

Domestic Violence and Its Psychological Impact on Women in Urban and Rural Areas

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Abstract

The problem of domestic violence continues with global breadth because it deeply damages the mental health of women. The research investigates mental wellness effects resulting from domestic violence which affect women who live within both urban and rural regions of Pakistan. Surveys and interviews were utilized throughout a combined methodology to study the distribution patterns while examining various forms of violence that affect mental well-being of women between 18–50 years old. Data reveals sizeable variations in the frequency and reporting behaviors as well as mental health consequences between metropolitan and country dwelling women.

1. Introduction

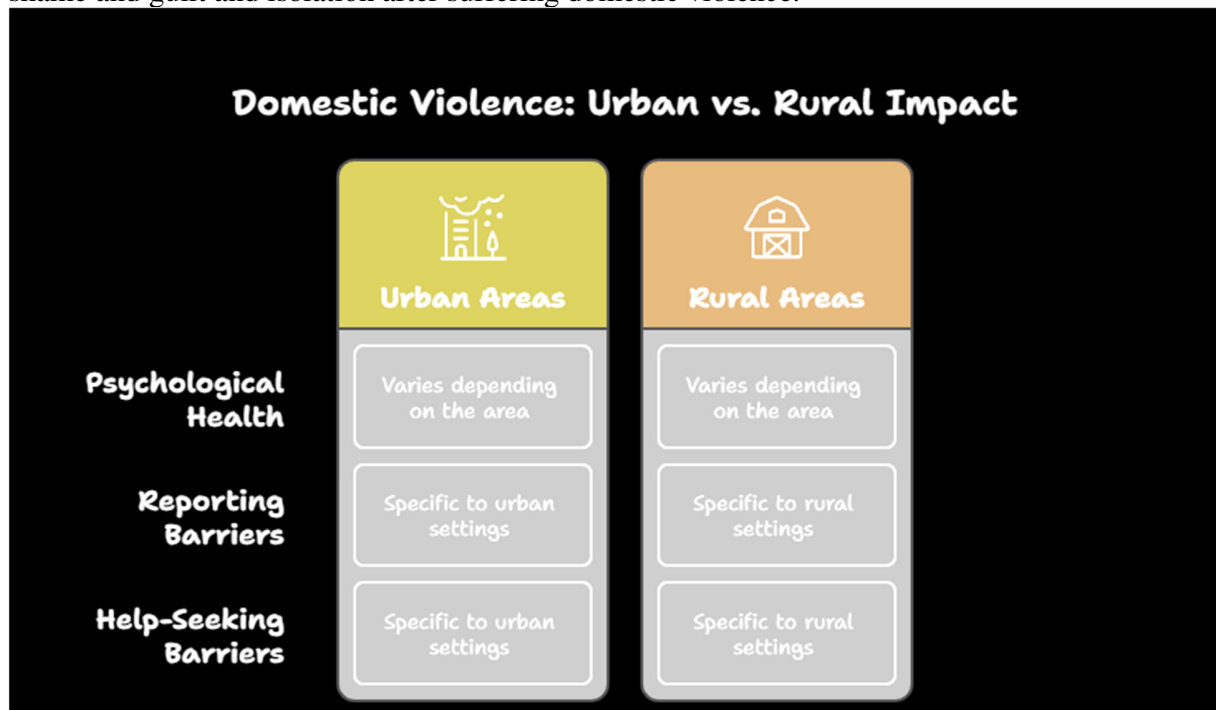
Domestic violence serves as a widespread social problem which includes abusive mental and emotional behaviors in addition to physical mistreatment and economic harm in intimate relationships as defined by Ahmad et al. (2009). Social investigation reveals domestic violence creates rights violations affecting women while stemming from gender inequality and power inequalities that damage victims as well as their families and society (Dabaghi et al., 2023). Personal injuries from domestic violence creates profound psychological pain which produces enduring impacts on female mental and emotional health according to Khan (2015). The psychosocial aftermath of domestic violence appears as depression together with anxiety while patients experience low self-esteem and post-traumatic stress disorder and additional mental health disorders (Malik, 2018). Gender-based discrimination continues because of patriarchal social norms that maintain women's subordination to men thus increasing their exposure to violent situations (Feseha et al., 2012; Parajuli & Ganga, 2020). Domestic violence presents a major public health problem that harms individuals and their families and communities and results from various individual, relational and sociodemographic influences according to Rakovec-Felser (2014) and Siddiqui et al. (2021). Intimate partner violence is part of the domestic violence definition that describes abuse that emerges between close romantic partners (Rakovec-Felser, 2014). Intimate partner violence produces both immediate and enduring impacts on physical and mental health which results in physical damage and psychological issues as well as unwanted conceptions along with sexually transmitted diseases and sometimes ends in death (Sardinha et al., 2022). Observing domestic violence puts children at higher risk to develop emotional and behavioral issues and academic problems and sets them up to become either aggressors or targets of violence in later life (Shen & Yumin, 2023; Walker-Descartes et al., 2021).

1.1 Psychological impact of domestic violence on women

Children who experience domestic violence develop multiple psychological problems such as depression and anxiety disorders and post-traumatic stress disorder together with self-esteem issues (Abbott, 1995; Wessells & Kostelny, 2022). Research shows that women exposed to domestic violence often develop depression symptoms which manifest as depressive states and loss of hope and decreased activity interest (Malik et al., 2020). Immigrants who suffer from domestic violence frequently develop anxiety disorders such as

generalized anxiety disorder, panic disorder and social anxiety disorder. Post-traumatic stress disorder appears as a mental health condition resulting from either experiencing or witnessing traumatic events according to Newnham et al. (2022). Women who suffer from continuous severe abuse face especially serious psychological trauma according to Nathanson et al. (2012). Family violence exposure can produce mental disorders that include depression and anxiety and could cause extreme instances of suicide according to Abbott (1995). Post-traumatic stress symptoms are clinically confirmed in numerous individuals who receive domestic violence assistance at support services and these individuals exhibit still higher prevalence of anxiety and depression (Su et al., 2021). Women themselves are not the sole victims of domestic violence since others who observe abusive situations face endangered mental and social health because of it (Babaheidarian et al., 2021). Children who view domestic violence suffer from various psychological problems that lead to developmental and wellness issues (Doroudchi et al., 2023; Hill, 2002) because of their domestic violence exposure.

Women who experience domestic violence often develop extra psychological effects which involve both shame and guilt and isolation after suffering domestic violence.



2. Objectives

- The research will determine the prevalence levels of domestic violence and its different forms that affect women who live in urban and rural areas.
- An evaluation of psychological outputs from domestic violence events should be conducted for both urban and rural areas.
- This study evaluates the differences between coping responses together with support networks that women receive between urban and rural locations.

3. Methodology

A cross-sectional comparative design that combined quantitative and qualitative approaches studied the psychological consequences of domestic violence upon women in both urban and rural locations according to Creswell and Creswell (2018). The researchers conducted their evaluation across two different regions where

one area consisted of an urban center named Raipur and the other area chosen from rural territory named . Women from 18 to 50 years participating in either marriage or intimate relationships formed the research participants.

A total of two hundred participants took part in the research and researchers chose one hundred individuals from each community. The study adopted stratified random sampling as a method to involve diverse socio-economic groups across both locations and enhance the representative nature of the sample according to Etikan and Bala (2017).

A structured questionnaire containing three sections obtained responses regarding demographic information as well as both domestic violence exposure (physical, emotional, sexual, and economic) and psychological consequences. The Depression Anxiety Stress Scales-21 (DASS-21) served as the quantitative assessment tool for measuring psychological outcomes because it demonstrates reliability for clinical and non-clinical mental health evaluations (Lovibond & Lovibond, 1995). A qualitative depth analysis consisted of 20 selected interviews with women residing either in urban or rural areas to explore their personal stories and adaptive techniques alongside their deterrents for help-seeking.

Research ethics principles remained imperative at every stage during the entire research process. Every participant gave their informed consent before joining the study where researchers explained the study goals and method in detail. The participants' information remained confidential together with all sensitive details being kept outside the research records. Participants received psychological support service contact details as prevention against emotional distress from the survey (WHO, 2001).

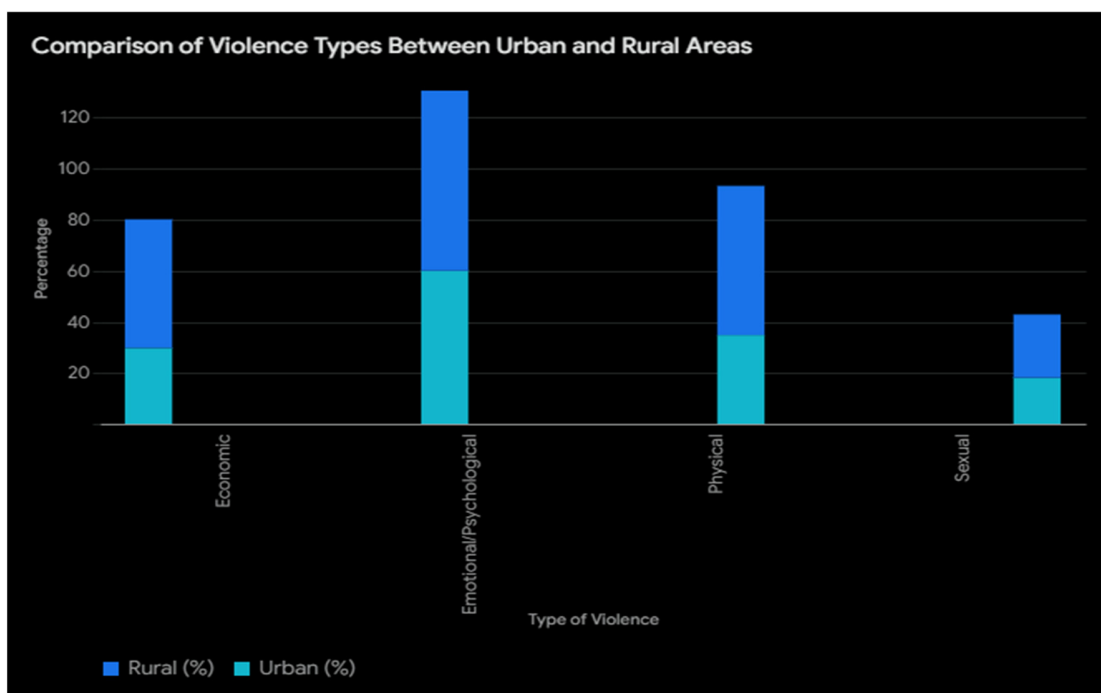
4. Results

4.1 Demographics

A total of 200 women received evaluation in the research through equal numbers of participants (100 each) from urban and rural settings. The research population consisted of two distinct demographic groups that displayed vital distinctions from each other. Higher education levels extended up to college degrees existed for 60% of women in the urban region while 45% of women were working either full-time or part-time. Educational levels differed between urban and rural women as the rural group demonstrated higher numbers of uneducated subjects or individuals who only finished primary school education at 70%. A notable 65 percent of rural women spent their time unemployed and caring for their homes. All participants in both groups belonged to an age range between 25 and 40 years with most women being in committed marriages. Rural participants showed lower socioeconomic standing than their urban counterparts because they lacked sufficient healthcare, education and social service programs. Knowledge of rights and access to support networks along with domestic violence responsiveness basics will often depend on the demographic characteristics of women.

4.2 Prevalence of Domestic Violence

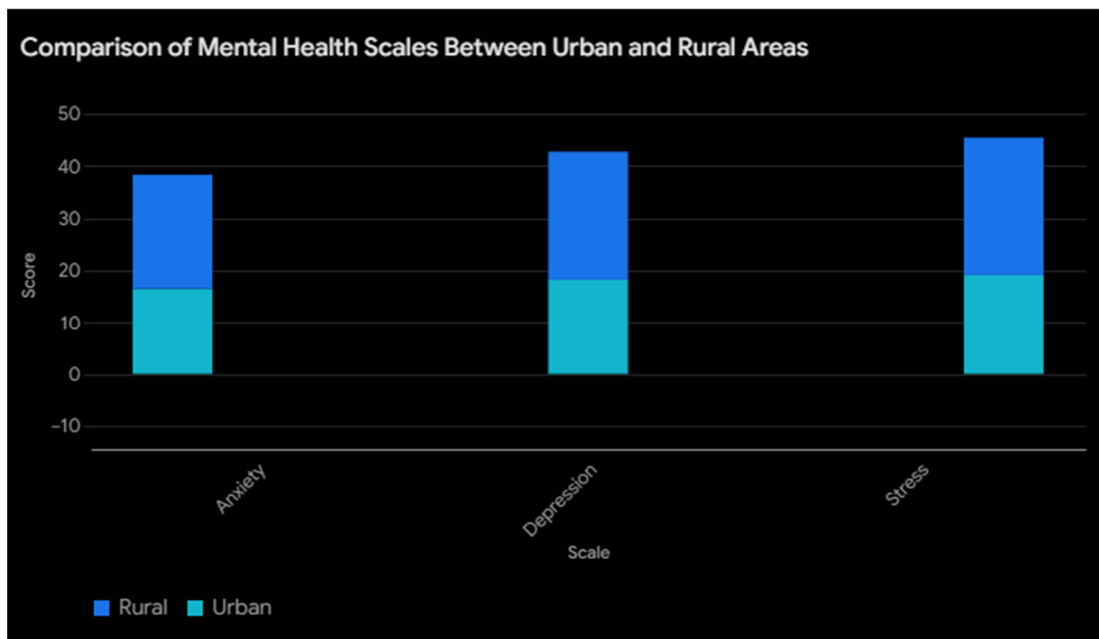
Type of Violence	Urban (%)	Rural (%)
Physical	35	58
Emotional/ Psychological	60	70
Sexual	18	25
Economic	30	50



4.3 Psychological Impact

Scale	Urban	Rural
Depression	18.2	24.5
Anxiety	16.5	21.8
Stress	19.1	26.3

Rural women exhibited significantly higher levels of depression, anxiety, and stress ($p < 0.05$).



4.4 Coping and Support

Formal networks including NGOs and counseling services were more accessible to urban women giving them enhanced methods to cope with stress. Rural women mainly sought help from family networks with support from community leaders. Rural area residents displayed low understanding about mental health resources alongside social discrimination which made it difficult for them to find professional psychological care.

5. Discussion

The analysis demonstrates domestic violence causes serious psychological damage to women who live in rural areas since their mental health measures show more significant problems than what urban women endure. Research from Plichta (2004) supports the findings by demonstrating that rural women endure double disadvantages because they lack sufficient healthcare access alongside support services and legal safety (2004). The rural areas demonstrate higher levels of physical and economic abuse due to strong patriarchal traditions and social distancing and financial dependence which hinder abused women from exposing their situations or finding suitable assistance (Yount et al., 2016).

Women who live in urban areas face domestic violence to some extent yet benefit on average from better access to information and education along with institutional services. The mentioned factors serve to decrease the abuse-related psychological problems by providing immediate care with counseling support (Kaur & Garg, 2008). The problem persists across different settings because domestic violence victims confront stigma and they face fear of retaliation and emotional dependence.

6. Conclusion

The mental health damage from domestic violence affects women at higher rates because rural populations have fewer knowledge of domestic violence prevention and limited support services. The immediate requirement exists for local mental health solutions and awareness programs and legal support access in rural areas.

Distinct psychological reactions between rural and urban women demonstrates an immediate requirement for localized intervention plans. Since rural populations face additional challenges specific strategies should be developed to create mental health awareness efforts alongside expanded access to services and education-based empowerment programs for women. Elaborated support structures need to be created to guarantee prompt and effective safety and care provisions for women who live in any region.

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