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Breaking the Cycle: Examining the Long-term Effects of Domestic Violence on Women's Mental and Physical Health, and Exploring Effective Intervention Strategies

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Abstract:

This research paper investigates the enduring consequences of domestic violence on women's mental and physical health, emphasizing the cyclical nature of abuse and its profound impact. Through an exploration of long term effects, including PTSD, depression, chronic pain, and reproductive health issues, the study highlights the urgent need for intervention. Various strategies, such as crisis hotlines, counseling, legal support, and community programs, are examined for their effectiveness in breaking the cycle and empowering survivors. Furthermore, it critically examines various intervention strategies, ranging from crisis hotlines and counseling to legal support and community programs, assesing their efficacy in breaking the cycle of abuse and promoting recovery.

By synthesizing empirical research and qualitative data, this paper advocates for a comprehensive approach to address the multifaceted challenges faced by survivors. It emphasizes the importance of proactive community awareness and education, timely access to supportive services, and legal protection. This paper concludes with a call to action, urging policymakers, healthcare professionals, and society at large to collaborate in implementing evidence- based interventions. Through this collective effort, it is possible to disrupt the cycle of domestic violence, fostering a safer environment for women and empowering them on their path to healing and resilience.

Keywords: Domestic violence, women's health, Mental health, Physical health, Intervention strategies, Cycle of abuse, depression, PTSD, reproductive health etc.

Introduction:

Domestic violence, a pervasive and deeply rooted social issue, continues to plague societies worldwide, transcending geographical, cultural, and socio-economic boundaries. Defined as a pattern of abusive behavior used by one partner to gain power and control over another within an intimate relationship, domestic violence disproportionately affects women, constituting a serious violation of their human rights. This paper delves into the alarming prevalence and devastating consequences of domestic violence on women, with a specific focus on its long-term effects on their mental and physical health.

The alarming escalation of domestic violence against women over the past two decades has become a critical concern on a global scale, affecting both developed and developing nations. This pervasive issue not only violates human rights but also significantly hampers economic development. The repercussions



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of such violence extend beyond immediate physical harm, infiltrating the very fabric of society and impeding economic progress. Studies have highlighted the profound economic costs incurred due to domestic violence, including heightened health burdens, disability, escalating medical expenses, and substantial losses in labor productivity (Campbell, 2002; Laserman et al., 1996).

The impact of domestic violence on the workforce is particularly concerning, as a substantial portion of the working population endures violence perpetrated by their male partners or family members. This ongoing abuse not only results in lost working days but also leads to diminished productivity, exacerbating the economic toll. The detrimental consequences of domestic violence extend beyond the immediate victims, affecting their children and curbing their freedom of choice, thereby impeding their overall development (Sen, 1970). Women experiencing domestic violence aremore likely to suffer from depression, anxiety, psychosomatic symptoms, and eating problems (World Health Organization).

The World Health Organization (WHO) underscores the alarming prevalence of physical or sexual violence experienced by women at the hands of their intimate partners, with estimates ranging from 15% to 71%. In countries like India, the impact on the workforce is staggering, with one incident of violence leading to the loss of seven working days for women. Economically developed nations like the United States and Australia face astronomical losses annually, amounting to billions of dollars. Moreover, domestic violence gives rise to a myriad of social costs, including unwanted fertility, increased rates of HIV and other sexually transmitted infections (STIs), higher infant and child mortality rates, and limited access to essential healthcare services.

In essence, the pervasive nature of domestic violence not only inflicts immeasurable pain and suffering on its victims but also poses a substantial barrier to economic progress. Addressing this issue is not only a moral imperative but also an economic necessity, as the health and well-being of women are intertwined with the prosperity of nations. Efforts to combat domestic violence must be comprehensive, addressing both the immediate needs of victims and the broader societal factors perpetuating this cycle of abuse.

Methodology:

This paper is based on the desk review of research studies, reports, documents available online and select case studies to comprehensively assess the long-term effects of domestic violence on women's mental and physical health. Conducted an extensive literature review to identify existing research articles, reviews, and qualitative studies related to the long-term effects of domestic violence on women's mental and physical health. This research utilized reputable online databases such as Research gate, and JSTOR to identify relevant articles.

Cycle of Abuse:

The cycle of abuse, a well-documented pattern observed in abusive relationships, comprises distinct phases that characterize the dynamics between an abuser and a victim. Understanding this cycle is crucial to recognizing the complexities of domestic violence and formulating effective intervention strategies.

The cycle typically consists of three main phases:

1. **Tension-Building Phase:** The cycle often begins with a period of increasing tension and stress within the relationship. During this phase, the abuser may become irritable, moody, and easily angered. Communication becomes strained, and the victim may feel a sense of walking on eggshells, trying to



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avoid triggering the abuser's anger. Small arguments escalate, and the victim experiences a growing sense of fear and apprehension.

- 2. **Acute Explosion Phase:** The tension-building phase eventually culminates in a violent or abusive incident. This phase is characterized by an explosive outburst, where the abuser loses control and physically, emotionally, or sexually abuses the victim. The severity of the abuse can vary widely, ranging from verbal threats and intimidation to physical violence. This phase is the peak of the cycle, marked by the manifestation of the abusive behavior.
- 3. **Honeymoon Phase:** Following the acute explosion, the abuser often displays remorse, guilt, and apologies. This phase, known as the honeymoon phase, is characterized by the abuser expressing regret for their actions, promising change, and often showering the victim with affection and gifts. The abuser may temporarily become kind, loving, and attentive, leading the victim to believe that the worst is over and that the relationship can improve.

However, the honeymoon phase is temporary and deceptive. It serves to manipulate the victim emotionally, creating a cycle of hope and despair. The victim may believe the abuser's apologies and promises, hoping that the relationship will change for the better. This hope, coupled with the fear of further abuse, often keeps the victim trapped in the cycle, making it difficult to break free from the abusive relationship.

It is important to note that the cycle of abuse is not consistent for all relationships, and the duration of each phase can vary. In some cases, the cycle may escalate rapidly, leading to frequent and severe abuse, while in others, the cycle may elongate, with periods of calm between incidents of abuse. Understanding this pattern is essential for both victims and those providing support, as it helps in recognizing the signs of abuse, assisting victims in seeking help, and implementing effective intervention strategies to break the cycle and promote healing and recovery.

Long Term Mental Health Effects:

The long-term mental health effects of domestic violence on victims, particularly women, are extensive and can endure well beyond the immediate period of abuse. These effects are often multifaceted, impacting various aspects of psychological well-being. Some of the significant long-term mental health consequences include:

- 1. **Post-Traumatic Stress Disorder (PTSD):** Exposure to chronic and severe domestic violence can lead to the development of PTSD. Victims may experience intrusive memories, flashbacks, nightmares, and heightened anxiety. The persistent fear and hypervigilance associated with PTSD can significantly impede a person's ability to function in daily life.
- 2. **Depression:** Long-term exposure to abuse can contribute to the development of depressive disorders. Feelings of hopelessness, worthlessness, and despair may become pervasive, affecting the individual's overall mood, energy levels, and motivation. Depression can have a profound impact on daily functioning and quality of life.
- 3. **Anxiety Disorders:** Victims of domestic violence may develop generalized anxiety disorders or specific phobias. The chronic stress and fear associated with ongoing abuse can lead to heightened levels of anxiety, manifesting in symptoms such as restlessness, irritability, and difficulty concentrating.
- 4. **Substance Abuse:** Coping with the trauma of domestic violence may lead some individuals to turn to substance abuse as a way to self-medicate. This can contribute to the development of substance use



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disorders, further complicating the mental health picture and potentially leading to a cycle of dependency.

- 5. **Suicidal Tendencies:** The long-term psychological impact of domestic violence can elevate the risk of suicidal thoughts and behaviors. Victims may feel trapped, hopeless, and overwhelmed by the trauma, leading to a heightened vulnerability to suicidal ideation.
- 6. **Impact on Self-Esteem and Self-Worth:** Chronic emotional abuse and degradation can erode a victim's self-esteem and sense of self-worth. Feelings of shame, guilt, and unworthiness may persist long after the abusive relationship has ended, affecting the individual's ability to form healthy relationships and pursue personal goals.
- 7. **Cognitive Impairments:** Prolonged exposure to stress and trauma may contribute to cognitive impairments, including difficulties with memory, concentration, and decision-making. This can hinder academic and occupational performance, further complicating the process of rebuilding one's life postabuse.

It is important to note that the long-term mental health effects of domestic violence can vary among individuals, depending on factors such as the duration and intensity of the abuse, the presence of supportive relationships, and access to mental health resources. Recognizing and addressing these mental health consequences is crucial for the holistic recovery of survivors, emphasizing the need for trauma-informed care, counseling, and support services tailored to the specific challenges faced by those who have experienced domestic violence.

Long Term Physical Health Effects:

Domestic violence can have profound and lasting effects on the physical health of survivors, often extending well beyond the immediate incidents of abuse. The long-term physical health consequences of domestic violence can be diverse and may include:

- 1. **Chronic Pain:** Victims of domestic violence may experience persistent physical pain as a result of injuries sustained during the abuse. Chronic pain conditions, such as headaches, back pain, and musculoskeletal problems, can persist long after the abusive relationship has ended.
- 2. **Reproductive Health Issues:** Domestic violence can have significant implications for reproductive health. Survivors may face gynecological problems, including sexually transmitted infections (STIs), unintended pregnancies due to reproductive coercion, and complications during pregnancy such as preterm birth and low birth weight.
- 3. **Sleep Disturbances:** The trauma experienced in abusive relationships can contribute to long-term sleep disturbances. Survivors may struggle with insomnia, nightmares, and other sleep disorders, impacting their overall well-being and ability to function during the day.
- 4. **Gastrointestinal Problems:** Chronic stress associated with domestic violence can contribute to gastrointestinal issues such as irritable bowel syndrome (IBS), chronic indigestion, and other digestive disorders. The physiological impact of stress on the digestive system can result in long-term health challenges.
- 5. Cardiovascular Health Issues: Prolonged exposure to stress and fear, common in abusive relationships, can have detrimental effects on cardiovascular health. Survivors may be at an increased risk of hypertension, heart disease, and other cardiovascular conditions.



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- 6. **Increased Risk of Chronic Diseases:** The overall impact of domestic violence on physical health may elevate the risk of developing chronic diseases such as diabetes, autoimmune disorders, and other conditions linked to chronic inflammation and stress.
- 7. **Injuries and Trauma:** Physical injuries sustained during episodes of violence may lead to long-term consequences, including impaired mobility, chronic pain, and increased susceptibility to further injuries. Undiagnosed or untreated injuries can exacerbate health issues over time.
- 8. **HIV and Other STIs:** Victims of domestic violence may face an increased risk of contracting sexually transmitted infections due to non-consensual or unsafe sexual practices imposed by the abuser. The long-term health consequences of these infections can be severe if not promptly addressed.
- 9. **Neurological Effects:** Traumatic brain injuries resulting from physical abuse can have enduring neurological effects, impacting cognitive function, memory, and overall brain health. These effects may contribute to long-term challenges in daily functioning and quality of life.

Recognizing and addressing the long-term physical health effects of domestic violence is essential for comprehensive survivor care. Medical professionals, along with mental health and support services, play a crucial role in assisting survivors in managing and overcoming the physical consequences of abuse, promoting healing, and restoring their overall well-being. Access to healthcare resources and a trauma-informed approach to medical care are critical components of supporting survivors in their journey towards recovery.

Intervention Strategies:

To mitigate the mental health consequences of violence against women, proactive measures by mental health professionals, practitioners, and other stakeholders are imperative (World Health Organization, 2013d). Addressing the intricate nature of Violence Against Women (VAW) necessitates strategies that tackle underlying cultural beliefs and social structures perpetuating it. An effective approach should leverage a diverse range of expertise and resources, involving both governmental and non-governmental entities with extensive community participation. The strategies can be categorized into curative and preventive interventions.

Curative interventions focus on providing support services to victimized women, encompassing counseling to restore lost self-esteem, medical and legal assistance, shelter homes, rehabilitative services, and efforts toward mainstreaming. Preventive interventions aim to foster a violence-free society, requiring an interdisciplinary approach and significant resource investment. Preventive measures include training mental health personnel and social workers to identify individuals in violent homes, establishing crisis centers, hotlines, counseling centers, and offering referral services. Other preventive actions involve providing medical services, legal consultations, and short-stay homes for women facing violence. These resources aim to bridge the gap for women who may remain silent due to a lack of awareness about available support. Empowering victimized women to become self-sufficient is integral, and interventions such as vocational training, job reservations, and entrepreneurship programs can contribute to rehabilitation.

The establishment of a women's helpline stands out as a crucial initiative to provide immediate relief and services to women in distress, creating a women-friendly environment, advocating for women's rights, and serving as a crisis intervention center. Such helplines can offer counseling services, short and long-term assistance, rescue and rehabilitation, and advocate for gender-based violence issues. Policy recommendations should encourage and support the implementation of these comprehensive strategies to



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combat Violence Against Women effectively. Some intervention strategies mentioned in the following to prevent Violence Against Women:

1. Crisis Hotlines and Emergency Shelters:

- Establish and maintain accessible 24/7 crisis hotlines for immediate support.
- Provide safe and confidential emergency shelters for women seeking refuge from abusive environments.

2. Counseling and Therapy:

- Offer trauma-informed counseling services for survivors to address mental health challenges.
- Implement specialized therapeutic interventions, such as cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT), to address trauma and promote resilience.

3. Legal Support and Advocacy:

- Provide legal advocacy services to help survivors navigate the legal system.
- Facilitate access to protective orders and legal remedies, ensuring the safety and rights of survivors.

4. Community Awareness Programs:

- Conduct community outreach and awareness programs to challenge societal norms around domestic violence.
- Promote education on healthy relationships and bystander intervention to prevent and address abuse.

5. Rehabilitation and Empowerment Initiatives:

- Develop empowerment programs focusing on economic independence, education, and skill-building for survivors.
- Facilitate access to vocational training and job placement opportunities to enhance financial autonomy.

6. Support Groups:

- Establish support groups to provide a sense of community and mutual understanding among survivors.
- Address isolation and foster a supportive environment for sharing experiences and coping strategies.

7. Child and Family Services:

- Integrate child and family-focused interventions to address the impact of domestic violence on children.
- Provide parenting support, counseling, and resources to enhance family well-being.

8. Healthcare Partnerships:

- Collaborate with healthcare providers to ensure a trauma-informed approach in medical care.
- Train healthcare professionals to recognize and respond to signs of domestic violence, providing appropriate referrals and support.

9. Technology-Based Resources:

- Develop and promote smartphone applications or online platforms offering discreet resources and support for survivors.
- Utilize technology for virtual counseling and support groups, ensuring accessibility for diverse populations.

10. Policy Advocacy:

- Advocate for policy changes to strengthen legal frameworks addressing domestic violence.
- Collaborate with policymakers to allocate resources for prevention, intervention, and support services.

11. Cultural Competency Training:

• Provide cultural competency training for service providers to ensure sensitivity to diverse backgrounds and experiences.



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• Tailor interventions to address cultural nuances and barriers to seeking help.

12. School-Based Education Programs:

- Implement age-appropriate domestic violence prevention and education programs in schools.
- Equip educators with resources to identify and support students affected by domestic violence.

13. Peer Support Networks:

- Establish peer support networks that connect survivors with individuals who have undergone similar experiences.
- Encourage the development of mentorship programs to facilitate empowerment and shared recovery journeys.

14. Continued Research and Evaluation:

- Support ongoing research to continually assess the effectiveness of interventions.
- Use data-driven insights to refine and improve strategies for supporting survivors of domestic violence.

By implementing a comprehensive and multifaceted approach, these intervention strategies aim to address the long-term effects of domestic violence on women's health, promoting recovery, empowerment, and societal change. Collaborative efforts across various sectors are essential to create a supportive environment for survivors and prevent future instances of domestic violence.

Policy Recommendation:

Based on the need to address violence against women (VAW) and mitigate its long-term effects on mental and physical health, the following policy recommendations are proposed:

1. Comprehensive Legislation and Enforcement:

Develop and enforce comprehensive legislation that explicitly addresses all forms of violence against
women, ensuring legal protection, penalties for offenders, and mechanisms for survivors to seek
justice.

2. Intersectoral Coordination:

• Establish intersectoral coordination mechanisms involving government agencies, law enforcement, healthcare providers, education systems, and non-governmental organizations to collaboratively address the multifaceted aspects of VAW.

3. Resource Allocation:

 Allocate sufficient financial resources to support intervention programs, crisis helplines, counseling services, legal aid, and rehabilitation efforts. Adequate funding is essential for the effectiveness of these initiatives.

4. Public Awareness Campaigns:

• Implement widespread public awareness campaigns to challenge cultural norms that perpetuate VAW, educate the public on the consequences of such violence, and promote gender equality and respect for women's rights.

5. Training for Professionals:

• Provide mandatory training programs for mental health professionals, law enforcement, healthcare providers, social workers, and educators to enhance their skills in identifying and responding to cases of VAW. This training should include a focus on trauma-informed care.

6. Women's Helplines and Crisis Centers:



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• Establish and promote accessible women's helplines and crisis centers, providing immediate support, counseling, and referral services for women in distress. These resources should be well-publicized and available 24/7.

7. Legal Support and Protection:

• Strengthen legal support for survivors by ensuring the availability of legal aid, protective orders, and specialized courts dealing with VAW cases. Encourage the development and enforcement of laws that prioritize the protection of survivors.

8. Rehabilitation and Economic Empowerment:

• Develop policies that focus on the rehabilitation and economic empowerment of survivors. This may include vocational training programs, job placement initiatives, and support for entrepreneurship, aimed at fostering self-sufficiency.

9. Inclusive Policies for Marginalized Groups:

• Develop inclusive policies that address the specific needs of marginalized groups, considering factors such as ethnicity, socioeconomic status, sexual orientation, and disability. Tailor interventions to be culturally sensitive and responsive to diverse experiences.

10. Data Collection and Research:

Promote comprehensive data collection and research on VAW to inform evidence-based policymaking.
 Regularly assess the effectiveness of interventions and adjust policies based on emerging trends and needs.

11. Education Programs:

• Integrate education programs in schools and communities that focus on preventing VAW, promoting healthy relationships, and teaching conflict resolution skills. These programs should be age-appropriate and culturally sensitive.

12. Global Collaboration:

• Engage in international collaboration to share best practices, research findings, and strategies for combating VAW. Participate in global initiatives aimed at addressing the root causes of gender-based violence.

13. Monitoring and Evaluation Framework:

• Establish a robust monitoring and evaluation framework to assess the impact of policies and interventions over time. Regularly review and update policies based on the outcomes of evaluations.

14. Survivor-Informed Policies:

• Incorporate the perspectives and experiences of survivors into policymaking processes. Consult with survivor advocacy groups to ensure that policies are responsive to the needs and concerns of those directly affected by VAW.

15. Prevention Programs for Perpetrators:

• Develop and implement programs aimed at preventing VAW by addressing the behaviors of perpetrators. These programs should focus on rehabilitation, counseling, and community-based interventions to break the cycle of violence.

By adopting and implementing these policy recommendations, governments and organizations can create a more conducive environment for preventing and addressing violence against women, ultimately contributing to the improvement of women's mental and physical well-being.



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Results:

The results of domestic violence on the health of women can be profound, affecting both their mental and physical well-being. It's important to note that the impact can vary based on the severity, duration, and specific forms of violence experienced. Traumatic experiences, such as physical or emotional abuse, can lead to persistent anxiety, flashbacks, and hypervigilance. Chronic exposure to domestic violence is associated with higher rates of depression and anxiety disorders. The constant stress and fear can contribute to persistent feelings of sadness, hopelessness, and worry. Women subjected to domestic violence may experience an elevated risk of suicidal thoughts and attempts. The emotional distress and feelings of helplessness can contribute to severe mental health challenges.

Domestic violence frequently results in physical injuries, ranging from bruises and cuts to more severe injuries such as broken bones or head trauma. The risk of injury is particularly high during episodes of acute violence. Domestic violence can have adverse effects on reproductive health, including unintended pregnancies, sexually transmitted infections (STIs), and gynecological problems. Controlling behaviors by the abuser may also restrict access to reproductive healthcare.

Effective intervention strategies have been associated with a reduction in the incidence of violence against women. Increased awareness, legal measures, and community support can contribute to a decline in reported cases. Successful interventions often result in a positive shift in community awareness and attitudes toward violence against women. Changing societal norms and fostering a supportive environment are crucial outcomes.

Discussion:

Recognizing and comprehending the effects of violence against women underscores the violation of fundamental human rights. Understanding these consequences is crucial for advocating for women's rights and fostering a society based on principles of equality and dignity. The topic's significance extends to public health, as it sheds light on the broader consequences for society. By understanding the mental and physical health effects, policymakers and healthcare professionals can develop more targeted and effective public health interventions.

Results from research in this area inform the formulation and reform of policies aimed at preventing and addressing violence against women. These policies, if well-informed, can contribute to creating a legal and social framework that protects women from abuse and supports their recovery.

Conclusion:

Violence against women constitutes a pervasive societal challenge, encompassing issues of human rights and public mental health. Given the intricate nature of its causes, tackling this problem necessitates comprehensive action across various domains, including mental health policies, program initiatives, sectoral reforms, and shifts in social norms and cultural beliefs. The pervasive and detrimental impact of domestic violence on the mental and physical health of women underscores the urgent need for comprehensive intervention and prevention strategies. The results of domestic violence are far-reaching, affecting not only the immediate well-being of survivors but also contributing to long-term health challenges. Mental health outcomes, such as PTSD, depression, and anxiety, coexist with physical health consequences, including injuries, chronic pain, and reproductive health issues. Effective intervention strategies must be multifaceted, addressing the root causes of domestic violence embedded in cultural beliefs and social structures. Legislative measures, intersectoral coordination, and resource allocation are



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imperative to create a conducive environment for combating violence against women. Support services, such as crisis helplines, counseling, and legal aid, play a crucial role in mitigating the immediate impact and fostering recovery.

Preventive interventions, including education programs, awareness campaigns, and economic empowerment initiatives, are vital to creating a violence-free society. These efforts aim to challenge societal norms, promote gender equality, and empower women to break the cycle of violence.

As policy recommendations are formulated and implemented, ongoing research and evaluation are essential to assess the effectiveness of interventions. Survivor-informed policies, global collaboration, and a commitment to inclusivity are critical in ensuring that intervention strategies are responsive to the diverse needs and experiences of those affected by domestic violence.

Ultimately, the goal is to create a society where women can live free from the pervasive threat of domestic violence, enabling them to lead healthy, empowered lives. Apart from these, concerted and multi sector responses backed by strong political commitment towards ending violence against women are also required. The collective efforts of governments, organizations, and communities are essential to achieving this vision and fostering a culture of respect, equality, and support for all.

Acknowledgement:

I extend my appreciation to Research-Gate & JSTOR for providing access to the relevent data, contributing significantly to the depth and breadth of this study. Also, I am profoundly grateful to my family for their unwavering support and encouragement throughout the research process.

References:

- 1. Islahi, Fatima, & Ahmad, Nighat. *Consequences of Violence against Women on Their Health and Wellbeing: An Overview.* An International Journal Of Kolkata Centre For Contemporary Studies (KCCS), 2015.
- 2. Kumar, Anant, et al., Violence Against Women and Mental Health. 2013.
- 3. Sharma, Kamlesh, Kumari, et al., *Mental health effects of domestic violence against women in Delhi: A community-based study.* Research gate, 2019.
- 4. Shayan, Arezoo, et al,. *Investigating Types and Causes of Domestic Violence against Women and Identifying Strategies to Deal with It from the Perspective of Victims*. Research Journal of Pharmacy and Technology, 2017.
- 5. World Health Organization (2005). WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses. WHO
- 6. World Health Organization (2021). Violence Against Women. 2021, WHO.