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Editorial

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Domestic Violence, Psychological Trauma and Mental Health of Women: A View from India

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With more than half a billion female population, India has the second largest population of females in the world. This immense resource needs to be provided safety, security and nurturance for society, and thereby the nation, to benefit in multitude ways. It goes without saying that at first the girl child has to be given a chance to be born and subsequently, not only accepted, but cherished. This requires an attitudinal shift in the way the girl child is perceived and treated in the patriarchal Indian society.

Several social ills that plague Indian society target the girl child and women. These include female feticide, neglect of the girl child, sexual abuse of the girl child, trafficking of girls and women, dowry harassment and domestic violence. Such violence against girls and women impairs their physical and psychological health which necessitates health professionals to be sensitive to such issues. Health professionals, including mental health professionals, need to be made aware of the underlying psychological trauma in order to ensure adequate and appropriate interventions. The government of India has passed legislations to punish abuse and violence against girls and women by treating them as crimes.

Domestic violence against women in India is especially significant in terms of prevalence and consequences. According to the Domestic Violence Act of India, domestic violence includes physical violence, emotional abuse and economic abuse.[1] The National Family Health Survey of India for the period 2005-2006 examined the prevalence of domestic violence among 83,703 women in the age range of 15 to 49 years. Results revealed that 34% of the women had experienced domestic violence and that domestic violence was higher among women who had low educational and economic status. Physical violence was more prevalent than sexual and emotional abuse with one third of the victimised women reporting cuts, bruises, burns, dislocations, deep wounds, broken teeth and bones. However, 75% of them did not seek help to end the violence and the data also suggested that neither education nor wealth implied a greater likelihood that women would seek help against violence.[2]

Domestic violence, especially physical violence, has been found to be strongly associated with poor mental health among women[3] and it has also been implicated as an important factor in women seeking safety in shelter homes.[4] In a review of studies on domestic violence in India,[5] reported that sexual violence by husbands led to higher odds of women reporting gynaecologic symptoms like blood after intercourse, vaginal discharge, burning micturition, pain during intercourse, and symptoms suggestive of sexually transmitted infections. Further, the risk for infant mortality was 36% higher among mothers who experienced domestic violence compared with mothers who did not. In this context, it should be noted that alcohol abuse has been found to be a significant factor among men who indulge in domestic violence.[6,4]

Interpersonal victimization of girls and women significantly impacts their ability to cope and can result in symptoms of psychological trauma such as dissociation, somatization, intru-

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sive thoughts and images of the traumatic events, self-harm, and social withdrawal. Further, retraumatization and multiple traumatization contribute significantly to the risk of Post-Traumatic Stress Disorder (PTSD).[7] However, Cook and Newman[8] reported that mental health practitioners lack evidence based knowledge, assessment and psychotherapy skills to effectively treat trauma survivors. They recommended training for psychologists in 'Trauma Psychology' to obtain competencies in psychosocial trauma focused assessment, trauma focused psychosocial interventions and trauma informed professionalism apart from obtaining scientific knowledge and cross cutting competencies to understand trauma reactions.

A similar situation exists in India with little awareness about psychological trauma and its manifestations among counselors. Hence, it is important to train counsellors and other mental health professionals in trauma informed care. It was with this aim that a 'Trauma Recovery Clinic' was started in 2014 at NIMHANS urban well-being centre.[9] The objectives of the clinic are to enable survivors to come to terms with the trauma and reclaim their lives by reducing emotional symptoms of trauma, enhancing self-esteem and resilience, improving social support and preventing re-traumatization. The clinic also conducts awareness and capacity building programmes for psychologists and counsellors. However, several such clinics are required in India to bring about a noticeable difference in the quality of life of girls and women in the country and ensure a life of freedom, empowerment and dignity for them.

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