



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

The Impact Of Domestic Violence On Mental Health

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Abstract

Domestic abuse is a widespread public health concern with significant psychological ramifications for survivors. This study investigates the correlation between the intensity of domestic violence, quantified by the Composite Abuse Scale-Revised Short Form (CASR-SF), and mental health outcomes, evaluated using the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM). A cohort of 150 individuals was examined via descriptive statistics, correlation, and regression analysis to ascertain the degree to which exposure to domestic violence forecasts psychological distress. The findings demonstrate an absence of a statistically significant link between the intensity of domestic violence and mental health outcomes ($r = -0.025$, $p = 0.760$). Furthermore, regression analysis indicated that merely 0.1% of the variance in psychological distress ($R^2 = 0.001$) was attributable to the intensity of domestic abuse, accompanied by a non-significant coefficient ($B = -0.040$, $p = 0.760$). The findings contest the presumption that the severity of domestic violence is directly linked to psychological distress, indicating that additional mediating elements, including social support, coping strategies, and pre-existing mental health issues, may affect psychological consequences. This study emphasises the intricate effects of domestic abuse on mental health and stresses the necessity for a comprehensive therapeutic strategy. Although minimising exposure to domestic violence is essential, mental health interventions must also prioritise resilience enhancement, psychological counselling, and the fortification of social support systems to alleviate enduring psychological damage. Subsequent research ought to integrate a wider array of psychological and social elements to attain a more profound comprehension of the determinants influencing survivors' mental health trajectories.

Keywords: Domestic Violence, Psychological Distress, Mental Health, Composite Abuse Scale-Revised (CASR-SF), Clinical Outcomes in Routine Evaluation (CORE-OM), Trauma, Resilience, Social Support

Chapter 1 Introduction

Domestic abuse is a pervasive yet frequently underreported phenomenon that impacts individuals from all social, economic, and cultural strata. It constitutes a sort of abuse that transpires within personal relationships, families, and households, inflicting significant physical, emotional, and psychological damage. Domestic violence encompasses not just physical aggression but also emotional, psychological, sexual, and financial abuse, all of which can be equally, if not more, detrimental. Victims may endure extended trauma that impacts their well-being, everyday functioning, and general quality of life. Notwithstanding initiatives to enhance awareness and establish legal protections for victims, domestic violence continues to be a pervasive global concern, with numerous incidents being unreported owing to fear, shame, social stigma, and insufficient support.

The psychological effects of domestic violence are significant and enduring. Individuals who have experienced abuse face a markedly elevated risk of acquiring mental health issues, such as post-traumatic stress disorder (PTSD), depression, anxiety, and suicide ideation. Continual exposure to violence and emotional manipulation may result in chronic stress, self-doubt, and a reduced feeling of self-worth. Psychological abuse, including gaslighting, coercion, and verbal degradation, frequently inflicts scars that are more profound than physical injuries. Children exposed to domestic abuse are at risk of developing emotional and behavioural disorders that may persist into adulthood, impairing their capacity to establish healthy relationships and manage emotions.

The cycle of abuse frequently sustains itself, resulting in intergenerational trauma if not mitigated via appropriate intervention and support. Comprehending the effects of domestic abuse on mental health is essential for various reasons. Initially, it offers understanding of the enduring consequences of abuse, which is crucial for formulating effective mental health interventions and support mechanisms for survivors. Secondly, it underscores the pressing necessity for policymakers, mental health practitioners, and social workers to collaborate in tackling this problem via preventive strategies, legal safeguards, and accessible psychological services. Third, increasing knowledge of the concealed psychological effects of domestic abuse might facilitate the destigmatization of mental health support, motivating survivors to pursue assistance without apprehension of judgement or societal repercussions. This research seeks to investigate the complex interplay between domestic violence and mental health by examining its psychological impacts, the coping strategies utilised by survivors, and the contributions of mental health professionals in promoting recovery. This study aims to elucidate the enduring effects of abuse, contributing to a comprehensive knowledge of domestic violence as a significant social, legal, and mental health issue that necessitates urgent attention and intervention.

The Psychological Impact of Domestic Violence

Domestic abuse transcends physical assault; it profoundly impacts an individual's mental and emotional health. The psychological ramifications of sustained abuse can persist for years, even after the cessation of violence. Victims frequently endure significant mental health conditions that hinder their everyday functioning, relationship maintenance, and restoration of self-worth. The subsequent sections examine prevalent mental health issues encountered by survivors of domestic violence.

1. Post-Traumatic Stress Disorder (PTSD)

A significant psychological consequence of domestic violence is Post-Traumatic Stress Disorder (PTSD). Victims of abuse frequently endure recurrent exposure to traumatic incidents, resulting in an intensified state of fear and anxiety. Symptoms of PTSD may encompass: Flashbacks and dreams: Survivors may re-experience terrible events through intrusive thoughts and nightmares, hindering their ability to escape the emotional distress of prior abuse. Hypervigilance and elevated anxiety: Victims may perpetually feel tense, apprehensive of further episodes of violence even in secure surroundings. Auditory stimuli, particular

odours, or designated environments might elicit terror and discomfort. Emotional desensitisation and evasion: To save themselves from additional anguish, certain survivors emotionally disengage, circumventing individuals, locations, or circumstances that evoke their trauma. This may result in isolation and challenges in establishing new relationships. cognitive impairment and memory difficulties: PTSD can hinder cognitive function, rendering it challenging for individuals to concentrate, retain information, or perform daily activities. In the absence of appropriate management, PTSD can profoundly impair an individual's capacity to lead a normal life, resulting in other mental health issues. After ten years of marriage, *Ritika*, a 34-year-old mother of two, began experiencing severe panic attacks and night terrors. Her husband's controlling behavior—monitoring her phone, isolating her from friends, and erupting in rage over trivial issues—had evolved into physical abuse. Even after securing a restraining order, Ritika reported hearing his voice in her sleep and avoided crowded places, associating them with traumatic episodes from her past. Her symptoms matched classic PTSD markers, including hypervigilance and dissociation.

2. Depressive and Anxiety

Disorders Prolonged exposure to domestic violence frequently results in significant depression and anxiety disorders. Mental health disorders may present in diverse forms, including: **Chronic despondency and despair:** Victims may perceive themselves as ensnared in their circumstances, convinced that escape is unattainable or that they are fated to endure ongoing anguish. **Decreased engagement in routine activities:** Activities that once elicited joy, such as hobbies or socialising with loved ones, may now lack significance. **Severe exhaustion and alterations in sleep patterns:** Survivors may experience insomnia stemming from anxiety, or they may engage in excessive sleeping as a means of evasion from their circumstances. **Excessive apprehension and panic episodes:** Anxiety stemming from domestic violence can result in persistent concerns for personal safety, financial security, or the welfare of children, so precipitating recurrent panic attacks. **Physical manifestations:** Anxiety and depression frequently present as physical symptoms, including headaches, gastrointestinal disturbances, tachycardia, and somatic pain. If neglected, these disorders may become chronic, complicating recovery from domestic abuse. *Armaan*, a 29-year-old man, endured emotional and verbal abuse from his partner for three years. Though there were no physical marks, constant ridicule and gaslighting left him doubting his worth. Eventually, Armaan withdrew from his friends, lost interest in painting (his passion), and developed insomnia and digestive issues. Diagnosed with major depressive disorder and generalized anxiety disorder, his recovery began only after joining an anonymous support group.

Inadequate Self-Esteem and Self-Worth

Concerns Perpetrators frequently employ emotional and psychological manipulation to undermine a victim's self-esteem. Persistent belittlement, criticism, and gaslighting can render survivors feeling insignificant and incapable of self-sufficiency. **Internalized culpability:** Numerous victims are led to believe that the abuse is attributable to their actions, resulting in profound guilt and self-reproach. **Concerns around body image:** In instances of abuse characterised by humiliation regarding appearance or abilities, survivors may experience negative body image and diminished self-confidence. Additionally, victims subjected to financial, emotional, or physical control may harbour fears of independence, resulting in self-doubt about their capacity to thrive without the abuser, fostering dependency and hesitance to seek assistance. **Social withdrawal:** Low self-esteem may result in an aversion to social interaction, as individuals may perceive themselves as undeserving of companionship or affection. Prolonged self-doubt might hinder individuals from reconstructing their lives, advancing in their careers, or forming meaningful relationships. *Mohit*, 42, attempted suicide after enduring years of domestic violence from his spouse, which included both verbal humiliation and physical threats. Despite his position as a corporate professional, he felt powerless and ashamed. The fear of being laughed at by peers kept him from speaking out. His attempt was a cry for help. Intervention by a psychiatrist during his hospitalization marked the turning point.

3. Suicidal Ideation and Self-Injurious Behaviours

For several survivors, the psychological and emotional burden of domestic violence becomes intolerable, resulting in suicidal thoughts and self-injury. **Sense of hopelessness:** Victims may perceive no avenue of escape from their abusive circumstances, feeling that death is the sole means to terminate their agony. **Self-harm as a coping strategy:** Certain individuals resort to cutting, burning, or other methods of self-injury to re-establish a sense of control over their emotions. **Social and emotional isolation:** Victims devoid of support from friends, family, or society may experience profound loneliness, hence heightening the risk of suicidal ideation. **Substance abuse:** Numerous survivors resort to drugs or alcohol to alleviate their suffering, hence heightening the risk of self-harm and suicide. It is essential for victims of domestic abuse to obtain mental health care and professional intervention to restore their sense of hope, self-esteem, and emotional stability.

3. Effects on Various Demographics

Domestic violence impacts individuals across diverse populations in distinct ways. Gender, age, and social roles influence how victims perceive and react to abuse. Comprehending these variances is crucial for formulating effective mental health interventions customised to the requirements of diverse groups.

Women's Mental Health Issues Associated with Domestic Violence Women represent the predominant demographic of domestic violence victims globally, enduring physical, emotional, and psychological maltreatment. The psychological repercussions for women encompass:

- Post-Traumatic Stress Disorder (PTSD):** Women subjected to continuous abuse frequently acquire PTSD, resulting in flashbacks, nightmares, and increased anxiety.
- Depression and Anxiety:** A sense of powerlessness, isolation, and persistent fear exacerbate the prevalence of depression and anxiety disorders.
- Substance Abuse:** Numerous women resort to alcohol or drugs as a means of coping with the emotional turmoil inflicted by abuse.
- Self-Blame and shame:** Psychological manipulation by abusers can induce a belief in women that they are culpable for the violence, resulting in feelings of shame and diminished self-esteem.
- Fear of Departure:** Owing to financial dependence, societal norms, and intimidation from perpetrators, numerous women remain ensnared in abusive relationships, exacerbating their mental health issues.

Male Victimization: Stigmatisation and Psychological Health Implications Although domestic violence is frequently linked to female victims, men also endure abuse yet are less inclined to report it owing to stigma and societal attitudes. The psychological repercussions for male victims encompass:

- Shame and Embarrassment:** Conventional gender norms inhibit men from acknowledging their victimisation, resulting in unvoiced anguish.
- Depression and Social Withdrawal:** Men subjected to abuse may withdraw themselves owing to apprehension regarding judgement or scepticism from others.
- Elevated Suicide Risk:** Research indicates that male victims of domestic violence exhibit a greater propensity for suicidal ideation, frequently stemming from insufficient emotional support.
- Obstacles to Seeking Assistance:** Numerous men refrain from pursuing professional treatment owing to societal norms that dictate they must exhibit strength and independence.

Children Exposed to Domestic Violence: Enduring Psychological Effects Children subjected to domestic violence endure significant psychological damage, regardless of physical maltreatment. The enduring consequences encompass:

- Emotional Trauma:** Continuous exposure to violence may result in anxiety, despair, and emotional instability in youngsters.
- Behavioural Issues:** Numerous youngsters exhibit anger, resistance, or withdrawal in response to witnessing abuse.
- Inadequate Academic Performance:** The strain of residing in a violent environment can impair focus, memory, and general academic success.
- Elevated Risk of Future Violence:** Children exposed to domestic violence may either perpetrate or suffer abuse in adulthood, perpetuating the cycle of violence.
- Gerontological and Domestic Abuse: Psychological Consequences** Elder abuse, frequently perpetrated by carers or relatives, is a neglected manifestation of domestic violence. The psychological repercussions for elderly victims encompass:
- Depression and Anxiety:** Numerous elderly victims endure sensations of worthlessness, abandonment, and despair.
- Cognitive Decline:** Prolonged stress

resulting from abuse can expedite memory deterioration and neurological conditions such as dementia. Heightened Suicide Vulnerability: Owing to isolation and health issues, older individuals face an elevated risk of self-harm and suicide. Dependency on Abusers: Numerous elderly folks are physically or financially reliant on their abusers, complicating their ability to seek assistance.

4. **The Impact of Trauma and Emotional Abuse** Emotional and psychological abuse frequently inflicts more profound wounds than physical violence. In contrast to apparent injuries, these types of abuse undermine a victim's self-esteem, complicating the recovery process. Emotional and Verbal Abuse Compared to Physical Abuse: Mental Health Results

Emotional Abuse: Encompasses insults, humiliation, intimidation, and threats, resulting in enduring self-doubt, anxiety, and sadness. Physical Abuse: Although physical injuries may recuperate with time, the psychological trauma might endure, resulting in PTSD and persistent stress. Long-Term Consequences: Both types of abuse may lead to challenges in establishing healthy relationships, trust deficits, and apprehension towards authoritative persons. The Cycle of Abuse and Acquired Helplessness • The Cycle of Abuse: Numerous victims endure recurrent patterns of violence, succeeded by contrition and transient reconciliation, which hinders their departure. Learned Helplessness: Prolonged exposure may cause victims to perceive a lack of control over their circumstances, resulting in resignation, emotional desensitisation, and passivity. Psychological Dependence: Perpetrators frequently coerce victims into a state of emotional or financial reliance, so solidifying the notion that escape is unattainable. Gaslighting and Psychological Manipulation Gaslighting: A strategy employed by abusers to manipulate the victim's perception of reality, causing them to doubt their recollections and mental stability. The impact on mental health: Victims of gaslighting frequently endure significant anxiety, perplexity, self-doubt, and diminished confidence in their own perceptions. • Challenges in Obtaining Assistance: Numerous victims refrain from seeking help because to the belief that their experiences are overstated or fabricated, as implied by the abuser.

5. **Biological and Neurological Impacts** The repercussions of domestic abuse transcend emotional turmoil, influencing cognitive function and general health. The Impact of Domestic Violence on Cognitive Function and Emotional Regulation Neurotransmitter Imbalance: Prolonged stress and trauma disrupt brain chemistry, resulting in imbalances of serotonin and dopamine, essential for mood regulation. Prolonged exposure to abuse can result in structural alterations in the brain, namely diminishing regions linked to emotional regulation and decision-making, hence heightening susceptibility to anxiety and depression. Effects of Chronic Stress and Trauma on the Nervous System Hyperarousal: Victims may exist in a perpetual state of heightened vigilance, rendering relaxation or sleep challenging. Compromised Stress Response: The body's capacity to manage stress is diminished, heightening vulnerability to mental disorders. Decline in Physical Health: Chronic stress may result in hypertension, cardiovascular diseases, gastrointestinal issues, and immune system impairment.

6. Societal and Cultural Viewpoints

Cultural ideas and societal standards significantly influence perceptions of domestic violence and mental health. The Influence of Cultural Beliefs and Societal Norms on the Continuation of Domestic Violence Patriarchal Systems: In numerous societies, conventional gender roles perpetuate the normalisation of domestic abuse, hindering victims from seeking assistance. Victim-Blaming: Numerous civilisations attribute responsibility to the victim instead of the perpetrator, so dissuading survivors from reporting abuse. Religious and Familial Coercion: Certain victims are compelled to remain in abusive relationships due to cultural or religious obligations pertaining to marriage and familial cohesion. Stigmatisation and Obstacles to Pursuing Mental Health Services Social Stigma: Victims, particularly males, may be perceived as weak if they pursue mental health assistance. *Mr. Deshmukh*, a 78-year-old retired professor, was physically dependent on his son. Over time, the son began restricting his access to money and medications,

verbally abusing him for being a “burden.” Despite having legal rights, Mr. Deshmukh felt helpless and too ashamed to report his own child. A neighbor's complaint eventually led to an NGO intervening and relocating him to an elder care facility where he received both medical and psychological help.

Insufficient Resources: Numerous towns are devoid of mental health facilities or qualified experts to support domestic abuse survivors. **Fear of Retaliation:** Victims frequently apprehend additional violence if they endeavour to escape or solicit assistance. **Legal and Social Support Frameworks for Survivors** **Protection Legislation:** Numerous nations have established legislative structures to safeguard victims; yet, enforcement poses a significant difficulty. **Shelters and Counselling Services:** Organisations that offer secure environments, therapeutic support, and rehabilitation are crucial for aiding survivors in their recovery. **Community Awareness Initiatives:** Informing the public about the psychological effects of domestic violence may motivate additional victims to pursue assistance. **Actions** **Researchers** employ standardised instruments to evaluate the effects of domestic violence on mental health, measuring both the intensity of the abuse and its psychological repercussions.

Two established tools for this purpose are the Composite Abuse Scale-Revised (CASR-SF) and the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM). Composite Abuse Scale-Revised Short Form (CASR-SF) The CASR-SF is a validated self-report instrument intended to assess the prevalence and intensity of intimate partner violence (IPV) across various domains, including physical, sexual, emotional, and controlling behaviours. The scale yields a cumulative score reflecting the overall severity of abuse encountered by an individual. The CASR-SF evaluates various characteristics of abuse, aiding researchers in comprehending the patterns of violence and their correlation with mental health effects.

Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) The CORE-OM is a thorough instrument employed to assess mental health across four principal domains: subjective well-being, psychological symptoms (including anxiety and depression), functioning, and risk behaviours (such as self-harm or suicide ideation). It comprises several components that evaluate the participant's emotional and psychological condition throughout a recent timeframe. The aggregate CORE-OM score indicates overall psychological discomfort and is extensively utilised in clinical and research contexts. Employing CASR-SF to quantify abuse and CORE-OM to evaluate psychological effects enables researchers to ascertain a quantifiable correlation between domestic violence exposure and mental health decline. This study seeks to examine the relationship between these two metrics to enhance the understanding of the psychological effects of abuse.

Chapter 2 review of Literature

I. The Psychological Consequences of Domestic Violence

Campbell, J. C. (2002). highlighted the significant health consequences of intimate partner violence (IPV), including increased rates of **post-traumatic stress disorder (PTSD), depression, and anxiety disorders** among survivors. The study emphasized that **chronic exposure to violence leads to severe emotional distress and long-term psychological dysfunction**, making early intervention critical.

II. Domestic Violence and PTSD

Dutton, M. A., Goodman, L. A., & Bennett, L. (1999). examined the psychological responses of court-involved women who experienced domestic violence, focusing on symptoms of post-traumatic stress disorder (PTSD). The study found that the severity and duration of abuse significantly contributed to the development of PTSD, characterized by hyperarousal, intrusive recollections, and avoidance behaviors. The research emphasized that psychological distress can persist even after the abusive relationship ends, indicating the need for long-term mental health care.

III. Depression and Anxiety Among Domestic Violence Survivors

Golding, J. M. (1999). conducted a meta-analysis to assess the prevalence of mental health disorders among survivors of intimate partner violence (IPV). The findings revealed that 47.6% of survivors experienced depression and 38.3% suffered from anxiety disorders. The study concluded that emotional abuse has effects as debilitating as physical violence, contributing to prolonged psychological distress and functional impairment.

IV. Suicidal Ideation and Self-Harm Among Victims

Devries, K. M., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., & Heise, L. (2011). investigated the link between domestic violence and suicidal behavior. Their analysis found that women who experienced IPV were 3.5 times more likely to attempt suicide than those who had not. The study underlined the urgent need for accessible mental health services, including crisis intervention and trauma-informed care, for domestic violence survivors.

V. The Impact of Domestic Violence on Self-Esteem

Aguilar, R. J., & Nightingale, N. N. (1994). explored the effects of various forms of abuse—physical, emotional, and financial—on the self-esteem of victims. Their findings suggested that emotional and verbal abuse were especially detrimental, often resulting in low self-worth, learned helplessness, and an inability to leave abusive relationships. The study emphasized the importance of restoring self-esteem through psychological counseling and empowerment programs.

VI. Domestic Violence and Its Impact on Children's Mental Health

Evans, S. E., Davies, C., & DiLillo, D. (2008). conducted a meta-analysis on the psychological consequences of domestic violence on children and adolescents. The results indicated higher incidences of depression, anxiety, and behavioral disorders in children exposed to violence. The authors stressed that early exposure to violence disrupts emotional regulation and social development, often leading to long-term mental health issues.

VII. Men as Victims of Domestic Violence: A Psychological Perspective

Hines, D. A., & Douglas, E. M. (2010). explored the psychological impact of IPV on male survivors, challenging traditional gender assumptions about victimization. The study found that men often face stigma and social isolation, leading to underreporting and untreated psychological distress. Symptoms such as anxiety, depression, and PTSD were prevalent, underscoring the need for gender-inclusive support systems and clinical interventions.

VIII. Elder Abuse and Mental Health

Dong, X. (2015). examined elder abuse as a form of domestic violence and its impact on mental health. The findings showed that abused elderly individuals often suffer from depression, anxiety, cognitive decline, and social withdrawal. The study called for targeted health policies and protective services tailored to the unique vulnerabilities of older adults.

IX. The Role of Emotional Abuse in Psychological Trauma

Follingstad, D. R., Coyne, S. M., & Gambone, L. J. (2005) identified emotional abuse—such as manipulation, verbal insults, and control—as a significant contributor to psychological trauma. Their research revealed that emotional abuse can be as damaging as physical violence, with victims displaying signs of PTSD, depression, and diminished self-worth. The study emphasized the importance of recognizing and addressing non-physical forms of abuse in mental health treatment.

X. Domestic Violence and Brain Function: Neurological Impact

Teicher, M. H., Anderson, C. M., & Polcari, A. (2012) explored the neurological consequences of childhood maltreatment related to domestic violence. The study found that survivors exhibited reduced cortical thickness in brain areas linked to emotional regulation. This structural alteration increases vulnerability to mental health disorders such as anxiety, depression, and PTSD, highlighting the biological impact of early exposure to trauma.

XI. Domestic Violence and PTSD

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Teicher, M. H., Anderson, C. M., & Polcari, A. (2012) explored the neurological consequences of childhood maltreatment related to domestic violence. The study found that survivors exhibited reduced cortical thickness in brain areas linked to emotional regulation. This structural alteration increases vulnerability to mental health disorders such as anxiety, depression, and PTSD, highlighting the biological impact of early exposure to trauma.

Chapter 3: Methodology

Aim

This study aims to investigate the effect of domestic violence on mental health by analysing the correlation between abuse severity (CASR-SF scores) and psychological distress (CORE-OM scores) in individuals who have endured domestic violence.

Objectives

1. To evaluate the severity of domestic violence utilising the Composite Abuse Scale-Revised (CASR-SF).
2. To assess the mental health of individuals subjected to domestic abuse utilising the Clinical Outcomes in Routine Evaluation (CORE-OM).

Hypothesis

- H_0 (Null Hypothesis): There exists no significant link between the intensity of domestic abuse (CASR-SF scores) and psychological distress (CORE-OM scores).
- H_1 (Alternative Hypothesis): A significant positive connection exists between the severity of domestic violence (CASR-SF scores) and psychological distress (CORE-OM scores), suggesting that elevated levels of abuse correlate with heightened mental health distress.

Research Design

The research employs a quantitative, correlational methodology to investigate the association between domestic violence (independent variable) and mental health (dependent variable). A cross-sectional survey methodology will be employed, wherein participants will complete two standardised self-report instruments (CASR-SF and CORE-OM).

Variables

- Independent Variable: Severity of domestic abuse, quantified by the overall score of the CASR-SF.
- Dependent Variable: Psychological distress, assessed via the CORE-OM total score.
- Control Variables: Demographic characteristics including age, gender, educational attainment, and socioeconomic status.

Sample

- Sample Size: 150 individuals
- Sampling Technique: Purposive sampling (selecting individuals who have encountered domestic abuse and are amenable to participation)
 - Eligibility Criteria: Individuals aged 18 years and older Individuals who have encountered any type of domestic violence Prepared to offer informed consent
- Exclusion Criteria:
 - o Individuals presently receiving extensive psychiatric treatment for severe mental disorders
 - o Individuals hesitant to engage or share personal experiences

Tools

1. Composite Abuse Scale-Revised (CASR-SF): A 15-item self-administered questionnaire assessing physical, emotional, and sexual abuse. Responses are documented on a frequency scale (e.g., Never, Once, Several times).
2. Clinical Outcomes in Routine Evaluation (CORE-OM): A 34-item self-report questionnaire evaluating psychological distress, subjective well-being, and risk behaviours. Responses are documented using a Likert scale (e.g., Not at all, Sometimes, Often).

Procedure

1. Participant Recruitment: Participants will be sourced from domestic violence support organisations, internet surveys, and referrals.
2. Informed Consent: Participants will receive a comprehensive consent form outlining the study's purpose, confidentiality, and voluntary participation.
3. Data Collection: Participants will administer the CASR-SF and CORE-OM questionnaires either online or in person.
4. Data Entry and Analysis: Responses will be encoded and input into SPSS for statistical examination, encompassing descriptive statistics, correlation analysis, and regression analysis.
5. Ethical Considerations: All data will remain confidential and utilised solely for research reasons. Participants will receive contact information for mental health support providers should they encounter distress during the trial.

Chapter 4 Analysis

Descriptive Statistics

Table 1: Summary Statistics

Variable	N	Mean	Std. Deviation	Minimum	Maximum
CASR_SF_Score	150	28.59	9.39	3.00	50.00
CORE_OM_Score	150	50.57	14.95	10.00	100.00

Correlation Analysis

Table 2: Pearson Correlation Between CASR-SF and CORE-OM Scores

Variable 1	Variable 2	Pearson Correlation (r)	Sig. (2-tailed)	N
CASR_SF_Score	CORE_OM_Score	-0.025	0.760	150

Interpretation:

- The correlation between CASR-SF scores and CORE-OM scores is **very weak and negative (-0.025)**.
- The significance value ($p = 0.760$) is greater than 0.05, indicating **no statistically significant correlation**.

Regression Analysis

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.025	0.01	-0.06	14.96

Interpretation:

- The **R² value is 0.01**, meaning only **0.1% of variance** in psychological distress is explained by abuse severity.
- This suggests that CASR-SF scores alone are **not a strong predictor** of mental health distress.

Table 4: Regression Coefficients

Model	Unstandardized Coefficients (B)	Std. Error	t	Sig. (p-value)
(Constant)	51.711	3.937	13.136	0.000**
CASR_SF_Score	-0.040	0.131	-0.306	0.760

Regression Equation:

$$\text{CORE_OM_Score} = 51.711 - 0.040 \times (\text{CASR_SF_Score})$$

Interpretation:

The coefficient for the CASR-SF score is -0.040, indicating that for each one-unit rise in abuse severity, psychological distress diminishes by 0.040, which is statistically insignificant. The p-value (0.760) is not significant; hence, CASR-SF does not substantially predict. The relationship between the degree of domestic abuse and psychological discomfort is modest and statistically insignificant. The regression model does not substantially account for changes in mental health based solely on the severity of abuse. Additional factors such as social support, resilience, or pre-existing conditions may affect mental health results.

Chapter 5: Results

This study seeks to examine the correlation between exposure to domestic violence and its effects on mental health outcomes. The data were examined through descriptive statistics, correlation analysis, and regression analysis to ascertain the degree to which the severity of domestic violence, quantified by the Composite Abuse Scale-Revised Short Form (CASR-SF), affects psychological distress, assessed by the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM). The descriptive analysis indicated that participants had a mean CASR-SF score of 28.59 (SD = 9.39), signifying moderate experience to domestic abuse. The average CORE-OM score was 50.57 (SD = 14.95), indicating a moderate degree of psychological discomfort among participants. The score distribution demonstrated considerable heterogeneity, with certain individuals reporting minimal distress despite high levels of domestic abuse, while others displayed significant psychological distress despite lower CASR-SF scores.

A Pearson correlation analysis was performed to evaluate the association between the intensity of domestic abuse and psychological distress. The findings indicated a negligible negative correlation ($r = -0.025$, $p = 0.760$), implying the absence of a statistically meaningful association between CASR-SF and CORE-OM scores. This discovery suggests that the intensity of domestic violence is not a robust predictor of mental health suffering, and that additional factors may influence psychological outcomes. A linear regression analysis was conducted to investigate the predictive capacity of CASR-SF scores on psychological distress. The R^2 value was 0.001, signifying that hardly 0.1% of the variance in CORE-OM scores could be elucidated by CASR-SF scores. The regression coefficient for CASR-SF was $B = -0.040$, $p = 0.760$, indicating that for each one-unit rise in domestic violence severity, psychological distress was anticipated to reduce marginally; however, this finding was not statistically significant.

The findings indicate that the severity of domestic abuse does not significantly predict mental health outcomes; rather, other factors, including coping strategies, social support, and pre-existing mental health issues, may affect the psychological well-being of survivors. This study's findings contest the notion that the intensity of domestic violence is directly linked to psychological discomfort. This study underscores the intricate relationship between domestic violence and mental health disorders, despite current data frequently suggesting a robust correlation. Variations in resilience, availability of support systems, and

personal coping strategies may mitigate or exacerbate the psychological effects of domestic abuse. Consequently, additional research that includes more psychological and social variables is essential to achieve a comprehensive knowledge of the impact of domestic violence on mental health.

Chapter 6: Discussion and Conclusion

This study's findings offer significant insights into the intricate link between domestic violence and mental health outcomes. This study reveals that the severity of domestic abuse, assessed by the CASR-SF, did not significantly forecast mental health outcomes, evaluated via the CORE-OM, despite prior research highlighting a robust connection between domestic violence and psychological distress. The correlation analysis indicated a negligible and statistically insignificant relationship between these variables, implying that the psychological effects of domestic violence may not solely rely on its severity but rather on supplementary mediating factors such as social support, coping mechanisms, resilience, and pre-existing mental health conditions.

A plausible explanation for these findings is that individuals perceive and react to domestic abuse in diverse manners. Certain participants who indicated elevated instances of domestic violence did not display significant psychological distress, suggesting the potential existence of robust personal resilience, external support networks, or effective coping strategies that alleviate adverse impacts. Conversely, certain participants with comparatively lower CASR-SF scores indicated significant psychological distress, implying that elements beyond domestic violence, such as financial strain, childhood trauma, or pre-existing psychiatric problems, may exacerbate their mental health challenges. A crucial factor is the characteristics of self-reported data. Due to the stigma and fear surrounding domestic violence, some participants may have underreported their experiences, resulting in a distorted depiction of the abuse's intensity. Moreover, psychological discomfort is complex and shaped by several societal, cultural, and individual aspects that were not comprehensively addressed in this study.

The findings also prompt enquiries on the efficacy of utilising CASR-SF as an independent metric for forecasting mental health distress, underscoring the necessity for a more holistic methodology that incorporates both qualitative and quantitative elements in evaluating the repercussions of domestic abuse. This study enhances the existing literature by highlighting the intricate relationship between domestic abuse and mental health. The results indicate that the severity of domestic violence may not be a robust predictor of psychological distress, and future studies should investigate additional mediating variables, including emotional resilience, access to support systems, and socioeconomic characteristics. Furthermore, programs designed to assist survivors should concentrate not only on mitigating exposure to violence but also on improving coping strategies, offering psychiatric counselling, and reinforcing social support networks. Addressing these factors may result in more effective techniques for alleviating the mental health repercussions of domestic abuse and promoting enduring emotional well-being for survivors.

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