



### Research Article

## Impact Of Domestic Violence on Mental and Physical Health of Women: A Case Study

Md. Alomgir Hossan<sup>1</sup>, Priya Rani<sup>2</sup>, Shopnil Chandra Sarker<sup>3</sup>

1. university of rajshahi, Bangladesh; alomgirhossan101@gmail.com
2. university of rajshahi, Bangladesh; priyaghosh919rups@gmail.com
3. university of rajshahi, Bangladesh; swapnilsarker317@gmail.com

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### Impact Of Domestic Violence on Mental and Physical Health of Women: A Case Study

**Abstract.** This study investigates the impact of domestic violence on the mental and physical health of women in the 9th No. Kirtipur Union, Naogaon Sadar, based on a case study involving structured interviews with 100 women who have experienced domestic abuse. The research employs a quantitative approach to analyze the prevalence and consequences of such violence. The findings reveal widespread psychological trauma such as anxiety, depression, and post-traumatic stress disorder (PTSD), alongside physical ailments like chronic pain, fatigue, and reproductive health complications. The study further highlights the exacerbating role of socio-economic conditions, including poverty, gender inequality, cultural stigma, and limited access to healthcare, in deepening the victims' suffering. Through a human-centered lens, this paper scrutinizes the urgent need for policy reform, community-based interventions, and comprehensive support systems to assist survivors. Ultimately, the research contributes to the global discourse on gender-based violence and offers practical recommendations

for improving the well-being of affected women in both rural Bangladesh and similar socio-cultural conditions.

**Keywords:** Domestic Violence, Mental Health, Psychological Trauma, Gender Inequality

## INTRODUCTION

Domestic violence remains a pervasive and often invisible issue affecting women globally, transcending cultural, social, and economic boundaries (Hossan et al., 2024). It encompasses a spectrum of abusive behaviors, including physical assault, emotional manipulation, sexual coercion, and economic deprivation. The impact of domestic violence extends beyond immediate physical harm, deeply affecting survivors' mental and emotional well-being, often resulting in long-term psychological trauma and chronic health conditions (Hossan et al., 2023). In rural areas such as 9 No. Kirtipur Union of Naogaon Sadar, Bangladesh, the problem is exacerbated by deeply entrenched patriarchal norms, widespread poverty, low literacy rates, and social stigma. Women in these communities frequently endure violence silently, as cultural expectations and societal pressures discourage disclosure or seeking help.

Domestic violence is often normalized or dismissed as a private family matter, and behaviours like controlling tendencies, verbal abuse, and emotional manipulation remain under-recognized forms of abuse (Hossan, 2023). Despite growing global awareness, domestic violence in rural Bangladesh remains under-researched, especially regarding its mental and physical health consequences. The women affected often lack access to healthcare, psychological support, and legal protection, compounding their suffering (Hossan, 2024). This research aims to illuminate the lived experiences of women facing domestic violence in 9 No. Kirtipur Union.

Through qualitative and quantitative analysis, it seeks to document the extent and nature of abuse, examine its multidimensional effects on health, and explore the coping mechanisms adopted by survivors. By centering survivors' voices, this study strives to humanize statistics, challenge societal denial, and inform culturally appropriate intervention strategies (Hossan & Alom, 2024). Ultimately, the study calls on policymakers, healthcare professionals, and community leaders to prioritize comprehensive responses that address not only the physical injuries but also the mental health crises arising from domestic violence. It emphasizes the urgent need for gender-sensitive policies, community education, and integrated support systems to restore safety, dignity, and hope to affected women.

### A. Problem Statement

Although domestic violence has garnered significant international attention, there is a notable scarcity of localized data that captures the specific realities of rural Bangladeshi women. Most existing research tends to focus on urban populations or offers generalized perspectives, failing to adequately represent rural contexts like 9

No. Kirtipur Union. This lack of empirical data hinders the understanding of the nuanced psychological and physical health impacts experienced by rural survivors, thereby impeding the development of effective policy measures and support mechanisms tailored to their unique needs (Sultan et al., 2024). The invisibility of rural women's suffering is compounded by social taboos, limited educational opportunities, and weak institutional support, which together hinder both reporting and intervention efforts. This study aims to fill this critical knowledge gap by providing a detailed examination of domestic violence's effects within this community, thereby contributing to both academic scholarship and practical policymaking. Grassroots people are not aware of the gender-based abuses. They feel shy to disclose their harassment. Harassment of housewives, teenagers, and students' harassments are common in local villages in our country. These have discussed in numerous research studies, but domestic mental and physical health violation on women has discussed a little. In this study, we have scrutinized the root causes and their remedies effectively.

## B. Objectives of the Study

### 1. Primary Objective

To investigate the impact of domestic violence on the mental and physical health of women in 9 No. Kirtipur Union, Naogaon Sadar.

### 2. Specific Objectives

1. To identify the types and frequency of domestic violence experienced by women.
2. To analyse the psychological consequences faced by survivors of domestic violence.
3. To explore the coping strategies adopted by victims and identify barriers they face in seeking support.

## C. Definition of Key Terms

**Domestic Violence:** Any act of physical, emotional, sexual, or economic abuse perpetrated by a current or former intimate partner or family member within the household.

**Mental Health Impact:** Psychological consequences such as anxiety, depression, post-traumatic stress disorder (PTSD), low self-esteem, suicidal thoughts, and emotional instability resulting from abuse.

**Physical Health Impact:** Immediate and long-term bodily harm, including injuries, reproductive health complications, chronic fatigue, and other somatic symptoms.

**Survivor/Victim:** A woman aged 18 or above who has experienced one or more forms of domestic violence, irrespective of reporting status.

## D. Theoretical Framework

This study is grounded in three complementary theoretical frameworks: Feminist Theory, the Ecological Model of Violence (World Health Organization), and Trauma Theory. Together, they provide a comprehensive understanding of the

causes, dynamics, and consequences of domestic violence within rural Bangladeshi society.

a) Feminist Theory

Feminist theory posits that domestic violence is a consequence of systemic gender inequality embedded in patriarchal social structures. Scholars like bell hooks and Sylvia Wally argue that power imbalances are maintained through cultural norms, legal frameworks, and socialization. In rural Bangladesh, male dominance in family decision-making, restrictions on women's mobility, dowry practices, and inheritance laws reinforce women's subordination. Domestic violence is thus not just a personal conflict but a tool for maintaining male control over women through physical, emotional, economic, and sexual abuse.

b) Ecological Model of Violence (WHO)

The Ecological Model analyses violence across four interconnected levels:

- *Individual*: Personal history, mental health, substance use, education.
- *Relationship*: Intimate partner dynamics, communication, economic dependence.
- *Community*: Social norms, neighbourhood safety, service availability.
- *Societal*: Cultural values, gender roles, media influence, policy environment.

This model is especially useful in understanding rural contexts where community and societal factors strongly influence individual and family behaviours.

c) Trauma Theory

Trauma Theory explains the psychological and physiological effects of prolonged exposure to violence. Survivors frequently manifest complex trauma, which is marked by emotional numbness, intrusive memories, depression, anxiety, and physiological issues like sleep disturbances and immune system dysfunction. Recognizing trauma helps frame victims as survivors with resilience rather than passive sufferers.

## LITERATURE REVIEW

Domestic violence against women is a global human rights issue with profound implications for mental and physical health. Numerous studies across disciplines, public health, sociology, psychology, and gender studies, have investigated its multifaceted nature. This chapter provides a comprehensive review of existing literature, focusing on definitions, forms, prevalence, health impacts, sociocultural dimensions, and policy responses, particularly in South Asian and Bangladeshi contexts (Hossan et al., 2024). The aim is to position the present study within this broader academic discourse and identify the existing knowledge gaps that the research seeks to address (Hossan, 2025).

## Conceptualizing Domestic Violence

Domestic violence is broadly defined as any act of physical, sexual, emotional, or psychological abuse perpetrated by an intimate partner or family member within the household (UN Women, 2011). The World Health Organization (WHO, 2013) frames it as a public health concern that affects one in three women globally. Scholars such as Dobash & Dobash (1979) argue that domestic violence is a manifestation of

patriarchal power structures rooted in gender inequality. Bangladesh's Domestic Violence (Prevention and Protection) Act, 2010, defines it to include not only physical assault but also emotional abuse, economic deprivation, and coercive control. This broader understanding underscores the complexity and contextual nature of violence, particularly in conservative rural settings where abuse is often normalized (Hossan et al., 2025).

### **Forms and Prevalence of Domestic Violence in South Asia and Bangladesh**

South Asia reports one of the highest rates of gender-based violence. According to the UNFPA (2021), over 70% of women in some South Asian countries experience intimate partner violence (IPV) at some point in their lives. In Bangladesh, the Bangladesh Bureau of Statistics (BBS, 2015) found that approximately 72.6% of ever-married women experienced some form of domestic violence in their lifetime, with emotional and physical abuse being most prevalent (Hossan & Milon, 2025). Multiple studies (Haque et al., 2014; Naved et al., 2006) reveal that domestic violence in rural Bangladesh is particularly severe due to traditional gender roles, lack of education, economic dependency, and limited access to justice. Rural women often do not report violence due to fear of social ostracization, economic insecurity, or distrust in legal mechanisms.

### **Impact on Mental Health**

The psychological consequences of domestic violence are profound and long-lasting. Victims often suffer from anxiety, depression, post-traumatic stress disorder (PTSD), suicidal ideation, and low self-worth (Campbell, 2002). According to a WHO multi-country study (2013), women exposed to intimate partner violence are nearly twice as likely to experience depression. Research conducted in Bangladesh by Naved & Persson (2010) and Rahman et al. (2012) revealed that women who were subjected to ongoing abuse had high levels of psychological distress. The stigma attached to mental illness, coupled with limited rural mental health infrastructure, aggravates their suffering. Most women resort to silence or spiritual coping, often under pressure from family members to "adjust" rather than seek help.

### **Impact on Physical Health**

The physical consequences of domestic violence range from immediate injuries (bruises, burns, fractures) to chronic health problems. According to Heise et al. (2002), abused women are at greater risk of reproductive health issues, chronic pain, gastrointestinal disorders, and sexually transmitted infections (Hossan, 2025). In Bangladesh, researchers (Huda et al., 2012) observed a strong link between IPV and adverse maternal health outcomes, including miscarriages, low birth weight, and anemia. Many rural women do not receive adequate medical attention, leading to untreated injuries and cumulative health deterioration (Mahmud et al., 2024).

### **Existing Research on Domestic Violence**

Previous studies across global and local contexts have consistently established that domestic violence is a widespread, multi-layered issue affecting women's

physical and mental health. Numerous researchers have explored various dimensions of this violence—from its psychological toll to socio-economic implications. Table 1 below summarizes some of the most relevant empirical findings from national and international literature.

Table-1

Study & Year	Key Findings	Source
WHO (2021)	1 in 3 women globally experience physical or sexual violence.	World Health Organization, 2021
Finkelhor et al. (2005)	Exposure to domestic violence during childhood increases the risk of victimization in adulthood.	Journal of Family Violence
Campbell (2002)	Domestic violence is a leading cause of injury and death among women globally.	The Lancet
Anderson (2013)	Emotional abuse contributes to long-term mental health issues such as depression and anxiety.	Psychological Bulletin
Heise (2011)	Patriarchal norms and lack of legal enforcement contribute to high rates of domestic violence.	The Lancet
Garcia-Moreno et al. (2006)	Women experiencing violence often have limited access to healthcare and legal services.	WHO Multi-country Study
Jewkes (2002)	Socioeconomic dependency and lack of education are strong predictors of intimate partner violence.	Social Science & Medicine
Nasir & Hyder (2003)	Cultural acceptance of wife-beating in South Asia normalizes abuse.	Journal of Women's Health
Koenig et al. (2003)	In Bangladesh, women face both physical and psychological abuse, often justified by community norms.	International Family Planning Perspectives

### Summary of Key Studies on Domestic Violence and Its Impact

These findings indicate that domestic violence has long-term consequences on women's health and socioeconomic status. Furthermore, the role of childhood exposure, cultural acceptance of gender-based violence, and weak institutional support systems have been repeatedly emphasized in both global and local studies.

The incorporation of such studies in the present research helps contextualize the problem in the villages of Bangladesh.

### **Sociocultural and Economic Determinants**

Cultural beliefs, religious norms, and entrenched patriarchal values play a central role in legitimizing domestic violence in South Asian societies. In Bangladesh, the dowry system, preference for male children, and notions of female obedience perpetuate the subjugation of women (Schuler et al., 1996). Economic dependency on male partners is another crucial factor. Studies show that women with no income or education are significantly more vulnerable to abuse (Kabeer, 2000). On the other hand, some research (Naved & Persson, 2010) indicates that working women may potentially experience more violence as a result of perceived challenges to male authority, a phenomenon known as "male backlash."

### **Barriers to Seeking Help**

Despite high prevalence, help-seeking behaviour among survivors remains alarmingly low. Barriers include:

- Stigma and social pressure to preserve family honour.
- Fear of retaliation from abusers.
- A lack of faith in the police or legal system.
- Inaccessibility of shelters, legal aid.
- Mental health services in rural areas.

A study by UNDP (2018) noted that less than 2% of rural Bangladeshi women report domestic violence to formal institutions.

### **Existing Interventions and Policy Gaps**

Bangladesh has implemented several legal and policy frameworks to address domestic violence, including the Domestic Violence Act (2010) and the National Women Development Policy (2011). NGOs like BRAC, Ain o Salish Kendra (ASK), and BNWLA provide legal and psychosocial support to survivors. However, implementation remains weak, especially in rural areas. There is often poor coordination among law enforcement, healthcare, and legal bodies. Cultural resistance from local elites, political influence, and resource constraints further limit the effectiveness of interventions (Mahmud et al., 2024).

### **Identified Research Gaps**

While numerous studies exist on domestic violence in Bangladesh, most focus on urban settings or broad national data. There is limited micro-level research that explores the lived experiences of rural women, particularly in areas like 9 No. Kirtipur Union. Few studies integrate both mental and physical health outcomes in a single framework, and fewer still consider survivors' coping mechanisms and community-level dynamics.

### **This study addresses these gaps by**

- Focusing on a rural union previously unexamined.

- Combining quantitative and qualitative approaches.
- Analyzing both psychological and physiological impacts.
- Highlighting cultural, institutional, and personal dimensions.

The literature demonstrates that domestic violence is not only a private or interpersonal issue but a structural, cultural, and health crisis. In rural Bangladesh, the silence surrounding this violence is compounded by poverty, limited services, and deeply ingrained gender norms. By situating this research within existing findings while also responding to their limitations, this study aims to provide a more nuanced understanding of how domestic violence affects women's health and lives in marginalized communities.

## METHODOLOGY

### Research Design

We have used a mixed research method in this study (Qualitative & Quantitative). This study employs a quantitative research design to examine the impact of domestic violence on women's mental and physical health in rural Bangladesh. The quantitative approach ensures objectivity, enabling statistical analysis and identification of patterns among variables. The research is descriptive in nature, aiming to portray the prevalence, forms, and effects of domestic violence on women residing in 9 No. Kirtipur Union, Naogaon Sadar.

### Data Collection

Primary data were gathered directly from women who experienced domestic violence using a structured questionnaire through face-to-face interviews during household visits. This approach encouraged open conversation in a safe environment. Anonymity and confidentiality were strictly maintained. The sample consisted of 100 married women aged 18 years and above from 9 No. Kirtipur Union. The questionnaire contained both closed and open-ended questions focusing on the types and frequency of violence (physical, emotional, sexual, and economic), psychological consequences (anxiety, depression, low self-esteem), physical health problems (injuries, reproductive issues, fatigue), and coping mechanisms or support systems. Participants provided informed consent, and all ethical guidelines were observed, allowing respondents the freedom to withdraw at any stage. To complement the primary data, secondary data were collected from credible sources, including reports by the World Health Organization (WHO), the Bangladesh Bureau of Statistics (BBS), and the Ministry of Women and Children Affairs, as well as scholarly journals, books, and prior studies addressing gender-based violence and rural women's health.

### Sampling Technique

A purposive sampling technique was utilized to select women based on relevance to the study objectives. Inclusion criteria required participants to be 18 years or older, married or previously married, residents of 9 No. Kirtipur Union, and self-reporting experiences of any form of domestic violence.

## Data Analysis

Data were processed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, cross-tabulation, and frequency distributions were employed to identify relationships among key variables. Graphical tools such as bar and pie charts enhanced clarity and interpretation.

## Ethical Considerations

Ethical integrity was ensured through informed consent, confidentiality, and privacy. Interviews were conducted in safe, supportive settings, and participants' emotional safety was prioritized.

## Limitations

Possible underreporting, memory bias, and the cross-sectional design limit causal interpretation. Despite these challenges, the methodology ensures a reliable and respectful understanding of women's lived experiences of domestic violence in rural Bangladesh.

## RESULT AND DISCUSSION

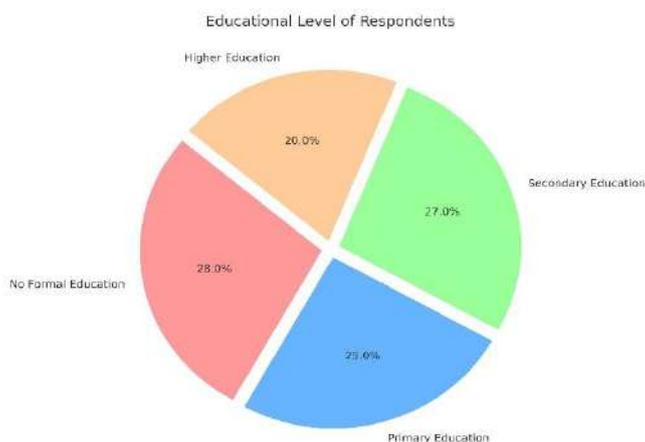
In this research, data were gathered through a structured survey conducted among 100 married women residing in Kirtipur Union, Naogaon Sadar. The data collection process was carried out with the utmost sensitivity and confidentiality, ensuring a safe space for participants to share their experiences related to domestic violence. To ensure both accessibility and accuracy, a Google Form questionnaire was used, allowing respondents to provide information at their convenience. To complement the survey and obtain more in-depth information about the individual experiences and health effects of domestic violence, in-person interviews were also carried out in homes (Hossan & Milon, 2025).

Women in small families are less likely to make decisions over their husbands (Hossan & Islam, 2025). We have found that most of the husbands who are drug addicts are very dangerous to their wives. The results have been presented through well-structured tables, charts, and descriptive summaries to ensure clarity and comprehensiveness. Furthermore, women are forced to take a divorce due to over loans and to continue their family effectively. Child marriage is one of the most remarkable issues in the villages for women. Women could survive if they had sufficient tools for maintaining the household jobs and small businesses (Alom & Hossan, 2024).

Table-2

<b>Question</b>	<b>Response</b>	<b>Percentage (%)</b>
<i>What is your education level?</i>	No formal education	28%
	Primary	25%
	Secondary	27%
	Higher education	20%

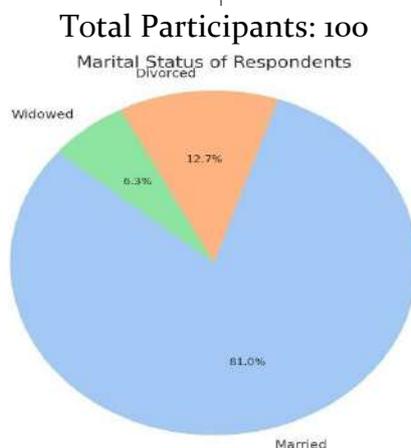
Total Participants: 100



In Table 2, we can see that the education level of women surveyed is fairly distributed across different categories. Approximately 28% of the respondents had no formal education, which highlights a significant portion lacking basic literacy. Another 27% had secondary education, followed closely by 25% with primary education. The lowest percentage, 20%, had higher education. This data suggests that while some women have accessed secondary or even higher education, a large number remain undereducated, which could affect their ability to access help or resources in situations involving domestic violence.

Table-3

<b>Question</b>	<b>Response</b>	<b>Percentage (%)</b>
<i>What is your marital status?</i>	Single	0.0%
	Married	81.0%
	Divorced	12.7%
	Widowed	6.3%

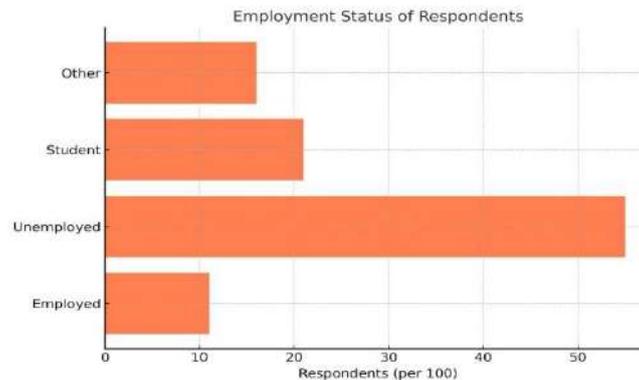


In Table 3, we can see that a vast majority of the respondents 81% were married. This indicates that domestic violence most commonly affects married women in the community. In contrast, approximately 13% were divorced, and 6% were widowed. The absence of single respondents indicates the focus was on women who have experienced domestic partnerships, thus giving us insights into where abuse is most prevalent.

Table-4

Question	Response	Percentage (%)
What is your employment status?	Employed	11.1%
	Unemployed	52.4%
	Student	20.6%
	Other	15.9%

Total Participants: 100



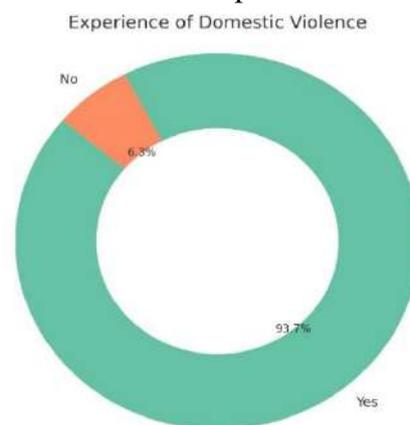
More than half of the surveyed women are unemployed, indicating financial dependency.

Table 4 reveals the economic engagement of the participants. A large number, approximately about 52%, are unemployed, followed by 21% who are students, and 16% who fall into the “other” category, possibly homemakers or informal workers. Only 11% of women are employed. The high unemployment rate may suggest a dependency on abusive partners, making it harder for women to escape abusive environments.

Table-5

Question	Response	Percentage (%)
Have you experienced any form of domestic violence in the last year?	Yes	94.0%
	No	6.0%

Total Participants: 100

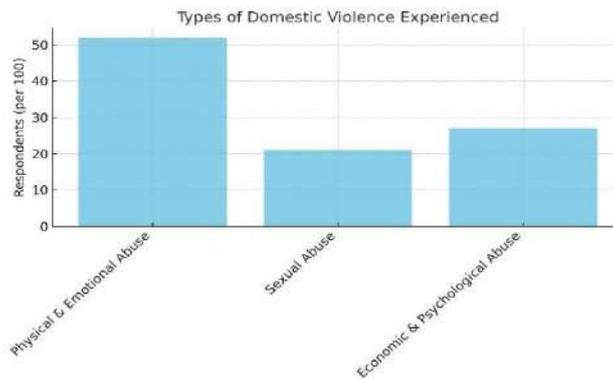


As shown in Table 5, Approximately 94% of respondents reported experiencing some form of domestic violence in the past year. Only 6% claimed not to have experienced any. This data is alarming and indicates the widespread nature of domestic violence in the studied community.

Table-6

Question	Response Category	Percentage (%)
What type(s) of domestic violence have you experienced?	Physical & Emotional Abuse	52.4%
	Sexual Abuse	20.6%
	Economic & Psychological Abuse	27.0%

Total Participants: 100



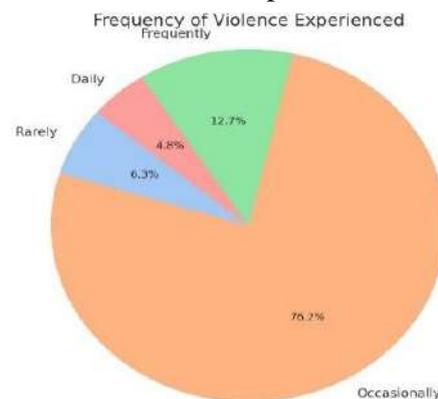
Physical and emotional abuse were the most commonly reported types of violence.

Table 6 shows that Approximately 52% of respondents experienced both physical and emotional abuse. Additionally, 21 % reported facing sexual abuse, while another 27% suffered from both economic and psychological abuse. The data reflects the multifaceted nature of violence faced by women, often combining multiple forms of abuse simultaneously.

Table-7

Question	Response	Percentage (%)
How frequently do you experience violence?	Rarely	6.3%
	Occasionally	76.2%
	Frequently	12.7%
	Daily	4.8%

Total Participants: 100

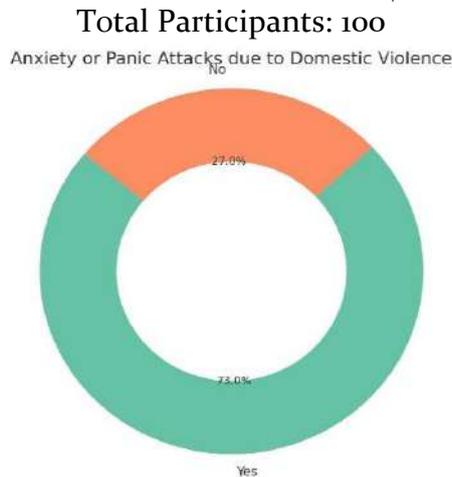


According to Table 7, Approximately 76% of women reported that violence occurred occasionally. Around 13% experienced it frequently, 6% said it happened

rarely, and 5% reported daily abuse. This indicates that while not always constant, violence is still a recurring and disturbing reality for many of the respondents.

Table-8

Question	Response	Percentage (%)
<i>Has domestic abuse caused you to suffer from anxiety or panic attacks?</i>	Yes	73.0%
	No	27.0%



violence. Meanwhile, 27% said they did not. This shows a significant correlation between domestic violence and mental health disturbances, particularly anxiety-related symptoms.

Table-9

Question	Response	Percentage (%)
<i>Do you have difficulty concentrating or making decisions?</i>	Yes	65.1%
	No	34.9%



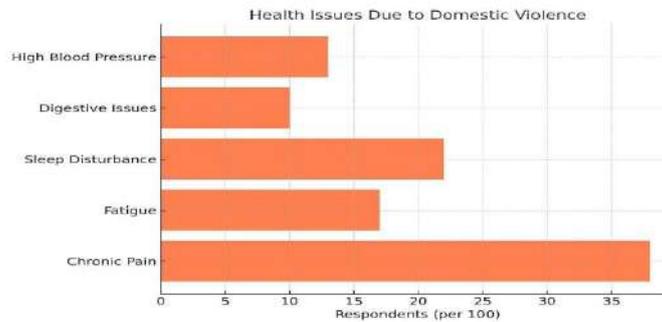
Table 9 reveals that Approximately 65% of the respondents reported difficulty in concentrating or making decisions due to their experiences. The remaining 35% did not report such issues. This mental fog or inability to focus is a common psychological outcome of trauma, especially in environments of persistent abuse.

Table-10

Question	Response Category	Percentage (%)
<i>Have you had any health problems as a result of domestic abuse?</i>	Chronic pain	38.1%
	Fatigue or low energy	17.5%

Sleep disturbances	22.2%
Digestive problems	9.5%
High blood pressure or heart issue	12.7%

Total Participants: 100



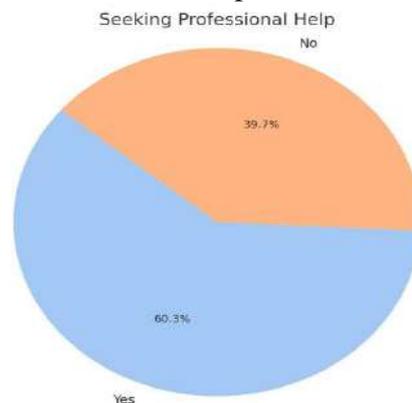
Chronic pain and sleep issues are the most reported health effects.

Table 10 illustrates that Approximately 38% of the women suffer from chronic pain, followed by 22% with sleep disturbances. Fatigue or low energy was reported by 18%, while 13% mentioned high blood pressure or heart problems, and 10% had digestive problems. These findings point to the serious long-term physical health consequences of abuse.

Table-11

Question	Response	Percentage (%)
Have you sought any professional help?	Yes	60.3%
	No	39.7%

Total Participants: 100



In Table 11, we find that Approximately 60% of the women have sought professional help such as doctors, psychologists, or counselors. However, 40% have not sought any assistance. While the majority are reaching out, a significant portion are still unable or unwilling to access support services, possibly due to stigma, fear, or lack of resources.

### Key Findings

The data collected from 100 married women in 9 No. Kirtipur Union, Naogaon Sadar, reveals a disturbing yet crucial insight into the deeply rooted issue of domestic violence. Several themes emerged prominently:

1. **High Prevalence of Domestic Violence:** A significant majority of the respondents reported experiencing some form of domestic violence, ranging from physical and verbal abuse to economic deprivation and psychological trauma.
2. **Socioeconomic Determinants:** Women from low-income households, with limited or no formal education, were found to be more vulnerable to domestic abuse. Financial dependence on male counterparts significantly restricted women's autonomy and their ability to seek help.
3. **Psychological and Physical Health Consequences:** Victims frequently reported chronic anxiety, depression, sleep disorders, suicidal ideation, and physical injuries, including bruises, fractures, and long-term ailments due to untreated violence.
4. **Patriarchal Norms and Cultural Taboos:** The study revealed that traditional gender roles and patriarchal mindsets continue to dominate rural settings. Many women reported enduring abuse due to social stigma, fear of divorce, loss of family reputation, and lack of parental support.
5. **Institutional Inadequacies:** The majority of participants lacked trust in local law enforcement and judicial bodies. Many stated that even after filing complaints, their cases were dismissed or unresolved due to corruption, inefficiency, or lack of legal knowledge.
6. **Underreporting and Silence:** Fear of retaliation, economic dependency, and lack of awareness about legal rights discouraged many women from reporting abuse. A notable portion of respondents mentioned they had never spoken to anyone about their situation prior to the survey.

### **Comparison with Existing Literature**

The findings of this study are consistent with both national and international research on domestic violence.

1. **Poverty and Domestic Violence:** In line with the work of Garcia-Moreno et al. (2015), this study confirms the correlation between economic hardship and increased risk of domestic violence. Financial insecurity not only exacerbates stress within households but also reinforces women's dependence on abusive partners.
2. **Patriarchal Structures:** Similar to the observations by Dobash and Dobash (1992), the research underscores how rigid patriarchal ideologies and male dominance act as a catalyst for intimate partner violence.
3. **Mental Health Impact:** Although many prior studies have emphasized physical violence, this research emphasizes the equally severe psychological consequences of abuse. Emotional and verbal abuse, while less visible, left lasting scars on the mental health of victims.
4. **Gap in Mental Health Services:** This study aligns with more recent work, such as Henry & Powell (2018), highlighting the inadequacy of trauma-informed mental health services in rural and semi-urban areas of South Asia.

## CASE STUDIES

### ▣ Case Study 1: Rina (Pseudonym)

Age : 34  
Marital Status : Married  
Education : No formal education  
Occupation : Housewife  
Location : 9 No. Kirtipur Union, Naogaon Sadar

Rina has been married for 15 years. Her husband, who works as a rickshaw puller, frequently abuses her both physically and emotionally, especially after drinking alcohol. She has suffered injuries like bruises and a broken finger, yet never sought legal or medical help due to fear of societal judgment. She reports persistent anxiety and often feels like a burden in her own home.

### Thematic Analysis

This case highlights how economic dependence and social stigma trap women in abusive relationships. In rural contexts like Kirtipur, such silence is both common and tragic.

### ▣ Case Study 2: Shamima (Pseudonym)

Age : 29  
Marital Status : Separated  
Education : Secondary level  
Occupation : Home-based tailor  
Location : 9 No. Kirtipur Union, Naogaon Sadar

Shamima was married at the age of 18. Over the years, her husband became increasingly violent. One incident resulted in her hospitalization. With her parents' support, she eventually left him and now lives independently with her children. While free from violence, she continues to experience stress and flashbacks from her trauma.

### Thematic Analysis

This case shows that even minimal family support can be vital for escaping abuse. However, psychological healing takes much longer, indicating the need for post-separation mental health services.

## CONCLUSION & RECOMMENDATIONS

In this study, we have investigated the severe and multidimensional impacts of domestic violence on women's mental and physical health. The interplay of poverty, patriarchy, and institutional neglect creates an environment where abuse is normalized, underreported, and inadequately addressed. While legislation exists, systemic gaps in enforcement and support services continue to fail survivors. Educational qualification is low among the villagers in Bangladesh. In the villages, poor people think their daughter are their burden. So, they tried to engage their daughters in early age. In our study, 73% agreed that mental and physical abuses cause their panic and disappointment. Physical and mental abuses are the most assumed revel, which is 52.4% in our study. Further research is needed to overcome the abuses

and exploitation of women in villages. There are some effective recommendations for policymakers and stakeholders to eliminate the issue.

1. Expand Definitions of Violence: National policies must recognize emotional, economic, and psychological abuse within legal definitions of domestic violence.
2. Integrated Support Services: One-stop service centers offering legal aid, psychological support, and shelter facilities should be introduced at the Upazila level.
3. Community Watch Committees: Local governments can form women-led committees to monitor and respond to cases of abuse, ensuring accountability at the grassroots level.
4. Capacity Building and Training: Law enforcement and health service providers should be mandatorily trained in handling gender-based violence with sensitivity.
5. Gender Mainstreaming in Development Programs: Poverty-alleviation and education schemes should be designed to empower women and reduce dependency on abusive partners.

### Conflict of Interest

We have no conflict of interest in publishing this article.

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### BIBLIOGRAPHY

- Ahmad, M., & Hussain, I. (2020). The impact of domestic violence on women's mental health. *Journal of Interpersonal Violence*, 35(7-8), 1567-1588.
- Ahsan, N., & DelVente, L. (2013). Prevention of domestic violence in Bangladesh: Learning from experience. *South Asia Research*, 33(2), 153-172.
- Alom, M. J., & Hossan, M. A. (2024). Flowing Prosperity: Empowering Riverbank Communities in Rajshahi City.
- BBS (2015). Violence Against Women Survey Report.
- Campbell, J.C. (2002). "Health consequences of intimate partner violence." *The Lancet*.
- Devries, K. M., Mak, J. Y. T., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., ... Watts, C. H. (2013). Intimate partner violence and depression: A review. *PLoS Medicine*, 10(5), e1001439.
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. (2006). Prevalence of intimate partner violence: WHO study. *The Lancet*, 368(9543), 1260-1269.
- Heise, L. (2011). What works to prevent partner violence? *STRIVE Research Consortium*, London School of Hygiene and Tropical Medicine.

- Khan, N., & Reza, M. (2018). Domestic violence against women in Bangladesh. *Asian Journal of Women's Studies*, 24(2), 182-199.
- Hossan, M. A., Islam, M. A., & Khatun, M. (2023). Unlocking Student Creativity and Research Potential in Bangladesh: The Crucial Role of Policy Makers in Breaking Deadlocks. *International Journal of Applied Research and Sustainable Sciences*, 1(1), 1-16.
- Hossan, A., & Alom, J. (2024). Enhancing Quality of Life for Riverbank Communities in Rajshahi City. *International Journal of Applied Research and Sustainable Sciences*, 2(2), 151-162.
- Hadi, A. (2005). Women's productive role and marital violence in Bangladesh: Is empowerment a protection or a risk? *Sociology*, 39(3), 639-660.
- Hossan, M. A., Milon, M. B. U., & Ahamed, M. R. (2025). Crises and Opportunities of Married Students: A Study of Rajshahi University. *HISTORICAL: Journal of History and Social Sciences*, 4(2), 190-215.
- Hossan, A., & Milon, B. U. (2025). The Policy-Practice Gap in Bangladesh: Unpacking Barriers and Results. *International Journal of Global Sustainable Research*, 3(7), 497-508.
- Hossan, M. A. (2023). Social Media a Concern for Foreign Relationships with Neighbor Countries. *International Journal of Applied Research and Sustainable Sciences*, 1(4), 295-306.
- Hossan, M. A., Islam, M. A., & Khatun, M. (2024). Empowering democracy in Bangladesh: a roadmap for enhancing voter engagement. *International Journal of Social Sciences & Humanities (IJSSH)*, 9(1), 9-22.
- Hossan, M. A. (2024). Fostering Resilience: An In-depth Investigation into the Dynamics of Growth and Development in Slum Children. *International Journal of Applied Research and Sustainable Sciences*, 2(1), 29-40.
- Sultan, M., Hossan, M. A., & Huda, M. (2024). Role of Bangladesh Government in Making Accountability Effective (2009-Present). *International Journal of Applied Research and Sustainable Sciences*, 2(3), 201-218.
- Hossan, M. A., Sourav, A. R., & Islam, J. (2024). Uncovering the chain of corruption: A Case Study in Bangladesh. *DIROSAT: Journal of Education, Social Sciences & Humanities*, 2(3), 246-258.
- Hossan, M. A., & Md. Burhan Uddin Milon. (2025). Policy and Practice in Bangladesh: Obstacles and Outcomes. *DIROSAT: Journal of Education, Social Sciences & Humanities*, 3(4), 492-505. <https://doi.org/10.58355/dirosat.v3i4.161>
- Hossan, M. A. (2025). Students' Perspective on the Interim Government of Bangladesh: A Study at the University of Rajshahi. *HISTORICAL: Journal of History and Social Sciences*, 4(3), 389-413. <https://doi.org/10.58355/historical.v4i3.205>
- Hossan, M. A., & Md. Burhan Uddin Milon. (2025). Policy and Practice in Bangladesh: Obstacles and Outcomes. *DIROSAT: Journal of Education, Social Sciences & Humanities*, 3(4), 492-505. <https://doi.org/10.58355/dirosat.v3i4.161>
- Hossan, M. A., & Md. Shakirul Islam. (2025). United Nations-Led Ceasefire Enforcement in the Israel-Palestine Conflict: Analyzing Challenges, Successes,

- and the Path Forward. *ENGAGEMENT: Jurnal Pengabdian Masyarakat*, 4(3), 198–221. <https://doi.org/10.58355/engagement.v4i3.164>
- Hossan, M. A. (2025). Socio-Economic Conditions and Academic Improvement of Students at the University of Rajshahi: A Review. *ENGAGEMENT: Jurnal Pengabdian Masyarakat*, 4(2), 103–121. <https://doi.org/10.58355/engagement.v4i2.154>
- Mahmud, S., & Islam, M. T. (2019). Effects of domestic violence on women in rural Bangladesh. *Journal of Family Violence*, 34(7), 595–605.
- Mahmud, M. S., Hossan, M. A., & Huda, M. (2024). *Role of Bangladesh Government in Making Accountability Effective(2009-Present)*.
- Mahmud, M. S., Hossan, M. A., & Alom, M. J. (2024). Unveiling the Dynamics: Trends and Crises of Administrative Accountability in Bangladesh.
- Naved, R.T., & Persson, L.A. (2010). "Violence Against Women and Mental Health in Bangladesh." *Social Science & Medicine*.
- Pereira, V., & Mello, L. (2021). Mental health outcomes of domestic violence: Review. *Journal of Mental Health*, 30(5), 555–563.
- Schuler, S.R. et al. (1996). "Credit programs and women's empowerment in rural Bangladesh."
- Schuler, S.R., Hashemi, S.M., & Riley, A.P. (1996). Credit programs and women's empowerment in rural Bangladesh: Quantitative findings from a quasi-experimental study. *World Development*, 24(4), 635–653.
- UNFPA (2021). "Gender-Based Violence in South Asia."
- WHO (2013). *Global and Regional Estimates of Violence Against Women*.
- Zakar, R., & Zakar, M. Z. (2011). Women's health and domestic violence in Pakistan. *Health Care for Women International*, 32(3), 270–288.