

Original Article

Help seeking behaviours among survivors of intimate partner violence in India

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Abstract

Background: Studies on the subjective experiences of Intimate Partner Violence (IPV) among Indian women are far and few and there are hardly any studies exploring the help seeking behaviours among these women.

Objectives: The purpose of this qualitative study was to explore the experiences of violence among female survivors of IPV who had moved out of an abusive relationship with a focus on the help seeking behaviours in these women.

Method: Purposive sampling technique was employed for this qualitative study. In-depth semi-structured interviews were conducted with 10 survivors of IPV who had sought shelter at the Government Reception Centre for Women, Bangalore Urban, India. Interviews were audio-taped with the consent of the participants and later transcribed for analysis. The transcribed data was coded and the main themes were summarized.

Results: Three major themes emerged from a thematic analysis of the interview transcripts; women reported personal and social attitudes, prevalent barriers to seeking assistance and available resources in their situations as being the major factors influencing their decision to seek help to move out of the abusive relationship.

Key words: Intimate partner violence, help-seeking, Survivors, Qualitative

Background

Violence within the home is universal across cultures, religions, class and ethnicity. Recent global prevalence rates indicate that 35% of women worldwide have experienced either intimate partner violence (IPV) or non-partner sexual violence in their lifetime. On an average, 30% of women who

have been in a relationship report that having experienced some form of physical or sexual violence by their partner and globally, as many as 38% of murders of women are committed by an intimate partner (Berg et al., 2010). In India, 21.2% of women reported ever experiencing some form of

domestic violence in the community (Begum et al, 2015).

Past studies have identified the prevalence of certain forms of domestic violence and the rate of help seeking among specific populations. Bibi et al (2014) reported 31% prevalence of lifetime physical domestic violence from spouse or in-laws, while only 2% of them sought social or legal aid. Similarly, another study also found that only 5% of women experiencing intimate partner violence contacted a domestic violence programme while no one reported using criminal justice services (Raj & Silverman, 2007). The lifetime prevalence of domestic violence in a South Indian population was 32.2%, while factors such as early years of marriage, lower education level of either partner, employment in the wife and alcoholism in the husbands increased the risks for domestic violence for the women (Kamat et al, 2013). While some quantitative as well as qualitative studies have been conducted establishing prevalence rates of various forms of violence and also assessing help seeking behaviours among south Asian populations globally (Naved et al, 2006; Ahmad et al, 2009; Lee & Hadeed, 2009; Raj & Silverman, 2007), there are hardly any studies focussing on these issues from India (Panchanadeswaran & Koverola, 2005). Further there is a need to explore the individual experiences of women experiencing intimate partner violence based on their cultural background. With this aim we planned this qualitative study focussed on exploring and understanding the help-seeking behaviours among women who had walked out of an abusive marital relationship.

Methodology

Participants were female survivors of intimate partner violence who had moved out of the marital relationship and had sought shelter at the

Government Reception Centre for Women, Bangalore Urban, India. The participants for the study were referred to the researcher by the Superintendent of the Centre based on their records. The women were screened for the presence of any mental health complications and those women who were identified to have mental health issues were offered the option of getting an assessment from the National Institute of Mental Health and Neuro Sciences (NIMHANS). Women who screened negative were interviewed for the study.

Consecutive eligible and consenting women were recruited as participants to the study. The participants were briefed about the study and informed consent was sought. Written consent for was obtained from all participants confirming their willingness to participate in the study. In all, 12 women were approached for the study, however since two of them refused consent for the interviews, a total of 10 women were interviewed as part of the study. Out of this 8 women had consented to the interviews being audio-taped. Field notes were taken for all the interviews. All women were assured confidentiality and were interviewed in complete privacy in the interview / counselling rooms at the State home premises.

The ages of the participants ranged between 18 to 43 years. Six of them had completed 5th to 10th grade of schooling, while three of them had completed graduation and one participant was a post-graduate. Two of the women had been in an employment prior to leaving their homes and six of the women had atleast one child. A semi-structured interview guide was used for the in-depth interviews. The interview guide contained questions related to the women's experiences of violence and the means they adopted to handle the same. The interviews were conducted with the purpose of gaining an understanding of the ways in which these women responded in the face of challenges and

exploring the personal characteristics and environmental factors that supplied their capacity for resilience.

The interviews were conducted in *Tamil* and eight interviews were audio recorded. Field notes were made immediately after each interview. The audiotapes were transcribed verbatim and both the transcriptions and field notes were translated to English. The researcher's personal observations about the interview – experiences, impressions, challenges as well as observations about the data were recorded as memos.

Data Analysis

A thematic analysis approach was used to analyse the transcribed interviews. Data analysis was done using both deductive and inductive coding methods. The interviews were initially coded independently by the researchers and the codes generated were compared to integrate similar codes and subthemes. Patterns were identified and codes with similar patterns were merged to form the categories / sub-themes. The codes and subthemes across interviews were compared and later organized under three major themes.

Findings

The themes identified as factors influencing the help-seeking behaviours among the participants were (1) Personal and social attitudes to help seeking, (2) Barriers to seeking help for IPV and (3) Availability of resources

Women had sought assistance from different sources – family members, friends and tertiary systems like registered Governmental or non-Governmental organizations. The practice of help

seeking varied among these women and in spite of currently being at a shelter home not all of them had voluntarily sought help. Their approach to help-seeking was influenced by the attitudes of and barriers concerning the same.

Personal and social attitudes to help seeking

Attitudes of the respondents, their family and the community had an impact on how, when and from whom these women sought help. Some women make a conscious choice to take help from others.

Like I said I wasn't even sure if I was misunderstanding what he was doing with an intention to care for me [...] but when I saw how the same thing was getting repeated more often, in spite of the efforts I was making, I decided I cannot do this by myself. (Woman 1)

Those women who had support from the family members felt comfortable taking help from them. Woman 4 reported staying at her parents' home for brief periods when her husband got violent, while woman 6 would confide in her sister about all the abuse her husband subjected her to. Quite a few women felt that being in touch with their family during times of difficulty was of great assistance to them. Whereas for others the absence of a good source of help within their network of family or friends delayed the process of help seeking,

From the time of my marriage, I've been looking for someone to help me with deciding what would be best to do, as I could not discuss it with anyone in the family. They were there to tell me how to do things (household work) but whenever I started talking about problems with him (husband) they would divert the topic. So I decided to keep it to myself. (Woman 6)

The various myths surrounding family life in the community and the socio-cultural stipulations for discussing these issues significantly influence these women's process of reaching a source of help outside their system. Friends and neighbours most often sympathized with the women when they came to know about the violence they were going through and shared similar experiences at times. While women reported that it was helpful that they could talk to someone, they did not get further guidance from them.

They would sometimes tell me about similar situations in some other families. They used to say that having been born as a woman; we had no other choice but to go through all this (Woman 4)

Although women in the neighbourhood gave me their sympathy, that was all I could get from them. (Woman 5)

Woman 2 explains how according to her, the attitudes of the society are unfavourable and sometimes even detrimental for survivors like her to approach for any help.

In our community, talking about one's family problems to parents is itself considered unacceptable for girls, then what to say about discussing it with others or asking for suggestions? [...] Those were the times I wished I was born a male. (Woman 2)

R9 shared how more than the attitudes, the judgements the society passes about the women who seek these services affected and delayed her choice to seek help.

The opinion that people start building based on your profile is something difficult to break - see what happened with me. Because I am a teacher, I am considered a know-all; that means I don't need people to clear my doubts. [...] That frightens me

really. I can't imagine what people might have thought when I left home. (Woman 9)

Barriers to seeking help

While the respondents made a mention of barriers they faced to seeking help when they badly needed it, several of them reattributed this to the attitudes that are prevalent.

The fluctuations in his behaviour between when he was drunk and otherwise, had from time-to-time weakened my decision to discuss this with someone. Also so many women were facing some problem or the other in their life, but were managing by themselves. Shouldn't I be doing the same? (Woman 3)

Before the first time I spoke to my mother about this, I had so much of hesitation about taking something that needs to be dealt between us to other family members. I felt a little silly, like a school girl complaining to a teacher. I had always seen myself as a strong woman, who can deal thing by herself. (Woman 1)

Restrictions on the means of exploration about and access to resources by either the perpetrator or other family members leads to the women not being able to seek help when required. Also social and cultural barriers to seeking assistance for family issues coloured the picture of help-seeking for these women.

Now I can see how, much earlier I should have made this decision. But once we are married, we very rarely are allowed to go out and that too only with others in the family. There is no much interaction with any people outside the home. So no supportive person around it is so difficult to make the right decisions at the right time. (Woman 6)

Now, I was caught for quite a while just in waiting for things to improve. I was focussed more on his

drinking. In fact I sought help for it (herbal medication), without much success. I used to feel ashamed to speak about what exactly he did, because they were private things (sexual) between us. How could I speak about it to someone? (Woman 3)

Lack of awareness among the women about, whom to approach once they were looking out for help was by itself a barrier in spite of the need for it being identified by them.

Although I strongly felt about telling someone about it and finding out how to get out of this rut I had been pushed into, I didn't know whom to go to. All that I'd got from my family was advice on how to be a good wife. (Woman 2)

Availability of resources

Some of the women had left their homes without any plans of whom to approach. This was reportedly due to either the urgency of the situation that required them to leave immediately, or due to not having anyone to help or guide them about where to go or whom to approach.

Now, after having walking out of my home, ready to face any situation, I have landed in the hands of people who can help me with this. I believe that this help was God-sent. I had taken some money and jewels from home before leaving and that saw me through [...]I've now got a pole to hold on to. (Woman 2)

After the death of my mother, I almost had nobody to help me out in times of crisis. My brother, [...] gave some excuse or the other for two or three times when I had asked for help (shelter for a few days); I understood that he was not interested to help me. I didn't want to trouble him with my problems. (Woman 4)

Some of them felt that it was only as a matter of chance and their luck that they had ended up with a formal support system such as the shelter home.

Woman 5 said that in order to ensure safety from her husband, she had approached the police for assistance.

In fact when I left home, not knowing where to go, I just went to the police station saying that I had got lost in that place [...]staying at shelters for a day or two - then getting shifted. But at least I knew I was safe, and also my child. (Woman 5)

Woman 9 mentioned that as she had previously moved out of home due to violence, she knew exactly where to go and what to do.

I've been here four times in the past and received good support and guidance. So I keep in touch with them even in between when the violence is too difficult to bear.

Discussion & Conclusions

Understanding help seeking behaviours among survivors of intimate partner violence (IPV) is important in working towards formulating practical strategies and for improving the competencies of these women to handle and bring the violence to an end.

Through our qualitative assessment we have identified factors that influence help-seeking behaviours of women experiencing IPV. The findings from our study indicate that women start exploring about possible sources (formal or informal) for availing assistance from the time they are subjected to violence by their partners, however each woman's means of approaching for help and whom they sought help from depended on the presence as well as their awareness of availability of these resources. Women most often approached

informal support systems (family members) before contacting formal support systems. Our findings are complemented by the results of the study conducted by Hodges and Cabanilla (2011) determining factors associated with help seeking behaviour which revealed that spirituality, social support and education were positively related with higher level of attitude to seek help among battered women.

Women in this study reported getting only limited support from friends or neighbours. While results of past studies support our finding that women's strategies to deal with abuse are shaped by and reflect their social conditions, resources, and available options (Park, 2011), other studies have found that most women sought help from friends and perceived them as being moderately to very helpful (Mahapatra & DiNitto, 2013).

By and large the general pattern seen in terms of help seeking was that the women reached out to formal support systems (such as shelter homes) only after their other resources had been approached and were found to be either unavailable or unsupportive. Women who had previously sought assistance for IPV from a specific source (family or formal) and had benefitted from it, preferred to approach them first during a recurrence of IPV.

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