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Depressive Symptoms Among Wives Experiencing Domestic Violence in Indonesia: A Phenomenological Study

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Abstract

Domestic violence has psychological consequences for wives, yet less attention has been given to how wives in Indonesia make meaning of depressive symptoms while remaining in abusive relationships. This study explored the lived experiences, psychological dynamics, and meaning-making processes of wives who experienced depressive symptoms in the context of domestic violence. Using a qualitative phenomenological design, three wives who met the study criteria were selected through purposive sampling. Data were collected through in-depth interviews, observation, DSM-IV-TR-based depressive-symptom screening for eligibility, triangulation with significant others, and member checking. Data were analyzed using phenomenologically oriented thematic analysis through significant statements, meaning units, theme development, intracase analysis, and cross-case analysis. The findings showed that psychological violence was the most dominant form of violence. Depressive symptoms appeared through sadness, sleep disturbance, self-blame, loss of interest, emotional exhaustion, social withdrawal, helplessness, and loss of hope. These symptoms were shaped by repeated violence, limited support, economic dependence, children, and sociocultural expectations surrounding marriage and motherhood. This study contributes to a phenomenological understanding of how domestic violence may be internalized into negative meanings about the self, the marital and social environment, and the future. Support should integrate safety, legal protection, psychological care, social support, and economic empowerment.

KEYWORDS

intimate partner violence; depressive symptoms; psychological violence; meaning-making; qualitative phenomenology.

Introduction

Domestic violence (Kekerasan Dalam Rumah Tangga, KDRT) is a serious problem that not only causes physical harm but also has substantial consequences for women's mental health, particularly for wives as victims. A home that should serve as a safe space may instead become a setting in which violence is perpetrated by one's own intimate partner. Law of the Republic of Indonesia Number 23 of 2004 explains that domestic violence includes physical, psychological, sexual, and economic violence that causes suffering within the household (Republik Indonesia, 2004).

The phenomenon of domestic violence against wives in Indonesia remains highly prevalent. According to the Annual Report of Komnas Perempuan (2025), cases of gender-based violence against women reached 376,529, with most cases occurring in the personal or domestic sphere. This condition indicates that domestic violence is not merely a private matter, but also a social and mental health issue requiring serious attention.

The persistence of domestic violence against wives cannot be separated from relational, economic, and sociocultural factors that shape women's vulnerability and responses to abuse. In the Indonesian context, women's responses to domestic violence may be shaped by power relations, family responsibilities, and expectations surrounding marriage and gender roles (Mas'udah, 2022). At the global level, population-based and multi-country evidence has shown that intimate partner violence is associated with adverse physical and mental health outcomes among women and is influenced by

individual, relational, community, and sociocultural risk factors (Abramsky et al., 2011; Devries et al., 2013; Ellsberg et al., 2008; Heise, 1998; World Health Organization, 2021).

In this study, depressive symptoms were understood as emotional, cognitive, and behavioral symptoms relevant to the DSM-IV-TR-based screening indicators, including depressed mood, loss of interest, sleep disturbance, fatigue, feelings of worthlessness, self-blame, difficulty concentrating, and hopelessness (American Psychiatric Association, 2000). Previous systematic reviews and meta-analyses have shown that intimate partner violence is associated with depression and other mental health problems among women (Beydoun et al., 2012; Trevillion et al., 2012; White et al., 2024). Broader evidence also indicates that intimate partner violence affects women's physical health, psychological functioning, serious mental illness, and quality of life (Chandan et al., 2020; Coker, Smith, et al., 2002; Dillon et al., 2013; Lagdon et al., 2014; Oram et al., 2013).

Recent literature further emphasizes that psychological intimate partner violence may have severe mental health consequences because repeated humiliation, control, threat, and emotional neglect can undermine women's self-worth and psychological safety (Dokkedahl et al., 2022). Economic abuse may also intensify depressive experiences by increasing dependence on the perpetrator, restricting access to resources, and limiting women's perceived ability to leave abusive relationships (Johnson et al., 2022).

Survivors' responses to abusive relationships are also shaped by perceived support, stigma, and barriers to help-seeking. Help-seeking among survivors of intimate partner violence depends on how victims define the problem, evaluate available support, and anticipate social or institutional responses (Liang et al., 2005). Stigma may further prevent disclosure because victims may internalize blame, fear negative judgment, or anticipate unsupportive responses from others (Overstreet & Quinn, 2013). These factors are relevant to the present study because the participants' depressive meanings were shaped not only by violence itself, but also by limited support, economic dependence, children, and sociocultural expectations surrounding marriage and motherhood.

Although this body of literature has established a strong association between domestic violence and depression, several gaps remain. First, many studies have emphasized prevalence, risk factors, symptom severity, or statistical associations, while less attention has been given to how wives subjectively interpret violence and internalize it into depressive meanings. Second, existing studies have not sufficiently explained how psychological violence, self-blame, economic dependence, children, limited social support, and sociocultural expectations interact in shaping why some wives remain in abusive relationships despite experiencing depressive symptoms. Third, in the Indonesian context, further qualitative attention is needed to understand how domestic violence is experienced not only as a legal or social problem but also as a psychological process involving loss of self-worth, helplessness, and loss of hope.

The novelty of this study lies in its phenomenological and interpretive focus on how wives make meaning of depression in the context of domestic violence. Rather than treating depression only as a measurable clinical outcome, this study examines depression as a lived psychological process shaped by repeated violence, internalized self-blame, diminished agency, economic and relational constraints, and culturally embedded expectations surrounding marriage and motherhood. By integrating phenomenological inquiry with Beck's cognitive theory of depression, this study offers a contextual and theoretical contribution to understanding how domestic violence may be internalized into negative views of the self, the marital and social environment, and the future among wives in Indonesia.

This study is guided by Beck's cognitive theory of depression, which explains depression as a psychological condition shaped by negative patterns of thinking about the self, the environment, and the future. Within this framework, repeated adverse experiences may contribute to the formation of negative self-evaluations, perceptions of the environment as threatening or unsupportive, and diminished expectations for future change (Beck, 1976). In the context of domestic violence, repeated humiliation, emotional neglect, control, physical aggression, economic restriction, and lack of support may gradually be internalized by victims as feelings of worthlessness, helplessness, self-blame, and hopelessness.

Beck's cognitive theory is relevant to this study because wives who experience domestic violence not only report depressive symptoms but also construct meanings about themselves, their marital and social environment, and their future possibilities. The negative view of the self may appear through self-blame, feelings of inferiority, and loss of self-worth. The negative view of the environment may appear through the perception that the marital relationship is unsafe, controlling, neglectful, and unsupported. The negative view of the future may appear through hopelessness, diminished expectation of change, and the belief that remaining in the relationship is unavoidable. Therefore, Beck's cognitive theory provides an interpretive lens for understanding how repeated domestic violence is internalized into depressive meanings among wives.

Based on this theoretical and empirical background, this study aims to explore the lived experiences, psychological dynamics, and meaning-making processes of wives who experience depressive symptoms in the context of domestic violence. Rather than merely describing depressive symptoms, this study seeks to understand how repeated violence is interpreted, internalized, and expressed as negative meanings about the self, the marital environment, and the future.

Specifically, this study addresses the following research questions: (1) How do wives who experience domestic violence describe and interpret their depressive experiences? (2) How are repeated experiences of domestic violence internalized into negative views of the self, the environment, and the future? (3) What contextual factors, such as psychological violence, economic dependence, children, limited social support, and sociocultural norms, shape the persistence of depressive meanings among wives who remain in abusive relationships?

By addressing these questions, this study is expected to contribute to a deeper phenomenological understanding of depression among wives experiencing domestic violence and to inform more sensitive psychological, social, and legal support for women in abusive marital relationships.

Methods

Research Type

This study employed a qualitative approach with a phenomenological orientation. This design was selected because the study aimed to explore the lived experiences, meaning-making processes, and psychological dynamics of wives who experienced depression in the context of domestic violence. Rather than measuring depressive symptoms only as clinical indicators, the study sought to understand how participants interpreted repeated violence, loss of self-worth, helplessness, and loss of hope within their marital relationships.

The study used a phenomenologically oriented thematic analysis. This means that the analysis focused on participants' lived experiences and the meanings attached to those experiences, while also using systematic thematic procedures to organize significant statements, meaning units, categories, and themes. Beck (1976) cognitive theory, as described in the

Introduction, was used as an interpretive framework during analysis. It helped explain how repeated violent experiences were internalized into negative views of the self, the environment, and the future, without replacing the phenomenological orientation of the study.

Population and Sample/Informants

The informants in this study were wives who had experienced domestic violence and showed depressive symptoms relevant to the focus of the study. Three informants were selected using purposive sampling because they met the predetermined inclusion criteria and were able to provide rich, detailed, and relevant narratives regarding the lived experience of depression in abusive marital relationships.

The inclusion criteria were: (1) women with the status of wife, (2) having experienced physical, psychological, sexual, or economic violence in the household, (3) having experienced violence for at least two years, (4) being between 25 and 50 years of age, and (5) showing depressive symptoms identified through initial interviews and psychological screening. The exclusion criteria were women who were unwilling to participate voluntarily, unable to provide informed consent, or unable to continue the interview process because of emotional distress or safety concerns.

The use of three informants was considered adequate for this phenomenologically oriented qualitative study because the study did not aim for statistical generalization, but for an in-depth understanding of participants' lived experiences. The adequacy of the sample was assessed using the principle of information power, in which a smaller number of participants may be sufficient when the study aim is specific, the sample is highly relevant to the phenomenon, the interviews produce rich narratives, and the analysis is conducted in depth (Malterud et al., 2016). In this study, the three informants represented different durations and dynamics of domestic violence: SS experienced violence from the beginning of marriage, RN experienced long-term psychological and economic violence, and YN experienced chronic psychological violence for more than two decades. These variations provided sufficient depth and contrast for intracase and cross-case analysis.

Recruitment was conducted carefully by first identifying potential informants who met the study criteria and were willing to participate voluntarily. Before the interviews, the researcher explained the purpose of the study, the voluntary nature of participation, confidentiality procedures, and the participants' right to withdraw at any time. Only women who agreed to participate and met the inclusion criteria were included as informants.

Depressive symptoms were identified using an initial screening guide adapted from the DSM-IV-TR criteria for a major depressive episode (American Psychiatric Association, 2000). The screening indicators included depressed mood, loss of interest, sleep disturbance, fatigue or loss of energy, feelings of worthlessness or excessive guilt, difficulty concentrating, hopelessness, and self-blame. In this study, the screening procedure was used only to determine participant eligibility and to ensure that the participants' experiences were relevant to the research focus. It was not intended to establish a formal clinical diagnosis or to replace a comprehensive psychological or psychiatric assessment by a licensed mental health professional.

Research Location

The study was conducted within the social contexts of participants who had experienced domestic violence. The specific research locations and participants' personal identities were anonymized to maintain confidentiality, safety, and anonymity because the research topic is sensitive and relates to experiences of domestic violence.

Instrumentation or Tools

The primary research instrument was the researcher, supported by a semi-structured interview guide, observation sheets, field notes, an interview recording device, and a depressive-symptom screening guide adapted from the DSM-IV-TR and used only for participant eligibility screening. The interview guide was used to explore experiences of violence, emotional responses, depressive symptoms, social support, reasons for remaining in the relationship, and the meaning of violent experiences for the participants.

Data Collection Procedures

Data were collected through in-depth interviews and observation. Initial interviews were conducted to ensure that participants met the study criteria and to identify depressive symptoms. Subsequently, in-depth interviews were conducted to explore participants' subjective experiences. All interviews were conducted in Indonesian, and participant quotations were translated into English for manuscript preparation while preserving the original meaning, emotional tone, and contextual nuances of the participants' narratives. During the interview process, the researcher observed affective expressions, body language, tone of voice, emotional responses, crying, pauses in speech, and signs of psychological distress. Source triangulation was conducted through significant others, such as close family members or close friends who knew the participants' conditions. Member checking was conducted by presenting summaries of interview results and initial interpretations to the participants to ensure that the meanings of their experiences had been accurately represented.

Researcher Reflexivity and Bracketing

Because this study involved sensitive narratives of domestic violence and depressive symptoms, researcher reflexivity was applied to minimize interpretive bias during data collection and analysis. The researcher recognized that personal assumptions, sympathy toward participants, and prior understanding of domestic violence could influence the interpretation of participants' narratives. Therefore, the researcher attempted to bracket these assumptions by focusing on participants' own words, emotional expressions, and contextual meanings rather than imposing predetermined interpretations on the data.

During the interview process, the researcher used open-ended questions and avoided leading questions that could direct participants toward particular answers. Field notes were used to record not only participants' verbal responses but also relevant contextual information, emotional expressions, pauses, crying, and non-verbal reactions observed during the interviews. These notes helped the researcher distinguish between participants' actual narratives and the researcher's initial impressions.

During analysis, reflexivity was strengthened through repeated reading of transcripts, comparison between interview data and field notes, source triangulation with significant others, and member checking with participants. Initial interpretations and emerging themes were reviewed carefully to ensure that they remained grounded in participants' lived experiences. This reflexive process helped reduce researcher bias and supported a more transparent interpretation of how domestic violence was experienced, internalized, and expressed as depressive meaning by the participants.

Data Analysis

Data analysis was conducted using phenomenologically oriented thematic analysis. The analysis began with verbatim transcription of all interview data. The transcripts were read repeatedly to obtain a holistic understanding of each participant's experience and to become familiar with the

emotional tone, context, and meaning of the narratives. During this stage, the researcher also reviewed field notes, affective expressions, pauses, crying, and other non-verbal responses recorded during the interviews as contextual data.

The next stage involved identifying significant statements related to experiences of domestic violence, emotional responses, depressive symptoms, self-blame, helplessness, economic dependence, social support, and loss of hope. These significant statements were then formulated into meaning units. Similar meaning units were grouped into broader categories, such as psychological violence, loss of self-worth, depressive symptoms, limited social support, reasons for remaining in the relationship, and hopelessness about the future.

After the categories were developed, the researcher clustered them into central themes that represented the shared meanings of participants' experiences. The analysis then proceeded through intracase analysis to understand the psychological dynamics of each participant, followed by cross-case analysis to identify similarities and differences across the three participants. Through this process, the study synthesized the essential meaning of depression among wives experiencing domestic violence as a gradual psychological process shaped by repeated violence, internalized self-blame, erosion of self-worth, helplessness, and loss of hope.

Beck (1976) cognitive theory was used during the interpretive stage to deepen the analysis of how participants' narratives reflected the negative cognitive triad. Statements related to self-blame and feelings of inferiority were interpreted as negative views of the self; experiences of emotional neglect, control, and limited support were interpreted as negative views of the environment; and expressions of hopelessness were interpreted as negative views of the future. To strengthen trustworthiness, the coding and theme-development process was supported by repeated transcript review, source triangulation, method triangulation, member checking, and documentation of analytic decisions, consistent with principles of rigorous thematic analysis (Nowell et al., 2017).

Ethical Approval

This study did not report a formal institutional ethical approval number. Nevertheless, because the study involved a sensitive topic concerning domestic violence and depressive symptoms, ethical safeguards were applied throughout the research process to minimize potential harm to participants. Before data collection, all participants were informed about the purpose of the study, the interview procedures, the voluntary nature of participation, confidentiality protection, anonymization of identity, and their right to withdraw from the study at any stage without any consequence. Informed consent was obtained before the interviews were conducted.

To protect participants' privacy and safety, interviews were conducted only when participants felt sufficiently safe and emotionally ready to share their experiences. Identifying information, including names, specific locations, and other personal details that could reveal participants' identities, was removed from the manuscript. Participants were identified using subject codes, and all interview data, transcripts, and field notes were stored securely and used only for research purposes.

Considering that recalling experiences of domestic violence may cause emotional discomfort, the researcher monitored participants' emotional responses during the interviews. Participants were allowed to pause, skip questions, or stop the interview whenever they felt uncomfortable. When signs of distress appeared, the interview was slowed down or temporarily stopped to prioritize participants' psychological well-being. Participants were also encouraged to seek support from trusted family members, close friends, mental health professionals, or relevant community support services if they needed further assistance after the interview.

These ethical safeguards were implemented to protect participants' dignity, confidentiality, safety, and psychological well-being during and after the research process.

Result and Discussion

The findings show that all participants experienced domestic violence that was closely related to depressive symptoms and negative meanings about themselves, their marital relationships, and their future. Although the forms and intensity of violence differed across participants, psychological violence emerged as the most dominant form. The analysis identified how repeated violence was interpreted by participants as humiliation, abandonment, helplessness, loss of self-worth, and loss of hope. Participant characteristics are presented in Table 1.

Table 1 shows that the participants shared the experience of domestic violence and depressive symptoms, but differed in the form, duration, and meaning of violence in their marital relationships. SS represented a case of multiple and overlapping forms of violence, RN represented long-term psychological and economic violence accompanied by emotional isolation, and YN represented prolonged psychological violence marked by hopelessness and constrained agency. These contextual differences provided variation for intracase and cross-case analysis while maintaining participant confidentiality.

Violent Experiences and Depressive Meanings in Participant SS

SS experienced multiple forms of domestic violence, including physical, psychological, sexual, and economic violence. Her narrative showed that violence was not experienced as a single event, but as repeated and overlapping forms of harm. She stated:

> *"I was hit, my hair was pulled, I was strangled, and at that time he kicked me until I hit the cupboard. There were marks too. He once strangled me until I was lifted up." (SS)*

This quotation was interpreted as a significant statement reflecting physical threat, bodily fear, and loss of safety within the marital relationship. The meaning unit derived from this statement was "the home as an unsafe and threatening space." In Beck's cognitive terms, repeated physical aggression contributed to SS's negative perception of her environment, in which the marital relationship was experienced not as protection but as danger.

SS also experienced psychological violence in the form of humiliation and degrading verbal statements. One of the most significant statements was:

> *"If it weren't for me, you would have become a whore." (SS)*

This statement was coded as verbal humiliation and degradation of self-worth. The meaning unit reflected internalized inferiority and self-blame. SS did not experience the insult merely as anger from her husband, but as a repeated message that weakened her sense of personal value. This was further reflected in her statement:

> *"When I'm sad, for example, when his voice keeps echoing in my mind, I immediately feel inferior. Now I don't even want to sing anymore." (SS)*

The phrase "his voice keeps echoing in my mind" indicates that the psychological violence continued internally even when the abusive statement was no longer being spoken. The violence became internalized as a negative self-evaluation. Her loss of interest in singing, an activity she previously enjoyed, also reflected a depressive meaning related to withdrawal, diminished pleasure, and erosion of self-expression.

Table 1. Non-Identifying Characteristics and Contextual Profiles of Participants

Aspect	SS	RN	YN
Age Range	Late 20s	Mid-40s	Late 40s
Length of Marriage	Approximately 5 years	Approximately 18 years	More than 20 years
General economic activity	Self-employed	Self-employed	Self-employed
Main reason for inclusion	Experienced multiple forms of domestic violence and showed depressive symptoms relevant to the study focus.	Experienced long-term psychological and economic violence with emotional exhaustion and social withdrawal.	Experienced long-term psychological violence with persistent hopelessness and psychological fatigue.
Dominant form of violence	Physical, psychological, sexual, and economic violence	Psychological and economic violence	Psychological violence
Duration and pattern of violence	Violence occurred from the beginning of marriage and appeared in repeated, overlapping forms.	Violence occurred over a long period and was mainly expressed through neglect, emotional abandonment, and economic restriction.	Violence occurred over a very long period and was mainly expressed through psychological pressure, emotional neglect, and diminished expectation of change.
Depressive-symptom screening basis	Initial interview and DSM-IV-TR-based depressive-symptom screening for participant eligibility only.	Initial interview and DSM-IV-TR-based depressive-symptom screening for participant eligibility only.	Initial interview and DSM-IV-TR-based depressive-symptom screening for participant eligibility only.
Dominant depressive expressions	Insomnia, sadness, loss of interest, self-blame, and feelings of inferiority.	Crying alone, emotional exhaustion, withdrawal, loneliness, and prolonged sadness.	Hopelessness, psychological fatigue, helplessness, and loss of hope.
Social support context	Limited emotional safety and restricted agency within the marital relationship.	Limited space for disclosure and lack of perceived emotional support.	Limited perceived alternatives and continued endurance because of children.
Dominant analytic theme	Internalized humiliation and loss of self-worth.	Emotional abandonment and suffering without a safe space for disclosure.	Constrained agency and loss of future possibility.

Source: Primary Data
Note: Participant codes are used to protect confidentiality. The information presented in this table is intentionally non-identifying and focuses on contextual and analytical characteristics relevant to the study. The DSM-IV-TR-based screening was used only to determine participant eligibility and was not intended to establish a formal clinical diagnosis.

SS also described sexual and economic violence within the relationship:

"When he wants it, I just serve him, but it's like that, sometimes rough—no, not sometimes, very often." (SS)

"Besides, even when I work, he holds my salary, so I don't hold any money at all." (SS)

These quotations show that SS experienced limited control over both her body and economic resources. The meaning unit derived from these statements was "loss of agency." The combination of sexual coercion, economic restriction, humiliation, and physical threat shaped a depressive experience marked by fear, helplessness, self-blame, insomnia, and loss of interest. Her statement, "So sometimes I blame myself," indicates how repeated violence was internalized into a negative view of the self.

Violent Experiences and Depressive Meanings in Participant RN

RN experienced domestic violence predominantly in the form of psychological and economic violence over many years. Unlike SS, RN did not emphasize severe physical aggression, but her narrative revealed emotional abandonment, loneliness, and lack of relational support. She stated:

"I'm tired, it feels like I live alone even though I have a husband." (RN)

This statement was interpreted as a significant expression of emotional neglect. The meaning unit was "being married but emotionally abandoned." RN's depression was shaped by the contradiction between the expected function of marriage as companionship and the actual experience of loneliness within the relationship. Her statement shows that psychological violence may occur not only through direct insults or threats, but also through persistent neglect and emotional absence. RN further stated:

"Sometimes I cry alone, but who can I talk to?" (RN)

This quotation was coded as emotional isolation and limited social support. The meaning unit reflected "suffering without a safe space for disclosure." RN's depressive experience was therefore not only related to violence from her husband, but also to the absence of meaningful support that could validate her suffering. The question "who can I talk to?" indicates a perception of the social environment as unavailable or unsupportive. Within Beck's cognitive framework, this reflects a negative view of the environment, in which the participant perceived herself as alone, unsupported, and unable to access emotional help.

The analysis suggests that RN's depressive symptoms developed through prolonged sadness, crying alone, emotional exhaustion, and withdrawal. Her experience shows that psychological violence can generate severe depressive meanings even when it is less visible than physical violence. In RN's case, depression was closely related to emotional neglect, isolation, and the perception that her suffering had no place to be heard.

Violent Experiences and Depressive Meanings in Participant YN

YN experienced domestic violence for more than two decades. Her narrative was dominated by psychological pressure, partner control, emotional neglect, and a persistent

Table 2. Main Themes of the Findings

No.	Main Theme	Significant statement	Meaning unit	Psychological interpretation
1	Repeated experiences of violence	"I was hit, my hair was pulled, I was strangled..."	The marital relationship as a threatening space	Violence disrupted the meaning of home and marriage as sources of safety.
2	Feelings of helplessness and loss of self-worth	"So sometimes I blame myself."	Internalized blame and diminished self-worth	Repeated humiliation was internalized into a negative view of the self.
3	Depressive symptoms as the primary impact	"Sometimes I cry alone."	Emotional suffering without relief	Depression appeared through sadness, isolation, emotional exhaustion, and withdrawal.
4	Remaining because of children and economic dependence	"I stay only because of the children."	Constrained agency and limited alternatives	Children and economic dependence shaped the decision to remain in abusive relationships.
5	Limited social support	"But who can I talk to?"	Absence of a safe space for disclosure	Limited support strengthened the perception that the environment was unsupportive.
6	Loss of hope for the future	"I'm tired of hoping."	Loss of future possibility	Prolonged violence contributed to hopelessness and diminished expectation of change.

Source: Primary Data

sense that change was unlikely. YN remained in the marriage primarily because of her children. She stated:

"I stay only because of the children; if it weren't for them, maybe I would have left." (YN)

This statement was interpreted as a meaning unit of constrained agency. YN did not describe staying in the relationship as a free emotional choice, but as a decision shaped by maternal responsibility and limited perceived alternatives. The presence of children became both a reason for endurance and a factor that made leaving the relationship more difficult. This finding shows how depressive meanings were shaped not only by violence itself, but also by relational and sociocultural responsibilities attached to motherhood. YN also stated:

"Sometimes I feel that life is just like this; I'm tired of hoping." (YN)

This quotation was coded as hopelessness and diminished expectation of change. The meaning unit reflected "loss of future possibility." In Beck's cognitive framework, this statement strongly reflects a negative view of the future. YN's depression did not appear merely as sadness, but as a persistent psychological condition characterized by psychological fatigue, helplessness, and reduced belief that her situation could improve.

Compared with SS and RN, YN's narrative showed a more persistent pattern of hopelessness. Her long duration of exposure to psychological violence contributed to a depressive meaning in which suffering was perceived as part of life that had to be endured. This finding suggests that the duration of violence may deepen the internalization of helplessness and loss of hope.

Cross-Case Themes

Through phenomenologically oriented thematic analysis, supported by intracase and cross-case analysis, this study identified six main themes that describe depression among wives who experienced domestic violence. These themes are presented in Table 2.

Table 2 shows that depression among wives experiencing domestic violence emerged as a gradual psychological process. Across the three participants, violence was not only experienced as external harm but was also internalized into depressive meanings. Repeated humiliation and control contributed to self-blame and loss of self-worth; emotional neglect and limited support shaped the perception of the environment as unsafe or unavailable; and prolonged exposure to violence contributed to hopelessness about the future.

The essential meaning synthesized from the participants' narratives is that depression among wives experiencing domestic violence develops through the internalization of repeated violence into negative meanings about the self, the marital and social environment, and the future. This process was shaped by psychological violence, economic dependence, children, limited social support, and sociocultural expectations that made leaving the abusive relationship difficult. Therefore, depression in this study is understood not merely as a set of symptoms, but as a lived psychological experience formed through repeated harm, constrained agency, and loss of hope.

Interpretation of Key Findings

This study shows that depression among wives experiencing domestic violence is not merely a direct emotional reaction to violent incidents, but a gradual psychological process formed through repeated exposure to harm, emotional neglect, constrained agency, and loss of hope. Across the three participants, psychological violence emerged as the most dominant form of violence. Although physical, sexual, and economic violence were also present in some cases, the participants' narratives showed that humiliation, control, abandonment, verbal degradation, and lack of emotional support played a central role in shaping depressive meanings.

The findings indicate that domestic violence disrupted the participants' basic sense of safety within marriage. For SS, multiple forms of violence created fear, self-blame, loss of interest, and diminished self-worth. For RN, prolonged emotional neglect and limited social support contributed to sadness, loneliness, and emotional exhaustion. For YN, long-term psychological violence produced persistent hopelessness and diminished expectation of change. These differences suggest that the form, intensity, and duration of violence influence how depressive symptoms are experienced and interpreted by victims.

Theoretical Interpretation through Beck's Cognitive Theory

The findings can be understood through Beck's cognitive theory of depression, particularly the negative cognitive triad. Repeated humiliation, insults, and degradation contributed to negative views of the self, as reflected in participants' self-blame, feelings of inferiority, and loss of self-worth. Emotional neglect, partner control, economic restriction, and limited social support contributed to negative views of the environment, in which the marital and social context was perceived as unsafe, unsupportive, or unavailable. Prolonged exposure to violence, especially in YN's case, contributed to

negative views of the future, reflected in hopelessness and reduced belief that change was possible.

This interpretation strengthens the understanding that depression in the context of domestic violence cannot be reduced to a list of symptoms. Rather, depressive symptoms are embedded in the meanings victims construct about themselves, their relationships, and their future possibilities. The phenomenological findings therefore extend Beck's cognitive theory by showing how negative cognitive patterns may be formed through concrete relational experiences of violence, dependence, neglect, and limited support.

Comparison with Previous Studies

The findings are consistent with previous studies showing that intimate partner violence is associated with depression and other adverse mental health outcomes among women (Beydoun et al., 2012; White et al., 2024). They also support evidence that psychological intimate partner violence has serious psychological consequences because repeated humiliation, threat, control, and emotional neglect can undermine victims' self-worth and psychological safety (Dokkedahl et al., 2022). In addition, the finding that economic dependence restricted participants' perceived options is consistent with literature showing that economic abuse can increase dependence on the perpetrator and limit survivors' ability to leave abusive (Johnson et al., 2022).

However, this study contributes beyond confirming the association between domestic violence and depression. By using a phenomenological approach, the study explains how depression is experienced from within the victims' own narratives. The findings show that depressive meanings were formed through internalized self-blame, emotional isolation, constrained agency, and loss of future possibility. This contribution is important because many previous studies have emphasized prevalence, risk factors, or symptom severity, while the subjective process through which wives make meaning of violence and depression has received less attention.

The finding that psychological violence played a central role in participants' depressive meanings is consistent with earlier research showing that emotional abuse has serious psychological consequences among women experiencing partner violence (Dutton et al., 2005). The relationship between self-blame, diminished self-esteem, and depressive symptomatology among women experiencing partner violence has also been documented in previous IPV research (Cascardi & O'Leary, 1992). Similarly, studies on the mental health impact of intimate partner violence have shown that psychological abuse, power and control, and repeated relational harm are associated with depressive symptoms and psychological distress (Coker, Davis, et al., 2002; Karakurt et al., 2014).

The findings also support literature showing that structural and relational conditions can shape women's vulnerability to violence and mental ill health. Economic dependence, constrained agency, and limited perceived alternatives may become part of the pathway through which violence is maintained and internalized into psychological distress (Johnson et al., 2022; Machisa et al., 2017). In addition, the role of limited support in the participants' narratives is consistent with evidence that social support may buffer the negative mental health effects of partner violence (Coker, Smith, et al., 2002). These findings reinforce the need for integrated responses that combine safety planning, psychological support, legal protection, social support, and economic empowerment (Miller & McCaw, 2019).

Contextual and Sociocultural Contribution

The findings also highlight the importance of contextual factors in understanding depression among wives experiencing domestic violence in Indonesia. Participants did not remain in abusive relationships simply because they accepted violence, but because their decisions were shaped by children, economic dependence, limited support, and sociocultural expectations surrounding marriage and motherhood. These factors influenced how participants evaluated their options and how they interpreted their suffering.

This contextual finding suggests that interventions for wives experiencing domestic violence should not focus only on individual psychological symptoms. Support must also address relational, economic, social, and cultural conditions that maintain victims' vulnerability. Psychological recovery may be difficult when victims continue to live in unsafe relationships, lack financial autonomy, have limited support networks, or perceive leaving the relationship as socially or morally unacceptable.

Implications for Support and Intervention

The findings imply that support for wives experiencing domestic violence should be multidimensional. Immediate responses should prioritize safety, legal protection, and access to crisis support. Psychological intervention should address self-blame, loss of self-worth, helplessness, and hopelessness. Social support from family, trusted peers, community services, and mental health professionals is also essential to reduce isolation and strengthen victims' sense of agency. In addition, economic empowerment may help reduce dependence on abusive partners and expand victims' perceived options for safety and recovery.

Therefore, the main contribution of this study lies in showing that depression among wives experiencing domestic violence is a lived psychological process shaped by repeated harm, internalized negative meanings, constrained agency, and loss of hope. This understanding can inform more sensitive and integrated responses to domestic violence, particularly in contexts where marital expectations, motherhood, economic dependence, and limited support influence victims' decisions to remain in abusive relationships.

Limitations and Cautions

This study should be interpreted within several methodological considerations. The findings are based on the lived experiences of three wives who experienced domestic violence and depressive symptoms. Consistent with the phenomenological orientation of the study, the small number of participants allowed for an in-depth exploration of subjective meaning, but the findings are not intended to represent all wives experiencing domestic violence. The results therefore need to be understood within the specific relational, psychological, and sociocultural contexts of the participants.

The study focused specifically on depressive symptoms and did not examine other psychological consequences of domestic violence in depth, such as anxiety, post-traumatic stress symptoms, adjustment difficulties, or complex trauma. The data were also based on participants' retrospective narratives of sensitive and potentially traumatic experiences. Although the interviews provided rich accounts of participants' lived experiences, the findings may still be influenced by recall limitations, emotional readiness, and selective disclosure.

Researcher reflexivity and bracketing were applied during data collection and analysis; however, qualitative interpretation cannot be fully separated from the researcher's positionality, prior understanding of domestic violence, and emotional sensitivity toward participants' narratives. To reduce this limitation, the study used repeated transcript reading, field notes, source triangulation, member checking, and documentation of analytic decisions.

Another limitation concerns language and translation. The interviews were conducted in Indonesian, whereas selected

quotations and findings were translated into English for manuscript preparation. Although the translation process attempted to preserve the original meaning, emotional tone, and contextual nuance of participants' narratives, some culturally specific expressions may not be fully captured in English.

The study also relied primarily on participants' narratives and triangulation with significant others. It did not include in-depth perspectives from mental health professionals, legal aid institutions, social workers, or domestic violence service providers. As a result, the findings primarily reflect participants' subjective experiences rather than institutional or professional assessments. In addition, this study did not report a formal institutional ethical approval number, although ethical safeguards such as informed consent, confidentiality, anonymization, voluntary participation, and distress-sensitive interviewing were applied throughout the research process.

Recommendations for Future Research

Future research should involve participants from more diverse social, economic, cultural, and marital backgrounds to enrich understanding of how domestic violence and depressive experiences are shaped across different contexts. Further studies may also examine other psychological consequences of domestic violence, including anxiety, post-traumatic stress symptoms, adjustment difficulties, and complex trauma. Longitudinal research would be valuable for understanding how depressive meanings develop, persist, or change over time among women who remain in or leave abusive relationships. Future studies may also include the perspectives of mental health practitioners, legal aid providers, social workers, and domestic violence support services to develop a more comprehensive understanding of victim support, safety planning, and recovery pathways.

Conclusion

This study concludes that depression among wives experiencing domestic violence is shaped by repeated and prolonged exposure to violence, particularly psychological violence in the form of humiliation, control, emotional neglect, verbal degradation, and lack of support. Across the three cases, depressive experiences appeared through sadness, sleep disturbance, self-blame, loss of interest, emotional exhaustion, social withdrawal, helplessness, and loss of hope. These findings indicate that depression in the context of domestic violence is not only a set of psychological symptoms, but also a lived experience formed through repeated harm and the gradual erosion of self-worth, agency, and future expectations.

Using Beck's cognitive theory as an interpretive framework, the study shows how repeated domestic violence may be internalized into negative meanings about the self, the marital and social environment, and the future. Self-blame and feelings of inferiority reflected negative views of the self; experiences of neglect, control, and limited support reflected negative views of the environment; and hopelessness reflected negative views of the future. This study therefore contributes to a phenomenological understanding of depression by showing how depressive meanings are constructed within abusive marital relationships.

The findings suggest that support for wives experiencing domestic violence should be multidimensional. Legal protection and crisis support are needed to ensure safety, while psychological intervention should address self-blame, diminished self-worth, helplessness, and hopelessness. Social support and economic empowerment are also important to strengthen victims' agency and expand their perceived options for recovery. Future research should involve more diverse participants, examine other psychological consequences of domestic violence, and explore long-term recovery processes among women who remain in or leave abusive relationships.

Author contributions

The sole author, Agustini, contributed to all stages of the research and manuscript preparation, including conceptualization, method development, data collection, data analysis, interpretation of findings, writing the initial draft, revising the manuscript, and approving the final version of the article.

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