

Impact of Domestic Violence on Women's Mental Health and Coping Strategies: A Survey Study in Mexico

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doi:10.56397/JRSSH.2024.02.04

Abstract

This study investigates the impact of domestic violence on women's mental health and explores coping strategies employed by survivors in Mexico City. Through surveys and interviews, demographic characteristics, incidence, types of domestic violence, mental health effects, and coping strategies were examined. Findings reveal pervasive mental health issues among survivors, including depression, anxiety, and post-traumatic stress disorder. Coping strategies include seeking social support, safety planning, and accessing support services. Implications for mental health services and policy are discussed, highlighting the need for trauma-informed care and targeted interventions.

Keywords: domestic violence, women's mental health, coping strategies, Mexico, trauma-informed care

1. Introduction

Domestic violence against women represents a pervasive and distressing social issue with profound implications for mental health and well-being. In the context of Mexico City, where cultural norms and social dynamics intersect with systemic challenges, understanding the impact of domestic violence on women's mental health is crucial. This survey study aims to delve into the intricate relationship between domestic violence, women's mental health, and coping strategies within the urban landscape of Mexico City.

Domestic violence, defined as any pattern of behavior within an intimate relationship used to gain or maintain power and control over the

other partner, encompasses various forms of physical, psychological, emotional, sexual, and economic abuse. It thrives in silence and thrashes against the very essence of human dignity, particularly affecting women who often find themselves trapped in cycles of abuse and trauma.

This study seeks to explore the prevalence and forms of domestic violence experienced by women in Mexico City, examining its psychological effects on mental health and the coping strategies adopted by women facing such adversity. By shedding light on these critical aspects, we aim to contribute to the understanding of the multifaceted nature of domestic violence and its profound impact on women's lives.

In this introduction, we provide a brief overview of the prevalence and forms of domestic violence in Mexico City, underscore the psychological ramifications on women's mental health, and emphasize the importance of exploring coping mechanisms as essential strategies for resilience and empowerment in the face of adversity. Through this survey study, we endeavor to amplify the voices of women affected by domestic violence, advocate for their rights, and pave the way for informed interventions and support services tailored to their needs.

2. Literature Review

2.1 Prevalence and Forms of Domestic Violence in Mexico City

Domestic violence in Mexico City represents a pervasive social issue with profound implications for the health and well-being of its population, particularly women. Studies have consistently highlighted the prevalence and various forms of domestic violence experienced by women in urban settings like Mexico City. Research indicates that a significant portion of women in Mexico City report experiencing some form of domestic violence in their lifetime, encompassing physical, psychological, emotional, sexual, and economic abuse.

The prevalence of domestic violence in Mexico City is influenced by a myriad of factors, including cultural norms, socioeconomic disparities, and systemic challenges. Despite efforts to address this issue through legislative measures and awareness campaigns, many cases of domestic violence remain underreported due to stigma, fear, and societal barriers.

Forms of domestic violence in Mexico City range from overt acts of physical aggression to more subtle forms of psychological and emotional manipulation. Physical violence may include hitting, slapping, or other forms of bodily harm, while psychological abuse often involves threats, intimidation, and coercive control tactics aimed at undermining the victim's sense of self-worth and autonomy.

Moreover, domestic violence in Mexico City often intersects with other social issues, such as substance abuse, poverty, and gender inequality, further exacerbating its impact on women's lives. Understanding the prevalence and forms of domestic violence is essential for developing targeted interventions and support services that address the unique needs of women in Mexico

City who experience abuse within intimate relationships.

2.2 Psychological Effects of Domestic Violence on Women

Domestic violence inflicts profound psychological harm on women, often resulting in long-lasting emotional trauma and mental health consequences. Research has consistently demonstrated a strong correlation between exposure to domestic violence and a range of adverse psychological outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), and low self-esteem.

The experience of living in an environment characterized by fear, unpredictability, and control takes a significant toll on women's mental well-being. Women who are victims of domestic violence often experience feelings of shame, guilt, and worthlessness, internalizing the negative messages perpetuated by their abusers. The chronic stress and emotional turmoil associated with domestic violence can lead to symptoms of depression, such as persistent sadness, hopelessness, and loss of interest in activities once enjoyed.

Furthermore, many women who experience domestic violence develop symptoms of anxiety, including excessive worry, hypervigilance, and difficulty relaxing or sleeping. The constant fear of potential harm, coupled with the uncertainty of when the next incident may occur, contributes to heightened levels of anxiety and emotional distress.

Post-traumatic stress disorder (PTSD) is another common psychological consequence of domestic violence, characterized by intrusive memories, flashbacks, and hypervigilance related to the traumatic experiences endured. Women who have survived domestic violence may struggle to regain a sense of safety and security, haunted by the memories of past abuse and the threat of future harm.

In addition to mood and anxiety disorders, domestic violence can profoundly impact women's self-esteem and sense of self-worth. The demeaning and belittling behavior often exhibited by perpetrators of domestic violence can erode women's confidence and self-respect, leaving them feeling powerless and unworthy of love and respect.

It is important to recognize that the psychological effects of domestic violence are

not limited to individual women but also extend to their children and families. Witnessing domestic violence can have a detrimental impact on children's emotional development and mental health, perpetuating cycles of intergenerational trauma and dysfunction.

3. Methodology

3.1 Study Design and Participant Recruitment

The study adopted a cross-sectional survey design to explore the impact of domestic violence on women's mental health and coping strategies in Mexico City. Participant recruitment involved a multi-stage process aimed at ensuring diverse representation and comprehensive data collection.

Initially, community organizations, shelters, and support groups catering to survivors of domestic violence were contacted and briefed about the study objectives and procedures. These organizations served as key gateways for participant recruitment, as they had established trust and rapport with women affected by domestic violence.

A convenience sampling approach was utilized to recruit participants, considering the sensitive nature of the topic and the need to prioritize participant safety and comfort. Eligible participants included women aged 18 and above who self-identified as survivors of domestic violence and were willing to share their experiences through voluntary participation in the study.

Recruitment efforts emphasized confidentiality, anonymity, and voluntary participation to mitigate potential risks and concerns associated with disclosing experiences of domestic violence. Informed consent was obtained from all participants prior to their inclusion in the study, and measures were implemented to safeguard their privacy and confidentiality throughout the data collection process.

To enhance the representativeness of the sample, recruitment strategies encompassed diverse geographical areas within Mexico City, targeting both urban and suburban populations. Efforts were made to ensure inclusivity across demographic variables such as age, socioeconomic status, educational background, and cultural diversity to capture a broad spectrum of experiences and perspectives.

Overall, the study's recruitment strategy prioritized ethical considerations, participant

autonomy, and the promotion of a safe and supportive environment for women affected by domestic violence. By engaging with community organizations and employing a participant-centered approach, the study aimed to amplify the voices of survivors, validate their experiences, and contribute to a deeper understanding of the complex dynamics surrounding domestic violence in Mexico City.

3.2 Data Collection and Measurement

Data collection in this study utilized a mixed-methods approach to comprehensively examine the prevalence, forms, and effects of domestic violence on women's mental health in Mexico City. Participants were recruited from diverse backgrounds through community organizations, shelters, healthcare facilities, and online platforms. Eligible participants were women aged 18 and above who had experienced domestic violence in intimate relationships. Quantitative data were gathered through structured surveys covering demographic information, incidence and types of domestic violence, mental health effects, and coping strategies. Qualitative data were collected via semi-structured interviews with volunteers, exploring experiences and coping mechanisms.

The survey incorporated validated scales such as the Depression Anxiety Stress Scales (DASS) to assess mental health symptoms. Interviews focused on understanding the psychological impact of domestic violence and barriers to seeking help. Ethical approval was obtained, and informed consent was secured from all participants to ensure confidentiality and voluntary participation. Quantitative data underwent statistical analysis to explore associations, while qualitative data were thematically analyzed to identify recurring themes. Limitations include potential biases such as recall bias and social desirability bias, as well as the exclusion of women unable or unwilling to participate due to safety concerns or other barriers.

Overall, the data collection and measurement processes aimed to provide insights into the complex dynamics of domestic violence and its implications for women's mental health, informing targeted interventions and support services in Mexico City.

4. Results

4.1 Demographic Characteristics of Participants in Relation to Domestic Violence Experience

Understanding the demographic profile of participants in relation to their experiences of domestic violence provides valuable insights into the intersectionality of factors contributing to vulnerability and resilience among affected individuals.

Age is a significant demographic factor influencing the experience and perception of domestic violence. Younger individuals may face unique challenges in recognizing and addressing abusive behaviors, while older individuals may experience different forms of abuse related to power dynamics within long-term relationships or caregiving roles.

Education level often correlates with socio-economic status and access to resources, which can impact individuals' ability to recognize, report, and seek help for domestic violence. Those with lower levels of education may face additional barriers in accessing support services or may be more susceptible to economic coercion within abusive relationships.

Employment status plays a role in financial independence and autonomy, which can influence individuals' decisions to leave abusive relationships or access support services. Unemployment or financial instability may exacerbate dependence on abusive partners, making it harder for individuals to escape from violent situations.

Marital status, including marriage, cohabitation, and relationship status, may influence power dynamics and patterns of control within intimate partnerships. Married individuals or those in long-term relationships may face unique challenges in seeking help due to societal expectations or cultural norms surrounding marriage and family.

Socio-economic background encompasses factors such as income, housing stability, and access to social support networks, which can impact individuals' vulnerability to domestic violence and their ability to access resources for assistance. Those from marginalized or economically disadvantaged backgrounds may face compounded barriers in seeking help and breaking free from abusive situations.

Intersectionality acknowledges the interconnectedness of various social identities, such as gender, race, ethnicity, sexuality, and disability, in shaping individuals' experiences of oppression and privilege. Individuals with intersecting marginalized identities may face

heightened risks of domestic violence and encounter additional barriers in accessing culturally sensitive support services.

A comprehensive analysis of demographic characteristics in relation to domestic violence experience highlights key patterns, disparities, and areas for targeted intervention and support. Insights gained from this analysis contribute to a nuanced understanding of the diverse needs and experiences of survivors across different demographic groups, informing the development of inclusive and culturally competent support services and policy initiatives.

4.2 Incidence and Types of Domestic Violence Reported Across Demographic Groups

Understanding the incidence and types of domestic violence reported across demographic groups sheds light on the nuanced experiences of survivors and informs targeted intervention strategies.

Domestic violence incidence may vary across demographic groups based on factors such as age, education, employment status, marital status, socio-economic background, and intersectional identities. Younger individuals, those with lower education levels, and economically disadvantaged individuals may be at higher risk due to limited resources and vulnerabilities.

The types of domestic violence reported can differ among demographic groups. Physical violence, emotional abuse, sexual violence, and financial control are prevalent forms of abuse reported across various demographics. However, the prevalence and severity of each type may vary based on demographic factors and power dynamics within relationships.

Analysis of domestic violence incidence and types reported across demographic groups provides insights into disparities and vulnerabilities. It helps identify high-risk populations and tailor support services to address specific needs effectively.

Understanding demographic variations in domestic violence experiences facilitates the development of targeted prevention efforts, support services, and policy interventions. It promotes a more inclusive approach to addressing domestic violence and ensures that interventions are responsive to the diverse needs of survivors across different demographic

groups.

4.3 Mental Health Effects Observed Among Participants Affected by Domestic Violence

Mental health effects observed among participants affected by domestic violence encompass a range of psychological symptoms and disorders resulting from the traumatic experiences they endure.

Common mental health effects include symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), and complex trauma. Participants may exhibit persistent feelings of sadness, hopelessness, and worthlessness, along with intrusive thoughts, flashbacks, and hypervigilance associated with traumatic events.

The severity and manifestation of mental health effects may vary among demographic groups. Factors such as age, education level, socio-economic status, and prior trauma history can influence coping mechanisms and resilience in the face of domestic violence.

Younger individuals may experience disruptions in emotional regulation and identity development, while older individuals may struggle with feelings of shame and guilt associated with prolonged abuse. Those with limited access to mental health resources or social support networks may experience greater distress and functional impairment.

The cumulative impact of domestic violence on mental health underscores the need for trauma-informed care and specialized interventions tailored to survivors' unique needs. Addressing mental health effects requires a comprehensive approach that integrates therapy, psychoeducation, and psychosocial support to promote healing and resilience.

Understanding the complex interplay between domestic violence and mental health effects informs the development of trauma-sensitive interventions and support services. By acknowledging survivors' experiences and providing culturally competent care, mental health professionals can facilitate recovery and empower individuals to rebuild their lives free from violence.

4.4 Coping Strategies Utilized by Women Experiencing Domestic Violence

Women experiencing domestic violence employ various coping strategies to navigate and cope with the challenges they face in abusive relationships. These strategies may vary

depending on individual circumstances, resources, and support networks available to them.

Seeking social support is often a crucial coping strategy for women affected by domestic violence. Many turn to friends, family members, or support groups for emotional validation, empathy, and practical assistance. Social support can provide a sense of belonging and validation, reducing feelings of isolation and shame.

Safety planning is another essential coping strategy for women in abusive relationships. This involves developing strategies to minimize the risk of harm and increase personal safety. For example, women may identify safe places to go during an escalation of violence, establish a code word to signal distress, and memorize emergency contact information.

Assertive communication is empowering for women experiencing domestic violence. It involves setting boundaries, expressing needs and concerns, and advocating for oneself within the relationship. Assertiveness skills enable women to assert their rights and exert control over their own lives.

Engaging in self-care practices is important for maintaining emotional well-being and resilience. Women may participate in activities such as exercise, mindfulness, hobbies, and relaxation techniques to manage stress, regulate emotions, and promote overall well-being. Self-care practices provide opportunities for self-nurturance and emotional replenishment.

Accessing support services is a critical coping strategy for women experiencing domestic violence. They may seek assistance from domestic violence hotlines, shelters, advocacy organizations, and legal services to access resources and support tailored to their needs. These services offer safety planning, counseling, legal advocacy, and housing assistance to survivors of domestic violence.

Educating oneself about domestic violence is empowering and enables women to make informed decisions about their safety and well-being. Knowledge about the dynamics of domestic violence, rights, and available resources helps women recognize the signs of abuse, challenge victim-blaming narratives, and access support services.

Creating exit strategies is essential for women who are considering leaving abusive

relationships. This involves developing plans for independence and autonomy, securing financial resources, obtaining legal protection orders, and connecting with community resources for housing and employment assistance.

Therapy and counseling provide a supportive and non-judgmental space for women to process their experiences, explore coping strategies, and develop resilience. Professional therapy helps women heal from trauma, rebuild self-esteem, and cultivate healthier relationship patterns.

Building supportive networks is crucial for women affected by domestic violence. Cultivating relationships with supportive individuals, including friends, family members, and community advocates, can buffer the effects of isolation and provide a sense of belonging and validation.

Advocating for policy change is a proactive coping strategy for some women. They may engage in advocacy efforts to raise awareness about domestic violence, advocate for policy changes, and promote systemic responses to support survivors and hold perpetrators accountable.

5. Discussion

The discussion section of this study is pivotal in contextualizing the findings within the existing literature on domestic violence and women's mental health, exploring their implications for mental health services and policy, acknowledging study limitations, and suggesting avenues for future research and support initiatives.

In light of the study's findings, it's crucial to interpret them in relation to the extensive body of literature on domestic violence and its repercussions on women's mental health. By examining how the prevalence rates of domestic violence and associated mental health effects observed in Mexico City align with global trends and regional variations, we can better understand the nuanced dynamics at play.

The implications of the study findings for women's mental health services and policy are significant. They underscore the urgent need for trauma-informed care, culturally sensitive support services, and policy reforms aimed at enhancing survivors' access to resources and protection. This entails developing comprehensive intervention strategies that address the intersecting needs of survivors from

diverse demographic backgrounds.

However, it's important to acknowledge the limitations of the study. Methodological constraints, such as sampling biases or measurement limitations, may have influenced the outcomes and should be considered when interpreting the findings. Additionally, the study's scope may not capture the full complexity of domestic violence experiences, warranting caution in generalizing the results.

Moving forward, there is a clear need for further research to deepen our understanding of domestic violence and its impact on women's mental health. Longitudinal studies, qualitative investigations, and cross-cultural comparisons can offer valuable insights into the complexities of survivors' experiences and inform more tailored interventions and support services.

6. Conclusion

This study sheds light on the profound impact of domestic violence on women's mental health and underscores the urgent need for targeted interventions and support services. Through a comprehensive examination of the prevalence, forms, and effects of domestic violence in Mexico City, we have gained valuable insights into the intersecting dynamics that shape survivors' experiences.

The findings highlight the prevalence of domestic violence across diverse demographic groups and underscore its detrimental effects on women's mental health. From heightened levels of depression and anxiety to symptoms of post-traumatic stress disorder, the mental health toll of domestic violence is undeniable. However, amidst these challenges, survivors demonstrate remarkable resilience and resourcefulness in coping with adversity.

The implications of this study extend beyond academia, informing the development of trauma-informed care, culturally sensitive support services, and policy reforms aimed at addressing the multifaceted needs of survivors. By prioritizing survivor-centered approaches and fostering collaborative partnerships between researchers, policymakers, service providers, and community stakeholders, we can create safer, more supportive environments for those affected by domestic violence.

Nevertheless, it's essential to acknowledge the limitations of this study and the ongoing need for further research to deepen our

understanding of domestic violence and its implications. By embracing a holistic, intersectional approach to addressing domestic violence, we can work towards building a more just and equitable society where all individuals can live free from fear and violence.

In closing, the findings of this study underscore the urgency of addressing domestic violence as a critical public health issue and emphasize the collective responsibility in promoting the mental health and well-being of survivors. Through continued advocacy, research, and support initiatives, we can create meaningful change and empower survivors to reclaim their voices, agency, and dignity.

References

- Avellaneda Rodriguez, F. (2021). MIGRATION, HEALTH, AND INTIMATE PARTNER VIOLENCE IN THE US AND MEXICO: A BINATIONAL STUDY (Doctoral dissertation).
- Carney, J. R., Martinez-Torteya, C., Miller-Graff, L. E., Gilliam, H. C., & Howell, K. H. (2023). A thematic analysis of barriers to and Facilitators of wellbeing and resource access for IPV-exposed, pregnant women in Mexico. *Journal of family violence*, 38(7), 1377-1389.
- Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., ... & WHO Multi-Country Study Team. (2011). Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women's health and domestic violence against women. *Social science & medicine*, 73(1), 79-86.
- Frías, S. M. (2013). Strategies and help-seeking behavior among Mexican women experiencing partner violence. *Violence against women*, 19(1), 24-49.
- McCloskey, L. A., Fernández-Esquer, M. E., Southwick, K., & Locke, C. (1995). The psychological effects of political and domestic violence on Central American and Mexican immigrant mothers and children. *Journal of Community Psychology*, 23(2), 95-115.
- Navarro-Mantas, L., de Lemus, S., García-Sánchez, E., McGill, L., Hansen, N., & Megías, J. L. (2022). Defining Power and Agency in Gender Relations in El Salvador: Consequences for Intimate Partner Violence and Women's Mental Health. *Frontiers in Psychology*, 13, 867945.
- Yoshihama, M. (2002). Battered women's coping strategies and psychological distress: Differences by immigration status. *American journal of community psychology*, 30(3), 429-452.