

RESEARCH ARTICLE

STOP THINKING THAT IT'S NORMAL: AN EXPLORATORY STUDY OF CONSEQUENCES OF INTIMATE PARTNER VIOLENCE IN CENTRAL INDIA

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Abstract

Introduction: Fuelled by mandatory stay-at-home rules, physical distancing, economic uncertainties, and anxieties caused by the pandemic, domestic violence has increased globally. Across the world, countries including China, the United States, the United Kingdom, Brazil, Tunisia, France, Australia, and others have reported cases of increased domestic violence and intimate partner violence. India, where gender-based violence is quite common, has also shown similar trends during lockdown caused by the COVID-19 Pandemic. Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of families across the globe. "Intimate partner violence" describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. **Objective:** The present study is aimed to explore the prevalence and factors leading to domestic violence during COVID-19 pandemic in central India. **Methods:** The study was conducted in the Sagar division of Madhya Pradesh. Focused group discussions (N=4) were conducted among the married women of rural and urban areas. **Results:** Husband's alcoholism, unemployment, gender role, familial instigation, and intergenerational transfer of violent behavior were the significant causes reported in rural areas. At the same time, women from urban areas attributed ego clashes, the impact of peers, gender roles, and poor emotion regulation as the causes for domestic violence. In addition, dowry, gender discrimination, and familial instigation were reported to trigger this violence. Women from both communities reported that the reactions to violence, awareness for rights, tendency to seek help from the government, and social support affect domestic violence. In both societies, the extent of harm from verbal and physical violence was similar irrespective of the marriage type and time duration. Severe impacts of domestic violence on the physical and mental health of women and children of both communities were reported. Most importantly, the nature of social interference, social support, and outcomes was reported differently in both communities. Women experienced the role of social support, family values, law, and governmental policies as a controlling mechanism to violence. **Conclusion:** Intimate partner violence is a cause of concern for women and children's physical and mental health. Preventive measures are needed to be addressed along with curative measures such as laws and policies. *ASEAN Journal of Psychiatry, Vol. 22 (S1), October-November 2021: 1-11.*

Keywords: Intimate Partner Violence, Male to Female Violence, Madhya Pradesh

Introduction

Domestic violence has been recognized worldwide as a prevalent social problem. The APA task force on violence and the family [1] defined domestic violence as “a pattern of abusive behaviors including a wide range of physical, sexual and psychological maltreatments used by a person in an intimate relationship against another to gain power unfairly or maintain that person’s misuse of power, control, and authority.” The cases of intimate violence increased sharply due to lockdown during 2020. The government of India extends the definition of domestic violence to economic maltreatments and physical, sexual, and psychological maltreatments towards a family member by blood relatives. In the case of women, it extends to violence in the paternal home and husbands’ home by the husband, ex-husband, and by relatives to wife or widow or female member of the family. Violence towards males also occurs, but violence towards females is the most prevalent form. Global estimates published by World Health Organization indicate that about 1 in 3(35%) of women worldwide have experienced either physical or sexual Intimate Partner Violence (IPV) or non-partner sexual violence in their lifetime. When only husband, ex-husband, or intimate partner is the batterer, it is considered as intimate partner violence [2], including all kinds of physical, psychological, sexual, and economic abuse along with stalking, threat to security, acid attacks, and human trafficking.

Across the globe, an intimate male partner commits approximately 38% of murders of women. Thus, violence toward women exists worldwide but with some variations in dynamics [3]. The World Health Organization (WHO) has underscored domestic violence as a health and rights issue by various agreements and declarations at eminent international conferences from the first United Nations World Conference on Women, 1975 to now onwards [4]. Therefore, the decade of

the 1990’s is significant in the history of domestic violence research. Firstly, the violence was classified in different categories after observing the violent patterns of partners [5]. Secondly, researchers were directed to assess the impact of psychological abuse and physical abuse [6].

Evidences point to high levels of domestic violence in South Asia [7]. Although female to male partner violence also occurs in these settings, male to female form of violence is overwhelming. Across the Indian subcontinent prevalence of physical domestic violence against women inflicted by husbands is alarmingly high. Recognition of domestic violence in India is growing; high levels of violence have been reported in rural and urban areas [8,9]. This trend continues during pandemics. There is a staggeringly higher percentage of violence cases during lockdown enforced during recent pandemic due to COVID 19 virus [10]. When violence is prevalent in more than one form *i.e.* physical, emotional and financial violence; it causes tremendous health hazards [11].

Domestic Violence (DV) is also a considerable public health problem. The World Bank estimates that rape and domestic violence together account for five percent of the healthy years of life lost to a woman of reproductive age in developing countries. At a global level, the health burden from gender-based violence against women aged 15-44 is on a par with that occurred, in this age group, by HIV, tuberculosis, sepsis during childbirth, cancer, or cardiovascular disease [12,13]. In addition, domestic violence may result in severe injuries, sexually transmitted diseases, bladder infections, pelvic pain, gastrointestinal diseases, neurological disorders, low immunity, migraine, and other physiological problems. Evidences from many countries suggest that pregnant women are equitably vulnerable to violence than other fellow

women. The consequences of violence during pregnancy range from miscarriage to low birth-weight infants to maternal morbidity and mortality [14].

Psychological abuse often leads to psychological health problems. For example, in controlled studies from various settings, battered women are consistently found to have more depressive symptoms than other women. In addition, there is a higher prevalence of major depression (63%), posttraumatic stress disorder (40%), substance abuse of both alcohol and illicit drugs sleep disorders, and postpartum depression [15]. Usually, the abuser is the batterer of both the mother and children, but the mother may also abuse the child. This double traumatization exacerbates the harmful effects of each. Children may also be injured inadvertently, sometimes seriously, as the unintended victims of domestic violence. The other stressors with which the children may be dealing are ongoing marital conflict, underlying family dysfunction, maternal depression resulting in reduced social support and nurturance, living with secrecy, dislocations, and relocations as the mother leaves home to seek safety and then returns, economic and social disadvantage and interactions with the police and the court system. Secondary events as repeated questioning and reactions of others, the forensic examination also may cause additional trauma [16].

Rationale for the Study

Since ages, the curse of domestic violence has marred a large part of the half-world-the women and the whole world is thus facing a catastrophic situation. This situation exacerbated due to nationwide lockdown during COVID-19 especially in India. A review by the World Health Organization (WHO) suggests that women in South-East Asia (India, Maldives, Sri Lanka, Thailand, Bangladesh, and Timor-Leste) are at a higher probability of partner abuse during their lifetime [2].

Qualitative studies show that the pattern of domestic violence experienced by women in the Indian sub-continent is unique from that experienced by women in other countries. These studies highlight the role of non-partner DV perpetrators (family members) for those living in both nuclear and joint families, which is a distinct feature in comparison to the concept of intimate partner violence in western countries [17]. In the present study, we want to explore the problems being faced by the women victims of intimate partner violence in rural and urban areas of Madhya Pradesh.

Family is the base institute of the social system. Marriage is the foundation stone of any family, and woman is the axis around which it revolves. In India, a husbands' attitude towards a wife is the determinant of the family's behavior. So, in the present study, dimensions of Intimate Partner Violence (IPV) will be studied. Also, there are comprehensive studies on the pattern of IPV in southern and northern India [18,19]. But we have found very few studies in central India. Madhya Pradesh, surrounded by seven states is considered as the heart of India. Thus, its social structure consists of more cultural amalgamation compared to any other state in the country. Its rituals, beliefs, social interaction, and family values represent diversity. Thus, it is crucial to explore the prevalence and patterns of intimate partner violence in rural and urban areas of Central India.

Focused group discussion is a helpful tool to open up the respondents in their friend group to initiate and discuss the issues elaborately. This information is usually underexplored in quantitative studies and interviews as well. So FGDs have been widely used in domestic violence researches previously, across cultures [20,21]. Group discussions are also informative for gathering various aspects of the issue experienced by the people. The present study is aimed to explore the problems associated with intimate partner violence being faced by women in Central India through focused group discussions.

Method

Data were collected through four focused group discussions with twenty-two married women residing in urban and rural areas of the Sagar Division, Madhya Pradesh. Two FGDs were conducted in rural, and two were conducted in urban areas (N=4) with twenty-two participants. All four FGDs were conducted while keeping the COVID protocol in mind. Their age ranges from twenty years to fifty-eight years. Researchers and coordinators conducted discussions. The researcher was present in all the sessions. Researchers approached the rural areas through informants living there. Discussions were conducted at a common gathering point in their area during the daytime when their husbands were not there. Most of the women were facing or have faced intimate partner violence. In the urban area, women were approached through informants, and discussions were conducted at the home of any of the participants. At the beginning of each conversation, the study's aim was explained to the participants, from whom consent was also derived to audio record the sessions as "We are researching to explore the problems married women face in their lives. Here, you are the representative of the whole society. Kindly discuss with us the problems you feel are most prevalent. As not all the discussion points can be remembered for long, we need to audio record the discussion. This recording will be confidential and will be used only for research purposes. Please feel free to discuss the issues in this group." The researchers emphasized that the meeting was optional and that the participants could withdraw at any time during the sessions. Each session lasted for approximately 1.5-2.00 hrs.

Results

Analysis

Researchers have transcribed recordings by listening to the audio using headphones and writing or typing the conversation simultaneously. Following themes were derived from the discussions using thematic analysis [24].

Theme 1: Prevalence and Frequency

Rural

Women reported that marriage changes the life of a woman. Life is full of sacrifices. Violence exists, but arguments are more prevalent. Beating occurs two or three times a week.

Women reported that "everything changes after marriage, we have to listen to everyone then" we "fight two or three times a week on the issue of why you are wasting your earnings in alcohol."

Urban

They rated the level of violence in cities to be 60%-70%. Physical abuse is less due to education. However, verbal and emotional violence is very much prevalent irrespective of SES and marriage type. Few participants stated that "... It is verbal, not physical. Because nowadays everyone is educated, girls too. But today, no matter how educated we are, there is violence. Today is not what it used to be earlier. Now it's very little. Husbands don't do as much as they used to do before. But even today, verbal abuse is the biggest problem...."

Some women emphasized that as the duration of marriage increases, disputes and violence get. However, it is unaffected by the type of marriage, whether it is a love marriage or arranged. Participants reported that "... As the marriage years progress, the fight automatically starts. You will try too. No, we don't have to go ahead and do that. But there is only one place for everyone, be it love marriage or range..."

Theme 2: Issues of Violence

Rural

Wives are in trouble due to unemployed husbands and their alcohol intake money, family, tradition, tension, displacement, and work distress. In addition, those husbands who are working tend to show aggression at home only. They never like to listen to a word from their wife after being drunk. Women participants expressed that "... They get

angry at home. They cannot say anything outside because that is the issue of livelihood. So don't get angry at work. They say that we are drunk, so don't say anything to us..."

Urban

Male dominance due to patriarchal society leads to violence. Many participants reported that "... It seems to us that the main mentality of boys have been turned out like if you leave the wife alone, then someone else will marry her. But, on the other hand, if you leave after having a child, no one will marry her. So there must have been such an atmosphere in the family of people that the girl should stay in the house and listen to her only."

When husband is less educated and earning than the wife, violence may occur. They rated that 60% of girls are facing violence even after earning. Many less-educated families are still not aware of girls' education even if they are not causing violence. Participants reported that ".... If the husband is less educated and the wife is more educated, then there is violence that occurs in their relationships. Apart from this, if the wife is also doing a job and the husband is also doing the job, there is the possibility of violence in the family. Today, no matter how much research you can do, even after earning 60-70 girls are victims of domestic violence...."

Some of them pointed out the role of mentality more than educational status in violence. According to them, a less educated man can be more generous than a well-educated one. In the educated well-earning couple, there are competition and ego clashes with each other. Nobody wants to hear each the each-others point. Expectations are also a big reason. When one partner cannot meet his goals or expectations, the partner can quickly release verbal or physical violence frustration. Because of all these reasons, they are not likely to agree on one opinion. "I am the right, and you are wrong" is the tendency, which retains the differences. While in old times, they willy-nilly try to agree on one thing as one thinking. Love and arrange both marriages are

prone to IPV. Love affairs may start from school time and thus take a longer duration of contact. Thus, knowing each other may cause differences after marriage because they face real-life challenges apart from the flowery fantasy of romance.

Many participants clearly stated that "...if you keep expecting, there will be a fight in the house. When the husband is weaker than you concerning education and earning, they start abusing or beating wives to release their frustration. In my view, there is not much understanding in love marriage. Because while falling in love, a person remains in filmy thoughts. But after marriage, all the promises are kept in abeyance. Both do not know much about each other in an arranged marriage, so the flight begins late. There are no dowry issues in the fight these days. It also seems that dowry is no longer such a big reason. Yes, when the matter grows, it even reaches what your father gave in the form of dowry...."

Theme 3: Role of Family

Rural

Many rural couples live in nuclear families; in-laws are not always supposed to instigate the violence. Instead, parents try to resolve the conflict or getting anyone silent during arguments. An older person reported that

".. If there is a quarrel between the son and the daughter-in-law, we have to speak in the middle. If you speak on behalf of the daughter-in-law, the son feels that my mother is not speaking on my behalf. So even if the daughter-in-law is not always wrong, we also speak on her side..."

Urban

In older times, in joint families, elders try to resolve the situation. Now there is nobody to counsel or guide that couple. So immature behavior occurs from both sides. In many families, mothers are protective of their son, so they do not want him to listen to his wife. In this, dilemma husbands release their frustration on wives. Family

members may help in surviving if the husband is abusive. However, they oppress the woman by torturing and verbal abuse.

A participant expressed that "...earlier there used to be a joint family. The advice of the elderly was available. Earlier, there was a fight between husband and wife. Then elders used to stand up in the house and openly pointed out that who was doing wrong. Support was available in such a situation. Even violence would have stopped. Now people are living alone, and there is no one to explain. For this reason, the violence increases even more..."

Theme 4: Factors Related to Batterers

In some cases, the family environment does not matter. Instead, the influence of friends, personal nature, and mentality also matters. At the same time, two of them pointed out the role of personality factors, mood swings, lack of emotional control, and lack of patience. Finally, one of them pointed out psychopath personality as being responsible for the violence.

A participant shared that "... my husband is very aggressive. He beats me frequently. My father-in-law never did this to my mother-in-law. My husband is the only son of them. He has never seen that there is anything called domestic violence in the family. He is so aggressive and short-tempered that to date, I do not know from where he learned such behaviors. I cannot appreciate a person who has two types of faces. One face is kept for the society while the other is reserved for the family members and the other for family members. It must have been some personality disorder etc., or some people may have mood swings behind irrational domestic violence...."

Theme 5: Role of alcoholism and unemployment

Rural

Both of the issues are of critical concerns in rural. However, many times husbands are pleasant if not drunk. They are intolerant to any right or wrong idea of a wife while drunk. Unemployment or

temporary employment often leads to alcoholism. Females get work in homes, but less-educated men lack the opportunity to work and thus get drunk to release frustration.

Participants reported that "...now alcohol has become a fashion. When my husband stops drinking, he starts speaking well and says that they will not do this anymore. At that time, wives often agreed. However, if the husband is less educated, then they don't get a government job. Consequently, they keep sitting idle and keep on drinking..."

Urban

Many people take alcohol. Aggression is shooting up in this condition. Not necessarily all the batterers take alcohol. One urban group reported as "...occasional drinking triggers aggression..."

Theme 6: Impact on Children

Rural

They get scared and call neighbors to solve the problem. It depends on the environment and nature that the child will adopt aggressive behavior or not. Participants expressed that "children come and call to say, 'come on, Auntie,' a fight is going on. It also happens that the parents do not drink, or even if the parents fight, the child would have learned. So it's all the effect of the atmosphere."

Urban

One of the participants reported that her son was low birth weight and in poor health, and the doctor asked her if she was facing violence at home. As a result, children may feel insecure and unprotected. Girls may suppress their emotions and face various problems. Children, be it girls or boys, may show introverted nature at home. They get angry outside and release their aggression on others. Some participants stated that "...my kids feel insecure. My husband becomes a villain for the kids. The father should be the hero of the children's life. Due to domestic violence, my daughter starts suppressing their feelings. At the same time, a

suffocating feeling fills them. Later on, children start modeling the violent behavior of their father. Then they also become a little quarrelsome....”

Theme 7: Role of Social Support

Rural

The frequency and intensity of violence get decreased if nearby society interfere. They feel their responsibility to save the victim. Their motive is to make their area peaceful. In other areas, people also take an interest in the issue of violence rather than helping resolve it. Participants highlighted that “... when fighting starts happening, the third person has to come to that person and advise them not to fight. So, it is a good thing in our society that people around us tell us to stop fighting...”

Urban

Social interference is a threat in the urban area. Also, people don't like any interruption in their matter due to fear of defaming. Few women stated that “.. If someone from outside come to know, then more fight ensues. Everyone laughs. No one will help...”

Theme 8: Impact on Women's Health and their Coping Style

Rural

They try to be engaged in work or share their feelings with neighbors to regulate their mood. They tried to hide their feelings by humor. Mostly talked less about beating habits. Many times their work performance gets affected. Stress caused due to violence disrupts eating habits, and anemia is also one of the prevalent consequences.

Women stated that “...we keep ourselves busy with household chores. Women in the neighborhood talk to each other about the violence in the family. This is because now it has become a habit of husbands, and we have no option other than to forgive because, after all, a husband is a husband. Mistakes would happen from them sometimes too. Sometimes it happens that tension

remains in the mind throughout the day, and sometimes it has happened that while cooking food and put something else instead of salt. When we have fights, it happens that we do not eat food in anger. Such practices affect our health....”

Urban

Many women cannot share their feelings due to fear of being ridiculed or not bothering their family members. Therefore, they primarily suppress their emotions. As a result, many women reported anemia, migraines resulting from violence. It affects their work efficiency. Rumination may go on all the time. Women who are living with batterers have less chance to repair their mood-related problems. At the same time, survivors try to engage in hobbies and jobs to get distracted from bad memories. They also talk with friends, family members.

Few participants reported that “...for fear of slander and thinking of not disturbing the family members. It is challenging to take care of you. The levels of hemoglobin remain at the bottom level. There are also a lot of headaches, and the problem of migraine always remains. The same thing goes on continuously in mind....”

Theme 9: Glimpse of Change

In urban areas, women are approaching legal services. Financial independence is giving them the strength to move on. In the rural area, the stigma is also being broken. Women are approaching police stations not primarily for IPV but when husbands become out of control due to alcohol intake. Few women participants shared that “...We have an equal fight, madam. When my husband hit me, we also did not keep silent, and we also hit him equally. Nowadays, women also go to the police station. Even an educated person knows that going to the police station does not solve the problem. As far as the police are concerned, they try to help in compromising the issue by taking the money, and finally, the matter is hushed up....”

Theme 10: Suggested Solutions

Rural

Work employment may solve the problem of IPV to a reasonable extent. Hindu women get employment outside. Muslim women may work from home, not working out. However, husbands must work well by getting employment or not spending money on alcohol.

Participants expressed that "...if the husband gets a job, they will not sit idle and they will not develop unnecessary habits. Then there will be no fight for sure. One has to be a little wiser to run the house and give good education to the children..."

Urban

Women suggested awareness, family values, and family support as a solution to IPV.

Few participants said that "...I will teach my son from now on that there should be no beating in the house. Only then will there be some difference in the next generation. But, unfortunately, right now, it seems impossible to change the habits of a husband..."

Discussion

The present study is aimed to explore the intimate partner violence in urban and rural areas of the Sagar division during COVID-19 pandemic in central India. Here, we can see the cultural differences in rural and urban areas of the same region. All of them have faced IPV in any form at any point in life. Two participants were undergoing legal trials for divorce, some have come out of it by familial interference, and some are undergoing violence for various reasons. Participants from the rural area were of lower or lower-middle SES. Urban participants were of lower and upper-middle SES. Most of the rural participants were literate but could not avail themselves of higher education. Urban participants had been to college. In rural groups, some of the participants were silent during the discussion. While in urban groups, all were eager to share their views.

Rural and urban groups reported the occurrence of intimate partner violence. Urban groups pointed out the verbal and emotional abuse more prevalent than physical abuse. Meanwhile, rural participants attributed alcohol intake in this study due to peer influence, social custom, or unemployment for Intimate Partner Violence (IPV). Interestingly, their husbands behave nicely while not drunk IPV may occur in love or arrange marriages both

On the other hand, urban women pointed out various reasons for violence as- ego clashes, thinking differences, and displacement of distress caused by a familial dilemma or personal nature. Surprisingly education which was thought of as a tool of awareness for society also catalyzed the violence. If any partner feels inferior due to less educational qualification or earning, they try to displace the stress or overcome this feeling by showing another one's inferiority. Thus, education and employment status are serving in dual roles for IPV. It is a tool for awareness, especially in rural areas, but a leading factor for ego clashes in urban groups. Education must be complemented by parenting styles, rearing strategies, values, and emotion regulation skills.

Dowry now seems to be a less critical issue in IPV than ego clashes due to educational differences. The dowry may increase the probability of violence, but laws and awareness have banned it. While dowry has been a leading factor for violence in previous years, in Northern India. Also, the increasing tendency of intolerance and efforts to prove themselves right, not submitting to each other, and holding the ego clashes spoil the relationships. Lack of parental direction in nuclear families increases the differences as none is there to guide. In both rural and urban areas, the presence of parents may buffer the violence by their experienced direction. In many western countries, counselors conduct programs to train couples to lead a better life, apart from the counseling setup.

Financial issues regarding employment are important in rural areas also as women quickly get employment in homes while due to fewer

education males are not getting proper employment. They release their frustration by violence. Social support is a resilience factor for recovery from trauma [22]. Here, it is reported as a protective factor in both groups. Social interference, especially by elders, helps in reducing the frequency and intensity of violence in rural areas. At the same time, interference in urban families may cause more stress and harm. This may be due to the differences in reasons of IPV in both areas. Here, in rural areas, social interference serves as a buffer. It is an important finding representing the social structure, interaction, and mode of problems in rural areas. They have shared problems, living space, and an open environment to share the pain with their neighbor females. This interaction may make them sensitive to each other's pain.

Children of the IPV victims suffer from psychological and physical health [23]. Participants reported that boys learn aggressive behavior and may pass it on to the next generation or show different behaviors on different occasions. Girls may suppress the feelings and may face depression. This fact has also been elaborated in previous studies.

A new scenario of awareness indicates a more significant change in the future if nurtured. As urban women are educated and more financially strong, they make efforts to come out of IPV by all means. Be it the support of legislation, support of family, or their financial independence. In rural areas, they rely on police stations and many times seek help. However, they were not aware of the new rights, laws, and schemes as family counseling. They are at least taking the step to come out.

Anemia has been reported as a cause of other health problems occurring due to IPV. IPV may lead to poor nutrition and continuous stress. Urban participants reported more problems as migraine, blood pressure problems. Many studies have been reported the lousy impact of IPV in the form of anemia and associated health problems. Interestingly, some urban women were aware of

the personality-related factors in violence and used the terms, *i.e.*, personality disorder, mood swings, aggression, lack of patience. They represent the optimistic notion of awareness. The clinician diagnosed the husband of a participant as a psychopath the clinician, that's why she is not in a dilemma to keep the relation; as he may become dangerous for her daughter too in later times. This awareness has brought some clarity to the decisions. The family environment is crucial in transferring this tendency to the next generation. But peer influence and personal nature are also important as in some urban families. Males are not listening to their parents to stop the violence.

Lastly, rural women emphasized solving the unemployment problem and alcoholism to prevent IPV. They did not report the partial attitude towards girls to be a reason for IPV. Urban women suggested that family environment, peer influence, and values may make a difference. They were determined to inculcate these values in their children.

Conclusion

Intimate partner violence is a prevalent problem in urban and rural areas with some variations in forms. Physical abuse is less prevalent in urban areas due to easy access to legal help. Both groups equally report verbal abuse. The role of family and education are leading to a new point apart from reported in the previous studies. So new types of interventions are needed to tackle the situation. Social support and social interference are two crucial factors in facilitating or buffering IPV. A new glimpse of awareness and change has been seen in both areas. But more efforts for legal, financial, psychological empowerment are needed.

Limitations and Suggestions

There is always a scope of innovation in every research, including the present study. For example, in search of domestic violence victims, we could gather seven to eight participants per group. After COVID-19 pandemic when all the restriction would be lifted, number of FGDs can be conducted comprising bigger groups. This may foster more

group influence and a sense of shared feelings, which may be beneficial for the richness of responses. Also, the rural area approached in the study is near an urban area, so that it might be influenced by the urban atmosphere. Researchers may plan to conduct FGDs in interior rural areas of Central India for better/more informative comparisons.

There is a lack of scales in the Indian scenario to assess the various aspects of IPV in Indian settings. FGDs and qualitative interviews would be helpful to design a tool with considering the cultural variance in India. Psycho education is crucial for understanding the personality of the batterer and deciding to maintain or leave the relationship. Programs can be planned for this issue. Further studies may focus on the protective measures of intimate partner violence Issues related to nuclear families, emotion regulation, and behavioral problems can be addressed to complement legal empowerment in urban and rural areas.

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