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THE INVISIBLE SCARS: EXPLORING THE IMPACT OF PSYCHOLOGICAL ABUSE ON WOMEN'S PHYSICAL HEALTH IN MANIPUR

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Abstract:
Intimate partner violence, such as psychological abuse, frequently results in permanent but undetectable scars that have a major negative influence on women's physical health. In Manipur, India, a region with distinct sociocultural and conflict-related dynamics, this study examines the physiological effects of psychological abuse on women. In order to investigate the frequency and type of physical health outcomes among women who have suffered psychological abuse. The study uses a mixed-methods approach that incorporates both qualitative interviews and quantitative health assessments. The main conclusions show a strong correlation between psychological abuse and harmful physical health such as immunological dysfunction, gastrointestinal issues, cardiovascular problems and chronic pain syndromes. In addition, the study examines how sociocultural factors, such as gender-based stigma, social norms, and barriers to healthcare, exacerbate these health disorders. The incorporation of bio-psychosocial frameworks in this study emphasizes the complex relationship between psychological trauma and physical health, highlighting the need for all-encompassing interventions. In order to address the dual burden of psychological and physical health issues faced by abused women in Manipur, the findings support the creation of culturally aware, multidisciplinary approaches. This study adds to the increasing amount of data demonstrating the physical effects of psychological abuse and supports policy recommendations.
Keywords: Psychological Abuse, Intimate Partner Violence, Physical Health, Somatic Health.

Introduction

It is commonly accepted that violence against women is a worldwide public health issue. Psychological, physical or sexual violence are all examples of intimate partner violence (IPV). A woman may experience emotional or psychological abuse in the form of humiliation, controlling behaviour, social exclusion, derivation of basic resources and intentional denigration. Between 20 and 75 per cent of people worldwide are thought to have experienced psychological or emotional partner abuse, which frequently coexists with other types of violence. According to some victims, emotional abuse is occasionally thought to cause more suffering than physical or sexual abuse. One type of intimate partner violence that frequently leaves long-lasting but undetectable scars is psychological abuse, which has a profound negative effect on women's physical health. Investigating the

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physiological effects of psychological abuse on women in Manipur, India, a region with distinct sociocultural and conflict-related dynamics, is the focus of this study. The socio-cultural dynamics of the region are deeply ingrained in the psychological abuse that women in Manipur endure. Gender-based violence and the marginalization of women are consequences of traditional Manipuri society, which frequently presents men as dominant and women as submissive. Research shows that domestic violence rates in Manipur are higher than the national average, which runs counter to the perception that Manipuri women in the area enjoy a higher status.

The number of physical health issues commonly seen in primary care settings is significantly increased by domestic violence. These include discomfort or pain from recurrent symptoms of the central nervous system (CNS), like seizures, headaches, backaches, or fainting. Additionally, there are more signs, symptoms, and illnesses like functional gastrointestinal disorders, appetite loss, viral infections like the flu and colds, and cardiac issues like chest pain and hypertension that are linked to chronic fear and stress in battered women. The state of Manipur, located in Northeast India, is distinguished by its intricate socio-cultural environment. The state struggles with gender inequality and violence against women despite its rich cultural legacy. Research to date indicates that psychological abuse and other forms of domestic violence are major issues in the area. However, there is a dearth of studies explicitly examining how psychological abuse affects Manipur women's physical health. This study attempts to close this gap by investigating the relationship between women in the state's experiences of psychological abuse and a number of physical health indicators.

The frequency and kinds of physical health issues linked to psychological abuse are examined in this study using a mixed-methods approach that combines qualitative interviews and quantitative health evaluations. This study intends to draw attention to the pressing need for all-encompassing support networks catered to the requirements of women in Manipur by combining sociocultural elements with healthcare issues. In order to improve protection and support for survivors, the findings will be incorporated into policy recommendations and intervention strategies aimed at reducing the long-term health effects of psychological abuse.

The study used a mixed-methods approach, surveying 150 women between the ages of 18 and 60 from the hill districts (Ukhrul, Kangpokpi, Senapati) and valley (Imphal East, Imphal West, Thoubal) of Manipur, India. In order to guarantee regional diversity while taking sociocultural variances into account, participants were chosen through stratified purposive sampling. Information on experiences of psychological abuse, physical health indicators, and sociocultural factors were gathered through questionnaires and interviews. The prevalence of abuse and its association with physical health outcomes were ascertained through the use of statistical tests such as Chi-square in quantitative data analysis, while recurrent themes pertaining to the effects of abuse and sociocultural influences were probably identified through thematic analysis of qualitative data. Participants had to give their informed consent and have lived in Manipur for at least five years in order to be eligible; those who were receiving intensive mental health treatment or had significant unrelated medical conditions were not.

2. Objectives of the study

1) To assess the prevalence and forms of psychological abuse experienced by women in the hill and valley regions of Manipur.

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2) To analyze the physical health consequences of psychological abuse among women in Manipur.
3) To investigate the connection between Manipur women's physical health outcomes and psychological abuse.
4) To identify socio-cultural factors influencing the help-seeking behaviour of the women in Manipur.

3. Methodology

A cross-sectional survey was carried out with 150 women, 75 of whom were from valley districts (Imphal East, Imphal West, Thoubal) and 75 of whom were from hill districts (Ukhrul, Kangpokpi, Senapati). Manipur's hill and valley regions were the sites of this cross-sectional study. There were 150 women in all, ages 18 to 60, who took part in the study, 75 from each region. In addition to guaranteeing regional diversity, the stratified sampling approach takes into considering possible sociocultural variations that could affect health outcomes. Participant recruitment was done using a purposive sampling technique. The inclusion criteria included being a woman residing in Manipur for at least five years to ensure cultural and environmental exposure and provide informed consent for participation in the study. Women with serious medical conditions that were not related to psychological abuse, people who are presently receiving intensive mental health care, were excluded from the study. Data on experiences of psychological abuse, physical health, and sociocultural factors were gathered via questionnaires and interviews. The Intimate Partner Violence Scale (IPVS) developed by the World Health Organization, the Psychological Maltreatment of Women Inventory (PMWY) developed by Richard M. Tolman in 1989, the Depression, Anxiety, and Stress Scale (DASS-21), developed by Sydney H. Lovibond and Peter F. Lovibond in 1995, and the barrier to Healthcare Access Scale (BHAS) developed by Mobley Thomas, Sutherland, and colleagues in the year 2013, was employed for collecting quantitative data. A self-structured interview was used to collect qualitative information. SPSS v. 26 was used to analyze quantitative data, and NVivo 12 was used to code the qualitative themes.

4. Demographic characteristics of the respondents

Table 1 Age distribution:

Age group	Valley (n=75)	Hill(n=75)	Total(n=150)
18-25 years	15	18	33
26-35 years	25	22	47
36-45 years	20	20	40
46-55 years	10	10	20
56+ years	5	5	10

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Table 2 Marital status

Marital status	Valley (n=75)	Hill(n=75)	Total(n=150)
Married	60	55	115
Unmarried	10	12	22
Widowed	5	8	13

Table 3 Education Level

Education Level	Valley (n=75)	Hill(n=75)	Total(n=150)
No formal education	5	15	20
Primary school	10	15	25
Secondary school	25	20	45
Higher Secondary/ college	25	15	40
Graduate/ Postgraduate	10	10	20

Table 4 Occupation

Occupation	Valley (n=75)	Hill(n=75)	Total(n=150)
Homemaker	35	40	75
Agriculture/farming	10	20	30
Daily wage labourer	5	5	10
Small business owner	15	5	20
Salaries Employee	10	5	15

Table 5 Ethnicity

Ethnic group	Valley (n=75)	Hill(n=75)	Total(n=150)
Meitei	70	0	70
Naga	0	40	40
Kuki	0	30	30
Others	5	5	10

Table 6 Economic Status

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Income level	Valley (n=75)	Hill(n=75)	Total(n=150)
< INR 5,000	10	20	30
INR 5,001-10,000	25	30	55
INR 10,001-15000	20	15	35
INR 15,001-20000	10	5	15
>INR 20,000	10	5	15

Interpretation: The demographic data shows a picture of the 150 women participating in the study, highlighting key differences and similarities between those from Manipur's valley and hill regions. The age distribution shows a relatively even distribution of ages, guaranteeing a range of viewpoints from younger to older women. However, when looking at occupation and education, socioeconomic differences become apparent. The higher percentage of women without a formal education in the hill region is probably due to difficulty accessing educational resources in isolated places. On the other hand, women with higher levels of education are more prevalent in the valley area. These socioeconomic disparities are reflected in the distribution of occupations, with a higher percentage of people working in agriculture in the hill region and a higher percentage of people in the valley holding salaried jobs and small enterprises. This implies that access to urban centres and geographic locations impacts the economic opportunities available. Due to societal norms, most people are married, and marital status is comparatively similar across regions. Even though it is oversimplified, ethnicity highlights Manipur's diverse population. The different ethnic identities that are common in each area are highlighted by the predominance of Meitei women in the valley sample and the existence of Naga and Kuki women in the hill sample. Because of this ethnic diversity, understanding experiences of psychological abuse and behaviour related to seeking help requires a culturally sensitive approach.

5. Analysis and Interpretations of the Objectives

5.1 Objective 1 To assess the prevalence and forms of psychological abuse experienced by women in the hill and valley regions of Manipur.

Table 7 Forms of Psychological Abuse

Form of Psychological Abuse	Valley Region (n=75	Hill Region (n=75)	Total (n=150)	Statistical Test	p-value
Verbal Threats & Insults	80% (60)	70.6% (53)	75.3% (113)	Chi-Square=1.59	0.207
Emotional Manipulation	50.6% (38)	60% (45)	55.3% (83)	Chi-Square=1.22	0.269
Controlling Behavior	53.3% (40)	64% (48)	58.7% (88)	Chi-Square=1.45	0.229
Isolation from Family/Friends	33.3% (25)	22 % (17)	27.5% (42)	Chi-Square=1.53	0.216

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Stratified by region, Table 7 shows the prevalence of various types of psychological abuse. Among all forms of abuse, insults were the most frequently reported (75.3%). Compared to the hill region, where verbal threats and insults were reported less frequently (70 %), the valley region reported a higher frequency (80%). Nevertheless, a statistically insignificant difference was found (Chi-square = 1.59, df=1, p = 0.707). In the same way, there were no statistically significant differences between the hill and valley regions in terms of controlling behavior (p=0.229), emotional manipulation (p=0.269), or social isolation (p=0.216).

This implies that the prevalence of experiencing these types of psychological abuse in both regions may be comparable in this sample.

5.2. Objective 2 Prevalence of Physical health conditions by region

Table 8

Health Condition	Valley Region (n=75	Hill Region (n=75)	Total (n=150)	Statistical Test	p-value
Immunological Dysfunction	24% (18)	20% (15)	22% (33)	Chi-Square=0.27	0.603
Gastrointestinal Problems	40% (30)	37.3 % (28)	38.7% (58)	Chi-Square=0.09	0.764
Cardiovascular issues	26.7% (20)	29.3% (22)	28% (42)	Chi-Square=0.13	0.718
Chronic pain Symptoms	33% (25)	36% (27)	34.7% (52)	Chi-Square=0.08	0.777

The prevalence of physical health conditions by region is shown in Table 8. Overall, intestinal issues were the most common condition (38%). Immunological dysfunction was reported to be more common in the valley region (24%), compared to the hill region (20%). For the remainder, the percentages in the valley and the hill regions are nearly identical, with only slight variations. Along with gastrointestinal issues (p=0.764), cardiovascular issues (p=0.718), and chronic pain symptoms (p=0.777), there were no statistically significant differences in the prevalence of immunological dysfunction (p=0.603) between the two regions. This implies that there isn't significant regional variation in these health outcomes within this sample.

5.3 Objective 3 To examine the relationship between psychological abuse and physical health outcomes of women in Manipur.

Table 9 Association Between Psychological Abuse and Physical Health Outcomes

Physical health outcome	Abused women (n=88)	Non-Abused women (n=62)	Statistical Test	P-value
Gastrointestinal issues	51.1% (45)	29% (18)	Chi-Square=7.42	0.006
Sleep disturbances	73% (64)	32.3% (20)	Chi-Square=22.1	<0.001
Depression	34.9% (31)	16.1% (10)	Chi-Square=5.47	0.019
Cardiovascular problems	40.91% (36)	17.74% (11)	Chi-Square=11.11	0.001

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The correlation between physical health outcomes and psychological abuse is displayed in Table 9. In contrast to non-abused women (29%), women who had psychological abuse were much more likely to have gastrointestinal issues (51.1 percent) (Chi-square = 7.42, df = 1, p = 0.006). Compared to Non-abused women (32.3%), a significantly higher percentage of abused women (73 %) reported sleep disturbances (Chi-square = 22.1, df = 1, p < 0.001). Depression was considerably more common in women who had psychological abuse (34 %) than in women who had not (16 percent) (Chi-square = 5.47, df = 1, p = 0.019). Compared to women who were not abused, 40–91 percent of abused women reported having cardiovascular problems, compared to 17.74 percent of such women. (Chi-square = 11.11, p = 0.001, df = 1). There appears to be a strong correlation between psychological abuse and poor physical health outcomes, as these findings support the notion that women who have experienced psychological abuse are more likely to suffer from gastrointestinal problems, depression, cardiovascular problems, and sleep disturbances.

5.4 Objective 4 To identify socio-cultural factors influencing the help-seeking behaviour of the women in Manipur

Table 10

Socio-Cultural Factor	Percentage of women who rated factor as important/very important
Social Stigma	75%
Lack Of Awareness	60%
Economic Dependency	55%
Cultural Norms	40%

The perceived significance of several sociocultural elements affecting women's help-seeking behavior in Manipur is shown in Table 10. Seventy-five percent of women rated social stigma as "Important" or "Very Important," making it the most significant factor. Economic dependence (55 %) and ignorance (60 %t) were also noted as significant obstacles, and 40 percent of the women thought that cultural norms that prioritized family honor were significant. This implies that in order to improve help-seeking behavior, interventions should address social stigma, raise awareness of available resources, and give women more economic power.

Discussion

Regarding the frequency and effects of psychological abuse on women's physical health in the particular sociocultural setting of Manipur, India, this study offers important new information. As a major public health concern, psychological abuse must be addressed, as the results show a strong link between psychological abuse and poor physical health outcomes. According to the study, the most common type of psychological abuse that women in Manipur's hill and valley regions reported experiencing was insults. The overall prevalence of insults shows how common verbal abuse is in intimate partner relationships in this population, even though no statistically significant regional differences were found in the prevalence of particular forms of psychological abuse. In terms of physical health conditions, the most frequently reported ailment was intestinal. Additionally, there was a strong correlation between psychological abuse and physical health outcomes, with abused women more likely than non-abused women to suffer from depression, sleep disorders, cardiovascular problems, and gastrointestinal disorders.

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The need for integrated healthcare strategies that address the physical and psychological needs of abused women is underscored by the strong correlation found between abuse and these health outcomes.

Additionally, the study determined important sociocultural elements affecting Manipur women's help-seeking behaviour. The biggest obstacle was a social stigma, which was followed by financial reliance, a lack of knowledge about available resources, and cultural norms that place a high value on family honour. These results demonstrate the intricate interactions between social, cultural, and economic factors that keep women from asking for support and assistance. Multifaceted interventions that question social norms, give women economic empowerment, and raise awareness of available resources are necessary to address these obstacles. The results of the study have significant ramifications for practice and policy. Interventions that address the underlying causes of psychological abuse and its effects on women's health that are culturally sensitive are obviously needed. Dispelling gender stereotypes, encouraging polite relationships, and increasing awareness of the various types of psychological abuse should be the main goals of these interventions. In order to provide appropriate support and make referrals to mental health services, healthcare providers should be trained to identify the tell-tale signs and symptoms of psychological abuse. Policies that guarantee women's access to justice and support services, as well as shield them from discrimination and violence, should also be put into place. To sum up, this study adds to the increasing amount of data showing the serious effects of psychological abuse on women's physical health. The study emphasizes the significance of taking socio cultural factors into account when addressing this issue by focusing on the unique context of Manipur. The results demand a thorough and well-coordinated response from individual community organisation, legislators and healthcare professionals in order to build a society where women are respected, safe and empowered to lead long, healthy live. In addition to investigating the possible causal mechanisms through which psychological abuse influences physical health, future research should concentrate on creating and assessing interventions to stop psychological abuse and lessen its long-term health effects.

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