



Impact of Emotional Abuse and Physical Abuse on Psychological Counselling Need in Economically Weaker Section Women

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ABSTRACT :

This study aimed at establishing the impact of physical abuse and emotional abuse on psychological counseling need in economically weaker section women. The research design was Comparative Research Design. A sample of 240 women from economically weaker section background who undergone physical Abuse or emotional Abuse. Data was collected using the questionnaire called The Psychological Counseling Need Scale by Dr. Vijaya Laxmi Chouhan and Mrs. Gunjan Ganotra Arora (2009). Data analysis was done by the use of descriptive and inferential statistics which included mean, standard deviation and Independent t-test. The analysis was done using the Statistical Package for Social Science (SPSS). The analysis of the major findings of this study indicated that Women facing both emotional and physical abuse have similar psychological counseling needs. The difference in mean scores is small and not statistically significant, suggesting that both types of abuse contribute equally to the need for psychological support.

KEYWORDS: Physical Abuse, Emotional Abuse, Psychological Counseling Need, Economically Weaker Section Women.

1.Introduction

The concept of "Economically Weaker Sections" (EWS) in India is a classification aimed at providing social and economic benefits to people who are economically disadvantaged but do not fall under the Scheduled Castes (SC), Scheduled Tribes (ST), or Other Backward Classes (OBC). Among the EWS, women face unique challenges that exacerbate their marginalization and underrepresentation in economic, political, and social spheres. The intersection of gender and economic disadvantage has created a distinct category of women who experience compounded barriers to development and empowerment. Understanding the circumstances and challenges faced by economically weaker section women is crucial for designing inclusive policies and interventions aimed at enhancing their socio-economic status. Women from the economically weaker sections of society often face systemic challenges that hinder their access to education, healthcare, and employment opportunities. According to a study by (Sahu *et al.* 2020), the socio-economic disadvantage experienced by EWS women is influenced by a combination of factors, including caste, gender discrimination, and limited access to resources. Women in this section are more likely to be engaged in informal labor markets, with limited job security, poor working conditions, and low wages. This economic vulnerability is further exacerbated by societal norms and practices that often prioritize the economic and social status of men over women, contributing to gender inequality and discrimination in both the public and private spheres (Desai, 2018). The issue of economic empowerment among EWS women also intersects with other challenges, including child marriage, early pregnancies, and a lack of mobility, which restrict their access to education and skill development opportunities. As highlighted by (Das *et al.* 2019), many women in economically disadvantaged families are expected to take on caregiving roles, which limits their freedom to participate in paid work or seek education. Consequently, they remain trapped in a cycle of poverty, dependent on patriarchal systems, which further limit their upward mobility. Government initiatives aimed at supporting EWS women often focus on providing access to financial resources, vocational training, and social welfare schemes. However, scholars like (Bhagat 2021) argue that these policies, while beneficial, are insufficient in addressing the root causes of inequality faced by these women. Social and cultural factors, such as deeply entrenched gender norms, often act as barriers to women's full participation in the workforce and education. Bhagat further suggests that more holistic approaches, integrating gender-sensitive policies with efforts to address economic disparities, are essential for long-term empowerment. Physical and emotional abuse are two of the most prevalent forms of violence that affect individuals globally, often leading to severe and long-lasting consequences on both mental and physical well-being. These forms of abuse can occur in various settings, including homes, workplaces, and intimate relationships. While physical abuse is generally more visible and can be identified by clear signs such as injuries and bruises, emotional abuse is more insidious, often leaving no outward scars but causing deep psychological harm. Research has shown that both forms of abuse

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are interconnected and can have devastating impacts on an individual's health, self-esteem, and quality of life. Physical abuse refers to the intentional use of force that causes harm or injury to another person. According to a study by (Wathen *et al.* 2015), physical abuse often involves actions like hitting, slapping, punching, or other forms of bodily harm that can lead to short-term and long-term physical consequences, including broken bones, concussions, and chronic pain. This form of abuse is typically recognized by visible marks and physical evidence, making it easier to report and address compared to emotional abuse. However, as highlighted by (Jewkes 2016), physical abuse is frequently accompanied by emotional abuse, which serves as a psychological tool to control, manipulate, and degrade the victim. Emotional abuse, on the other hand, involves the use of words, threats, or actions to manipulate, control, or demean another person. It can include verbal insults, humiliation, constant criticism, threats of violence, or isolation from friends and family. Emotional abuse can be just as harmful as physical abuse, leading to anxiety, depression, low self-esteem, and even suicidal tendencies (Briere & Jordan, 2004). Unlike physical abuse, emotional abuse often goes unnoticed and unreported, as there are no physical injuries to serve as evidence. However, research by (O'Leary and Slep 2017) has demonstrated that the effects of emotional abuse can be just as damaging, if not more so, than those of physical violence. The trauma caused by emotional abuse can linger for years and often requires extensive psychological support to overcome. Both physical and emotional abuse are prevalent in intimate partner relationships, and studies suggest that individuals who experience one form of abuse are more likely to experience the other. As stated by (Carlson *et al.* (2004), abuse often occurs in a cyclical pattern, where the victim is subjected to both physical and emotional harm, making it difficult for them to break free from the cycle. The combination of physical and emotional abuse can lead to a heightened sense of fear, helplessness, and dependence on the abuser, which further entrenches the victim in the abusive relationship. Psychological counseling plays a crucial role in mental health care by providing individuals with the support and tools needed to navigate emotional and psychological challenges. As awareness of mental health issues grows globally, there has been an increasing recognition of the importance of psychological counseling in promoting well-being and helping individuals cope with stress, trauma, and mental health disorders. The need for psychological counseling has become more evident, particularly in light of the rising incidence of mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD). Research has consistently shown that psychological counseling offers a range of benefits, from emotional relief to improved coping mechanisms, helping individuals lead healthier and more balanced lives. Mental health issues are increasingly recognized as significant contributors to the global burden of disease. According to the World Health Organization (2020), one in four individuals will experience some form of mental health disorder in their lifetime. This statistic highlights the critical need for psychological counseling as an intervention to mitigate the negative effects of these disorders. Counseling services provide a safe space for individuals to express their feelings, explore underlying causes of distress, and receive guidance on how to manage or overcome these challenges. As highlighted by (Cuijpers *et al.* (2016), psychological counseling has been shown to be an effective treatment for a variety of mental health conditions, including depression, anxiety disorders, and grief. One of the primary reasons for the increasing demand for psychological counseling is the growing awareness surrounding mental health. As societal attitudes toward mental illness have evolved, more people are seeking professional help for their psychological distress. According to a study by (Lee *et al.* 2019), the stigma associated with seeking counseling has decreased significantly, particularly among younger generations, which has led to greater utilization of mental health services. This shift in societal attitudes is crucial because early intervention and counseling can prevent the escalation of mental health issues and improve an individual's overall quality of life. Additionally, the global COVID-19 pandemic has further underscored the need for psychological counseling. The pandemic has triggered widespread anxiety, depression, and stress due to factors such as social isolation, health concerns, and economic uncertainty. A study by (Brooks *et al.* 2020) found that the pandemic led to a significant increase in the demand for mental health services, highlighting the urgent need for accessible psychological counseling during times of crisis. As a result, online counseling services and telehealth have emerged as vital resources for individuals seeking support, particularly in areas with limited access to in-person services. The impact of physical and emotional abuse on women, particularly those from economically weaker sections (EWS), has profound psychological consequences that necessitate specialized counseling and support. Women in this demographic face unique challenges due to both their economic vulnerabilities and the compounded trauma of abuse. Physical and emotional abuse, often occurring together, can leave lasting psychological scars, influencing women's mental health and their ability to lead fulfilling lives. The need for psychological counseling among these women is critical for their healing and overall well-being, yet barriers such as limited access to mental health services, societal stigma, and economic hardships often prevent them from seeking help. Understanding the intersection of abuse and mental health support is crucial for developing effective interventions for economically disadvantaged women. Research indicates that women from economically weaker sections are at a higher risk of experiencing physical and emotional abuse. Physical abuse involves the use of force that causes bodily harm, while emotional abuse typically includes verbal aggression, manipulation, and psychological control. Both forms of abuse often coexist, exacerbating the victim's distress (Briere & Jordan, 2004). According to a study by (Sahoo *et al.* 2019), women in economically disadvantaged settings are particularly vulnerable to these forms of abuse, as they often have fewer resources, less social support, and limited ability to escape abusive situations. Furthermore, cultural and societal norms frequently prioritize male authority, making it harder for these women to report abuse or seek help (Das *et al.*, 2017). The psychological consequences of physical and emotional abuse can be debilitating. Women experiencing abuse may develop symptoms of anxiety, depression, post-traumatic stress disorder (PTSD), and low self-esteem. As noted by (Campbell *et al.* 2002), victims of abuse often face a heightened sense of fear and helplessness, which can lead to long-term psychological distress. In the case of women from economically weaker backgrounds, these issues are compounded by the additional stressors of

financial instability, unemployment, and limited access to healthcare services. These factors create a vicious cycle, where the lack of resources prevents them from seeking the psychological support they desperately need (Sahu et al., 2020). Psychological counseling can play a vital role in helping these women recover from the trauma of abuse. Counseling provides a safe space to address the emotional and psychological scars of abuse, offering coping strategies, trauma recovery techniques, and emotional support. However, access to these services remains a significant challenge for women in economically weaker sections. According to a study by (Kumar et al. 2018), while psychological counseling has been shown to reduce symptoms of anxiety and depression in abuse survivors, the underutilization of mental health services in low-income communities highlights the need for more accessible and affordable counseling options. Additionally, societal stigma surrounding mental health and abuse often discourages these women from seeking professional help.

2. Review of literature

Runtz, M. G. et al., (1997) The study *The Role of Social Support in the Recovery from Childhood Trauma* conducted on adults with a history of childhood trauma, including physical, emotional, and sexual abuse, explored the role of social support in moderating psychological distress. Using self-report questionnaires, participants were assessed for their experiences of childhood trauma, perceived social support, and symptoms of psychological distress, including depression, anxiety, and PTSD. The sample consisted of 234 adult participants. Multiple regression analyses revealed that higher levels of perceived social support were significantly associated with lower levels of psychological distress, underscoring social support as a protective factor. This suggests that supportive relationships can buffer the negative psychological effects of abuse, emphasizing the need to integrate social support networks into trauma-focused interventions and counseling for abuse survivors. The study highlights the crucial role of social support in facilitating recovery and resilience among individuals with a history of childhood trauma.

Felitti, V. J et al., (1998) The study *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study* explored the long-term health impacts of childhood abuse and household dysfunction on adults, involving 17,337 participants with a history of physical, emotional, or sexual abuse, as well as exposure to household issues like substance abuse, domestic violence, and mental illness. Participants completed the Adverse Childhood Experiences (ACE) Questionnaire, a self-report tool that assessed the frequency and types of childhood abuse and household dysfunction, alongside medical histories and self-reported health outcomes. Descriptive statistics and logistic regression analyses were used to examine the relationship between ACEs and various adult health outcomes, including leading causes of death such as heart disease, cancer, and respiratory diseases. The results indicated a strong association between a higher number of ACEs and an increased risk of these health conditions. Adults with higher ACE scores were also more likely to engage in health-risk behaviors, such as smoking, alcohol use, and poor nutrition, which contributed to these adverse outcomes. The findings highlight the long-term impact of childhood abuse and dysfunction on adult health and underscore the need for early intervention and trauma-informed care to mitigate these risks.

Briere, J et al., (2003) a study examined whether the Physical and emotional abuse are significant forms of maltreatment that can have a lasting impact on an individual's mental health and overall well-being. Numerous studies emphasize the connection between abuse in childhood or adulthood and a heightened need for psychological counseling. Both physical and emotional abuse can cause psychological trauma that may manifest as anxiety, depression, post-traumatic stress disorder (PTSD), and other psychological disorders. This study examined the prevalence and psychological sequelae of childhood sexual and physical abuse in adults from the general population. A national sampling service generated a geographically stratified, random sample of 1,442 subjects from the United States. Subjects were mailed a questionnaire that included the Traumatic Events Survey (TES) [Traumatic Events Survey, Unpublished Psychological Test, Harbor-UCLA Medical Centre, Los Angeles] and the Trauma Symptom Inventory (TSI) [Trauma Symptom Inventory Professional Manual, Psychological Assessment Resources, Odessa, FL]. Of all potential subjects, 935 (64.8%) returned substantially completed surveys. Sixty-six men and 152 women (14.2% and 32.3%, respectively) reported childhood experiences that satisfied criteria for sexual abuse, and 103 males and 92 females (22.2% and 19.5%, respectively) met criteria for physical abuse. Twenty-one percent of subjects with one type of abuse also had experienced the other type, and both types were associated with subsequent adult victimization. After controlling for demographics, adult history of interpersonal violence, and other child abuse, childhood sexual abuse was associated with all 10 scales of the TSI, and physical abuse was related to all TSI scales except those tapping sexual issues. Sexual abuse predicted more symptom variance than did physical abuse or adult interpersonal victimization. Various aspects of both physical and sexual abuse experiences were predictive of TSI scores. Abuser sex, however, both alone and in interaction with victim sex, was not associated with additional TSI symptomatology. Childhood sexual and physical abuse is relatively common in the general population, and is associated with a wide variety of psychological symptoms. These relationships remain even after controlling for relevant background variables.

Krishnan, S et al., (2005) The study *Economic and Social Costs of Intimate Partner Violence in India* examined the economic and social costs of intimate partner violence (IPV) among women in India, focusing on 1,200 women who had experienced IPV. Structured interviews and surveys were used to assess both the direct and indirect costs of IPV, including healthcare utilization, lost productivity, and social impact. Descriptive statistics, cost estimation models, and regression analysis were applied to determine the economic burden of IPV on both individuals and society. The study revealed that IPV had substantial economic and social costs. Direct costs included medical expenses and legal fees, while indirect costs encompassed lost productivity, absenteeism, and long-term health impacts. The social costs were also significant, affecting family structures and community dynamics. The study emphasized the need for targeted interventions to reduce the economic burden of IPV and address its broader societal impact.

Brown, L et al., (2007) The study *The Impact of Poverty on Women's Mental Health* focused on women from various socioeconomic backgrounds, with particular emphasis on those living in poverty, and examined the relationship between poverty and mental health outcomes. A sample of 400 women living in poverty participated, and structured interviews alongside standardized psychological assessments, such as the Depression Anxiety Stress Scales (DASS) and the Generalized Anxiety Disorder 7 (GAD-7), were used to measure mental health symptoms, including depression, anxiety, and stress, in addition to socio-economic indicators. Descriptive statistics and multiple regression analyses were employed to assess the relationship between poverty and mental health, controlling for other demographic variables. The results revealed that women living in poverty experienced significantly higher levels of depression, anxiety, and stress compared to women from higher socioeconomic backgrounds. Poverty was found to be a significant predictor of mental health distress, with women suffering greater psychological strain due to financial instability, lack of healthcare access, and social isolation. The study highlights the need for targeted mental health services and social support systems to address the psychological challenges faced by women experiencing economic hardship.

Adams, A. E et al., (2008) A study was conducted on *The Relationship Between Economic Abuse and Mental Health Among Women Experiencing Intimate Partner Violence* involving 462 women aged 18–65 years experiencing intimate partner violence in a metropolitan area in Australia utilized comprehensive interviews to assess economic abuse, physical and emotional abuse, and mental health outcomes using the Depression Anxiety Stress Scales (DASS-21). Structural equation modelling was employed to evaluate the direct and indirect effects of economic abuse on mental health. The findings revealed that economic abuse significantly contributed to higher levels of depression, anxiety, and stress, both through direct pathways and indirectly via its interactions with other forms of abuse.

Wilson, H.W. et al., (2010) A study conducted on *Examination of the Intergenerational Transmission of Child Abuse and Neglect* examined the intergenerational transmission of child abuse and neglect among adults with documented histories of maltreatment and a comparison group without such experiences. The study utilized archival records, structured interviews, and validated psychological assessment tools to measure childhood abuse, neglect, and subsequent parenting behaviors. With a sample size of 908 individuals—676 with documented cases of abuse and neglect and 232 matched controls—the researchers employed logistic regression analyses to assess the likelihood of maltreated individuals engaging in abusive parenting behaviors in adulthood while controlling for demographic and psychosocial factors. The results indicated that individuals with a history of childhood abuse and neglect were significantly more likely to perpetrate abuse themselves, supporting the theory of intergenerational transmission of maltreatment. However, the study also highlighted that not all survivors continue the cycle of abuse, with resilience, social support, and psychological counseling playing crucial roles in breaking the pattern. These findings emphasize the importance of early intervention and psychological support for abuse survivors to mitigate the long-term psychological and behavioral consequences of childhood maltreatment.

Antai et al., (2014) conducted a study on *The Effect of Economic, Physical, and Psychological Abuse on Mental Health: A Population-Based Study of Women in the Philippines* and examined the effects of economic, physical, and psychological abuse on the mental health of women in the Philippines. The study focused on women aged 15 to 49 years and utilized data from the Philippines Demographic and Health Surveys to assess their experiences of abuse, psychological distress, and suicide attempts. With a large sample size of 9,316 women, the study employed multivariable logistic regression models to adjust for sociodemographic confounders and determine the associations between different forms of abuse and mental health outcomes. The findings revealed that economic, physical, and psychological abuse were all significantly linked to increased odds of psychological distress and suicidal tendencies. Notably, psychological abuse emerged as the strongest predictor of suicide attempts, whereas economic abuse had the most pronounced association with psychological distress. These results underscore the severe mental health consequences of abuse among women in vulnerable socio-economic conditions, highlighting the necessity for targeted interventions and psychological counseling support to address their mental well-being.

Spinazzola, J et al., (2014) A study was conducted on *The Psychological Impact of Emotional and Physical Abuse on Mental Health: A Study Among College Students* examining the psychological impact of different forms of abuse was conducted among 748 college students at a South-eastern university. Participants completed an online survey that included the Childhood Trauma Questionnaire (CTQ) to assess experiences of physical, sexual,

and emotional abuse, the Depression Anxiety Stress Scale (DASS) to measure current levels of depression, anxiety, and stress, and the NEO Five-Factor Inventory (NEO-FFI) to evaluate neuroticism personality traits. To analyze the data, the researchers employed Multivariate Analysis of Variance (MANOVA) to compare psychological outcomes among individuals who reported experiencing different types of abuse. The results indicated that individuals who had experienced emotional abuse exhibited higher levels of depression, anxiety, stress, and neuroticism compared to those who had reported only physical or sexual abuse or a combination of the two. These findings suggest that emotional abuse may have more severe and lasting psychological consequences than other forms of abuse, emphasizing the importance of psychological counseling and mental health interventions for survivors of emotional abuse.

Miller, L et al., (2017) The study *Psychological Counseling for Intimate Partner Violence Survivors: Improving Self-Efficacy and Safety Planning* focused on survivors of intimate partner violence (IPV) seeking psychological counseling to assess the impact of counseling interventions on their self-efficacy and safety planning. A total of 150 IPV survivors participated in the research, which included psychological assessments using self-efficacy scales, safety planning measures, and IPV-related trauma inventories. The counseling intervention incorporated cognitive-behavioral therapy (CBT) designed to build self-efficacy and focus on practical safety planning strategies. Paired t-tests and multivariate regression analyses were employed to assess changes in self-efficacy, safety planning, and psychological well-being before and after the intervention. The results indicated that psychological counseling significantly improved self-efficacy and safety planning, with participants reporting increased confidence in managing their safety and making informed decisions about their relationships. The findings highlight the effectiveness of counseling interventions that emphasize empowerment and provide survivors with practical strategies for regaining control over their lives.

Chandran, R et al., (2018) The study *The Efficacy of Counseling Interventions for Women Who Have Survived Domestic Violence: A Community-Based Approach* focused on women survivors of domestic violence living in community-based settings and evaluated the impact of counseling interventions on their psychological well-being. A sample of 350 women participated, with structured interviews and standardized psychological assessments, including the Beck Depression Inventory (BDI) and the Post-Traumatic Stress Disorder Checklist (PCL), used to measure depression, PTSD symptoms, and overall psychological well-being before and after counseling. Paired t-tests were used to compare pre- and post-counseling outcomes, while multivariate analysis assessed the influence of socio-demographic factors on the efficacy of the interventions. The findings showed that counseling, particularly cognitive-behavioral and trauma-informed approaches, resulted in significant improvements in mental health. Participants experienced reduced depression and PTSD symptoms, and reported enhanced coping strategies and self-esteem. The research underscores the effectiveness of community-based counseling programs as crucial resources for empowering survivors and supporting their long-term recovery.

Patel, V et al., (2019) The study *Mental Health Interventions for Economically Disadvantaged Women in India: A Community-Based Study* focused on economically disadvantaged women in India who were experiencing mental health issues, particularly those exposed to physical and emotional abuse. A total of 850 women from low-income communities participated in the research, which used structured clinical interviews, mental health screening questionnaires, and community-based intervention programs to assess symptoms of psychological distress, depression, anxiety, and PTSD. Multivariate regression models were applied to evaluate the effectiveness of the mental health interventions while controlling for demographic and socio-economic variables. The findings revealed that community-based mental health interventions significantly reduced symptoms of depression and anxiety among the participants. Notably, women who had experienced physical and emotional abuse showed greater improvements in their mental health outcomes when provided with psychosocial support and counseling services. The study emphasizes the importance of accessible and tailored mental health interventions for marginalized populations to address the psychological impact of abuse and improve overall well-being.

Gondwe, J. M. (2020) The study *Intimate Partner Violence and Mental Health Outcomes Among Women in Low-Income Communities* investigated the mental health outcomes of women living in low-income communities who had experienced intimate partner violence (IPV). The research involved 500 women, with structured interviews and standardized psychological assessments, including the Beck Depression Inventory (BDI) and the Generalized Anxiety Disorder Scale (GAD-7), used to measure levels of depression and anxiety. Multivariate regression analysis was applied to examine the relationship between IPV exposure and mental health outcomes, adjusting for sociodemographic factors. The results revealed a strong association between IPV exposure and increased levels of depression and anxiety, with the severity of IPV correlating with the extent of mental health impairment. Psychological and emotional abuse were found to contribute the most to negative mental health outcomes. The study underscores the critical need for targeted mental health interventions and support systems for IPV survivors, especially within marginalized populations, to address and mitigate these psychological effects.

Chaudhary, A. (2021) The study *Impact of Counseling on Domestic Violence Survivors in Economically Disadvantaged Communities* focused on women survivors of domestic violence living in economically disadvantaged communities, examining the impact of counseling on their mental health

outcomes. A total of 300 women participated in the study, which utilized structured interviews and standardized questionnaires to assess mental health, quality of life, and post-trauma symptoms. Pre- and post-counseling psychological assessments were also conducted. Paired t-tests and multiple regression analyses were applied to compare psychological outcomes before and after counseling interventions, adjusting for socioeconomic and demographic factors. The results indicated that counseling had a significant positive effect, leading to a reduction in symptoms of anxiety, depression, and PTSD. Additionally, counseling helped enhance participants' sense of empowerment and coping skills. These findings emphasize the crucial role of counseling in supporting survivors of domestic violence, particularly in economically disadvantaged contexts, and suggest that such interventions are vital for recovery and improving overall well-being.

Taverna, E. (2023) A web-based survey was conducted on Beyond Physical and Mental Health: The Broader Impacts of Intimate Partner Violence on Psychosocial Well-Being Among Women and Men Veterans among 1,133 veterans (52.3% women) to assess their experiences of intimate partner violence (IPV) and various aspects of psychosocial well-being. Using multivariate analyses, the study examined the associations between IPV experiences and psychosocial outcomes. The results indicated that IPV was linked to a range of broader psychosocial challenges beyond physical and mental health issues, significantly impacting overall well-being among both women and men veterans.

3. Methodology

3.1 Research Question

Is there any significant impact of physical and emotional abuse on the psychological counselling needs of women from economically weaker sections?

3.2 Problem statement

The study aims to investigate the impact of physical and emotional abuse on the psychological counseling needs of women from economically weaker sections.

3.3 Aim

To assess the influence of physical abuse and emotional abuse on the psychological counseling needs among women from economically weaker sections.

3.4 Objectives

1. To find the physically abused women from economically weaker sections background.
2. To explore the relationship between physical abuse and the psychological counseling needs of women from economically weaker sections.
3. To find the emotionally abused women from economically weaker sections background.
4. To explore the relationship between emotional abuse and the psychological counseling needs of women from economically weaker sections.
5. To determine if physical abuse or emotional abuse has a more significant impact on the need for psychological counseling.

3.5 Hypothesis

H₀: There will be no significant difference between the psychological counseling needs of women who have experienced physical abuse and those who have experienced emotional abuse.

4. Method of investigation

4.1 Research design

The study will adopt a Comparative Research Design using an Independent t-test. This helps to compare psychological counseling needs between women experiencing physical abuse and emotional abuse.

4.2 Samples and sampling techniques

In this study the sample selection was done by Non-Probability and Purposive Sampling Technique. Sample for the study consisted of 240 women from economically weaker section background. Women between the age of 18-45 years who were married or unmarried, willing to participate in the study and also who were available at the time of the study.

4.3 Inclusion criteria

- Women between the ages of 18 to 45 years.
- Women who belong to economically weaker sections, as defined by socio-economic status.
- Women who self-report experiencing either physical abuse, emotional abuse.
- Women who are willing to participate in the study and provide informed consent.

4.4 Exclusion criteria

- Women below the age of 18 or above the age of 45.
- Women who have experienced severe physical trauma or medical conditions that require immediate medical attention.
- Women who have not experienced any form of physical or emotional abuse.
- Women who are currently receiving psychological counseling or therapy.
- Women who do not consent to participation.

5. Variables

5.1 Independent variables

1. Physical abuse
2. Emotional abuse

5.2 Dependent variables

Psychological counseling need (measured by the Psychological Counseling Need Scale)

6. Statistical analysis

The collected data were analysed using Descriptive Statistics and Inferential Statistics of **Mean and Standard Deviation** and **Independent Sample t-test** was used to test the significance of the Null Hypothesis. The analysis was done with the aid of **Statistical Package for Social Science (SPSS)**.

7. Tool used

The Psychological Counseling Need Scale

7.1 Tool description

The Psychological Counseling Need Scale, developed by Dr. Vijaya Laxmi Chouhan and Mrs. Gunjan Ganotra Arora (2009), will be utilized to assess the need for psychological counseling among participants. This scale consists of 25 statements with 21 Positive items (1,3,4,5,6,7,8,10,11,13,14,15,16,17,18,19,21,22,23,24,25) and 4 Negative items (2,9,12,20) on a Five Point Likert Scale. The "Psychological Counselling Need Scale" developed by Dr. Vijaya Lakshmi Chouhan and Mrs. Gunjan Ganotra Arora is a tool designed to assess the psychological counseling needs of individuals. It helps identify whether a person requires psychological counseling, the type of psychological support they may need, and the intensity of the need. The scale is used to determine the extent of psychological distress or emotional issues an individual may be experiencing, which could benefit from counseling intervention. It assesses various dimensions of mental and emotional health, helping counselors and therapists make informed decisions about the need for intervention. The scale typically includes a range of statements or questions related to emotional and psychological well-being, such as stress levels, anxiety, depression, interpersonal issues, or life challenges. Respondents are asked to rate their agreement with these statements based on their personal experiences. The scale generally includes a series of Likert-type items where respondents rate their feelings, experiences, or behaviors on a scale (e.g., from "Strongly Disagree" to "Strongly Agree"). These responses help quantify the individual's emotional or psychological state. The tool is useful in clinical settings, educational environments, and even in research to understand the counseling needs of a population. It can also assist mental health professionals in prioritizing cases based on the severity of the need for counseling services.

8. Procedure

The participants were met individually. They were given a brief explanation of the study's objectives before being asked for their participation. The Psychological Counseling Need Scale were administered to participants along with the necessary instructions following the collection of socio-demographic data. As soon as the questionnaire was completed, it was collected and everyone was thanked for taking the time to do so.

9. Conceptual definition

9.1 Physical abuse

Physical abuse involves the intentional use of force that causes harm or injury to another person. It includes actions like hitting, slapping, or choking.

9.2 Emotional abuse

Emotional abuse refers to the use of verbal or psychological tactics to control, belittle, or degrade another person. It includes behaviors like insults, threats, or isolation.

9.3 Psychological counseling need

Psychological counseling need refers to the requirement for professional support to help individuals cope with emotional or psychological distress.

10. Operational definition

10.1 Physical abuse

Physical abuse is identified when there is observable injury or harm resulting from actions such as hitting, slapping, or punching.

10.2 Emotional abuse

Emotional abuse is identified when an individual shows signs of long-term psychological distress, such as anxiety, depression, or low self-esteem, due to manipulative behavior.

10.3 Psychological counseling need

Psychological counseling need is identified when an individual experiences ongoing emotional or mental health issues and seeks or requires therapy to address these concerns.

Table 1:

	ABUSE	N	MEAN	S.D.	Std. Error Mean
Psychological Counseling Need	Emotional Abuse	120	75.158	11.810	1.07811
	Physical Abuse	120	75.291	8.950	.81704

The Table 1: Compares The *Psychological Counseling Need* between Women experiencing *Emotional Abuse* and *Physical Abuse* using Descriptive Statistics (Mean, Standard Deviation) and Inferential Statistics (t-test). Women who experienced Emotional Abuse have an average Psychological Counseling Need score of 75.158 (SD = 11.810). Women who experienced Physical Abuse have a similar mean score of 75.291 (SD = 8.950). Since the t-value is low (0.99), it is likely that the p-value is *greater than 0.05*, indicating *no significant difference* between the psychological counseling needs of emotionally and physically abused women. Therefore, the Null Hypothesis “There will be no significant difference between the psychological counseling needs of women who have experienced physical abuse and those who have experienced emotional abuse” is not Rejected. Women facing both emotional and physical abuse have similar psychological counseling needs. The difference in mean scores is small and not statistically significant, suggesting that both types of abuse contribute equally to the need for psychological support.

Table 2:

Levene's test for equality of variances	t-test for Equality of Means
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		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence interval of the difference	
								Lower		Upper
Psychological Counselling Need	Equal variances assumed	7.28	.007	-0.99	238	.922	-.13333	1.35273	-2.79819	2.53153
	Equal variances not assumed			-0.99	221.78	.922	-.13333	1.35273	-2.79919	2.53252

*Not Significant at 0.05 Level

The Table 2: It illustrates the results of an independent samples t-test conducted to compare the need for psychological counselling between women who experienced emotional abuse and those who experienced physical abuse. Levene's Test for Equality of Variances was significant ($F = 7.28, p = .007$), indicating that the assumption of homogeneity of variances was violated. Therefore, the interpretation is based on the results where equal variances are not assumed. The t-test results showed no statistically significant difference in the reported need for psychological counselling between the emotional abuse and physical abuse groups ($t(221.78) = -0.99, p = .922$). The mean difference was very small ($M = -0.13, SE = 1.35$), and the 95% confidence interval ranged from -2.80 to 2.53, further suggesting that the groups did not differ in a meaningful way. These findings imply that the type of abuse whether emotional or physical does not significantly influence the expressed need for psychological counselling among the participants. This could suggest that both forms of abuse are psychologically distressing in comparable ways, prompting similar levels of mental health concern. It also underscores the importance of recognizing emotional abuse as equally impactful as physical abuse in terms of psychological well-being, which is often under-acknowledged in clinical and social contexts.

11. Summary

This study aimed at establishing the impact of physical abuse and emotional abuse on psychological counseling need in economically weaker section women. The research design was Comparative Research Design. A sample of 240 women from economically weaker section background who undergone physical Abuse or emotional Abuse. Data was collected using the questionnaire called The Psychological Counseling Need Scale by Dr. Vijaya Laxmi Chouhan and Mrs. Gunjan Ganotra Arora (2009). Data analysis was done by the use of descriptive and inferential statistics which included mean, standard deviation and Independent t-test. The analysis was done using the Statistical Package for Social Science (SPSS). The analysis of the major findings of this study indicated that Women facing both emotional and physical abuse have similar psychological counseling needs. The difference in mean scores is small and not statistically significant, suggesting that both types of abuse contribute equally to the need for psychological support.

12. Conclusion

Based on the analysis, the following conclusion have been reached:

1. There is no significant difference between the psychological counseling needs of women who have experienced physical abuse and those who have experienced emotional abuse.

13. Strengths

The study focus on the intersection of economic hardship and mental health, highlighting an important but often overlooked issue. The findings provide valuable insights for policymakers, NGOs, and mental health professionals to develop targeted interventions and support programs.

14. Limitations

The study relies on self-reported data, which may be influenced by memory recall issues or social desirability bias. Study focused on specific geographic location or cultural context may not be generalizable to all economically disadvantaged women globally. Samples were collected only from people in Chennai. The study only focused on women and not about men.

15. Suggestion for future research

1. More longitudinal research is needed to understand how abuse affects mental health over time.
2. Population below 18years and above 45years can be included.
3. Research can be done with larger sample size and all regions or states.
4. The study can also be done with male population.

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