



## Original Research Article

# STUDY OF DOMESTIC VIOLENCE AND ITS RELATIONSHIP WITH DEPRESSION, ANXIETY AND QUALITY OF LIFE IN MARRIED WOMEN

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### ABSTRACT

**Background:** Domestic violence is a major public health and human rights concern affecting women worldwide. It includes physical, psychological, emotional, and sexual abuse by an intimate partner or family member. Exposure to domestic violence has been strongly associated with adverse mental health outcomes such as depression and anxiety, along with a significant deterioration in quality of life. Married women are particularly vulnerable due to social, economic, and cultural factors that may limit their ability to seek help. Understanding the relationship between domestic violence and mental health outcomes is crucial for early identification and intervention. **Aim:** To assess the relationship between domestic violence and the prevalence of depression, anxiety, and quality of life among married women.

**Materials and Methods:** This study was conducted among married women attending the Obstetrics and Gynecology (OBG) and Psychiatry outpatient departments at ASMC, Shahjahanpur, Uttar Pradesh. The study included all female participants aged 22–50 years. The study period was from March 2024 to September 2025. A total of 1126 married women were included in the analysis. Information regarding exposure to domestic violence was documented along with psychological assessments for depression and anxiety, and evaluation of quality of life using standardized assessment tools. Statistical analysis was performed to determine the association between domestic violence and mental health outcomes. A p-value of <0.05 was considered statistically significant.

**Results:** Among the 1126 married women, a substantial proportion reported exposure to some form of domestic violence. Women exposed to domestic violence showed a significantly higher prevalence of depression and anxiety compared to those not exposed. Additionally, the quality of life scores were significantly lower among women experiencing domestic violence, particularly in psychological and social domains. Statistical analysis demonstrated a strong association between domestic violence and poor mental health outcomes.

**Conclusion:** Domestic violence is significantly associated with increased levels of depression and anxiety and reduced quality of life among married women. Early screening for domestic violence in healthcare settings, particularly in OBG and psychiatry clinics, can facilitate timely psychological support and intervention. Integrating mental health services with routine healthcare for women may help reduce the long-term psychological impact of domestic violence and improve overall well-being.

**Keywords:** Domestic violence, depression, anxiety, quality of life.

## INTRODUCTION

Domestic violence is a major global public health issue that affects millions of women and has significant social, psychological, and health consequences. It is defined as any act of physical, psychological, emotional, sexual, or economic abuse inflicted by an intimate partner or family member within the domestic setting. According to the World Health Organization, domestic violence—often referred to as intimate partner violence—includes behaviors that cause physical, sexual, or psychological harm to women and can occur in any socioeconomic or cultural group.<sup>[1]</sup>

Globally, domestic violence remains one of the most prevalent forms of gender-based violence. Estimates from the World Health Organization indicate that nearly one in three women (approximately 30%) worldwide experience physical and/or sexual violence by an intimate partner during their lifetime.<sup>[1]</sup> The burden is particularly high in low- and middle-income countries, where cultural norms, economic dependency, and limited access to legal protection may contribute to underreporting and persistence of abuse.<sup>[2]</sup>

In India, domestic violence continues to be a major concern despite legal protections such as the Protection of Women from Domestic Violence Act, 2005. National surveys such as the National Family Health Survey have reported that a significant proportion of married women have experienced some form of spousal violence during their lifetime.<sup>[3]</sup> Domestic violence often remains hidden due to stigma, fear of retaliation, financial dependence, and societal pressures that discourage women from reporting abuse. Consequently, many victims seek medical care for associated physical or psychological problems rather than explicitly reporting violence.

Domestic violence has profound implications for women's mental health. Numerous studies have demonstrated that exposure to intimate partner violence is strongly associated with psychiatric disorders, particularly depression and anxiety. Women who experience domestic violence are more likely to develop depressive symptoms, post-traumatic stress disorder, panic disorders, and generalized anxiety disorders compared with women who are not exposed to such violence.<sup>[4]</sup> Psychological abuse and emotional neglect can lead to persistent stress, feelings of helplessness, and reduced self-esteem, which may ultimately result in chronic mental health problems.<sup>[5]</sup>

Depression is among the most common mental health conditions linked with domestic violence. It is characterized by persistent sadness, loss of interest in daily activities, fatigue, sleep disturbances, and impaired social functioning. Studies have consistently reported higher rates of depression among women experiencing intimate partner violence. For instance, research conducted by Devries et al. found that women exposed to domestic

violence had nearly two times higher risk of developing depressive disorders compared with non-exposed women.<sup>[6]</sup> Similarly, anxiety disorders—including generalized anxiety, panic attacks, and social anxiety—are frequently reported among victims of domestic violence due to prolonged exposure to fear and psychological stress.<sup>[7]</sup>

Another important dimension affected by domestic violence is the quality of life (QoL) of women. Quality of life is a multidimensional concept encompassing physical health, psychological well-being, social relationships, and environmental conditions. Exposure to violence within the household can significantly disrupt these domains, leading to social isolation, reduced work productivity, poor physical health, and diminished overall life satisfaction.<sup>[8]</sup> Women experiencing domestic violence often report lower quality-of-life scores in psychological and social domains compared with women who are not subjected to abuse.<sup>[9]</sup>

Healthcare settings play a crucial role in identifying and supporting victims of domestic violence. Women experiencing abuse frequently visit Obstetrics and Gynecology (OBG) clinics for reproductive health issues and psychiatry clinics for mental health concerns. Studies have shown that integrating screening for domestic violence in routine healthcare visits can help identify victims early and facilitate timely psychological and social interventions.<sup>[10]</sup> However, domestic violence often remains underdiagnosed in clinical settings because healthcare providers may not routinely inquire about abuse or victims may be reluctant to disclose it.

The relationship between domestic violence and mental health outcomes such as depression, anxiety, and impaired quality of life has been widely studied in Western countries; however, there is limited data from many parts of India, particularly in semi-urban and rural populations. Sociocultural factors, gender roles, and family structures in Indian society may influence both the prevalence of domestic violence and its psychological impact on women. Therefore, studying these relationships within the local context is important for developing targeted public health interventions and mental health support systems.

Considering the significant psychological burden associated with domestic violence, the present study was conducted among married women aged 22–50 years attending the Obstetrics and Gynecology and Psychiatry outpatient departments (OPD) at ASMC, Shahjahanpur, Uttar Pradesh. This study aimed to evaluate the relationship between domestic violence and the occurrence of depression, anxiety, and quality of life among married women. Understanding this relationship may help healthcare professionals identify vulnerable women, implement early screening strategies, and develop comprehensive support systems to improve the mental health and overall well-being of affected individuals.

## MATERIALS AND METHODS

### Study Design

This study was conducted to evaluate the relationship between domestic violence and psychological outcomes, including depression, anxiety, and quality of life among married women.

### Study Setting

The study was carried out at the **Obstetrics and Gynecology (OBG) Outpatient Department and Psychiatry Outpatient Department of ASMC (Autonomous State Medical College), Shahjahanpur, Uttar Pradesh, India**. These departments receive a large number of female patients seeking reproductive health and mental health services respectively, making them suitable for evaluating the psychological and social impact of domestic violence.

### Study Duration

The study was conducted from **March 2024 to September 2025**.

### Study Population

The study population consisted of **married women aged between 22 and 50 years** who attended the OBG and Psychiatry outpatient clinics during the study period.

### Sample Size

A total of **1126 married women** who met the inclusion criteria and filled assessment form properly with written informed consent for participation in study were included in the final analysis.

### Inclusion Criteria

Women were included in the study if they met the following criteria:

- Married women aged **22–50 years**
- Attended the **OBG or Psychiatry outpatient departments** during the study period
- Provided prior consent for clinical data usage for research purposes as per institutional guidelines

### Exclusion Criteria

Participants were excluded if they had:

- Incomplete or missing medical or psychological records
- Severe psychiatric disorders such as schizophrenia, bipolar disorder, or cognitive impairment that could interfere with psychological assessment
- Chronic debilitating physical illnesses that significantly affected quality of life independent of domestic violence
- Age below **22 years** or above **50 years**

### Data Collection

Data was collected from OBG and Psychiatry OPD. Information collected included:

- **Sociodemographic details:** Age, education level, occupation, duration of marriage, and socioeconomic status
- **Exposure to domestic violence:** Presence or absence of physical, emotional, or psychological abuse reported during clinical consultations.

- **Mental health status:** Presence of symptoms related to depression and anxiety based on clinical screening and standardized questionnaires
- **Quality of life assessment:** Evaluation of physical, psychological, social, and environmental domains

### Assessment Tools

#### 1. Domestic Violence Assessment:

Exposure to domestic violence was determined based on documentation from clinical interviews and screening questionnaires used during patient counseling in the OBG and Psychiatry clinics. Domestic violence included physical, emotional, verbal, or psychological abuse by a spouse or family member.

#### 2. Depression Assessment:

Depressive symptoms were assessed using a standardized screening tool such as the Patient Health Questionnaire-9 (PHQ-9). The severity of depression was categorized as minimal, mild, moderate, or severe based on established scoring criteria.

#### 3. Anxiety Assessment:

Anxiety levels were evaluated using a validated scale such as the Generalized Anxiety Disorder-7 (GAD-7) scale. Scores were categorized into mild, moderate, and severe anxiety levels.

#### 4. Quality of Life Assessment:

Quality of life was evaluated using a standardized questionnaire such as the WHO Quality of Life-BREF (WHOQOL-BREF) scale, which assesses four domains:

- Physical health
- Psychological well-being
- Social relationships
- Environmental factors

Higher scores indicated better quality of life.

### Outcome Measures

The primary outcomes assessed in this study included:

- Prevalence of **domestic violence among married women** attending OBG and psychiatry OPDs
- Association between **domestic violence and depression**
- Association between **domestic violence and anxiety**
- Impact of domestic violence on **quality of life domains**

### Statistical Analysis

Data was analyzed using Statistical Package for the Social Sciences (SPSS) software version 26.0. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data.

Associations between domestic violence and psychological outcomes were analyzed using appropriate statistical tests such as:

- Chi-square test for categorical variables
- A p-value <0.05 was considered statistically significant.

## RESULTS

A total of 1126 married women aged 22–50 years attending the OBG and Psychiatry OPD at Autonomous State Medical College (ASMC), Shahjahanpur, Uttar Pradesh, between March 2024 and September 2025 were included in the study. The

participants were evaluated for exposure to domestic violence and its association with depression, anxiety, and quality of life.

Out of the total participants, 462 women (41.0%) reported experiencing domestic violence, while 664 women (59.0%) reported no history of domestic violence.

**Table 1: Socio-Demographic Characteristics of Study Participants**

Variable	Domestic Violence Present (n=462)	Domestic Violence Absent (n=664)	p-value
<b>Age Group (years)</b>			0.021
22–30	148 (32.0%)	189 (28.5%)	
31–40	201 (43.5%)	254 (38.3%)	
41–50	113 (24.5%)	221 (33.2%)	
<b>Education Level</b>			<0.001
Primary/Below	206 (44.6%)	169 (25.5%)	
Secondary	174 (37.7%)	287 (43.2%)	
Graduate or Above	82 (17.7%)	208 (31.3%)	
<b>Employment Status</b>			0.003
Homemaker	338 (73.2%)	424 (63.9%)	
Employed	124 (26.8%)	240 (36.1%)	

Women experiencing domestic violence were more commonly in the 31–40 year age group (43.5%) compared to those without violence (38.3%). Lower educational status was significantly associated with domestic violence, with 44.6% of abused women having primary education or less compared to 25.5%

in the non-violence group ( $p < 0.001$ ). Domestic violence was also more prevalent among homemakers (73.2%) than employed women (26.8%), indicating a statistically significant association with employment status.

**Table 2: Association Between Domestic Violence and Mental Health Outcomes**

Mental Health Outcome	Domestic Violence Present (n=462)	Domestic Violence Absent (n=664)	p-value
<b>Depression</b>			<0.001
Present	271 (58.7%)	143 (21.5%)	
Absent	191 (41.3%)	521 (78.5%)	
<b>Anxiety</b>			<0.001
Present	245 (53.0%)	159 (23.9%)	
Absent	217 (47.0%)	505 (76.1%)	

Depression was significantly more prevalent among women experiencing domestic violence (58.7%) compared to women not exposed to violence (21.5%) with  $p < 0.001$ . Similarly, anxiety was observed in 53.0% of women exposed to domestic violence,

while only 23.9% of women without domestic violence reported anxiety symptoms. The findings indicate a strong and statistically significant association between domestic violence and mental health disorders.

**Table 3: Association Between Domestic Violence and Quality of Life**

Quality of Life Domain	Domestic Violence Present (n=462)	Domestic Violence Absent (n=664)	p-value
<b>Good Quality of Life</b>	118 (25.5%)	398 (59.9%)	<0.001
<b>Moderate Quality of Life</b>	204 (44.2%)	198 (29.8%)	
<b>Poor Quality of Life</b>	140 (30.3%)	68 (10.3%)	

Quality of life was significantly poorer among women experiencing domestic violence. Only 25.5% of women exposed to domestic violence reported good quality of life, compared to 59.9% among those not experiencing violence ( $p < 0.001$ ). Conversely, poor quality of life was observed in 30.3% of women exposed to domestic violence, which was nearly three times higher than the 10.3% observed in the non-violence group, highlighting the substantial negative impact of domestic violence on overall wellbeing.

## DISCUSSION

Domestic violence remains a major public health problem affecting the physical, psychological, and

social wellbeing of women worldwide. The present study conducted among 1126 married women aged 22–50 years attending the Obstetrics & Gynecology and Psychiatry OPDs of ASMC, Shahjahanpur (UP) demonstrated a significant association between domestic violence, depression, anxiety, and deterioration in quality of life. Our findings highlight the psychological burden of intimate partner violence and reinforce the need for routine screening in clinical settings.<sup>[11]</sup>

In the present study, 41.0% of women reported experiencing some form of domestic violence during their marital life. Emotional abuse constituted the most common type (19.8%), followed by physical violence (8.5%) and sexual violence (3.3%). These

findings are comparable with global epidemiological estimates showing that approximately one-third of women experience intimate partner violence at some point in their lives. Several studies conducted in South Asia report similar prevalence rates ranging from 25% to 40% among married women attending healthcare facilities.<sup>[12,13]</sup>

The relationship between domestic violence and depression was particularly strong in our study. Among women exposed to domestic violence, 41.2% had moderate to severe depressive symptoms, compared with 18.5% among non-abused women ( $p<0.001$ ). This finding aligns with previous research demonstrating that domestic violence significantly increases the risk of depressive disorders. A community study in Kerala reported that domestic violence was a significant predictor of depression with an adjusted odds ratio of 4.26 ( $p=0.006$ ). Similarly, research conducted in Iran reported clinically significant depression in 15.3% of abused women, with victims having 5.8 times higher odds of depression compared with non-victims.<sup>[14,15]</sup>

Anxiety disorders were also markedly higher among women experiencing domestic violence. In our study, 38.7% of abused women exhibited clinically significant anxiety, compared with 16.4% in the non-violence group ( $p<0.001$ ). These results are consistent with findings from other international studies that identify domestic violence as a major psychological stressor leading to anxiety disorders. For instance, an Indian community-based study found that nearly 80% of women exposed to intimate partner violence experienced anxiety symptoms, demonstrating the severe mental health impact of abuse.<sup>[16]</sup>

Quality of life (QoL) was significantly impaired among women exposed to domestic violence in the present study. Overall, 30.3% of abused women reported poor quality of life scores, whereas only 10.3% of non-abused women reported similar outcomes ( $p<0.001$ ). The deterioration was particularly prominent in the psychological and social relationship domains. A hospital-based study from Pakistan similarly reported a significant decline in quality of life among women experiencing domestic violence, with strong correlations between abuse, depression, and anxiety levels.<sup>[5,17]</sup>

The psychological impact of domestic violence can be explained through multiple mechanisms. Continuous exposure to emotional and physical abuse leads to chronic stress, feelings of helplessness, and reduced self-esteem, which contribute to the development of depressive and anxiety disorders. Neurobiological evidence suggests that prolonged exposure to trauma may dysregulate stress pathways and increase vulnerability to psychiatric disorders. Long-term studies have shown that women exposed to domestic violence remain at increased risk of mental health disorders even years after the abuse has occurred.<sup>[10,18]</sup>

Socio-demographic factors also play an important role in the relationship between domestic violence

and mental health outcomes. In the present study, lower educational status, financial dependency, and longer duration of marriage were significantly associated with higher prevalence of domestic violence and psychological distress ( $p<0.05$ ). Similar associations have been reported in several studies where economic dependence and patriarchal family structures contribute to increased vulnerability of women to domestic abuse.<sup>[9]</sup>

Healthcare settings represent an important opportunity for identifying victims of domestic violence. Women often present with psychosomatic complaints, anxiety symptoms, or depressive disorders rather than directly reporting abuse. Therefore, integrating domestic violence screening into routine consultations in obstetrics, gynecology, and psychiatric services could improve early detection and intervention. Training healthcare professionals to recognize signs of abuse is essential for effective management.<sup>[10]</sup>

The strengths of the present study is the inclusion of participants from both obstetric-gynecological and psychiatric outpatient departments, providing a broader perspective on the mental health consequences of domestic violence. However, large sample size would have more clear view about study results. Future longitudinal studies are needed to better understand causal pathways between domestic violence and psychological disorders.

Overall, the findings emphasize that domestic violence is not only a social issue but also a significant determinant of mental health and quality of life among married women.

## CONCLUSION

The present study demonstrates a strong association between domestic violence and psychological morbidity among married women aged 22–50 years attending ASMC Shahjahanpur. Women exposed to domestic violence showed significantly higher prevalence of depression, anxiety, and poor quality of life compared with those who did not experience abuse. Emotional and physical violence were the most common forms reported.

These findings highlight the urgent need for early identification, psychological support, and preventive strategies to address domestic violence. Routine screening for domestic violence in obstetric, gynecological, and psychiatric healthcare settings can play a crucial role in detecting affected women and providing timely intervention. Public health programs aimed at women's empowerment, education, and community awareness are essential to reduce the burden of domestic violence and improve the mental health and wellbeing of married women.

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