

## WHY DOESN'T SHE LEAVE? : A CASE STUDY OF DOMESTIC VIOLENCE

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### Introduction

Violence against women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age. Violence in the family or domestic violence (DV) can be simply defined as violence which takes place primarily within the home and among members of a particular household manifested through *physical, psychological, sexual and economic violence* (WHO, 2002). The overall prevalence of DV in the world is between 20 and 50 per cent (WHO, 2002) while in Sri Lanka it is estimated to be between 18.3 per cent and 60 per cent (Ministry of Health Care and Nutrition, 2008). Life with a violent partner can have physical, social, emotional and psychological effects on women, in both the short and long term. This results in lower self-esteem, loss of confidence, isolation, depression, and suicidal tendencies (WHO, 2002). There is a growing body of research on the different types and consequences of DV. But, in contrast to the extensive literature on women's decisions to leave violent relationships, there is little research examining relationship continuity from the victim's perspective. The objectives of the current research were to explore the experiences, correlates, and consequences of DV against women, and to identify the

reasons for staying in an abusive relationship.

### Materials and Methods

The case study design was chosen because the focus of the study was on a contemporary phenomenon within its real-life context, where the researcher had no possibility to control the events. It is also one of the best methods to gain an in-depth, holistic view of a complex as well as a very sensitive social phenomenon. The rationale for selecting a single-case rather than a multiple-case design was that the single case represents a unique or extreme case for the problem under study. The purposive sampling technique was adopted to select the single case. The participant was a 36 year old, Sinhala, Buddhist, degree holder married for 12 years with no children. An informal in-depth interview was conducted to gain an in-depth understanding of the topic and to hear the unique experiences of DV. The participant was interviewed at three time points during the last six months.

### Results

Minor forms of violence, mistakenly understood as overprotection and love had been present from the start of the marriage. The victim had been happy at first thinking that actions such as not letting her go out even to

the market by herself to buy the groceries, or meeting family members or friends were due to the extreme care, love and over possessiveness of the husband. But with time she had realized that she had been virtually imprisoned at home, her movements restricted limiting her contacts with the outside world by removing the telephone connection and isolating her from her social world, restricting her from engage in any self-improvement activities including higher studies, and making her do all the house chores without doing a fair share of it. The husband has treated her like his personal servant and has demanded obedience to his personal whims. The victim has obediently followed his demands and commands just to avoid unpleasant confrontations. But as the violent actions have increased in severity the victim has exceeded the level of tolerance, and with great difficulty she has managed to get the husband's consent to do a job where only a few males were employed. But, as the husband has monitored her and made her account for her whereabouts, being jealous of other men who worked with her and accused her of having an affair with another man, she had to resign from the job and has again been imprisoned in her house.

He had taken all her money, her dowry and spent all that for his needs and for the welfare of his family members. He has not spent for her medical care needs. Her parents had to pay all her medical bills. He has humiliated and insulted her in front of others, trying to convince her and others that she is suffering from a

mental disorder where she cannot control herself when she sees a man and has justified his behavior saying that he is always watching her to protect her. Yelling and screaming at her using vulgar words and calling her names, and blaming her for his problems has been very common. He has beaten her several times when he was drunk, accusing her of carrying on an affair with another man. She has kept all this to herself as far as she could as she was concerned about the bad name that could attach to her parents' social status if she leaves him, fear of social stigma and to save the marriage. She has been abused physically, psychologically and financially for twelve years and has come to her parents four times following very severe violent episodes. But after a few weeks of listening to him and believing his promises that he would stop all forms of abuse, she has returned hoping that he will change, but to realize it lasts only for a few days.

Three months back the husband had thrown her out of the house during the night and she has come to her parents. But her mother-in-law, disapproving of her decision has scolded her saying that "if the husband throws the wife out through the front door, she should know to come in to the house from the back door". Alcoholism of the husband can be identified as a main cause for DV, but not the only cause. Pathological suspicion on the part of the husband of the wife can be identified as the major cause. But he has never agreed even to go and meet a counselor to solve the problems. Husband's mother's behaviour has also aggravated the

problem. The victim has experienced severe depressive symptoms and suicidal thoughts. When she came to her parents, she was in a state where she was unable to get in to the bus and get down at her destination by herself. Now the victim is employed, and has good support from parents, friends and relations. But she is considering going back to him again

### **Discussion and Conclusion**

According to past research findings, factors associated with relationship continuity includes older age, being married to the victim and having children together (Deraniyagala, 1992), economic dependency, lack of social support, and having a childhood history of family violence (Heyman & Smith, 2001). But in this case many of these risk factors do not appear to weigh in. So, there must be some other factors which propel her to continue the violent relationship. A number of other possible causes emerged in the course of the interview with this victim. It could be that "this time he will change for good" attitude, a sense of security, the bond that marriage generates, an unexplained emotional bond left after all she has gone through, being used to live with violence that it has become normal, the difficulty in existing as an individual, being unable to make decisions without relying on other as

she has been made a psychologically handicapped person who cannot stand on ones feet and get things done, etc. All these factors fit remarkably well with the Battered Women's Syndrome first defined by Lenore Walker (1977), which explains why it is difficult to break away from the cycle of violence. Breaking the cycle of violence and helping women come out of it is not an easy task. Even though service providers mainly focus on providing material and legal support, this unique case shows that we have to look much deeper in to it if we are to help them to escape from the violent relationship and solve the problem successfully.

### **References**

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