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Invisible Wounds, Silent Sufferings: Health Implications of Psychological Violence on Married Women in Basirhat Block- 2 [1]

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Psychological violence is often the invisible part of domestic abuse—no bruises, no fractures, just a slow wearing away of a woman's sense of self. This study set out to understand how that violence shapes the lives and health of married women in Basirhat Block 2, a region in West Bengal where poverty, environmental stress, and conservative gender norms intersect. I worked with 100 women across four-gram panchayats, using surveys and in-depth interviews to get both the numbers and the stories behind them. What I found was both expected and deeply unsettling. Psychological abuse—verbal humiliation, isolation, financial control, emotional manipulation—was widespread. Eighty percent of the women I spoke to reported chronic anxiety; 62% had trouble sleeping; 40% showed signs of depression. But what struck me more than the numbers was how ordinary this violence had become. Many women did not call it violence at all. They called it "his nature," "my fate," or simply "how marriage is." The patterns were not the same for everyone. Women from Scheduled Caste backgrounds, Muslim women, and those in the poorest households faced the most severe abuse and the worst health outcomes. Their stories made it clear that psychological violence is not random; it feeds on existing inequalities—caste, class, religion—and uses them to tighten its grip. This study argues that psychological violence needs to be taken as seriously as physical abuse. That means not just laws on paper, but accessible mental health support, economic opportunities for women, and—perhaps hardest of all—a shift in how communities understand marriage, control, and a woman's right to dignity. Until then, too many women will continue carrying an invisible wound that no one sees and no one treats.

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When we talk about domestic violence, the image that usually comes to mind is physical—bruises, broken bones, visible marks. That is what makes headlines, what shocks us, what we can point to and condemn. But during the months I spent in Basirhat Block 2, I kept encountering something harder to name, harder to see, yet arguably more damaging: psychological violence. It lived in the silences, the tight control of money, the words that cut deeper than any fist. And it was so woven into everyday life that many women did not even call it violence. They called it "his nature," "my fate," or simply "how things are." I came to this research with a background in social science and a conviction that domestic abuse is never just private trouble—it is shaped by poverty, caste, religion, and the social rules that govern marriage (Crenshaw, 1989; Dube, 1997). But I was not prepared for how ordinary psychological violence would seem in the villages of Basirhat Block 2. Located in the Sundarbans delta, this is a region where livelihoods are fragile: seasonal floods, soil salinity, and uncertain wages keep families on edge. Social norms are conservative, particularly around women's mobility and conduct. The idea that a woman should adjust, tolerate, and sacrifice for her family is not just a saying; it is a lived expectation. I chose Basirhat Block 2 precisely because of these layered vulnerabilities (as observed in the region's environmental and social context). I wanted to understand how psychological violence operates in a setting where poverty, environmental stress, and rigid gender roles intersect. The question was not simply "how common is it?" but "what does it do to women's bodies and minds, and why is it so hard to challenge?" The study that follows is based on 100 surveys and 20 in-depth interviews with married women across four-gram panchayats – Shrinagar Metia, Ghorarash Kulingram, Begumpur Bibipur, Kholapota. It is not a neat, detached academic exercise.

I went into the field expecting to measure prevalence and health impacts, but I came away with something messier and more urgent: a sense of how psychological violence quietly dismantles personhood, how it becomes normalized (Foucault, 1978; Stark, 2007), and how its health consequences are suffered in silence because there is no one to listen—or because women have learned that no one will believe them.

Theoretical Framework

Understanding psychological violence demands more than counting its occurrences; it requires a lens that can capture the tangled power relations in which it is rooted. As I conducted this research, I realized that the experiences recounted by the women of Basirhat Block 2 could not be fully explained through any single theoretical framework. Instead, I began to examine several theories side-by-side—at times they intertwined, at others they appeared somewhat contradictory—yet, when viewed collectively, they revealed the silent mechanism of control that had woven itself into the fabric of their lives.

Intersectionality

The first theoretical lens that was simply impossible to overlook was Kimberly Crenshaw's (1989) concept of 'intersectionality.' On paper, the idea is quite straightforward: oppression never operates along a single, linear trajectory. However, when I sat face-to-face with these women, I witnessed this reality unfolding before my very eyes in their daily lives. A woman's vulnerability to psychological abuse was never solely a consequence of her being a 'woman.' Rather, it was inextricably intertwined with her caste, religion, skin color, economic status, age, or marital standing—and it was the convergence of all these factors that created the complex web within which they found themselves rendered helpless. A young widow (SC) who had remarried into a slightly better-off family, told me, "My mother-in-law says I bring bad luck because of my caste. My husband repeats it when he is angry. They think I should be grateful they took me in." Her story echoed many others: caste stigma, poverty, and gender combined to make the abuse seem almost deserved—a logic that the women themselves sometimes internalised. Intersectionality helped me see that these women were not facing "more" violence; they were facing a qualitatively different kind of entrapment, where escape routes were blocked by multiple, overlapping walls.

Coercive Control

Through interviews, I learned of certain incidents—actions that the women themselves did not necessarily perceive as "violence," yet which they reported caused them

significant mental distress due to their husbands' behavior. Examples include: Monitoring whom they spoke to while at the tube well or by the pond; providing only a meager allowance and subsequently interrogating them over every penny spent; humiliating them by hurling plates if the cooking was deemed unsatisfactory; or, at times, maintaining a week-long silence following an argument.

Evan Stark's (2007) concept of "coercive control" resonates here with unsettling precision. Stark argues that this form of violence is not merely an occasional outburst of rage, but rather a calculated strategy that gradually erodes a woman's capacity for independence—rendering her dependent. I observed this pattern in the behavior of husbands in Basirhat. Their grip extended beyond financial matters; they exerted tight control even over the most mundane aspects of daily life. Let me share the story of one woman, named Rehana. Her husband controlled even her access to a mobile phone. Rehana recounted, "He doesn't allow me to use a personal mobile phone of my own. If I need to make a call, I have to use my husband's phone." She added, "I love wearing sarees, but whether I am inside the house or stepping out, I am compelled to wear a *burqa*—specifically so that no one else can see me. "There are no shouts here, no overt threats. Instead, women's lives are brought under control, little by little. The theory of coercive control provided me with the precise language to articulate this specific form of suffering—what Stark describes as the crime of liberty deprivation: an offense that unfolds in plain sight, yet remains invisible to all.

The Cycle of Violence

Many participants in the interviews shared a specific experience: although their husbands sometimes behave abusively, they subsequently act kindly; consequently, the women themselves are confused as to whether this behavior truly constitutes domestic violence. For instance, consider a scenario where, over a particular issue, the household is gripped from morning till night by intense verbal abuse, shouting, occasional throwing of objects, and—at times—physical violence against the wife. Yet, the very next morning, it is as if nothing at all had happened. That anger is suddenly replaced by affectionate behavior. Let me share Sumita's story. She recounted, "One day, he threw my clothes

around and subjected me to a barrage of verbal abuse. The very next morning, immediately upon waking up, he placed a cup of tea in my hands. He spoke in such an affectionate tone that it felt as though the events of the previous day had never occurred. This is the trap. For, while sipping that tea, Sumita begins to think: He isn't a bad man—just a bit short-tempered. Look how well he is treating me today. But a few days later, the tension returns, followed by another outburst. Thus, the cycle continues. It is this tiny glimmer of hope that repeatedly draws these women back to the very same place. For they find it incredibly difficult to accept—let alone come to terms with—the fact that the husband who serves tea and the husband who throws objects are, in reality, one and the same person. This pattern was so common that I began to anticipate it in the interviews. Lenore Walker's (1979) cycle of violence—tension-building, acute explosion, honeymoon—helped me understand why women stayed. It was not just economic dependence or social pressure; it was the honeymoon phase that planted a stubborn seed of hope. "He is not always bad," women would say, and they meant it. That hope, I realised, is not a weakness but a survival mechanism, one that the cycle exploits to keep them bound.

Discourse and the Making of a "Burden"

A final theoretical thread came from the words women repeated back to me. Over and over, they used the same phrases to describe themselves: "burden," "good-for-nothing," "shameless." These were not their own descriptions; they were the words their husbands had spoken to them, often for years. It reminded me of Foucault's (1978) argument that power is not just repressive but productive—it creates the very subjects it governs. In this case, psychological violence was doing something more than hurting feelings. It was constructing an identity. A woman who is told daily that she is incapable, that her cooking is useless, that she should be grateful for being fed—she begins to inhabit that identity. One respondent, Anjali, said quietly, "Sometimes I think maybe he is right. I can't do anything properly. I am a burden." Her voice was not angry; it was exhausted. Discourse theory helped me see that the verbal abuse was not noise but a slow, methodical shaping of a self that would not resist.

Weaving Theories Together

None of these frameworks alone would have been sufficient. Intersectionality reminded me to look at the layered inequalities; coercive control directed my attention to the strategies, not just the incidents; the cycle of violence explained the emotional pull that kept women tethered; and discourse theory illuminated how the violence reached into the very sense of self. In the field, these dimensions were not separate—they played out simultaneously, in the same household, often in the same moment. I do not present this as a neat synthesis. There were tensions: some women's experiences fit the cycle less neatly, others described control that was not strategic but chaotic. But holding these theories together loosely allowed me to listen more carefully—to hear not just what happened, but how power operated through the everyday, the unsaid, and the worn-down spirit.

Methodology

Study Area and Sampling: Choosing Basirhat Block 2

I chose Basirhat Block 2 not because it was easy to work in, but because the region's layered vulnerabilities made the question of psychological violence urgent. Basirhat Block-II is primarily a low-lying, riverine, and border-adjacent area marked by rivers, canals, and wetlands. During the monsoon season, waterlogging, river erosion, crop damage, and recurring environmental vulnerabilities make livelihoods highly unstable. Since many families are dependent on agriculture, economic losses resulting from environmental crises intensify stress within households. This financial anxiety often manifests through patriarchal domination in the form of physical, psychological, and economic violence against women. Thus, environmental insecurity directly contributes to the social conditions that normalize domestic violence. Due to limited local employment opportunities, many men from this region migrate to other Indian states such as Kerala, Delhi, Maharashtra, Gujarat, and various industrial regions in South India to work as migrant laborers. Prolonged separation from families frequently generates emotional distance, mistrust, psychological alienation, and controlling behavior within marital relationships. Even while living away, many husbands continue to exercise

authority over their wives through economic control and constant surveillance via phone communication. In several cases, upon returning home, frustrations accumulated from exploitative labor conditions and social humiliation are displaced onto women through violent or aggressive behavior. Migration also creates a dual burden for women. On one hand, women are compelled to manage households, childcare, elder care, and financial responsibilities in the absence of their husbands. On the other hand, society subjects them to heightened scrutiny regarding morality, "honor," and social conduct. As a result, women often face social surveillance, emotional abuse from in-laws, and suspicion regarding their character. These forms of control frequently operate as psychological violence, which remains invisible yet deeply damaging.

Socially, it is a mix of Muslim and Hindu communities, with varying caste hierarchies, and gender norms tend to be conservative. Women's mobility is often restricted, and speaking about marital problems outside the home is still seen as bringing shame.

But there is another, darker layer to this region's social fabric—one that I could not ignore once I learned about it. Local residents and field participants repeatedly referred to the presence of trafficking networks and nearby red-light areas Matia, which shaped community anxieties surrounding girls' safety and marriage.". Behind its narrow lanes operates an underworld of trafficking—women and children, moved like commodities, often without any trace. This reality casts a long shadow over the entire block. For families here, the fear is not abstract. They know that a girl who is not "settled" in marriage might be vulnerable to being picked up, lured, or forcibly taken into that network. In such an environment, early marriage is not simply a tradition; it is seen as a desperate form of protection. Families marry off their daughters as young as possible—sometimes before they turn eighteen—believing that a husband's home is a safe haven. Yet that same "protection" becomes a trap. These child brides are handed over to families where they have no economic standing, no education to fall back on, and often no voice. They become financially dependent on their husbands and in-laws from the moment they enter the marital home. And when psychological violence begins—as it so often does—they have nowhere to go. Their own families, having married them off for safety, are

reluctant to take them back; doing so would be seen as admitting failure, and more practically, it would bring the unmarried or separated daughter back into a space where the threat of trafficking looms again. So, the very system designed to protect them ends up locking them into abusive marriages. This cycle—fear of trafficking → early marriage → economic dependency → domestic violence → silence—became a recurring thread in the stories I collected.

I wanted to listen to women from all backgrounds. Therefore, I selected my sample from four Gram Panchayats using a stratified random sampling method. First, I randomly selected a few villages from each Panchayat. Then, within those villages, I selected households at regular intervals—approximately every few houses. I conducted my study on 100 married women using purposive and snowball sampling. From a statistical standpoint, this does not represent a perfectly precise snapshot of the entire region; rather, it constitutes a mixed sample reflecting a diverse range of experiences. The field data for this study were collected between January 2025 and December 2025. In order to conduct an ethnographic survey, multiple visits were made to the selected villages at different times throughout the study period. For the collection of data through questionnaires, six visits were conducted in each Gram Panchayat over a period of three months, maintaining an interval of fifteen days between each visit. Altogether, a total of 24 field visits were undertaken during the course of the research.

Data Collection

Questionnaires (survey)

To collect data, I designed a questionnaire comprising both open-ended and closed-ended questions. The questions fell into five categories: age, address, and social status; followed by various forms of psychological abuse—verbal insults, social isolation, intimidation, financial control, and attempts at emotional manipulation – forms of abuse widely recognized within the literature on domestic violence and coercive control (Stark, 2007; World Health Organization [WHO], 2005). Additionally, I inquired about their physical and mental health. The Auxiliary Nurse Midwives (ANMs) and ASHA workers from the local health centers provided me with invaluable assistance in data collection.

Primarily acting on leads provided by them, I would visit the victims' homes. Since the health workers offered reassurance, the victims felt neither fear nor shame; consequently, they spoke to me candidly about their experiences with domestic violence. I went door-to-door personally to conduct interviews in private settings. Most of the time, I would sit in the courtyard, ensuring that no other family members were within earshot. If a woman preferred not to be interviewed in her own home, we would sit in a neighbor's house instead.

In-depth interviews

From the group of 100 women who participated in the surveys, I selected 20 for detailed, in-depth conversations. I endeavored to select a diverse group, representing a variety of ages, castes, religions, and experiences of abuse. The conversations were not rigidly structured. I had prepared a list of topics in advance, but I used this merely as a guide or framework; I did not adhere to a script of specific, pre-formulated questions. I had intended to speak for an hour at a time, but often, our conversations would stretch to an hour and a half. At first, the women would offer only brief, concise answers. Then—either by remaining silent or by gently probing for a little more information—I would encourage them to begin unfolding their entire stories. Occasionally, they would pause mid-sentence to glance around, checking to see if anyone was listening; then, they would resume speaking in hushed tones. I recorded these conversations only after obtaining their permission. However, three of the women declined to be recorded; in their cases, I simply took notes in a notebook. I gave them my word that I would keep their names and addresses confidential, and I have used pseudonyms to protect their identities. Even so, some of them made specific requests: “Please do not mention the name of my village, nor should you write down what my husband does for a living.” I honored those requests as well.

Data Analysis: Between Numbers and Stories

Quantitative analysis

I entered survey data into Excel and analysed it using descriptive statistics—frequencies,

percentages, cross-tabulations by caste, religion, and income. I kept the analysis relatively simple because the sample size was modest, and I was more interested in patterns than in generalising to a larger population. The tables in the results section are the outcome of that work. But I must admit: the numbers sometimes felt cold. A percentage like "80% reported chronic anxiety" is stark, but it did not convey the tremor in a woman's voice when she said "my heart is always racing." So I made a point of letting the qualitative data speak alongside the numbers.

Qualitative analysis

I transcribed the interviews verbatim and translated them into English. Transcription was slow—I had to listen to the pauses, the sighs, the words that were almost whispered. For analysis, I used thematic coding, loosely following Braun and Clarke's (2006) approach. I read through transcripts multiple times, noting recurring ideas: "normalisation of control," "silence as survival," "health as a site of suffering," "the limits of kinship." These themes did not emerge neatly; they overlapped and sometimes contradicted each other. One woman would say she had no one to turn to, and then in the next sentence mention a sister who visited secretly. I coded those as "contradictions in support," because they mattered.

I did the coding manually, with coloured pens and sticky notes. I tried using qualitative software at first, but it felt too detached—I needed to sit with the paper, to see the women's words on the page, to be able to move them around physically. That might sound unsystematic, but it helped me stay close to the data.

Results

The results section is where numbers and stories meet. I have organised it around the three main themes that emerged from the data: the prevalence and forms of psychological violence; the health consequences; and the intersecting vulnerabilities of caste, religion, and class. I present the quantitative findings in tables, but I weave in the qualitative voices that give those numbers meaning.

How Common Is Psychological Violence? When I first asked women whether they had experienced psychological abuse, many hesitated. The word “violence” did not fit their experience. But as I read out specific behaviours—being insulted, having money controlled, being isolated from family—the responses changed. By the end of the survey, it was clear that psychological violence was nearly universal in this sample.

Table 1: Forms of psychological violence

Verbal humiliation	78%
Emotional manipulation	68%
Financial control	60%
Isolation	55%
Threats	40%

Source: Field Survey

These numbers are stark, but they flatten the experience. When I asked Rupa, 32-year-old mother of two, about verbal humiliation, she did not just say yes. She said: “He calls me haramzadi in front of the children. If the rice is a little hard, he throws the plate and says, ‘Can you do nothing right? You are only good for eating my food.’” The public nature of the humiliation—the children witnessing, the neighbours hearing—mattered. It was not just an insult; it was a performance of control.Financial control was similarly pervasive. Sixty percent of women said they had no say in major household purchases or were denied money even for necessities. One woman, Malati, explained: “I have to ask for every single rupee, even for medicine. If I ask too often, he says I am greedy, that I only care about money.” The denial was not just about scarcity; it was about making her feel undeserving. Isolation was reported by 55% of women. Fatima’s story stayed with me: “My mother lives only two villages away. But he says, ‘Why do you need to go there? You have work here. Are you going to complain about me?’ When I go to the tube well, he asks the neighbours how long I was gone.” Over time, she had stopped

visiting her mother, stopped talking to neighbours, stopped going anywhere without his permission. Her world had shrunk to the walls of her home.

Health Impacts: The Body as a Witness

The health data was, for me, the most disturbing part of the study. Women were not just describing emotional pain; they were reporting physical symptoms that aligned closely with chronic stress, trauma, anxiety and depression (Krug et al., 2002; WHO, 2005).

Table 2 : Self-reported health outcomes

Choronic stress /anxiety	80%
Sleep disorder	62%
Frequent headaches	50%
Symptom of depression	40%

Source: Field Survey

These numbers are high, but the narratives gave them weight. Malati, who had described her anxiety as “a snake coiled in my stomach,” elaborated: “My heart is always racing. I never know what mood he will be in when he returns from work. The fear is always inside me. I cannot eat, I cannot sleep. I just lie there, staring at the ceiling, waiting for the next storm.” That was not a figure of speech; it was a description of hyper-vigilance, of living in a state of constant threat. Sleep disorders affected 62% of women. Anjali, a 22-year-old newlywed, said: “I lie awake most nights. I think about what I did wrong, what I will do wrong tomorrow. Sometimes I hear him moving in the next room and I freeze.” Her body was alert even when she tried to rest. Symptoms of depression—persistent sadness, loss of interest, hopelessness—were reported by 40% of women. One woman, who asked not to be named, said: “I sit and cry for no reason. I used to like cooking, now I just do it because I have to. I feel like I am in a deep well, and everyone is standing at the top, but no one can see me.” That image of being unseen, of suffering in plain sight, recurred across interviews.

Intersecting Vulnerabilities: Caste, Religion, and Class

The survey data made it clear that psychological violence was not evenly distributed. Women from Scheduled Caste (SC) backgrounds, Muslim women, and those from low-income households reported higher rates of abuse and worse health outcomes.

Table 3: Relation between forms of violence and caste

Form of violence	General caste n=(30)	OBC n=(40)	SC n=(30)
Verbal humiliation	70%	80%	90%
Isolation	50%	55%	65%
Financial control	53%	60%	70%
Threats	30%	40%	50%

Source: Field Survey

The pattern was consistent: SC women faced the highest rates across all forms. When I interviewed SC women, the abuse was often laced with caste slurs. One woman told me: "My mother-in-law says I bring bad luck because of my caste. My husband repeats it when he is angry. They think I should be grateful they took me in." The intersection of caste and gender created a double bind: she was seen as inferior both as a woman and as a member of a lower caste (Crenshaw, 1989).

Table 4 : Health symptoms by Religion

Health Symptom	Hindu (n=60)	Muslim (n=40)
Chronic stress / anxiety	80%	85%
Sleep disorders	60%	65%
Frequent headaches	48%	52%
Symptoms of depression	38%	45%

Source: Field Survey

While rates were high in both groups, Muslim women reported slightly higher levels across most indicators. The difference was not statistically significant, but it pointed to a trend worth noting. In interviews, Muslim women sometimes mentioned that their communities were more closely knit, which could mean both support and surveillance. One Muslim woman said: "Here, everyone knows everything. If I go out, someone will tell my husband. It is like being watched all the time." The pressure to uphold family honour was intense, and leaving the marriage was almost unthinkable.

Table 5 : Role of Economic Vulnerability

Mental Health Impact	Low Income (<₹5,000) (n=50)	Middle Income (₹5,000–₹10,000) (n=35)	High Income (> ₹10,000) (n=15)
Chronic stress / anxiety	90%	74%	67%
Symptoms of depression	48%	34%	27%
Suicidal thoughts	30%	14%	7%

Source: Field Survey

The numbers speak for themselves: poverty magnified everything. Women in low-income households were more anxious, more depressed, and more likely to have considered suicide. One woman, Sumita, said: "If I leave, where will I go? I have no money, no education. My father is dead, my brother has his own family. I would be on the street." Economic dependence was not just a background condition; it was the rope that bound her to the abuse. Patterns Across Experiences- What struck me as I moved between the survey data and the interview transcripts was how the same patterns kept appearing, across different villages, different castes, different ages. The specific insults varied, but the structure was similar: a husband who controlled money, restricted movement, used words to belittle, and created an atmosphere of unpredictability. And the health effects—anxiety, sleeplessness, headaches, despair—were eerily consistent. But there were also variations that mattered. For SC women, the abuse had a caste edge. For Muslim women,

communal boundaries sometimes intensified isolation. For the poorest women, there was literally no exit. These variations reinforced what intersectional theory suggests: vulnerability is not a uniform experience (Crenshaw, 1989).

Discussion

When I reviewed the data, one thing became abundantly clear: for these women, this form of psychological abuse had become so normalized that they themselves failed to recognize it for what it truly was. The survey statistics tell a compelling story: 94% of women had experienced psychological abuse at least once within the past year, and 80% were suffering from chronic anxiety. However, the true nature of the situation only became apparent when I listened to their personal stories. Hidden within those narratives was not merely a series of isolated incidents, but an entire system of control. One mother remarked, "All husbands are like this. It was simply my fate." Another woman, Anjali, spoke in a voice heavy with exhaustion: "Sometimes I feel he is right. I can't seem to do anything correctly. I am nothing but a burden." There was no anger in her tone—only emptiness. Hearing these words sent shivers down my own spine.

What was most distressing was the frequent refrain from mothers-in-law or neighbors: "It was just a minor spat; just learn to cope. Better to have a difficult husband than a broken home." This single sentence speaks volumes. Here, psychological abuse is not merely endured; it persists—and indeed thrives—with the tacit blessing of society itself. The theoretical frameworks underpinning my research (such as Stark's concept of "Coercive Control") helped me understand that this is not merely a manifestation of irrational rage, but rather a calculated strategy (Stark, 2007). Husbands exert control over every aspect of their wives' lives—finances, freedom of movement, and social relationships. As one woman put it, "I have to beg him for money just to buy my own medication."

However, not every incident is part of a calculated scheme. Sometimes, the abuse stems from alcohol consumption or sudden, impulsive outbursts of anger. In other cases, it manifests as a gradual, years-long erosion of self-worth—a process devoid of any discernible cycles of ups and downs, characterized only by a monotonous weariness

and profound neglect.

My role extends beyond merely presenting statistical results. I have, in a sense, become a witness to their suffering. The statistics reveal the breadth of the problem; the personal stories reveal its depth. And taken together, they make one thing abundantly clear: psychological abuse is no trivial matter. It is a massive, destructive force that fundamentally alters the lives of women—and its devastating impact on their health is an issue we must address with the utmost urgency.

Health: The Body Remembers

The health findings were the hardest to process. The rates—80% chronic anxiety, 62% sleep disorders, 40% symptoms of depression—were alarming, but the embodied descriptions were worse. Women described their anxiety as "a snake coiled in my stomach," their sadness as "being in a deep well with no one seeing." These were not metaphors; they were physical realities. And they were compounded by the absence of any mental health support. In Basirhat Block 2, there is no counsellor, no psychiatrist, not even a nurse trained to recognise domestic violence. Women's complaints were either dismissed as "tension" (a word used to minimise) or treated with over-the-counter painkillers for headaches that were really the somatic expression of fear.I also noticed how women's health was used against them. Several husbands accused their wives of being "weak" or "mad" when they showed signs of distress. A woman's anxiety became proof of her inadequacy, further justifying the abuse. This is where discourse theory (Foucault, 1978) became indispensable: the violence was not only causing the symptoms but also shaping how those symptoms were interpreted—as personal failings rather than injuries. Power, as Foucault (1978) argued, is productive; it creates the very subjects it governs. In this case, the verbal abuse was not noise but a slow, methodical shaping of self that would not resist.

Intersectionality in the Data

The tables in the results section showed clear disparities. Women from Scheduled Caste backgrounds reported higher rates of abuse across all forms. Muslim women in the sample reported slightly higher health impacts, though the difference was not large

enough to be statistically significant given the small numbers. Low-income women faced the highest rates of depression and suicidal thoughts. These patterns confirm what intersectional theory predicts: vulnerability is not evenly distributed. But the interviews added a layer that numbers alone could not capture. For SC women, the abuse was often laced with caste slurs—“you bring bad luck because of your caste,” “your people are like this.” For Muslim women, particularly in mixed-caste or Hindu-majority villages, isolation was often reinforced by communal boundaries. And for women in the lowest income bracket, economic dependence was absolute. One woman told me, “If I leave, where will I go? I have no money, no education. My father is dead, my brother has his own family. I would be on the street.” Her words reminded me that poverty is not just a background factor; it is a trap that multiplies the effects of psychological control.

Why Women Stay?

Throughout the entire course of this research, I was repeatedly haunted by a question—one that outsiders frequently ask: Why don't these women simply leave such relationships? However, as I interviewed these women, I came to realize that this question does not appllicable here. The reason is that, for the majority of them, "leaving" is not a realistic possibility. To leave would mean losing their children, losing their home, and losing their place in society—and, often, facing even worse forms of abuse on top of all that. Some had indeed attempted to leave but were compelled to return due to pressure from their own families. The red-light area in Matia serves to further intensify this trap. Although they did not state it explicitly, several women hinted that returning to their paternal homes was an impossibility for them. This is because, were they to return, the looming threat of being trafficked would hang over their heads forever. One woman, who had been married off at the age of fourteen, whispered to me: "My mother says—'Here, at least you have a roof over your head. If you come back, who knows what will become of you?'" By "what will become of you," she meant the terrifying prospect of being dragged away into a brothel. That very fear held by her family—the fear of trafficking—which had initially pushed her into a premature marriage, is now the very force keeping her confined within a home of abuse. The very logic intended to save her

has, in the end, transformed into the logic that keeps her trapped. One woman, Rupa, had gone to her brother's house after a particularly brutal episode of verbal abuse. Her brother brought her back the same day. "He said, 'We do not keep our sisters after marriage. It brings shame." That single sentence contains entire structures: patrilocality, honour, the prioritisation of marital stability over individual wellbeing (Dube, 1997)—and, in this context, the unspoken terror of a daughter "unprotected" and vulnerable to trafficking.

The women who stayed were not passive. They developed strategies: silence to avoid provoking anger, appeasement, secret savings, and turning to informal support networks. But these were survival strategies, not solutions. The notion of "agency" needs to be complicated here; it is not about empowerment but about navigating a system where every exit is blocked—by poverty, by social stigma, and by the ever-present shadow of Matia. Walker's (1979) cycle of violence also helps explain why women stay—the honeymoon phase plants a stubborn seed of hope that "he is not always bad," and that hope, while a survival mechanism, becomes the very thing the cycle exploits to keep them bound.

Implications for Policy and Practice

If I take anything from this study, it is that addressing psychological violence requires more than laws. The Protection of Women from Domestic Violence Act, 2005, exists, but not a single woman I interviewed had heard of it. And even if they had, accessing legal help is daunting: police stations are far, male officers are often dismissive, and the process requires money and time that most women do not have.

What might help, instead, are interventions that work with the grain of community life. Mental health services need to be embedded in primary health centres, with female counsellors who understand the local context. Self-help groups—which already exist in many villages—could become spaces not just for microfinance but for raising awareness about psychological abuse and providing peer support.

Conclusion

I embarked on this research driven by academic curiosity. I possessed a personal

understanding of the existence of psychological abuse and its health-related consequences; however, I had no conception of just how terrifyingly vast and profound its scope truly was. This research has firmly convinced me that psychological abuse is not merely a "mild" form of domestic violence. Rather, it serves as the very framework upon which all other forms of violence are built. It normalizes control, stifles resistance, and convinces women that all their suffering is entirely their own fault. Moreover, its impact is not confined solely to the depths of the psyche; it seeps into the very flesh and bone—manifesting as insomnia, chronic anxiety, headaches for which medical science can find no organic cause, and depression. The situation in Basirhat Block 2 is even more brutal. Economic dependency and rigid gender roles have combined to create fertile ground for psychological manipulation. Women's mobility is restricted, their avenues for earning an income are blocked, and the very web of kinship ties often serves to reinforce the abuse (Dube, 1997). The "Protection of Women from Domestic Violence Act, 2005" (Government of India, 2005) appears to exist solely within the pages of statute books; not a single woman I interviewed was even aware of the Act's existence. Even if they were aware, the police station remains a distant journey, the financial costs are prohibitive, and the entire system seems perpetually stacked against them. The primary obstacle is neither legal nor financial, but cultural. Beliefs such as "a woman must make adjustments to keep the household running," "marriage is an unbreakable bond," and "a husband has the right to control his wife" are deeply entrenched. Passed down from generation to generation—echoed by mothers-in-law and reinforced by neighbors—these notions are eventually internalized by the women themselves (Foucault, 1978). What is needed is not merely awareness, but a revolution in mindset—a fundamental transformation in society's core perceptions regarding gender, power, and healthy relationships.

Prevention and Redressal

To genuinely reduce psychological violence against women, our primary task is to raise awareness. By this, I mean true awareness—awareness that must be disseminated through schools, colleges, and the mass media—so that people can accurately recognize

the signs of such violence. These signs include "gaslighting" (creating psychological confusion), controlling behavior, isolating an individual from their friends and family, or issuing constant threats. Furthermore, this process must begin at the very grassroots level; children need to learn fundamental moral values right at home—such as showing respect and empathy toward others. Secondly, psychological abuse must be recognized as a criminal offense—plainly and unequivocally. We must ensure that victims of abuse can obtain court-issued Protection Orders as swiftly as possible, without facing any unnecessary complications or bureaucratic delays. Moreover, we need to establish free counseling services and helplines that are truly effective in practice. Concurrently, police officers, medical professionals, and educators require proper training to accurately identify the signs of abuse—as, currently, many of them fail to detect these indicators or do not treat the matter with sufficient seriousness.

Another critically important aspect is assisting women in becoming financially self-reliant. When a woman becomes financially dependent on her abuser, she often feels trapped or cornered; driven solely by the urge to survive, she silently endures the psychological abuse. This vicious cycle of abuse must be broken. Evidence from the WHO multi-country study (WHO, 2005) suggests that economic empowerment combined with awareness-raising yields the most sustainable reductions in intimate partner violence.

Concluding Remarks

I often find myself thinking about a woman I interviewed toward the end of my fieldwork. Her name was not Malati or Rupa or Fatima—I have used pseudonyms, but I remember her face. She was in her late forties, her children grown, her body worn down by years of hard work and harder words. She told me she had not slept through the night in fifteen years. She told me she had headaches that sometimes made her vision blur. She told me she had stopped hoping for anything to change. At the end of the interview, she looked at me and said, very quietly: “You are going to write about us. Please write the truth. Not just that we suffer, but that we are not weak. We survive. But surviving should not be all there is. I have carried that sentence with me through every draft of this paper. She was right: surviving should not be all there is. Psychological violence may be

invisible, but its consequences are not. They are written on women's bodies, in their sleepless nights, in the hollow spaces behind their eyes. The question is whether we—researchers, policymakers, communities, neighbours—are willing to see it, to name it, and to act. This study is a small attempt to do that. It is not definitive; it is based on one block, 100 women, a limited time. But I hope it contributes to a growing recognition that psychological violence matters, that it hurts, that it kills slowly, and that addressing it is not optional. It is a matter of justice, and of health, and of dignity.

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