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Association Between Poor Mental Health Outcomes and The Experience of Domestic Abuse on Rural Women

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ABSTRACT

Using qualitative methods, the study explored the experiences of women regarding their experiences of coping with domestic abuse and its impact on their mental health. All participants resided in the rural Eastern Cape, South Africa and had experienced prolonged domestic abuse in marriage. The data were generated through in-depth interviews with a purposive sample of 16 women aged 25 to 65. This study found that survivors in the rural Eastern Cape face challenges such as limited economic resources and limited access to specialist services, including shelters and counselling. This is in addition to being constrained by deep-rooted cultural norms that pressure them to prioritise marriage and stay longer in abuse. Experiencing abuse and staying longer in an abusive relationship has been found to have a negative impact on mental health. This study revealed that mental health problems such as depression, anxiety, alcohol dependence, and insomnia are common amongst the survivors of domestic abuse. At the same time, the analysis uncovered that the lack of awareness of mental health and the stigma surrounding it affect rural women's ability to seek help and receive treatment. This study concludes that rural women are more at risk of suffering long-term mental health issues due to their limited access to domestic abuse specialist services and mental health services alike.

Keywords: Mental health; Rural women; Domestic violence; Domestic abuse; Support services

INTRODUCTION

Domestic violence is a global public health challenge with a negative impact on the mental health of victims. It affects many women globally, regardless of their economic status; however, those from low socioeconomic backgrounds tend to lack protective resources [1,2]. Studies show that women's lack of financial resources and dependence on a male partner predict the experience of domestic abuse and inability to escape [3,4]. Similarly, the correlation between a geographic location and domestic abuse has been established, with studies showing the severity of physical abuse in women living in rural areas as compared to their urban counterparts [1,5].

Domestic abuse perpetration has been attributed to patriarchy, defined as a system that promotes male authority and subordination of women within the family and other spheres like politics [6]. Support services such as shelters, advocacy outreach, and counselling have been found helpful in addressing the needs of survivors [7,8]. However, studies report that these empowerment services remain scarce in rural areas [9,10]. Further, rural women are less likely to access these services and receive support to help them escape abuse.

Although there is increasing evidence to suggest that domestic abuse has a negative impact on mental health, there is little research that has been done with rural women who experienced abuse. The purpose of this paper is to explore the experiences of rural women with domestic abuse and how the abuse has affected their mental health. Knowledge on the mental health outcomes of survivors in rural areas can contribute to the development of interventions to improve the mental health of this population. This study then seeks to gain knowledge on rural women's experiences of coping with domestic abuse and how it has affected them mentally.

MATERIALS AND METHODS

Studies consistently reveal that domestic violence in rural communities is both prevalent and complex, involving, for example, physical, psychological, and sexual forms. These studies reveal the complex interplay of personal, social, and structural factors that significantly influence women's experiences of abuse, shape their responses, and their coping strategies. For example, Perrin & Ritchie, Rhodes et al., Silva et al., and Woods et al. demonstrate that rural women are more likely to experience domestic abuse, with their situations exacerbated by structural factors such as lack of economic resources, limited access to shelters and counselling services [11-14]. Additionally, studies highlight that socioeconomic status plays a vital role in a woman's ability to escape domestic violence [14-17]. For example, women from lower-income backgrounds often face additional financial barriers to escaping abuse, such as financial dependence and housing. Notably, women who are economically dependent on their husbands have fewer chances of escaping the abuse [18-20].

Studies, for example, Postmus et al. (2020) conclude that women often stay in abusive relationships due to fear of the financial repercussions, which include the loss of shared income or accommodation. Additionally, rural cultural norms, particularly the expectation that abused women must maintain silence when they are abused, perpetuate cycles of victimisation and impede help-seeking. Studies highlight the influence of patriarchal values in discouraging disclosure of abuse and escaping, for example, Arisukwu et al. in their qualitative studies concluded that the emphasis on the sanctity of marriage often leads many women to normalise and endure abuse rather than seek help or escape [21]. The privatisation of domestic abuse influences women's decisions to remain silent, fail to seek help, and stay longer in abuse [22-24].

Research demonstrates the cruciality of putting support systems in place, including emergency shelter, counselling services that are key to addressing the impact of domestic abuse and empowering victims to break free of abuse [8,25]. However, there is overwhelming evidence to suggest that empowerment services are scarce in rural communities, a challenge that uniquely shapes women's experiences of domestic violence and responses [1,5,26]. Additionally, rural women have been found to experience challenges in locating services due to limited access to information [5]. Research reveals that rural women often access the services when the abuse has escalated to severe physical assault that necessitates the involvement of medical care or hospitalisation.

A significant body of literature links exposure to domestic violence with elevated risks of mental health disorders, which often continue long after the experience of violence, especially for those who have limited access to mental health services [27-29]. The association of domestic abuse with poor mental health has been discussed in numerous studies, arguing that victims of abuse are at a significantly higher risk of developing a range of mental health problems, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance misuse. These conditions result from chronic stress and trauma of experiencing domestic abuse, which disrupts an individual's sense of safety and self-worth, making one more vulnerable to psychological distress.

The qualitative study of Malik et al. investigated the relationship between domestic violence and the mental health and well-being of Pakistani women and found that conditions like post-traumatic stress disorder, depression, anxiety, and poor sleep commonly affect abused women [29]. They argue that domestic violence is a significant yet often hidden problem that negatively impacts the victim's psychological health and affects quality of life. Also, alcohol dependence has been highlighted as one of the implications of domestic abuse, whereby women use it to numb psychological pain, manage anxiety, and escape from the realities of their circumstances. However, it has the potential to deepen women's vulnerability, increase the risk of ongoing victimisation, and make it difficult to seek help. Stigma has been found to act as an obstacle to accessing support as Booysen et al.'s study with women in the Eastern Cape highlights the experience of social withdrawal, social judgment, and labelling of people living with mental disorders, which was fuelled by a lack of knowledge, and lack of education about mental disorders, not only amongst the patients but also within their communities [30].

In conclusion, several factors, including the type, severity, duration, and frequency of abuse, influence the impact of domestic violence on mental health. See, for example [31,32]. The discussed studies shed light on the structural factors that influence domestic abuse, women's coping strategies and the implications of abuse on mental health. However, much of the discussed literature is based on international studies conducted in cultural contexts distinct from those in South Africa. There is limited research on the topic of domestic abuse and its implications for mental health conducted with rural women.

The current study seeks to address this gap by exploring rural women's experiences of coping with domestic abuse and how it affected them. To explore this topic, this study will adopt qualitative methods, the Social Determinants of Health (SDH) framework and feminist theory.

The Social Determinants of Health (SDH) framework

This research adopts the Social Determinants of Health (SDH) framework, which refers to social factors that influence health, including family, neighbourhood, access to resources, and exposure to stressors [33,34]. Further, these determinants significantly impact health outcomes across the lifespan, particularly in relation to social disadvantage and its physiological effects. SDH framework then allows us to understand that various social factors have a strong influence on population health and on inequalities in health outcomes across groups [35]. In this research, the Social Determinants of Health (SDH) framework will provide a comprehensive lens for understanding the complex, interlinked factors that contribute to women's vulnerability in these communities. The SDH framework highlights how factors like poverty, education, social norms, healthcare access, and environmental issues intersect to increase the risk of domestic abuse among rural women. Therefore, this framework suggests that addressing domestic abuse in these areas requires multi-sectoral interventions that target the root causes of inequality and empower women to overcome structural barriers.

Feminist approach

Additionally, this study adopts a feminist theory to uncover the gendered nature of domestic violence, which arises from

patriarchy, a system that promotes male dominance and oppression of women [6]. The feminist thought explains domestic abuse as men's desire to exercise power and control over their female partners, a behaviour that has been legitimised within the patriarchal system [6,36]. In South Africa, studies, for example [37,38], show that domestic violence occurs within a context of multiple contributing social dynamics, including patriarchal cultural norms and poverty. The patriarchal ideas are often reinforced within marriage to reinforce women's subordinate status.

Methods

Qualitative research methods have been used to unravel rural women's experiences of domestic abuse and its negative impact on their mental health. Using a purposive sample, the data have been extracted from in-depth open-ended interviews with sixteen (16) women between the ages of 25 and 65 years who experienced domestic violence in the rural areas of the Eastern Cape, South Africa. Participants were recruited from health clinics and women's poultry-farming projects, and some were reached through snowball sampling, in which initial participants referred others who met the study's eligibility criteria.

During recruitment, all participants were given an information sheet explaining the research aims, how the research would be used, and that the research findings would be published. All participants were provided with a consent form to sign. They informed that they had the right to choose not to participate or to withdraw at any time. The interviews lasted about an hour and were recorded with the participants' permission using a tape recorder. Pseudonyms were used to protect the participants' identities. The data was analysed using the thematic data analysis method suitable for qualitative research [39].

Thematic data analysis

Themes in this study were developed using Braun and Clarke's six-step approach to thematic data analysis [40]. Initially, the researcher familiarised themselves through repeated readings, allowing for immersion. In the next phase, initial codes were generated by manually identifying and coding text segments relevant to the research questions. The manual coding process involved reading each transcript line by line while highlighting concepts to ensure an in-depth understanding of the data. Once coding was complete, the codes were organised and collated into potential themes, which were then reviewed and refined in relation to both the coded extracts and the entire dataset to ensure relevance and coherence. Following this step, the researcher clearly defined and named each theme to capture its essence. The sixth step involved producing the report, with selected data extracts used to illustrate each theme and support the overall analysis. This manual coding, according to Braun and Clarke, enabled flexibility and reflexivity in theme development, as codes were iteratively revisited and refined throughout the analysis [40]. Additionally, the researcher maintained detailed records of analytical decisions and emergent ideas to enhance the rigour of coding. During the later stages of analysis, data saturation was reached when no new themes emerged.

Ethical considerations

Ethical approval of the research was obtained from the University of Johannesburg. The WHO ethical and safety recommendations for researching sensitive topics such as domestic violence against women were also followed as recommended [41]. The researcher adhered to ethical guidelines throughout the study, respecting participants' rights and ensuring they were not harmed. To avoid harm from reliving the trauma during the interviews when the participants tell their experiences of abuse, counselling services were organised in advance to provide support for those who may be affected by sharing their painful experiences.

Reflexivity and the researcher's position

The researcher adopted a reflexive approach throughout the research process to critically assess the knowledge claims that emerged from this study. My values and positionalities in this study did not influence the research's findings, as I ensured the findings emerged from a careful analysis of the interview responses. However, I recognise that my position as a woman and a feminist played a role in my choice of this research topic and methods. Further, I acknowledge that my position as a researcher has given me a privileged role throughout the research process, including the choice of topic and interview questions, as well as facilitating each participant's sharing of their experiences. However, I maintained a balance in the conversations, giving them the power to explore their experiences without interruption while ensuring I validated them with nods. To demonstrate transparency and ensure rigour, I kept detailed fieldwork records and field notes. Also, I maintained an audit trail of the data analysis.

RESULTS

The primary aim of the research was to gain knowledge on rural women's experiences of coping with domestic abuse and how it has affected them mentally. The interviews revealed the complex interplay of structural factors that significantly influence women's experiences of abuse, shape their responses, and their coping strategies. The pattern revealed in the participants' responses is that domestic abuse has a negative impact on the victim's mental health. Five key themes emerged from the qualitative data concerning rural women's insights on navigating the experiences of domestic abuse and its impact. The key themes that will be discussed are as follows: (1) prevalence of domestic abuse in the rural space (2) the silencing nature of cultural norms, (3) Tolerance towards emotional and psychological abuse (4) the harm caused by abuse on mental health.

Prevalence of domestic abuse in the rural space

The interviews with rural women revealed that domestic abuse is a pervasive problem in their communities. It manifests in multiple forms, including physical, emotional, psychological, and sexual violence. All participants in this study described experiences with physical abuse, controlling behaviours and manipulation, making them feel intimidated and humiliated as a result of their husbands' behaviours. Physical abuse was reported through accounts of beatings, kicking, slaps, and strangulation. Several participants reported that they experienced incidents of physical violence that led to emergency medical care to treat injuries, including broken bones, open scars, and head injuries, as Nandi was captured explaining:

"He beat me up so badly that I ended up in hospital with serious head injuries and a broken arm. I thought I was going to die; it was so bad that the nurses called the police for me and encouraged me to lay charges and never go back to him."

The above participant's response describes experiencing extreme

physical violence at the hands of her husband, who frequently perpetrated violence against her, resulting in hospitalisation. The participant expresses a belief that her life was in danger during the incident of violence. The severity of the injuries she suffered prompted healthcare professionals to actively intervene by notifying the police and urging her to pursue legal action and escape the abuse. Nandi's account of physical abuse underscores the intensity of the violence she went through, and the critical role that health care staff can play in supporting victims of domestic violence in rural areas, especially given their lack of access to domestic abuse specialist services.

Also, it appears that experiencing injuries can lead to seeking help and catalyse a decision to escape abuse due to fear of further harm or being killed. These findings are in line with the previous studies that discuss the severity of forms of abuse experienced by rural women and how medical staff intervene in challenging situations where victims would have struggled to deal with, see for example [5]. Notably, the work of Chadambuka & Warria and Field et al, which examined the experiences of rural women facing domestic abuse, highlighted how incidences of severe physical abuse led women to seek help [42,43]. Some responses show that rural women can endure physical abuse so long as it is not life-threatening.

The silencing nature of cultural norms

Several participants spoke about their feelings regarding being prohibited from speaking out about the domestic abuse they were experiencing. As such, they had to suffer in silence and not tell their families, friends or anyone about what they were going through, as captured in the following responses:

Mavis: "At first, I did not tell people for years. I did not tell anyone, because I believed that the matter should be kept between my man and me. I did not want to expose him because that would be bad for my marriage, as I was told I must never show my marriage problems to the world."

The above research participant's statement highlights the culturally related enforced silence surrounding the experiences of abuse within marriage in rural areas. This mandate to conceal abuse discourages open communication about personal struggles, a secrecy that often prevents individuals from seeking help. The cultural expectation to hide painful experiences in marriage underscores a broader social belief that a woman's role is to prioritise and preserve the integrity of the marriage at all costs. Including suppressing their emotions and needs for support, as Nomazizi's response suggests in the following quote:

"The thing about being a woman is that when it comes to marriage problems, you must have a chest [you must keep things to yourself […] Cry on your pillow, but when you wake up, show a brave face and smile. That is being a proper woman. I was told that when I left home."

Similarly, the interview responses highlight how traditional womanhood is deeply intertwined with ideals of strength and resilience, particularly in the context of marriage. The quote "The thing about being a woman" suggests that women must not only endure marital challenges but also do so quietly and privately. Such secrecy is framed as a virtue, a demonstration of a woman's strength and seemingly a commitment to marriage. Within this cultural framework, resilience is about withstanding hardships privately. The expectation that women must keep their experiences of abuse to themselves reinforces domestic violence by preventing women from seeking help.

Tolerance towards emotional and psychological abuse

The participants talked about their experience of emotional and psychological abuse and how they adapted to the ongoing emotional assault, as Ndindi explains:

"It was my daily life to be verbally abused; he insulted me always when he was drunk, and I got used to it."

Criticisms and body shaming seems to be another weapon that the perpetrator used to inflict pain on their victims, as one of the participants captured, explaining in the next quote:

Nocawe: "He was constantly complaining about everything, even cooking and cleaning the house, all those things, he was worse when drunk. He constantly criticised and insulted me about my physical appearance to the point that I hated myself. I ended up harming myself by doing things I wasn't supposed to do…. It was hard to sleep at night; I would be up all night for many days."

Nocawe's response suggests that psychological or emotional abuse may be one of the most common forms of abuse that women endure in intimate relationships. However, the response also suggests that women may ignore such forms of abuse and choose carry on in a relationship for a long time with emotional scars that make it hard for them to sleep at night. These interview responses highlight how abused rural women may come to tolerate nonphysical forms of abuse as part of their everyday lives. Ndindi's account demonstrates a normalisation of verbal abuse, suggesting she went through a gradual process of desensitisation to the point that damaging language is accepted as part of one's daily life. Similarly, Nocawe's explanation uncovers the deep emotional impact of ongoing abuse, particularly those targeting her physical appearance, leading to erosion of her self-esteem. Both narratives demonstrate how nonphysical abuse can lead to dangerous tolerance for abusive behaviours that are harmful to mental health.

The harm caused by abuse on mental health

Many participants reported having gone through serious mental health issues resulting from their experiences of domestic abuse, for example, suffering from anxiety, depression, insomnia, panic attacks, diminished self-worth, alcohol abuse and symptoms consistent with post-traumatic stress disorder (PTSD). Unlike physical abuse, which often leaves visible injuries, psychological abuse persists longer, even when domestic abuse has stopped, as one of the participants explains in the following quote:

Sonto: "The impact that domestic violence had on me was too much to bear, even after many years of leaving […] emotionally, I was broken to a point that I was even thinking of taking my own life at some point".

Several participants reported that abusers frequently used sleep deprivation to exert control. Tactics included keeping victims awake at night, denying rest, and deliberately disturbing their sleep by forcing the victims to engage with their unnecessary complaints.

Chronic insomnia

The responses suggest that psychological abuse can be as damaging as physical abuse, diminish emotional well-being,

leading to self-destructive behaviour. As Nocawe's response reveals,

"At night, during bedtime, he would randomly say,' Let's talk about our problems, the problems that you are causing in this marriage. I was to blame for everything going wrong. He would refuse to let me sleep. He constantly criticised and insulted me about my physical appearance to the point that I hated myself. I ended up harming myself by doing things I wasn't supposed to do…. That's when I started having sleeping issues. To this day, since then, sometimes I can be up all night for many days."

This response above reveals that perpetrators can employ sleep deprivation as a method of control, leading to immediate physical and psychological health issues. Moreover, in such situations, survivors can continue to experience long-term health complications associated with poor sleep, persisting years after the cessation of abuse. The results further demonstrate that poor sleep quality can lead to significant adverse outcomes. Also, the responses reveal how the constant criticism and insults erode self-esteem and self-worth, resulting in self-harming behaviour, an indication of deep psychological pain and distress. Furthermore, the responses reveal how domestic abuse leads to chronic insomnia, which is a common symptom of trauma.

Overall, the responses suggest that insomnia is a common mental condition amongst women who survived domestic abuse. These findings are consistent with those of Gallegos et al., Shaver & Woods, and Richards, which explain how trauma among survivors of abuse disrupts the body's natural rhythms, persistent anxiety, hypervigilance, and intrusive memories often make restful sleep elusive [44,45]. Insomnia, in this context, is not simply a symptom; it becomes both a reflection and a reinforcement of ongoing psychological distress. The mental toll of domestic abuse can create a cycle as lack of sleep intensifies feelings of depression, anxiety, and emotional instability, which in turn further undermines the ability to rest. In summary, the prevalence of insomnia among women who survived domestic abuse is not incidental; it is a manifestation of the impact of abuse-related trauma on mental well-being.

Alcohol dependence

The interviews responses reveal a link between domestic abuse, alcohol misuse and mental health struggles. Some participants described developing a dependence on alcohol that they used as a coping mechanism to manage their traumatic experience of abuse. Specifically, the participants reported using alcohol to numb emotional pain and escape from their painful memories related abuse. Some women described finding themselves dependent to alcohol in order to cope better with the aftermath of abuse as Nancy explains:

"I don't know how I survived it was the most painful experience of my life[…], the kind of things that I did to help me feel better, what can I say, I think alcohol, one of them is alcohol I think It would have been very difficult to cope with what I went through if I was always sober, I realised when I had nothing to buy alcohol or when there is no plan to drink alcohol I would wish I can go away, very far or even die"[…].

Based on the quote above, it seems that alcohol is not just a simple habit but a means of self-medication, helping them to numb emotional pain and survive day-to-day. In this particular case, the reliance on alcohol became so intense that the absence of it, whether due to lack of money or opportunity, resulted in feelings of helplessness and even suicidal thoughts. This suggests that Nancy's alcohol consumption was not for socializing but a desperate attempt to cope with the unbearable psychological assault, highlighting the seriousness of their mental distress as well as the risk of harmful coping strategies in the absence of positive support systems. These findings are in line with previous studies on this topic.

Panic attacks; suicide attempt

Also, the responses revealed that participants suffered from various issues ranging from panic attacks, which they sought help from the clinic after some time of trying to persevere with symptoms without treatment, as Ndindi explains: I thought its nothing I cannot handle until one day when I collapsed after my heart was beating very fast and was taken to the clinic. I had been experiencing a breathing problem for a long time, but I ignored it. The clinic put me on medications that they said were for mental health, depression and anxiety, which I didn't know existed before then.

Another participant, Nanzi, shared her story of attempting suicide, in which she was found in the process of hanging herself on a tree in the bushes close to her house, as she explains:

"I just had enough of it and that day I said to myself I am ending my suffering, and I took a rope I always had in the house that belonged to my husband and I went to the bushes that were not far from where I lived. I started preparations to hang myself and thereafter hanged myself. But the plan failed because people who passed by noticed me hanging and called people. I was taken to the hospital because the rope had already started strangling me around my neck. At the hospital emergency services, they gave me medications, and since that day, I have been on that medication."

Nanzi's story shows the depth of her psychological pain, the importance for women survivors of domestic abuse to be able to notice when they are going through mental health issues and seek help early, before the issue becomes worse. Her experience also highlights that there is a need for mental health awareness raising and support for survivors of domestic abuse. Responses show that there is a lack of awareness of mental health in rural populations, as some participants suffered from mental health issues but did not access mental health services, particularly those who reported alcohol dependence issues, as Nancy explains:

"I did not see much need to go all the way to find help about how I feel. I thought it was normal to feel that sad when you've been violated. I didn't think there was treatment for it. Anyway, I am already troubled beyond repair now, so I can't stress anymore. I think my beer does the trick."

The above quote demonstrates a complex interplay of normalization of mental health issues and self-medication in the context of alcohol dependence. Nancy expresses a sense of belief that her emotional pain is an expected response to trauma, a problem which may reduce the perceived need to seek help from mental health services. Additionally, the participant suggests that alcohol is used to self-manage emotional distress as an option for mental health support as explained:

"I didn't want to be in the spotlight when people see me at the clinic collecting medications for mental illness, people talk, and

I think it's sad to be known for taking mental health medications"

This insight demonstrates how the participant expresses reluctance to seek help due to concerns about stigma, the fear that community members will know if she were to be a mental health service user. The stigma surrounding mental health was a pervasive theme in the interviews. Many women expressed feeling inferior because of their mental health struggles. The analysis shows that there is a general lack of understanding and awareness about mental illnesses among rural women who suffered domestic abuse. These findings are consistent who conclude that mental illness in South African communities continues to be perceived as a sign of personal weakness rather than legitimate health concerns, with mental health service users often discriminated against because of their mental health issues [46,47]. This stigma contributed to isolation and discouraged women from seeking professional help.

DISCUSSION

The primary aim of the research was to gain knowledge on rural women's experiences of domestic abuse and how it affected them mentally. Through using qualitative methods, this study has gained insights into the pervasive nature of abuse experienced by women in rural areas, encompassing emotional, psychological, sexual, and physical forms. As well as how psychological, emotional, and physical abuse can affect one's mental health and day-to-day functioning. While all types of abuse have serious negative implications, there is a notable policy emphasis on physical abuse, which tends to overshadow other equally damaging non-physical forms. Korlaar and Lutwak discuss the overlooked harm of psychological violence, arguing that emotional and psychological abuse, often less visible and harder to quantify, are frequently underreported and underacknowledged both in public discourse and policy frameworks [48].

The findings revealed sleep deprivation, a form of abuse employed by perpetrators but hardly discussed in domestic abuse research, despite its negative consequences on mental health, which the current study uncovered. This topic has received little attention within the broader discourse on abuse against women. This analysis highlights the role of cultural norms in keeping women imprisoned in abusive situations through emphasis on marriage, silence and perseverance in situations of abuse. This form of resilience is demanded and reinforced through shaming those who speak up lead to the internalisation of trauma. According to Adewale, an unprocessed trauma can show up as long-term mental health issues, for example, anxiety, depression, and post-traumatic stress disorder (PTSD) [49]. The cultural norm of pressuring rural women to maintain silence perpetuates cycles of emotional distress by deterring women from accessing support while highlights a lack of awareness of domestic abuse as discussed in [50].

This analysis highlights serious obstacles rural women face when trying to escape, which are structural factors like a lack of economic resources and access to shelters and counselling. Women are sometimes turned away due to a lack of space in shelters, leaving women feeling helpless and with no choice but to return to their abusers. Additionally, the findings revealed that rural women lack awareness of the availability of counselling services and shelters, indicating significant gaps in outreach and information dissemination. These findings are consistent with those discussed in, which demonstrate that the lack of empowerment services in rural areas keeps women in abuse [20,42,43,51].

The findings reveal that exposure to domestic abuse has a negative impact on mental health, suggesting that women who experience domestic abuse are at risk of suffering from a range of mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD), diminished self-worth, panic attacks, loss of self-esteem, alcohol misuse and insomnia. Such mental health issues negatively impact the way women live their daily lives. Similarly, the findings highlight a critical association between unaddressed trauma and alcohol dependence, which is often used as a self-medication to numb emotional pain or escape the trauma-related memories, as discussed in their findings [27,29,44,49]. Our findings show that the type, severity, duration, and frequency of abuse seem to determine the impact on mental health. For example, the longer a woman stays in an abusive relationship, the more lasting the psychological harm. Further, the current findings revealed that stigma surrounding mental health has the potential to prevent women from seeking professional help. A lack of awareness about mental health issues seems to be a big problem facing the rural population.

Overall, these discussed findings reveal that the economic, cultural and social conditions of rural women surviving abuse significantly influence their mental well-being. The determinants of health, such as poverty, limited access to social support, specialist services, and healthcare, are often shaped by broader societal structures, resulting in health inequalities across populations. These determinants are not isolated; rather, they are deeply embedded in broader societal structures within South Africa. Historical racial inequalities, persistent gender inequality, and systemic barriers to healthcare contribute to a context where women are both more likely to experience domestic violence and less likely to access the support they need to recover and rebalance mentally.

CONCLUSION

In conclusion, this study sheds light on the experiences of rural women facing domestic violence, particularly regarding their mental health. Cultural norms that promote silence and perseverance in marriage in the face of domestic abuse further subject women to cycles of violence while also leading to the internalisation of trauma. Moreover, the study reveals structural barriers that rural women face when attempting to leave abuse. The rural women's lack of economic resources, limited access to shelters and counselling services, as well as a lack of awareness about available support services, all contribute to trapping women in abuse. This analysis also draws attention to the mental health challenges rural abused women often face, including anxiety, depression, diminished self-worth, and insomnia. These issues may be exacerbated by the social stigma that women face and the lack of information about mental health.

RECOMMENDATIONS

(1) This study recommends increasing access to shelters, counselling, and mental health resources for women in rural areas. Mobile outreach initiatives and confidential helplines may assist those unable to access in-person services due to geographic barriers.

(2). The study recommends the implementation of domestic

abuse awareness and community education campaigns that challenge beliefs supporting silence in abusive marriages. These interventions must educate individuals to recognize domestic abuse and its impact on mental health. As well as disseminate information about the availability of advice, shelters, counselling and other mental health services.

LIMITATIONS OF THE STUDY

The sample in this study was small and limited to the Eastern Cape, South Africa. In terms of transferability, although this research was conducted in the Eastern Cape province, the findings have broader significance that may resonate with other rural contexts in South Africa and Africa, particularly those with similar cultures and socio-economic conditions. The transferability of these findings lies in their relevance to specific rural contexts.

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