

Lived Experiences of Women with Domestic Violence and its Effect on their Physical and Mental Health



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Abstract

Domestic violence is a "pattern of coercive and assaultive behavior that include physical, sexual, verbal, and psychological attacks and economic coercion that adults or adolescents use against their intimate partner". Domestic violence is a major contributor to the physical and mental ill- health of women. Violence against women is present all over the world cutting across boundaries of culture, class, education, income, ethnicity and age. The present study was conducted to gain deeper understanding of the lived experiences of women with domestic violence in selected communities of Indore. Phenomenological Qualitative design was used and 8 women were selected using purposive sampling technique as per the pre determined inclusion criteria. Semi structured interview schedule was used for data collection. Voice recording of the conversation was done; the transcript was then thematically analyzed using Open Code 4.02 software. Coding and categorization of the transcript was done using the software, based on the 6 major themes that had emerged. The themes like Bitter memories unfolded, staying on in abusive relationship, disrupted familial environment, scars from abuse, support- family/ neighbors/ authority and coping with brutality. It was concluded that domestic violence is a significant social issue that requires both political and professional attention.

Keywords: Domestic violence, lived experiences, women

Background

Domestic violence is not typically a singular event and is not limited to only physical aggression. Rather, it is the pervasive and methodical use of threats, intimidation, manipulation, and physical violence by someone who seeks power and control over their intimate partner. Abusers use a specific tactic or a combination of tactics to instill fear in and dominance over their partners. The strategies used by abusers are intended to establish a pattern of desired behaviors from their victims. **Bragg, H. Lien (2003)¹.**

In India where almost half of the population is women, they are mostly being ill-treated and deprived of their right to life and personal liberty as provided under the constitution. Women are always considered as physically and emotionally weaker than the males, whereas at present women have proved themselves in almost every field of life affirming that they are no less than men through their

hard work whether at home or at working places. Behind closed doors of homes all across our country, women are being tortured, beaten and killed. It is happening in rural areas, town, and cities and in metropolitans as well. It is crossing all social classes, genders, racial lines and age groups. It is becoming a legacy being passed on from one generation to another. But offences against women which reflect the pathetic reality that women are not just safe and secure anywhere. **Dhawesh Pahuja (2011)².**

Sudha Chaudhary (2013)³ reported that violence against women and girls has spread into a global epidemic. This has debilitating effect over the performance of the women. They are harassed physically, psychologically, sexually and economically. It is one of the most pervasive of human rights violations, denying women and girls, equality, security, dignity, self-worth, and their right to enjoy fundamental freedom.

Depression is a complex health issue with many

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mediating influences. Depression in abused women has been associated with daily stressors, childhood abuse, forced sex in the relationship, marital separations, change in residence, increased number of children, and child behavior problems. **Campbell & Lewandowski (1997)**⁴.

Various personal, familial and socio-cultural factors influence women's decision to continue in a relationship despite abuse. The process of terminating the relationship usually involves leaving and returning several times before the woman can end the relationship for good.

Merritt-Gray (1995)⁵.

'Domestic' or 'Family' violence refers to physical, sexual, psychological or financial violence that takes place within an intimate or family- type relationship and that forms a pattern of coercive and controlling behavior. There is mounting evidence that where there is violence between adults in the home there is also abuse of children. (**Susan Bewely (2014)**)⁶.

According to 'United Nation Population Fund Report', around two-third of married Indian women are victims of domestic violence attacks and as many as 70 % of married women in India between the age of 15 and 49 are victims of beating, rape or forced sex. In India, more than 55 % of the women suffered from domestic violence, especially in the states of Bihar, U.P., M.P. and other Northern states.

Dhawesh Pahuja (2011)².

Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons, or other relatives. But, many of the victims of domestic violence have either refused to name the perpetrator of the assault or attributed the injuries to other reasons.

Daga et al (1999)⁷.

Battered women have tendency to remain quiet, agonized and emotionally disturbed after the occurrence of the torment. A psychological set back and trauma because of domestic violence affects women's productivity in all forms of life. The suicide case of such victimized women is also a deadly consequence and the number of such cases is increasing. They lose their self-confidence and desire for living. **Ankur Kumar (2010)**⁸.

Margaret JH (2000)⁹ mentioned that Posttraumatic Stress

Disorder (PTSD) has been diagnosed most commonly in rape, child sexual abuse, and war victims. More recently, studies have found battered women meet the criteria for PTSD. The severity of the violence, the duration of exposure, early-age onset, and the victim's cognitive assessment of the violence (perceived degree of threat, predictability, and controllability) exacerbate the symptoms.

A crime has been recorded against women in every three minutes in India. Every 60 minutes, two women are raped in this country. Every six hours, a young married woman is found beaten to death, burnt or driven to suicide. Dowry deaths or murders of women by the groom or in-laws because of unmet high dowry expectations constituted 3.4% of all crimes against women. In other words, last year in India on average 22 women were killed per day because their families could not meet dowry demands. **National Crime Records Bureau (2012)**¹⁰.

The world has entered into a new millennium, but from the dawn of civilization till date, the woman of the patriarchal society of India continues to be oppressed and ill- treated. She is dependent, weak, exploited and faces gender discrimination in every sphere of life. The gender based violence that threatens the well-being, dignity and rights of women, extends across social, cultural, economic and regional boundaries. **Indira Sharma (2015)**¹¹.

Based on the above information, the researcher felt that there was a need to do a qualitative study on lived experiences of women with domestic violence because in India majority of women have always been ill-treated and deprived of their right to life and personal liberty. Behind closed doors of homes all across our country, women are being tortured, beaten and even killed. Therefore, the present study is designed to get deeper understanding about the experiences of women related to cause, various forms of abuse, and its consequences on physical and mental health of women in selected areas of Indore.

Research Methodology

A qualitative, phenomenological exploratory approach was employed to explore experiences of women with domestic violence in their day to day lives. Phenomenology has its roots in philosophy. Phenomenology is a philosophy as much as methodology.

Phenomenology is a human science which studies person and not subjects or individuals and believes that knowledge comes through language, understanding and experiences by the individual's perception of his or her presence in the world. It is the study of individual's life world as experienced rather than conceptualized, a description of the experiential meanings that people live as they live them. It brings out the essence of the experience that is studied. Phenomenological research sponsors a certain attentive awareness to the details and seemingly trivial dimensions of our everyday lives. **Van Manen (1997)¹²**. The present study was conducted at Chittavat Kakkad and Shama Charan Shukla Nagar which come under Indore Diocese Social Service Society (IDSSS). IDSSS is a registered social organization under Madhya Pradesh Societies Act 1973. The eight women were selected on the basis of selection criteria of having lived experiences of domestic violence between the age group of 19-35 years of age. Sample size was determined by saturation of the data obtained. The aim of the study was to gain deeper understanding of the lived experiences of women with domestic violence. Written permission was obtained from the administrative authorities of IDSSS. Consent form was also explained and distributed to the participants prior to the interviews who agreed to participate in the interviews. Semi-structured in-depth interviews were used as an instrument for collecting the required data. Each participant was encouraged to express their lived experiences and feelings. The initial interview questions were proceeded by open-ended questions that were unstructured and non-directive, with the sole purpose of providing the participants with the opportunity to share their personal experiences. In doing this, it enabled the researcher to gain more of an inside perspective into the lived experiences of women who were the sufferers of domestic violence. Only eight women were interviewed for the study as the thematic data required for the study was adequately collected and point of saturation had reached.

Voice recording of the conversation was done. The verbatim was translated into English (from Hindi) and then transcribed using open code 4.02 software. Going through the transcripts, codes were assigned to important information in the material. Codes were clustered and transformed into categories and finally themes were

formulated.

Ethical considerations: Confidentiality was assured, written informed consent obtained from the participants. Permission was obtained to record the interview.

Findings

Eight women were interviewed. All of the women were between the age group of 19-35 years with a mean age 25.75 years and SD 3.79.

The findings derived from the verbatim indicated that most of the women suffered from violence which included physical torture, sexual violence, threats of dire consequences, verbal abuse, deprivation of food and social contact, suspiciousness and being displaced out of the house.

Most of the women suffered violence even during pregnancy. Another type of violence that women experienced was financial control, whereby women's access to or control over money was highly restricted. This contributed to their dependency on their abusive husbands for money.

Several factors influenced women's decisions to stay in or leave the violent marital relationship. The particular reasons that influenced women's decisions to stay on in an abusive relationship were: financial dependency, the children's future and cultural beliefs in marriage held by society. The presence of unmarried siblings, whose future might be affected if they were to break the marriage, was other reason. Women focused less on themselves and more in the welfare of their children, not wanting to render them homeless and fatherless. Women said that there were times when they had wanted to leave but were helpless as they did not want to deprive the children of the love of both of the parents. Some of the participants were feeling overburdened because of unemployment, irresponsible nature and poor concern of the fathers towards their children. Some of the participants also experienced abuse from other family members.

Women exposed to domestic violence, experienced symptoms associated with mental disorders such as major depressive disorders, anxiety disorders and post-traumatic stress disorders. These symptoms affected their physical, psychological, spiritual and social

functioning to such an extent that some of them verbalized suicidal ideas during the interviews. Most of the women expressed that they did not have any support from the family, neighbors or civil authorities. The participating women in this study used silence, avoidance and tolerance as mechanisms only to “survive” on a daily basis and not to resolve the domestic violence. The participants expressed relief after talking about the violence.

Based on the findings of the study, three factors and six themes emerged:

1) Societal factors

- Unequal position of women
- Poverty
- Acceptance of traditional gender role
- Lack of support

2) Individual factors

- Low level of education
- Unemployment
- Acceptance of violence
- Dependency
- Use of alcohol
- Accepted helplessness

3) Relationship factors

- Love for children
- Concern for family
- Man has extra marital relation
- Fear of consequences

Six themes were : 1) unfolded bitter memories, 2) staying on in abusive relationship, 3) disrupted familial environment, 4) scars from abuse, 5) support- family/ neighbors/ authority,6) coping with brutality (Figure 1)

1. Unfolded bitter memories:

The theme “unfolded bitter memories” illustrates about questions asked by the researcher to help the participants in recalling memories perceived as different forms of abuse used by their perpetrators. Categories under bitter memories unfolded include physical violence, verbal

abuse, sexual abuse, emotional violence, economic abuse, imposing control in everything and wife's infidelity.

Physical violence: Present study shows that most of the women suffered violence even during pregnancy. Husbands used to kick them, push them against the wall and even used to push them down from the roof, along with being brutally abused. Most of the Participants reported that their husband used their legs, hands, sticks, wooden bat or vessels to beat them. They throw anything that they find, during fights. In the words of one of the participants:

“During my 7 months of pregnancy, he used to kick me on my abdomen which resulted in bleeding. The Doctor suggested for abortion but my mother denied this. He often kicks me. He pushed my head against the wall and has also beaten me with a bat after which my finger had fractured. Once, he threw tea on my face. My face was burnt”. (Participant 3)

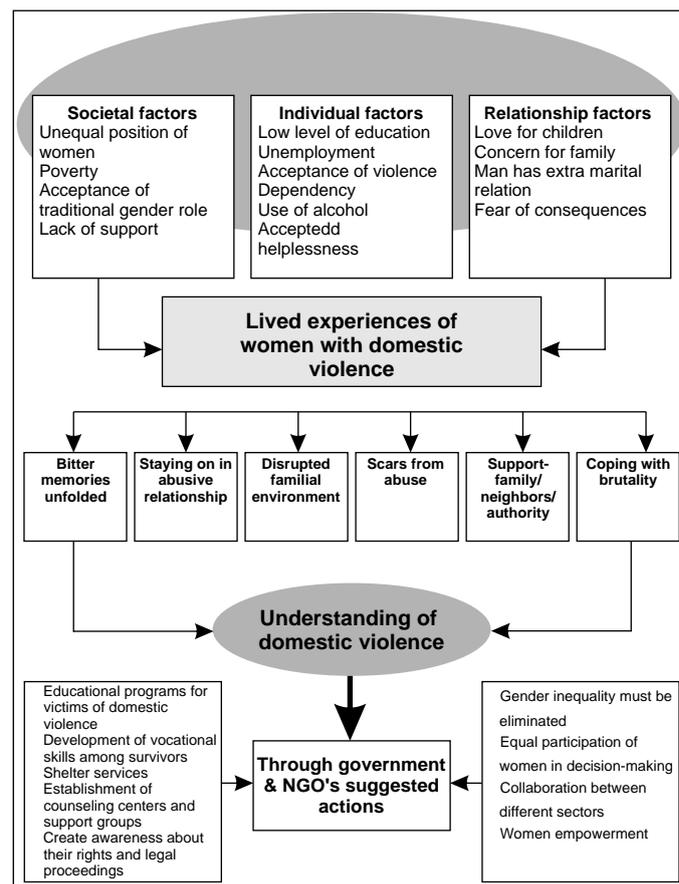


Figure 1: Thematic Representation of Lived Experiences of Women with Domestic Violence

One of the most common contributing factors to domestic

violence was perceived as excessive use of alcohol. Most commonly, the man was intoxicated when he inflicted physical violence on his partner. The results showed that the most horrific cases of domestic violence occurred while the man was intoxicated. Five out of eight participants stated that their husbands consume alcohol. Two participants reported that their perpetrator beats them after drinking alcohol. One of the participants said,

“He used an axe to kill me. My eyebrows got injured. This happened because he came home after drinking and started breaking the articles and beating me. He had thrown me on the ground and pushed me outside, on the road. He had beaten me by pulling my hair. He used to beat me when I was pregnant. He used to blow punches on my abdomen...” **(Participant 7)**

Verbal abuse:

Five out of eight participants stated that their husbands used to abuse them verbally during fights. One participant stated that her husband abuses her as well as neighbors. In the words of one of the participants:

“In winter he put me outside the house. If I took shelter in neighbor's house then that results in neighbors being abused.” **(Participant 3)**

Sexual abuse:

These feelings were found to be related with the sexual disharmony. Four out of eight participants stated that their husbands force them for sexual relationship. One participant stated,

“He forced me to have a physical relationship. If I do not give my consent, then he starts forcing me.” **(Participant 1)**

In the words of one of the participants,

“I had not much interest in this. It's better to keep him away from me. He forces himself on me but does stop if I get angry.” **(Participant 2)**

Emotional violence:

The participants of the present study shared that there was a complete lack of emotional sharing between her and her husband, irresponsible nature of husbands and violence by other family members were also felt by them. One of the participants said,

“He was not talking to me after my marriage for a period of 4 months, and he didn't share anything. He was not having any botheration for me. His behavior was not at all acceptable. He would already leave the place if I sit near to him.” **(Participant 1)**

One of the participants stated that she has been abused emotionally by her husband as well as by her mother-in-law and shows that husband doubts on the paternity of child during fights.

To quote, “My mother-in-law had thrown me out of her house, she had torn my clothes. During our fight my husband would say, “Both child are not mine.” **(Participant 3)**

Economic abuse:

The category “Economic abuse” reflects that the basic needs of most of the Participants were not being fulfilled. They were kept deprived of food even during pregnancy. Participants don't have any expectation from their perpetrators. The main reason behind dispute used to be money. One of the participants said,

“Even when I was pregnant they gave me nothing to eat except dry Chapaties. I used to work whole day only on a single cup of tea. I felt very insecure my needs were not met.” **(Participant 3)**

Imposing controls in everything:

The present category reflects over controlling nature of the perpetrators. One Participant stated that her husband doesn't allow her to wear clothes of her own choice. Others exercise control by not allowing the participant to sit outside, forbade them to talk with their relatives, and not allowing for attending important functions at maternal home. Some of their experiences shared were as follows:

“He made objection for wearing suit and told me to wear saree only.” **(Participant 2)**

“He forbids me to do anything. He doesn't allow me to talk with others and even he doesn't allow me to go at my mother's house.” **(Participant 5)**

“Today is my brother's engagement but he didn't allow me to go. He doesn't allow me to stay with my parents.” **(Participant 6)**

Blaming for Infidelity:

Besides abusing physically, sexually and verbally, half of the husbands were having suspiciousness about the character of their wives. Perpetrators keep continuous vigilance on their wives. One of the participants expressed her feelings,

“Once, my mother gifted me a mobile on my birthday. Someone unknown called me in the night. His father received the call. He asked me that whose number is this. From where did it come? He broke my mobile in the morning. He became angry and told that he will not allow to keep the phone. He forbids me to talk with my parents **(Participant 1)**.”

Staying on in abusive relationship- factors:

The theme staying on in abusive relationship- factors include categories like love for children, familial concern and helplessness.

Love for children:

The present study showed that perpetrators of the domestic violence didn't have any concern about the education and nourishment of their children. Two of the Participants stated that love and concern from both of the parents is important for proper growth of children. One of them said:

“He does not ask anything even about his child. I thought that my child should find love from both. He does not show right behavior with my child. He reacts awkwardly. If our child is ill, then I only have to take him to the hospital.” **(Participant2)**

Familial concern:

The verbatim from the participants of the present study showed that social and cultural norms don't allow them to live a separate life. One of the participants is having fear that her family would be insulted if she is divorced. She said:

“In my family everyone shows him respect. My family does not want to spoil the image in the society. Both the families will get bad name if I divorce him. I am continuing in this relationship forcefully in which my family tied me. For my children I am suffering everything. No matter what did happen with me, but my children should not suffer such thing” **(Participant 3)**

Helplessness:

The category “Helplessness” illustrates that most of the participants seems to blame their parents for their marriage.

“My parents got me married to a wrong person. Everywhere wives are unhappy with their husband. no single husband is sad because of his wife. Everywhere people try to find out mistake only in women.” **(Participant 3)**

Disrupted familial environment:

The theme disrupted familial environment includes categories like familial disputes, poor interaction and overburdened.

Familial disputes:

The present category “Familial disputes” reflects that perpetrators are not in good terms with his own and the participant's family members. One of the participants said:

“He fought with my mother-in-law, brother-in-law and sister-in-law also. If anybody tried to interrupt in his matters, he starts fighting and abusing them.” **(Participant 5)**

“Once when my sister came here, my in-laws had beaten her on her birthday. They told that my sister is communicating all the information at my parent's home.” **(Participant 5)**

Poor interaction:

The category “poor interaction” reflects the pattern of interaction between Participants and their perpetrators. Two of the Participants stated that they don't share their problems with their husbands because their husbands are less concerned in sharing and listening to their problems. Some of their experiences shared were as follows:

“He prefers his mother's command. He listens to his mother only. He never tells me anything even if I ask him. I also talk with him only when it is needed.” **(Participant 2)**

“No one is there to listen to my problems in the house. I have to live my life myself. I have to struggle myself. There is no meaning of sharing anything.” **(Participant 3)**

Overburdened:

The category “overburdened” reflects that Participants are

experiencing overburden because of irresponsible nature and poor concern of perpetrators for their children. Two of them expressed their feelings of being overburdened as follows:

“He never understands his responsibility. He never asks about his child.” **(Participant 2)**

“He doesn't do any work. I have to take all the responsibility. I alone am responsible for the education of my children.” **(Participant 4)**

Scars from abuse:

Almost all of the participants experienced pain, headache, anger, lack of sleep, difficulty in falling asleep, decreased appetite, overburdened, inability to perform well at the job, frustration, decreased interest in talking with others and increased tension as a consequence of violence on physical and mental health of the Participants.

The theme scars from abuse includes categories like hopelessness and suicidal thoughts/ attempts,

Some of their feelings expressed were as follows:

“I get angry and I don't talk to him. I didn't tell anything to anyone about my problems. I am in a great stress.” **(Participant 1)**

“I feel tensed and get depressed when I think about all these things. I stopped thinking and prefer to stay alone.” **(Participant 2)**

Hopelessness:

The hopelessness experienced by the participants escalated into suicidal ideation which is a symptom of major depressive disorder. **Sadock & Sadock, (2010)¹³** and is seen as a serious indication of cognitive and mood disorders.

The participants' expressions of hopelessness indicated how domestic violence resulted in a loss of meaning and purpose in these women's lives. One of the participants reported feelings of aloofness and her desire to die. One of the participants said,

“I thought to do something, to run away, to go at a place where no one can reach.” **(Participant 1)**

Suicidal thoughts/ attempts:

The experiences shared by the participants in the present

study showed that some of them tried to attempt suicide e.g. cutting the hand and pouring hot milk on oneself. Two of the participant stated that they don't have a wish to live. Some of their feelings expressed were as follows:

“Once, I had cut my hand. One day, he came after drinking. We fought with each other because he was drunk. Then he had beaten me.” **(Participant 4)**

“He came after drinking and started fighting with me. He ordered, “Give me chapatti, bring a cigarette for me, bring vegetables, bring my shoes, make tea, and bring milk.” I poured hot milk on me. I felt like, if God takes my life then it will be better. It's good if I die.” **(Participant 6)**

She showed me the burnt scar at her neck and abdomen.

Support- family/ neighbors/ civil authority:

Most of the women were not having any support from family, neighbors or civil authority. Most of the Participants expressed that they didn't get support from their husbands for routine check-ups, food and hospitalization during pregnancy and they are even being abused during their pregnancy. Some of their feelings expressed were as follows:

“He did nothing. During pregnancy, I had to go alone for check up. I have complained at female police station. They have called all of them but they did not write my report.” **(Participant 2)**

“During my pregnancy, I kept on working full day. They didn't give me food on time. I used to carry heavy vessels after cleaning. I was the one to fill all the buckets. During both deliveries I was unconscious for 2 hours. His family did not admit me in the hospital. His family did not permit me to get injection also. They told that delivery takes place at home only.” **(Participant 3)**

Coping with brutality:

The categories under this theme include coping mechanism, empowerment and taking oneself apart.

Coping mechanism:

The participants in this study used silence, avoidance and tolerance as the only mechanisms to “survive” on a daily basis and not to resolve the domestic violence. These mechanisms were aimed at surviving in the short term, meeting basic needs, and keeping them and their children

as safe as possible.

Two of the participants used avoidance and expressed their feelings:

"I am unable to do anything. I felt that women had less power than men. When he comes to beat me, I run outside the room by pushing him. If I am unable to go outside, I lock myself in latrine or bathroom." **(Participant 3)**

Another woman used silence to avoid the stress and stated it as follows:

"I engage myself in work." **(Participant 2)**

Empowerment:

In spite of being a sufferer of domestic violence, two of the participants were very optimistic and took up jobs because of irresponsible nature of their husband and concern regarding the education and nourishment of their children. Some of their feelings expressed were as follows:

"Which kind of person he is? How will I manage the house and children? Now I have started to earn. I can nourish and educate my children." **(Participant 4)**

"I have been working outside the home for the last 15 days because of my children. I have to do. I cannot let my children die because of hunger." **(Participant 7)**

Dilemma about taking divorce:

Three of the Participants expressed their desperate feelings for divorce. Some of their feelings expressed were as follows:

"If he wants to give me divorce then let him give in writing. I will also give him divorce." **(Participant 2)**

"I want divorce from such husband. I do not want such life. I have suffered enough. When he starts beating me, he crosses all limits." **(Participant 3)**

One participant is unable to give divorce because of her concern for children. She said:

"I never thought to give him divorce. What can I do? Fights take place everywhere. I have four children. If I leave him then what will happen to my children? I can leave him if I am alone. But how can my children live without him." **(Participant 7)**

One of the participants strongly recommended for the banning of alcohol shops. She said:

"If the alcohol shop is being removed then most of the women will be happy. The main reason behind quarrel is alcohol. If there is no drink then there will not be any quarrel." **(Participant 4)**

Discussion

The present study describes the experiences and perceptions of women with domestic violence and its effect on their physical and mental health. In the present study total eight women were interviewed. All of the women were between the age group of 19-35 years. Violence included physical torture, sexual violence, threats of dire consequences, verbal abuse, deprivation of food and social contact, suspiciousness and being displaced out of the house.

Most of the women suffered violence even during their pregnancies. Husbands used to kick them, push their wives against the wall and even used to push them down from the roof, while they were being brutally abused. Another type of violence shared by the women was financial control, whereby women's access to or control over money was highly restricted.

The study was supported by the research work done by **Sharma KK and Manju Vatsa (2011)¹⁴**, on domestic violence against nurses by their marital partners to determine the prevalence, characteristics and impact of domestic violence against nurses by their marital partners, in Delhi, India. Sixty percent of nurses reported marital partner perpetrated controlling behavior, 65% reported emotional violence, 43.3% reported physical violence and 30% reported sexual violence. About 3/5th of nurses (58%) reported that no reason justified violence, except wife infidelity (31.67%). Of the physically or sexually abused respondents, 40% were injured, and 56.7% reported that violence affected their physical and mental health. There is a high magnitude of domestic violence against nurses and this is reported to have affected their physical and mental health.

Several factors influenced women's decisions to stay in or leave the violent marital relationship. The particular reasons that influenced women's decisions to stay on in an abusive relationship were: financial dependency, the

children's future and cultural beliefs in marriage held by society.

The presence of unmarried siblings whose future might be affected if they were to return, was other reason.

Hopelessness was expressed by the women as they reflected on the desperateness of their situations and their own helplessness. **De Beer et al. (2005)**¹⁵ indicated that women who experienced domestic violence were hopeless about the situation and this could lead to personal breakdowns. Hopelessness is seen as a spiritual experience where a person has no hope for the future.

Women exposed to domestic violence, experienced symptoms associated with mental disorders such as major depressive disorders, anxiety disorders and post-traumatic stress disorders. Almost all of the participants experienced pain, headache, anger, lack of sleep, difficulty in falling asleep, decreased appetite, overburdened, inability to perform well at the job, frustration, decreased interest in talking with others and increased tension as a consequence of violence on physical and mental health of the participants. These symptoms affected their physical, psychological, spiritual and social functioning to such an extent that some of them verbalized suicidal ideas during the interviews.

The findings of the present study are supported by the study done by **Gina Dillon et al. (2012)**¹⁶, on mental and physical health and intimate partner violence against women. The results showed that while there is variation in prevalence of intimate partner violence across various cultural settings, intimate partner violence was associated with a range of mental health issues including depression, post traumatic stress disorder, anxiety, self-harm, and sleep disorders. In most studies, these effects were observed using validated measurement tools. Intimate partner violence was also found to be associated with poor physical health including poor functional health, somatic disorders, chronic disorders and chronic pain, gynecological problems, and increased risk of STIs. An increased risk of HIV was reported to be associated with a history of sexual abuse and violence.

Most of the women did not have any support from the family, neighbors or civil authority. Police authority doesn't make an effort to write the complaints which gives an enhancement to continue the violence. The

participating women in this study used silence, avoidance and tolerance as mechanisms only to "survive" on a daily basis and not to resolve the domestic violence. The participants expressed relief after talking about the violence.

Employment helped victims of domestic violence by improving their finances, promoting physical safety, increasing self-esteem, improving social connectedness, providing mental respite, and providing motivation. Three of the Participants expressed their desperate feelings for divorce while one participant is unable to give divorce because of her concern for children.

Conclusion

The findings of the present study provide a powerful picture of the lifelong domestic violence experienced by women and its effect on their physical and mental health. By using this living phenomenological material / study, to some extent, we can enter into their lives and understand their feelings related to domestic violence and what sort of supportive frameworks needed to be put in place to improve their lives. Domestic violence is a significant social issue that requires both political and professional attention. There is also a need to ascertain the coping strategies and support resources available to many women affected by domestic violence.

Implication of the Study

The present study has implications to nursing practice where the investigator felt that nursing care for women who have experienced domestic violence is very important and it includes assessment of the extent of problems related to domestic violence and implementation of appropriate counseling services to minimize the impact of the problem.

Civil administrators should take an initiative in creating policies and plans to overcome domestic violence. A stronger public and community health response is vital to mitigate the significant health problems faced by women, their children, and families as a result of domestic violence. Nurses need to be trained and supported to function autonomously within multidisciplinary teams within the health care system, to provide effective care for women who have experienced domestic violence.

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