMEN'S HEALTH IN CHENNAI

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ABSTRACT :

Domestic violence remains a critical issue in Chennai, as in many parts of India and the world. The evolution of women's health in this context is shaped by multiple factors, including societal attitudes, legal frameworks, healthcare infrastructure, and advocacy efforts. The effects of domestic violence extend far beyond the immediate physical injuries, leading to long-term health consequences and profound psychological trauma. The societal norms and cultural expectations in Chennai, deeply rooted in patriarchy, often perpetuate the cycle of abuse, making it difficult for women to seek help or escape violent situations. The main objective of the study is to investigate the prevalence and patterns of domestic violence experienced by women, to assess the level of awareness and understanding of domestic violence among both men and women, to evaluate the effectiveness of existing governmental initiatives in preventing and addressing domestic violence. A total of 210 samples here have been taken out of which is taken through convenient sampling. The sampling frame taken by the researcher is the public areas. Culturally sensitive outreach efforts targeting marginalized communities, technology-facilitated reporting platforms for discreet access to support services, and peer support networks for survivors are also essential. Trauma-informed healthcare practices, legal advocacy programs, crisis intervention hotlines, and empowerment workshops tailored to the needs of silent victims can further enhance support and assistance.

KEY WORDS : Domestic, Violences, Women, Health, Psychological Trauma.

INTRODUCTION :

Domestic violence remains a pervasive and insidious issue that significantly impacts women's health in Chennai. Often occurring behind closed doors, this form of violence manifests as physical, emotional, sexual, and psychological abuse, leaving victims suffering in silence. The effects of domestic violence extend far beyond the immediate physical injuries, leading to long-term health consequences and profound psychological trauma. The societal norms and cultural expectations in Chennai, deeply rooted in patriarchy, often perpetuate the cycle of abuse, making it difficult for women to seek help or escape violent situations. Economic dependence on the abuser further complicates the ability of many women to leave abusive relationships, forcing them to endure ongoing harm. Despite these challenges, there has been notable progress in addressing domestic violence and improving women's health. Initiatives by the government, non-governmental organizations (NGOs), and community groups have been instrumental in providing support and resources to victims. The implementation of legal protections, the expansion of healthcare services, and increased awareness efforts are crucial steps towards empowering women and enhancing their health outcomes. Key measures include the Protection of Women from Domestic Violence Act, 2005, which provides legal protections such

as protection orders and monetary relief. The establishment of One Stop Centers offers integrated services, including legal aid, counseling, and medical assistance, in a single location. The government has also launched helplines and crisis intervention hotlines, such as the 181 Women Helpline, to provide immediate support and safety planning for victims. The Ujjawala Scheme focuses on preventing trafficking and providing rehabilitation to survivors, while the Swadhar Greh Scheme offers temporary shelter and holistic support to women in distress. Healthcare initiatives include training healthcare professionals in trauma-informed care and integrating domestic violence screening into routine health services. Economic empowerment programs, such as the Mahila E-Haat for promoting women entrepreneurs and the National Urban Livelihoods Mission, enhance survivors' financial independence. These initiatives collectively work towards creating a safer, more supportive environment for women affected by domestic violence in Chennai. Deep-rooted patriarchal norms and traditional gender roles perpetuate an environment where women are expected to endure suffering in silence, compounded by the stigma and shame associated with being a victim. Social isolation further exacerbates their plight, as many women are cut off from supportive networks, either by the abuser or due to societal expectations. Economic dependence on the abuser, through financial control, traps women in abusive relationships, limiting their ability to seek independence. Fear and intimidation, coupled with emotional manipulation, erode their self-esteem and confidence, while the mental health impacts, including depression and anxiety, further entrench their vulnerability. Societal and cultural norms, deeply entrenched in patriarchy, impose traditional gender roles that normalize and perpetuate abuse, compelling women to remain silent due to fear of stigma and shame. This cultural framework is exacerbated by social isolation, where abusers often cut off victims from friends and family, depriving them of essential support networks. Economic dependence plays a crucial role, as financial control by the abuser restricts women's access to resources, trapping them in harmful relationships and making it difficult to seek refuge or support. Psychological and emotional abuse, characterized by threats, intimidation, and manipulation, further undermines their mental health, leading to conditions such as depression, anxiety, and PTSD, which diminish their capacity to seek help. Health services, although improving, often remain inaccessible or underutilized due to these pervasive barriers. Advancing women's health in Chennai, necessitating a multifaceted approach that includes legal, social, and economic interventions. Several trends have emerged in addressing domestic violence and improving women's health in Chennai. Increased awareness and advocacy have brought domestic violence into the public discourse, encouraging more women to speak out and seek help. The integration of healthcare services has improved, with specialized units in hospitals and clinics focusing on the physical and mental health needs of abuse victims. Telemedicine and digital platforms have also gained prominence, offering discreet and accessible health consultations and support, particularly beneficial during the COVID-19 pandemic. Comparing the situation of silent victims of domestic violence and women's health in Chennai with a specific country or state, such as the United States, offers insights into shared challenges and notable disparities. While Chennai and certain regions in the United States may face similar issues rooted in patriarchal norms and underreporting of abuse, there are differences in legal frameworks, healthcare systems, and cultural attitudes. In the United States, approximately 33% of women experience intimate partner violence in their lifetime, according to the National Intimate Partner and Sexual Violence Survey. Federal legislation like the Violence Against Women Act provides comprehensive protections for

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survivors, complemented by state-level laws and resources.

OBJECTIVES :

1. To investigate the prevalence and patterns of domestic violence experienced by women.
2. To examine the multifaceted impacts of domestic violence on women's physical, mental, and reproductive health.
3. To assess the level of awareness and understanding of domestic violence among both men and women.
4. To evaluate the effectiveness of existing governmental initiatives in preventing and addressing domestic violence.

LITERATURE REVIEW :

(Plichta & Falik, 2001) This research paper discusses the prevalence of various forms of violence among women in the U.S., the impact of violence on women's health and access to medical care, and the importance of healthcare professionals initiating conversations about violence.

(Kumar et al., 2005) This research paper explain to determine the association of domestic spousal violence with poor domestic spousal violence with poor mental health. Findings indicate a strong association between domestic spousal association violence and poor mental health, and underscore the need for appropriate interventions.

(Nigam, 2008) The study conducted between 1997 and 1999 aimed to provide reliable information on domestic violence in India, highlighting the severe situation for Indian women and providing key recommendations to address the issue.

(Rocca et al., 2008) The paper discusses the unintended consequences of empowering women through vocational training, employment opportunities, and social groups in relation to an increased risk of domestic violence, emphasizes the limitations of anti-dowry laws without additional strategies to challenge the acceptance of dowry and promote gender equity, describes the study methodology, and provides demographic information about the study participants.

(Ellsberg et al., 2008) This research paper summarizes findings from a study on intimate partner violence and its significant associations with poor physical and mental health in women, highlighting the public health importance of addressing this issue.

(Kaur & Garg, 2010) This research paper study was conducted in a rural area in India. Focus group discussions were conducted among married women in the age group of 18 to 35 years. Physical violence was a major cause of concern among these women. Some women had to suffer even during pregnancy. An alcoholic husband emerged as the main cause for domestic violence.

(Vachher & Sharma, 2010) This research paper studies the impact of domestic violence on the mental health of women in a Delhi colony, highlighting the prevalence of violence and its association with mental ill health.

(Sarkar, 2010) This research paper study focused on determining the prevalence, characteristics, and perceptions of domestic violence among adult and adolescent females in a rural area of West Bengal, emphasizing the need for female empowerment and a multidisciplinary approach to address the issue.

(Dalal & Lindqvist, 2012) The author of this research paper provides an estimate of the national prevalence rate of different types of domestic violence in India, identifies vulnerable groups, discusses predictors of domestic violence, and suggests addressing structural inequalities to prevent domestic violence.

(Sinha et al., 2012) The author thought this research explains about assess the prevalence of domestic violence among the ever married women in reproductive age group and to find out the types of domestic violence and factors associated with it.

(Kimuna et al., 2013) The paper assesses the prevalence and risk factors of domestic violence in India, highlighting key determinants and regional differences influenced by gender role conditioning and cultural norms.

(Bhattacharya et al., 2014) The author says about the research paper is that the prevalence of domestic violence in India, highlighting the most common forms of violence, associated factors, low help-seeking behavior, and the need for public health interventions.

(Sabri & Campbell, 2015) This study discusses the significance of understanding intimate partner violence among women in slums in India, highlighting associated factors, impact of socio-cultural norms and lack of resources, the role of health care providers, and the importance of empowerment through education and awareness.

(Paul, 2016) This research paper explains the role of socio-economic characteristics that influence a battered woman in India to either remain silent or approach someone for help in response to domestic violence and investigate the influence of socio-economic factors on choosing between formal and informal sources of seeking help.

(Choudhary et al., 2019) This research paper discusses the prevalence of domestic violence against women in India, emphasizing the role of gender norms and alcoholism of husbands as main causes, while also noting the lack of awareness among women regarding laws and organizations dealing with domestic violence.

(Ram et al., 2019) This research paper highlights the high prevalence of domestic violence among women aged 15-49 in a rural area in South India, with significant impacts on physical and mental health, and identifies risk factors such as alcohol consumption by the husband, controlling behavior by family members, and women's employment.

(Bhattacharya et al., 2020) The author though this research explain prevalence of different types of domestic violence against women, associated factors, and care-seeking behavior, highlighting the need for public health interventions to increase awareness.

(Rawat et al., 2021) This research paper highlights to identify the pattern of domestic violence amongst pregnant women and to plan appropriate interventions. This cross-sectional study was carried out at Primary Health Care Centre. 90 pregnant women attending the ANC OPD and fulfilling the inclusion criteria were interviewed using a semi-structured questionnaire.

(Subhashchandra et al., 2022) This research paper explains about Domestic violence against married women is a sensitive issue, which is prevalent in many societies and countries across the world. One in every three women experiences it in some form across the world, with prevalence ranging from 10 to 69% across various settings.

(Noor, 2022) The author explains the study for investigate the status of domestic violence against women in urban informal settlements of Nairobi and why the women do not seek any redress. Violence against women is one of the most widespread problems facing Kenyan women today.

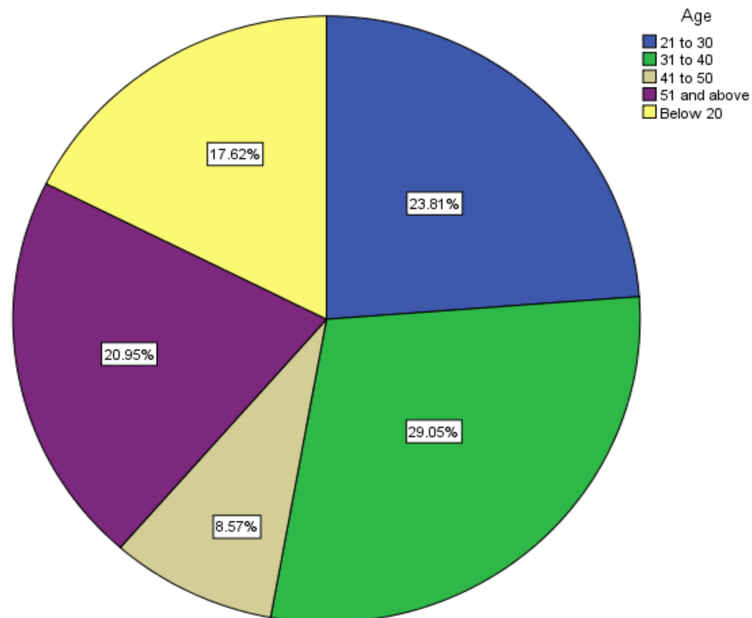
METHODOLOGY :

The research method followed here is empirical research. A total of 210 samples here have been taken out of which is taken through convenient sampling .The sampling frame taken by the researcher is the public areas . The independent variable taken here is name, age, gender, education, occupation, place of residences and income . The dependent variable taken here is that Addressing domestic violence is essential for promoting the health and well-being of women, Society should work towards creating a culture that actively condemns domestic violence and supports survivors, Role of economic abuse in perpetuating cycles of domestic violence and its impact on women's financial well-being and healthcare access, Health issues faced by victims due to domestic

violence, role of government in preventing domestic violence against women through effective initiatives. The statistical tool used here is Graphical representation, pie chart, chi-square and percentage.

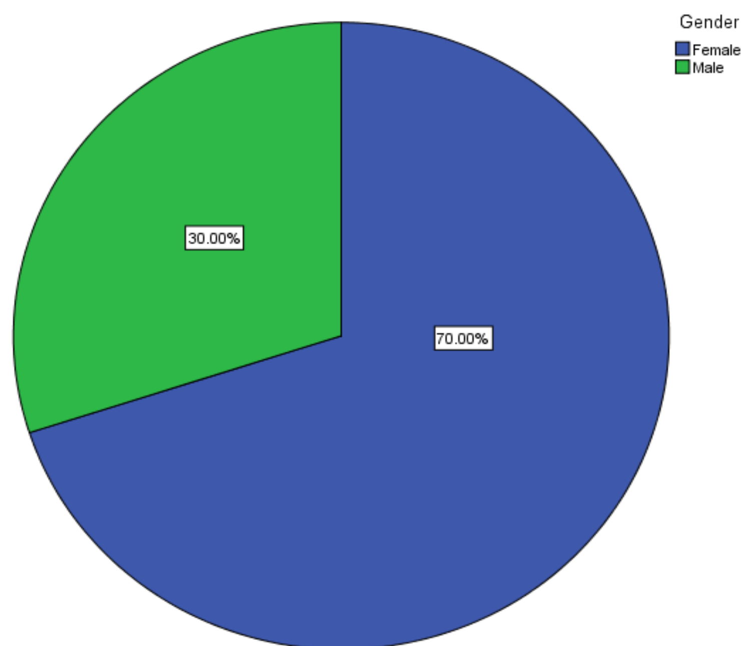
DATA ANALYSIS :

Figure 1 :



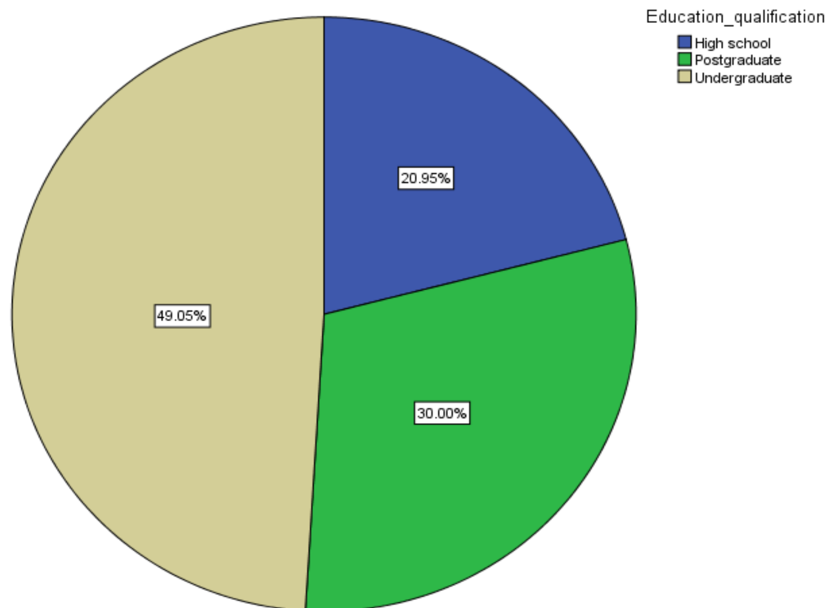
Legend : Figure 1 shows the age distribution of the respondents.

Figure 2 :



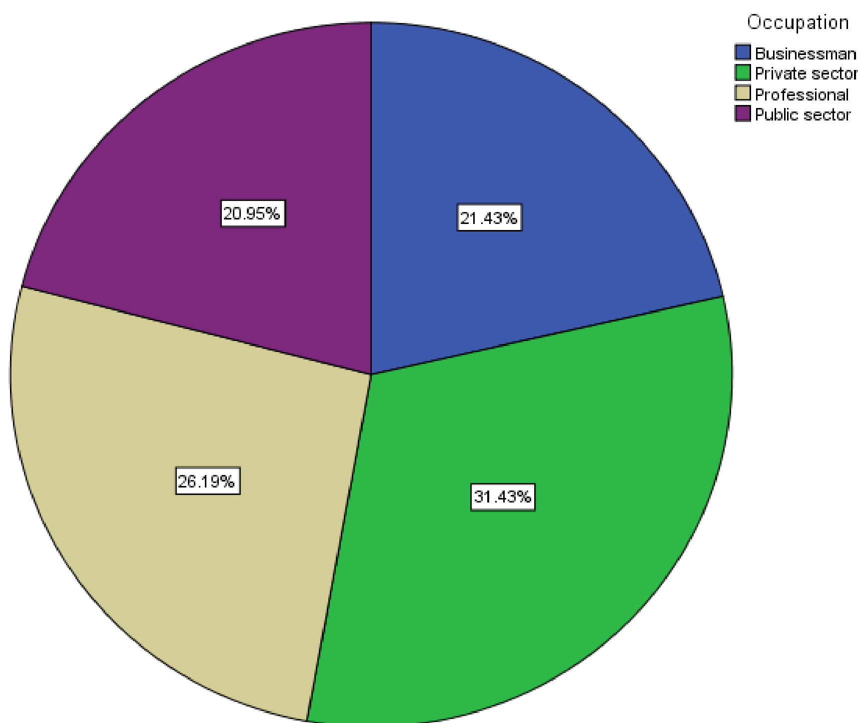
Legend : Figure 2 shows the gender distribution of the respondents.

Figure 3 :



Legend : Figure 3 shows the education distribution of the respondents.

Figure 4 :



Legend : Figure 4 shows the occupational distribution of the respondents .

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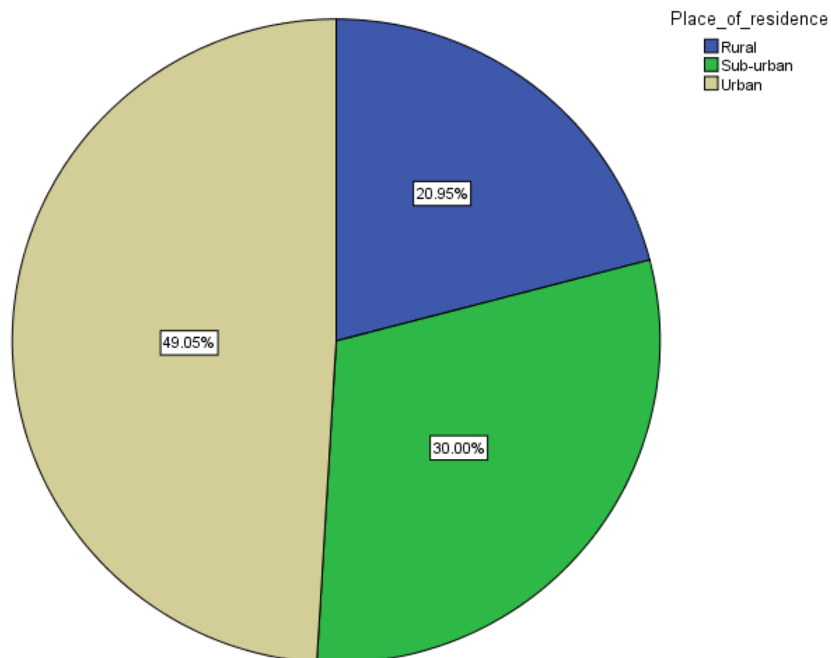
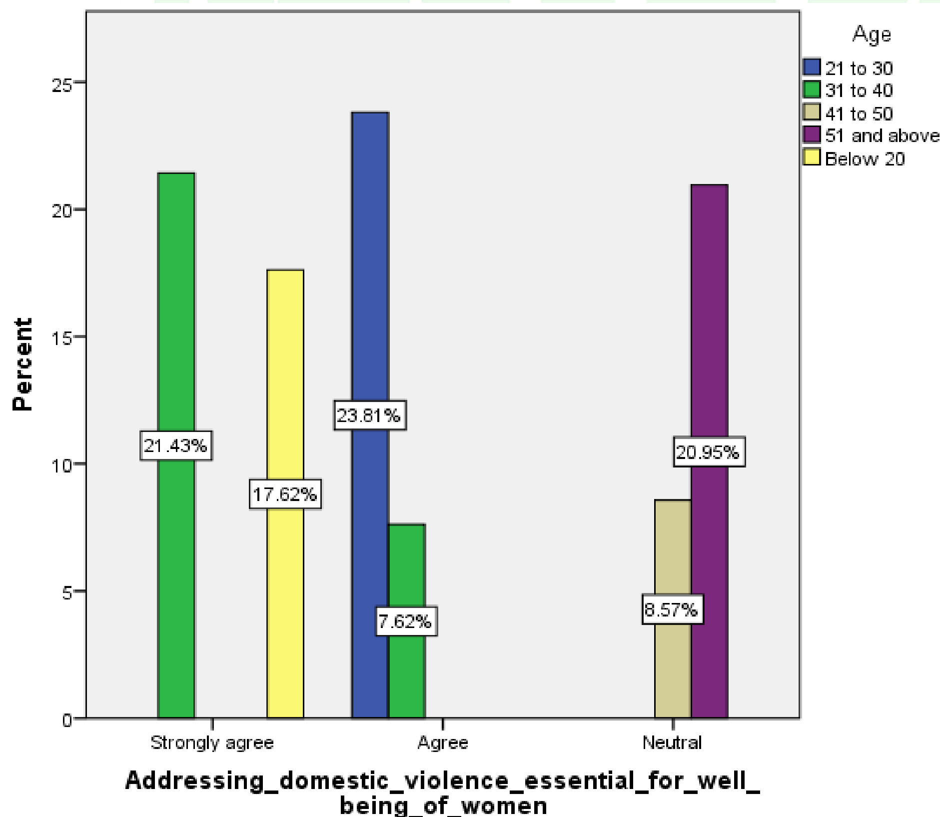
Figure 5 :



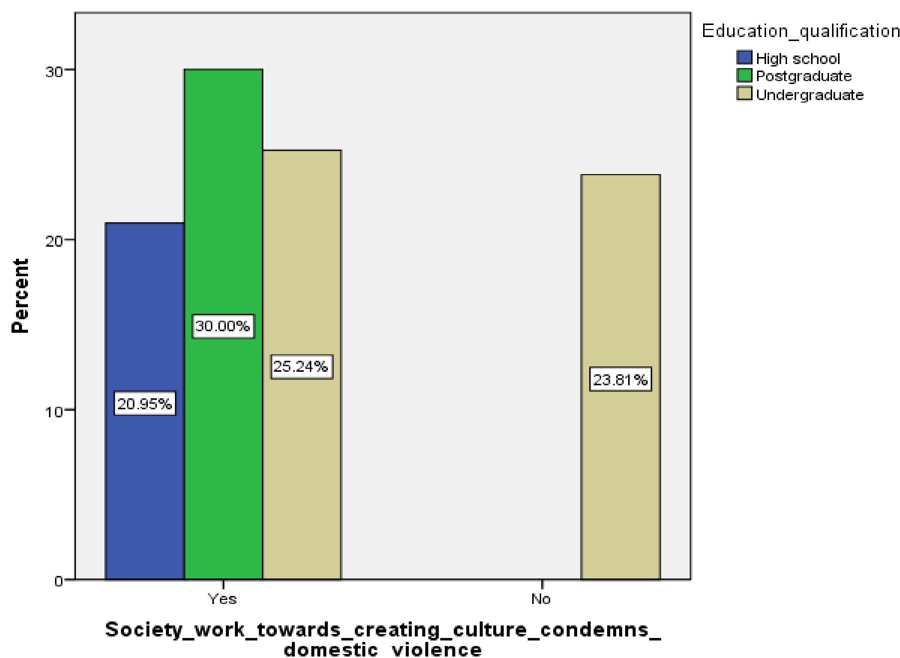
Legend : Figure 5 shows the place of residence of the respondents.

Figure 6 :



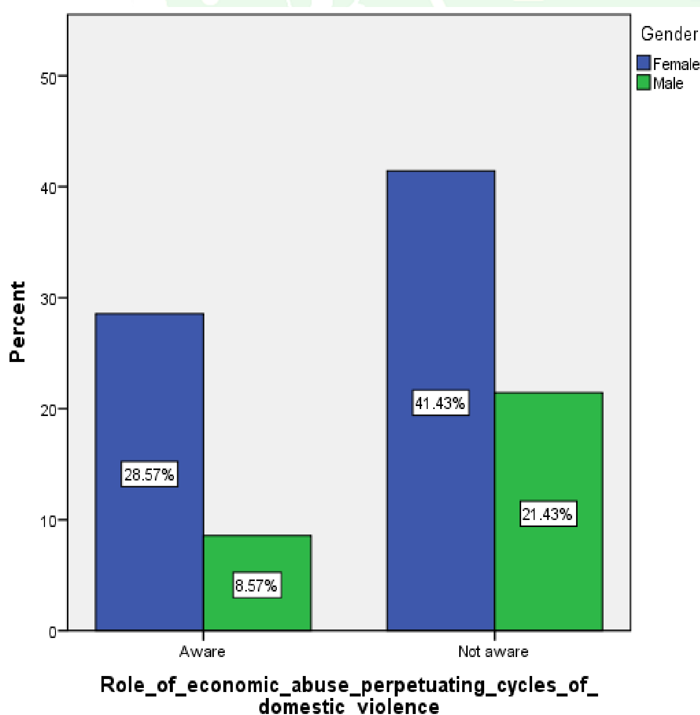
Legend : Figure 6 Graph represents the age of the respondents and percentage and their opinion towards the addressing domestic violence is essential for promoting the health and well-being of women.

Figure 7 :



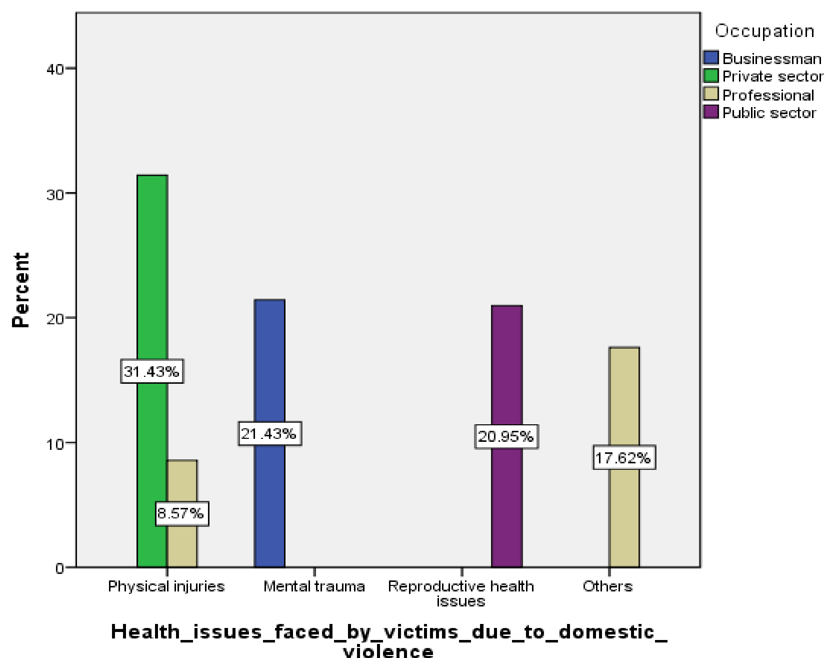
Legend : Figure 7 Graph represents the education qualification of the respondents and percentage and their opinion towards society should work towards creating a culture that actively condemns domestic violence and supports survivors.

Figure 8 :



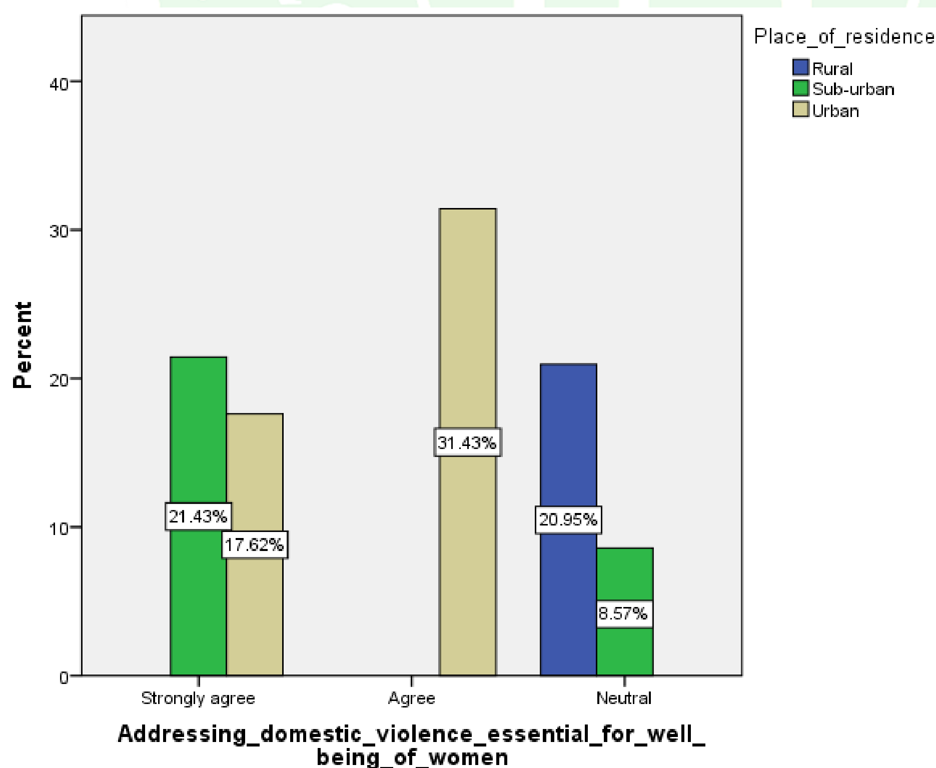
Legend : Figure 8 Graph represents the gender of the respondents and percentage and their opinion towards role of economic abuse in perpetuating cycles of domestic violence and its impact on women's financial well-being and healthcare access.

Figure 9 :



Legend : Figure 9 Graph represents the occupation of the respondents and percentage and their opinion towards health issues faced by victims due to domestic violence.

Figure 10 :



Legend : Figure 10 Graph represents the place of the residences of the respondents and percentage and their opinion towards the addressing domestic violence is essential for promoting the health and well-being of women.

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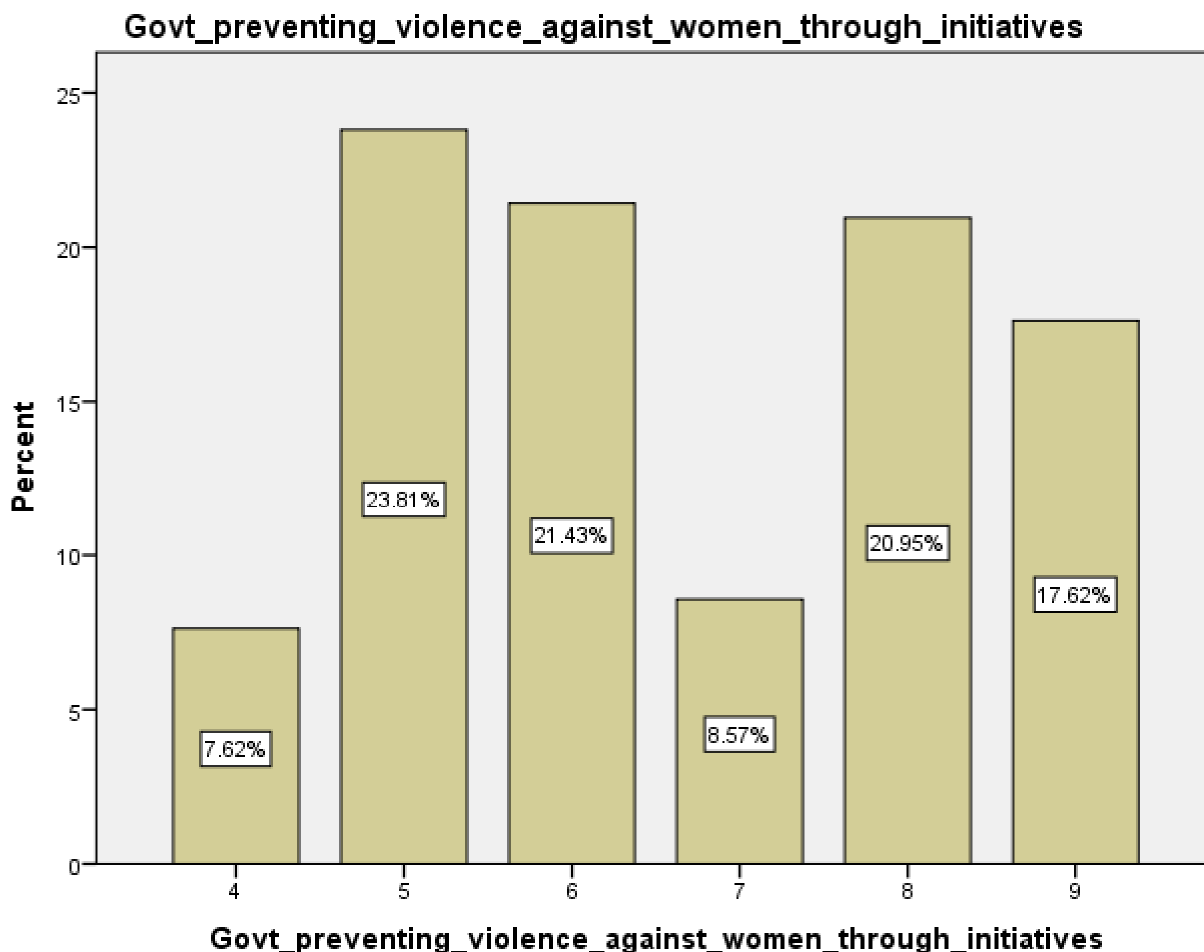
Figure 11 :



Legend : Figure 11 Graph represents the opinion towards whether role of government in preventing domestic violence against women through effective initiatives on the scale of 1 to 10.

Table 1 :

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age * Society_work_towards_creating_culture_condemns_domestic_violence	210	100.0%	0	0.0%	210	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	210.000[a]	4	.000
Likelihood Ratio	230.527	4	.000
N of Valid Cases	210		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.29.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	1.000	.000
	Cramer's V	1.000	.000
N of Valid Cases		210	

RESULT :

It is found that 17.62% of the respondents are below the age of 20. 23.81% of the respondents are between the ages of 21 to 30. 29.50% of the respondents are between the ages of 31 to 40. 8.57% of the respondents are between the ages of 41 to 50 and 20.95% of the respondents are the age of 51 and above.**(Fig-1)**It is found that 30% of them are male respondents and 70% of female respondents population.**(Fig-2)**It is found that 49.05% of the respondents are undergraduate, highschool are 20.95% of respondents and 30% of the respondents are postgraduate.**(Fig-3)**It is found that 20.95% are public sector and 31.43% of the respondents are private sector. Businessman are 21.43% and 26.19% of the respondents are professional.**(Fig-4)**It found that 49.50% of the respondents are living in urban place, 20.95% of them are living in rural area and 30% of the respondents are living in sub-urban area.**(Fig-5)**It is found that addressing domestic violence is essential for promoting the health and well-being of women, so 21.43% of the age group of 31 to 40 and 17.62% of the age group of below 20 said they strongly agree it. 23.81% of the age group of 21 to 30 and 7.62% of the age group of 31 to 40 respondents said that they agree it. 8.57% of the age group of 41 to 50 and 20.95% of the age group of 51 and above respondents said neutral.**(Fig-6)**It is found that society should work towards creating a culture that actively condemns domestic violence and supports survivors, so 20.95% of the high school respondents, 30% of the pg respondents and 25.24% of the ug respondents said yes to it. 23.81% of the ug respondents said no to it.**(Fig-7)**It is found that role of economic abuse in perpetuating cycles of domestic violence and its impact on women's financial well-being and healthcare access, so 28.57% of the female respondents and 8.57% of male respondents said that they are aware. 41.43% of female respondents and 21.43% of male respondents said that they are not aware of it.**(Fig-8)**It is found that health issues faced by victims due to domestic violence, so 31.43% of the private sector and 8.57% of the professional respondents said physical injuries. 21.43% of the respondents are businessman said mental trauma. 20.95% of the public sector respondents said reproductive health issues and 17.62% of the professional respondents said other health problem issues.**(Fig-9)**It is found that addressing domestic violence is essential for promoting the health and well-being of women, so 21.43% of the respondents from sub-urban area and 17.62% of the respondents from urban said they strongly agree it. 31.43% of the

respondents from urban area. 8.57% of the respondents from rural area and 20.95% of the respondents from sub-urban area said neutral.**(Fig-10)**It is found that majority of the respondents that is 21.43% of them have rated 6, for agreeing for role of government in preventing domestic violence against women through effective initiatives. The least percent being 7.62% have rated 4, for disagreeing the role of government in preventing domestic violence against women through effective initiatives.The 1 being strong disagreement and 10 being strong agreement with the concept.**(Fig-11)**

DISCUSSION:

It demonstrates a broad spectrum of age groups represented among the respondents, ensuring a comprehensive exploration of perspectives on the subject matter across different life stages. This diversity enriches the findings of the study and enhances its applicability to a wide range of demographics.**(Fig-1)**It highlights the gender balance within the respondent population, emphasizing the importance of considering diverse perspectives and experiences when analyzing the data and drawing conclusions from the study.**(Fig-2)**It underscores the importance of considering the educational diversity of the respondent population in understanding and interpreting the study findings. By including individuals from high school to postgraduate levels, the study can capture a wide range of perspectives and experiences, leading to more comprehensive and nuanced insights.**(Fig-3)**It underscores the importance of considering the occupational diversity of the respondent population in understanding and interpreting the study findings. By including individuals from various sectors, the study can capture a wide range of perspectives and experiences, leading to more comprehensive and nuanced insights.**(Fig-4)**It underscores the importance of considering the geographic diversity of the respondent population in understanding and interpreting the study findings. By including individuals from urban, suburban, and rural areas, the study can capture a wide range of perspectives and experiences, leading to more comprehensive and nuanced insights into the subject matter.**(Fig-5)**It indicates that while there is strong recognition across various age groups about the importance of addressing domestic violence for the well-being of women, the level of agreement varies, with younger and early middle-aged adults showing the highest levels of strong agreement. This underscores the need for targeted awareness and intervention efforts across all age groups to foster a comprehensive approach to tackling domestic violence.**(Fig-6)**It illustrates strong support for creating a culture that condemns domestic violence across educational levels, though there is some disagreement among undergraduates. This underscores the need for enhanced awareness and education on domestic violence across all educational stages.**(Fig-7)**It underscores the necessity for comprehensive educational programs aimed at increasing awareness of economic abuse as a critical aspect of domestic violence, particularly targeting men to bridge the knowledge gap and foster a more informed and supportive society.**(Fig-8)**It reveals that different professional groups recognize various health issues resulting from domestic violence, with a significant emphasis on physical injuries, mental trauma, and reproductive health issues. This diversity in responses underscores the multifaceted impact of domestic violence on health and the need for comprehensive support and resources to address these varied health concerns.**(Fig-9)**It highlights that while there is strong agreement across different geographic areas on the importance of addressing domestic violence for women's health, suburban and urban respondents show higher levels of strong agreement. In contrast, rural respondents exhibit more neutrality, pointing to a potential need for increased awareness and education on the impacts of domestic violence in rural communities.**(Fig-10)**It suggests a mixed perception among respondents

regarding the government's role in preventing domestic violence against women. While there is a moderate level of agreement, there are also some reservations or disagreements, indicating potential areas for improvement or further action by governmental authorities in addressing this critical social issue.**(Fig-11)**

LIMITATIONS :

One of the major limitation of the study is the sample frame . There is a major constraint in the convenient sampling method , the survey was conducted through questionnaires by google forms to collect responses from the people. Another limitation is the sample size of 200 which cannot be used to assume the thinking of the entire in a particular country , state or city. Most of the people they faced improper network issues.

CONCLUSION:

In conclusion, the silent victims of domestic violence in Chennai and their journey towards improved women's health are influenced by a complex interplay of societal, cultural, legal, and healthcare factors. While progress has been made in raising awareness, strengthening legal protections, and expanding support services, significant challenges remain, including underreporting, stigma, and systemic inequalities. By working together to challenge entrenched norms, empower survivors, and foster inclusive and supportive environments, we can strive towards a future where all women in Chennai and beyond can live free from violence and enjoy optimal health and well-being. Addressing the challenges faced by silent victims of domestic violence and women's health in Chennai requires a multifaceted approach. Implementing youth education programs in schools and colleges is crucial for promoting healthy relationships and preventing future incidents of domestic violence. Expanding access to legal aid services can help survivors navigate the legal system and seek justice. Community outreach and awareness campaigns are needed to challenge societal attitudes and promote gender equality. Intersectoral collaboration between government agencies, NGOs, healthcare providers, and community organizations is essential for coordinating efforts and maximizing impact. By implementing these strategies, Chennai can create a safer and more supportive environment for all residents affected by domestic violence. Culturally sensitive outreach efforts targeting marginalized communities, technology-facilitated reporting platforms for discreet access to support services, and peer support networks for survivors are also essential. Trauma-informed healthcare practices, legal advocacy programs, crisis intervention hotlines, and empowerment workshops tailored to the needs of silent victims can further enhance support and assistance. By implementing these exclusive solutions, Chennai can create a more inclusive and supportive environment for silent victims of domestic violence, empowering them to seek help, rebuild their lives, and thrive free from violence.

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