Sexual violence and poor mental health of women: An exploratory study of Uttar Pradesh, India

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ABSTRACT

Introduction: Sexual violence has severe and manifold consequences for the health issues of women. It affects more than 50% of women across the globe and has a significant impact on their health and wellbeing. Psychologically, it leads to radical changes in the victim as she draws the images of herself, in her relationships with her immediate social circle and beyond in the community as a whole. Therefore, it has a lasting negative impact on the victim's perception of herself, of events, and others. The objective of the study is to explore the mental health status of the women who faced any type sexual violence.

Method and materials: This hospital-based study used criterion sampling in selecting women with mental disorders due to sexual violence for the understanding of the issue. Qualitative method was used to explore the impact of sexual violence on the poor mental health of women. We used a phenomenological approach and conducted in-depth interviews.

Results: Findings show that the women who experienced sexual violence were facing mental disorder like anxiety, sleeping disorder, obsession, acute stress disorder etc. More surprisingly, the women who were facing mental disorders due to sexual violence have been and continue to be exposed to further sexual violence.

Conclusion: Women who faced sexual violence have been and continue to be in the situation of mental disorders. The roles of sexual violence varied; sometimes it predisposed the disorder, while other times it precipitated or maintained the disorder. The findings can be used for further mixed method research to enrich and quantify our understanding.

1. Introduction

Any sexual act that carried out against the will of the person and may not necessarily involve direct physical contact is defined as Sexual violence (SV).¹ Predominantly, it is perpetrated by a man against the women, and further, it also associated with some mental health problems including sleeping disorder, depression and anxiety, obsession, acute stress disorder, mental retardation, post-traumatic stress, and somatoform disorders to the victim.² In mixed method research, the World Health Organization (WHO) reported sexual violence as a significant factor of poor mental health status in women across countries including India.³

Sexual violence affects more than 50% of women across the globe and has a significant impact on their health.⁴ Previous quantitative studies established a positive relationship between sexual violence and ill mental health, but there is a limited qualitative study to explore the situation in how women face it, and how it is linked to the mental

disorders. Far too little has explored on issues connected to the 'sensitive issues' like sexual violence against women in a developing country like India, a country deeply embedded in patriarchal values.^{5–8} The exploratory study is important because the nature and impact of sexual violence against women vary across cultures. For example, two-thirds of women who were the victim of sexual violence in the study area did not tell anybody about the sexual violence.⁹ The lack of sharing may result in the worst situation. The presented information is essential for understanding the situation and structuring a locally appropriate and culturally sensitive program.^{10,11}

It is essential to understand the issue of sexual violence and its impact on mental health problems in women because of their increasing participation in the economy; their crucial roles in growth and development of children and welfare of the elderly.^{3,12} If we want to frame and execute any culturally specific interventions aimed at preventing mental health problem associated with sexual violence among women, we need to explore the experience of women who face sexual violence

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and understand how it is related to their mental disorder.¹³ Data around the prevalence of all forms of adult SV (not just rape) is inconsistent, particularly in clinical samples, and the links between other forms of SV and mental health issues are not well supported. This study has aimed to address these gaps in the knowledge base.

Qualitative research is one of the best appropriate approaches in exploring the experience of women who faced the violence and its association with a mental disorder due to the complex nature of mental illness and the multifaceted role of various factors including violence in predisposing, precipitating, and maintaining it.¹⁴ So we adopted a phenomenological approach to understand and describe the experience of women who faced violence and were suffering from mental disorders.

2. Methods and material

The interviews for the study were conducted during January to March 2018. Criterion sampling was adopted to choose the respondents. We selected the eligible respondent from IMH records (Institute of Mental Health, Mau, Uttar Pradesh) by identifying the sexual violence as the prime cause of their ill mental health and who were diagnosed by professionals of the IMH. We asked set of questions (HARK) from our respondents to confirm that they have experience of sexual violence before falling in the status of ill mental health. Following questions have been asked:

HARK questions – Consider sexual violence for any/every ‘yes’ answer.

Humiliation (H): Within the last one year, have you been sexually humiliated or sexually/emotionally abused by any male person?

Afraid (A): Within the last one year, have you been afraid of being sexually humiliated/raped by any male person?

Rape (R): Within the last one year, have you been raped or forced to have any sexual activity by any male person?

Kick (K): Within the last one year, have you been kicked, hit, slapped or otherwise physically hurt for demand/desire for having sex/sexual act by any male person?

We crosschecked to identify the desired respondents with mental disorders who answered “yes” to any/all questions of sexual violence (HARK) before their mental health complications and agreed to participate in the study. We chose these set of questions of sexual violence because it (HARK) had high chances to explain the phenomenon and impact of sexual violence on the mental health status.¹⁵

In-depth interviews are now widely opted method of qualitative research across many disciplines like Geography, Sociology, and Social work and even in Medical Sciences. However, there is a dearth of discussion about the issues entailed in using semi-structured interviews in Bangladesh, especially while researching sensitive issues such as sexual violence against women.⁷

We decided to conduct around 25–30 in-depth interviews. However, we successfully conducted 26 in-depth interviews that help us to achieve maximum saturation point. Data were collected from patients often complemented by caregivers only when the issue was not completely communicable. The median interview time was around 54 min; the shortest one was 35 min while the longest one was of 142 min. All formal interviews were carried out at IMH. A phenomenological approach has been used to understand and explore the experiences of women who faced sexual violence and resultant to that suffering from mental disorders, with this number considered adequate for a phenomenological approach.¹⁶

2.1. Characteristics of the respondents

Table 1 represents the age, marital status, occupation and education, perpetrator of sexual violence and psychiatric diagnosis (background characteristics) issues of 26 patients involved in in-depth interviews. The table shows that the majority of women belong to 21–30

Table 1
Characteristics of the respondents.

Respondent's Characteristics	N = 26
Age Group of Respondent	
15-20	2
21-25	11
26-30	8
31-35	3
36-40	2
Respondent's Years of Schooling	
0-5	3
6-10	13
11-15	8
16-20	2
Marital Status	
Married	14
Unmarried	12
Occupation of Respondent	
Housewife	7
Teacher	5
Student	8
Lawyer	1
Unemployed	5
Perpetrator of Sexual Violence	
Family Member	11
Outsider	15
Diagnosed Mental Health Status of Respondent	
Depression and anxiety	8
Sleeping disorder	9
Obsession	2
Acute stress disorder	2
Mental retardation	5

years of age group. Most of the sample women were either housewives or school/college going students and the respondents who stated them working as a teacher; most of them were engaged in private schools with low paid salary. Surprisingly, a good number of perpetrators were from family members. Sleeping disorder, mental retardation, depression and anxiety were the major mental health issues for these women who face any such kind of sexual violence in their life.

3. The context

It is important to have rich contextualised descriptions' in a phenomenological approach¹⁷ So, First the context has been described, then the phenomenon of violence against women with mental disorders and finally our understanding of the relationship between sexual violence against women and mental disorders.

The society was male-dominated, and Marriage was necessary for a woman that is why parents under enormous social pressure marry off their daughter even when they are not even ready for the same. We found married women are socially and emotionally under pressure to keep up the marital relationship even if it was painful; a divorced woman was considered to be a ‘bad woman’ with ‘bad character’. We also found a transition in lifestyle meant more women were venturing out in job oriented career and often spent more time with their colleagues than with their husbands. Career-oriented exposure along with easily accessible mobile and frequent use of social networking sites often heightened the possibility of the premarital or extramarital affair and related sexual violence.

3.1. Sexual violence by strangers: Contributing Factors

The diagram (Fig. 1) is trying to frame the important variables contributing to the problem. Moreover, rather than being determined by a single factor, sexual violence is the combined function of *Locations*, *Offenders* and *Victims*. It may result in when¹ a motivated offender and² vulnerable victim cross paths in Ref. 3 a location without capable guardians.

Fig. 1. Sexual violence by strangers: Contributing factors.

4. Results and discussion

4.1. The experience of sexual violence and sexual abuse

The victims experience physical, social, mental, emotional and sexual problems with varying degrees, due to being of sexually assaulted. Moreover, many women suffer from severe injuries, contract sexually transmitted diseases, or get pregnant with such sexual violence.¹⁸ About all such women experience psychological anguish, and many experience Posttraumatic Stress Disorder at some point in their course of life.¹⁹ In the short term, most women experience some combination of fear and anxiety; denial, shock, and disbelief; guilt, hostility, and blame; and feelings of helplessness or a loss of control. Longer-term effects may include disturbances in eating and sleeping; strained relationships with family, friends, and partners; difficulty maintaining employment; and sexual problems.²⁰ Following true stories are showing the real magnitude of the problem related to sexual violence and its effect on women's mental health. Many were facing such sexual violence since their childhood ages but unable to disclose to their parents or siblings or feeling helpless to protect themselves. Resultant to that, many of these women are still being trapped in such crimes and facing mental illness in episodic manner although they were under consultation of mental health personals. Recovering from these effects requires support from helping professionals, friends, and family and may take a long time.

4.2. Sexual abuse and sexual assault: true stories

4.2.1. "It never stopped"

"I grew up with facing the pain of sexual humiliations from my childhood time and I felt that it was my fault that I couldn't have courage to resist. To say 'no' was not enough to stop my male cousin (in a family relation to mother side) to press my breast and put his fingers forcefully in my sexual organs. He tried to control my body for years, and I had not dare to prevent myself. I wished someone would've noticed before it was too late; no one ever asked me if I was ok or if I was going through anything. A sense of fear has been developed in me with my place due to his presence. Now last year he got a job and shifted to Delhi. But still I can feel his painful touch inside me. Eight months back, I got engaged with a guy but when he came close to me, I feel the same fear of sexual humiliation and pain. I shivered with extreme fear and pushed him back. By repetition such behaviour of mine, he abused me and broke-up. It was very painful and depressive for me. Now I am getting consultation for my mental sickness but I use to think that I won't be able to stable my mind ever."

- (A 25 years old woman form Varanasi)

"I was 15 years old when a normal encounter with my coaching teacher turned abusive. I wanted to take steps to prevent the pain, but a part of me thought that no one will believe this because he is my teacher, I

couldn't disclose it to anyone. The abuse continued over the last three years. Now this year, I joined college and shifted from my village, but his act of pain follows me like nightmare. It took time for me to heal from experience and become comfortable disclosing what happened. Today I am sharing my story to remind survivors of sexual abuse that they must say 'no' to such heinous act and they are not alone."

- (A 18 years old woman from Mau District)

"I was sexually assaulted by a neighbour when I was 14 years old. He has good familial relationship with us. He had been harassing me for a long time. About five months back, one night when my parents were not at home and I was alone, he came with friends and demanded to share my body with all them. I refused to do that but he threatened me that he will disclose all the videos which he filmed without my knowledge to my parents if I didn't do what he want. I was shocked and fainted and no way to resist him. Then he took me to a friend's house and raped with his friends. I screamed in acute pain but in vain. The same night he threw me at my home with lot of bleedings. I tried to share this event to my parents but they ordered to keep silent because my marriage has been fixed. My family didn't support me that time even I discarded the idea of reporting for the sake of my family, but that terrible experience still horrifies me. Since then, I don't have proper sleep and use to feel the same pain in my dreams and use to scream loudly."

- (A 22 years old girl from Azamgarh)

"The man lived next to us. I was home alone; he saw me and came into the house. My little sister had damaged our TV plug, so he told me to come in and watch his TV. So, I came in with a chair, and as I was sitting down, he came close to me, grabbed my arms and tried to make me sit on the bed. I said that I wouldn't sit on his bed with him as it was disrespectful. He insisted and so I finally sat on his bed. He jumped on the top of me and grabbed the hands. I said, "Don't do it!" Afterwards, I didn't want to tell anybody what had happened, but I started to feel very sick and would vomit all the time. The doctor did a test and told me I was pregnant. I was only 19 years old. My sister asked, "Whose baby, is it?" And I kept saying, "I don't know!" Then she asked about the man who lived next to our house, and I threw up right there. My Mother started to cry, and I started to cry too. First, I thought to abort my baby for the sake of my family, but later I assured to complain against him. When he came to know all those complications, instead of being from other caste (lower caste than us), he agreed to marry with me. Initially my parents were not agreed and forced me to abort but due to medical complications I didn't want to take any risk of my life. Finally we got married. After few years of marriage, he started hitting and abusing me physically, mentally and sexually and I came to know that he has a relationship with other girl. This continues up to last eleven years. Now, it make me mentally ill and left his home for always. I couldn't forget the mental and physical trauma I had gone through the time."

- (A 34 years old woman from Deoria District)

All these narratives of sexual violence victims shown that irrespective of age and relationship, women faces such sexual violence in day-to-day life and they couldn't resist it until they reach up to the extrem of mental illness.

4.3. Victimization and fear of sexual assault among women

In addition to the responses about nature and extent of sexual abuse and assault, it is also important to know how prior victimization plays a vital role in the construction of women fear. Several women wrote that they were afraid of sexual assault because they had been victimized in the past. This explanation is not surprising; it would follow that if you are victimized once, the experience would likely be related to increased levels of fear of all crime in the future. Once an individual is victimized, the "it won't happen to me" mentality is shattered, and they are fully aware that they are at risk of victimization.¹¹ Experiencing one type of victimization likely causes a heightened awareness of any type

of victimization, resulting in increased levels of fear of all crimes and altering daily activities. For example, one woman wrote that she frequently misses class because she is afraid to go out in public after being sexually assaulted. Therefore, it shows that the women who had been victimized once were often more fearful because they had firsthand knowledge of physical, emotional, and psychological damage that resulted from the victimization experience, and were aware that the sexual assault could happen again.

4.4. Vulnerability of women and fear of sexual assault

Women are so much fearful of sexual assault because of the typical size differences between men and women, and the inability of a woman to defend herself against a, presumably larger, man. The status difference is evident in the roles women play as a victim. Women are unable to defend themselves against bigger, stronger men who are trying to hurt them. For example, women stated:

"I always think that most men are stronger than women so I can't defend myself when a motivated offender is crossing my path in a location without capable guardians."

Women identified that sexual assault can have a psychological, emotional and physical effect on a survivor which is not always easy to deal with that's why they are so fearful of being victimized.

4.5. Sexual violence and mental disorder

We found sexual violence against women is a reality but rarely discussed. Sexual violence most of the time was not reported because the perpetrators were often in close relationship with the victims. A little girl could be sexually harassed by the closest ones beyond any suspicion such as an uncle, uncle-in-law, and brother-in-law, house tutor or coaching teacher. The victims and their families usually don't want to expose the incident because it would destroy not only the victims' image but also erode family honour. It has a great impact on the development of mental disorders even in later life. We found the society very tolerant of mental disorder patients and also inactive against the perpetrators of sexual violence against women. The society was not aware of the role of sexual violence and its relationship with the mental disorder. Some women were already in depression before marriage due to past traumatic incidence of sexual violence so they were afraid of sexual intercourse even after marriage so they were being sexually violated by their husbands. Poor access to inadequate mental health services only adds to the suffering of mentally disordered women facing sexual violence. An unmarried woman with depression due to recently break up to a pre-marital relationship who committed suicide but saved, vividly described her situation:

"How can I forget ... I can't forget at all. I cannot forget anything, [crying]; ... my torture, that boy's torture, my family's torture. I am sick; I cannot sleep in the bed, can't laugh, [and] can't wish to go anywhere. I have lost my confidence completely. He used my body for three years as per his choice and when he filled with me he started saying you have no any charm and the worst body shape in the world ... and left me ... Now my family also left me because I was with relationship with that boy who was not from my religion. Where will my life go? I am in severe depression. I want to die because I have nothing left. I hate every boy in society."

We found few of the respondent felt so low steam due to facing the violence on regular basis, the feel so depressed and feeling frequently about commit suicidal. In similar way a respondent stated:

"What can I say ... even I don't like to remember that face and time. I was treated like animals by my husband. He needs only his sexual satisfaction. He has nothing to do with my consent. Whenever I saw odd reluctance, he used to beat me so that I can't do that again. He humiliated

me for my bad body shape even in front of my family. This is continuously happening to me since my marriage. Today I started hating myself. Every time, when I remember each and every incident happened to me, I feel like the suicide is the only solution but I have a son so I stopped myself from doing that. Now I am in such a pathetic condition."

- (A 37 years old housewife from Gorakhpur)

We also found sexual violence to be both, predisposing and precipitating factors as well as a consequence and maintenance factors for mental disorders. The relationship is not as straightforward as some quantitative or mixed method studies across different regions including Uttar Pradesh have found.^{3,21,22} The causes of mental disorders are multi-factorial in perspective of sexual or any form of violence with complex interactions between factors.²³ Sexual violence plays some role as other quantitative studies documented.^{2,24,25} The effect varies across different mental disorders as well; sometimes it may be predisposed, many times it may be precipitated, it often results as a consequence, and sometimes it is just a coincidence. Violence in any format degrades the quality of life of women not only with mental health illness but in other social and individual aspect.

5. Conclusion

The aforesaid discussion clearly indicates that sexual victimization and resultant to that mental health illness is a common experience among women. The survivors received 'insensitive reactions' and 'inappropriate support' for the assault. These survivors were blamed for putting themselves in vulnerable positions and were frequently told that they should have known better and it leads them to face serious mental disorder, lack of confidence and suicidal attempts frequently.

We identified the following theoretical understandings. Many women who faced sexual violence have been and continue to be in the situation of mental disorders. The roles of sexual violence varied; sometimes it predisposed the disorder, while other times it precipitated or maintained the disorder. Sometimes it was co-existence or a consequence. The result of the study can be used in formatting policy-oriented programs which would be culturally appropriate to reduce the sexual violence and the associated mental disorders. For more understanding, there is a need to conduct mixed method research to enrich and quantify our findings.

Authors' contributions

All authors have equally contributed to prepare the manuscript.

Ethical concern

We used a consent form to inform the respondents regarding their right to withdraw from the interview at any time even after participating. We specifically highlighted to mention, "You can leave the interview/discussion at any time. We informed participants that they could hide any personal information which they do not want to disclose and we made assured them of confidentiality. We get verbal consent before interviewing an individual and recorded the consenting process for all discussions. We secured the assent of the respondents who were minor (aged less than 18 years) along with the consent of their parents/guardians. We maintained confidentiality in conducting the interview and up to end of the study. Moreover we identified all recorded interview files with a unique code, understandable only to the author. Moreover, we replaced the actual name with a pseudonym in the article and secured data with the investigators. We obtained formal ethical clearance from the Institute of Mental Health, Mau (Uttar Pradesh).

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Conflicts of interest

Authors declare no known competing interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.cegh.2019.06.013>.

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