The Downside of Patriarchal Benevolence: Ambivalence in Addressing Domestic Violence and Socio-
Economic Considerations for Women of Tamil Nadu, India

Lauren L. Johnson, Judith V. Becker, & Melissa M. Sisco

University of Arizona

Lauren Johnson
10 Hanover Sq#23S
New York, NY 10005
Llt2122@columbia.edu

Judith Becker, Ph.D.
1503 E. University Blvd. Rm.321
Tucson, AZ 85719
jvbecker@u.arizona.edu

Melissa M. Sisco, MA
1503 E. University Blvd Rm.321
Tucson, AZ 85719
sisco@u.arizona.edu
Patriarchal Benevolence of Domestic Violence 2

Abstract

Social values and status cause diverse obstacles for escaping abuse (e.g., belief in the sanctity of marriage vs. financial necessity to stay for survival). India provides a unique opportunity to explore the interplay of status and corresponding patriarchal values in relation to the incidence of domestic violence and how it is viewed, coped with, and psychologically impacting native women. Sixty-four women of Tamil Nadu, India were surveyed. Women of higher status were found to be less likely to acknowledge abuse as a societal problem, accurately identify abuse events, and seek help or report abuse. Women who had more realistic conceptions of abuse were more likely to seek help but also likely to experience more severe psychological distress. All of the women surveyed had symptoms of post-traumatic stress disorder; however, it was exacerbated by unsuspected variables. The implications of these findings are discussed in light of public health strategies.
The Downside of Patriarchal Benevolence: Ambivalence in Addressing Domestic Violence and Socio-Economic Considerations for Women of Tamil Nadu, India

Despite the fact that domestic violence has been recorded in history for over 1,000 years (Palermo, 2004), the world has not yet come to consensus about its definition, acceptability, or treatment. National policies regarding this matter vary greatly; some nations sanction the husband’s right to murder his wife for certain immoral behaviors, such as infidelity (e.g., sub-Saharan Africa), while other nations have waged a legal and social battle against any form of physical or emotional harming of male or female intimate partners despite the cause (e.g., the United States). India falls somewhere in the midst of this spectrum; it legally bans the physical and emotional harming of an intimate partner in most instances while providing virtually no social mechanisms to support this ban. Thus, India provides a unique opportunity to study the ambivalence shared globally about defining and addressing domestic violence. This ambivalence seems to be directly linked to the larger matter of contradictory societal values, namely in the roles of gender, class, and legal domain. These issues are discussed in the following sections in regards to role expectations, personal rights, and domestic violence.

Gender Inequality in Roles, Rights, and Domestic Violence

India exemplifies the patriarchal system in which women and men are expected to fulfill distinctly different roles from birth. Women are trained, from a young age, to submit and acquiesce to the desires of their valued male counterparts while men are trained to dominate and guide their female counterparts who are often viewed as childlike, vulnerable, and easily led astray (Mitra & Singh, 2007). Throughout the lifetime, an Indian woman is guided and supervised by the male head of the family, whether it is her father, guardian, or husband. This moray is based on a common perception that women are ruled by emotions and irrational thoughts and, thus, in need of guidance by a more rational being in order to thrive. Thus, a woman’s worth is often based on her function in regards to these relationships; her ability to serve her male counterpart in the
home, through the church, and through portraying an appropriate feminine image in public to pride him. The more that Indian men embrace these stereotypical meanings of the woman’s role, the more likely the men are to accept violence against women and experience less remorse or anxiety in its presence (Mahalingam, Haritatos, & Jackson, 2007). Unfortunately, in India, stereotypical gender expectations are reinforced in many aspects of social and religious customs.

*Social Customs.* Norms enforced in public forums, also called social customs, reinforce a woman’s subjugated position. Examples of these social customs can be seen in merchant interactions where a woman, when accompanied by a man, may be expected to allow the man to speak on her behalf. For instance, the following excerpt was used to describe the woman’s role in India:

Familial ideology naturalizes and universalizes the construction of women as wives and mothers, as economically dependent, as passive, dutiful and self-sacrificing, across a broad range of personal laws. It is an example of the often-homogenizing nature of legal discourse, which obscures the multiplicity of differences between and among women, and the very different ways in which women live in and experience their families (Kapur & Cossman, 1996, p 239).

It seems that the more publicly visible a woman is, indicated by her higher social status and ensuing communal obligations, the more rigid these rules become (Ahmed-Gosh, 2004). For example, despite the fact that many higher class women have been educated and “westernized” (Omvedt, 1975), they are expected to be well versed in westernized values as well as traditional Indian values. When these traditional norms are not abided by, women and their families may be subjected to severe ramifications such as family alienation and domestic violence (Mitra et al., 2007).
Religion. The social norms regarding gender previously discussed are often based on and buttressed by core religious values. Each of the major religions of India share an underlying message of the importance of the wife’s submission to the husband in order to attain his benevolent guidance and supervision. India’s religious breakdown is as follows: 80.5% Hindu, 13.4% Muslim 13.4%, 2.3% Christian, and 3.8% other according to the 2001 census (CIA, 2008). Hinduism originated in India and is thus the most common and seemingly most representative of Indian culture. The entirety of Hinduism focuses on the balance between the masculine and feminine; gods and goddesses are designed to counterbalance each other. So important is the interplay between the power of men and women that the gods are unable to exist without the existence of their female counterparts, or Shaktis (Morales, 1998). With this balance comes the concept of the masculine responsibility of overseeing and providing guidance to the feminine entities. For instance, in the Gurugita, the divine story of creation, the goddess Pavarti looks to her husband, the god Shiva, for guidance about fulfillment and wellbeing. In this 182 verse story, the goddess is content in her interdependent role with Shiva and expresses great love for him and this balance.

In Christianity, the story of Adam and Eve sets forth the basic premise for the interplay of marriage; woman was created from man, specifically to serve and complete man (Genesis 2:18). Another verse in the Christian bible explicitly states that the wife’s role is to submit to her husband (Ephesians 5:22). The Muslim faith seems to be the most extreme of the three religions in terms of man’s rights in regards to his wife. The Muslim religious text, the Koran stems from the same Old Testament scrolls as the Christian bible; however, it hosts additional controversial verses that explicitly permit the husband to physically discipline the wife. For instance, Sura 4:34 states “Men have authority over women because God has made the one superior to the other, and because they spend their wealth to maintain them. Good women are obedient. They guard their unseen parts because God has guarded them. As for those from whom you fear disobedience, admonish them and forsake them in beds apart, and beat them. Then if they obey you, take no further action against them…”
 Patriarchal Benevolence of Domestic Violence  

(Dawood, 1997). It must be noted that controversy exists regarding the exact meaning of the original term ‘dasaba’ which has been translated as ‘beat’, ‘tap’, ‘scourage’, ‘beat lightly’, or ‘spank’. Although these three religions do not condone marital abuse, they do encourage the necessity of the husband to oversee and guide the wife. Although well meaning, beliefs that reinforce inequality in gender roles have been found to enhance the likelihood of domestic violence in any culture (Marmion, 2006).

*Domestic Violence.* As illustrated above, a husband’s well intentioned dominion over the wife is supported by social and religious values and viewed as a necessary party of the balance between man and wife. However, “Power tends to corrupt, and absolute power tends to corrupt absolutely” (Lord Acton, 1887). Thus, it seems difficult for some husbands to decipher the line between benevolent guidance and the infliction of fear or discomfort out of anger or for control. In Indian society, the benevolence that is perceived to characterize the ‘guidance’ of women often overshadows the identification of abusive application of these roles when they do occur, not only for the perpetrator but also for the victim. It seems that this paradoxical concept of benevolent support through subjugation may make it difficult for women to correctly distinguish what is acceptable from what would be deemed as an abuse of power. The first step to getting help and exiting such abusive situations is undoubtedly identifying that a problem exists and knowing that help is available. Many women in India know that when it comes to reporting domestic violence they have two choices: to report the violence to a justice system that is not in her favor and hope for justice or to divorce her abuser and hope for child support to survive (Amhed-Gosh, 2004). While these options are far less than ideal, the deleterious effects of staying in an abusive relationship may be more detrimental. This study hopes to explore a women’s help seeking behaviors as a function of her perception of abusive relationships. It is thus hypothesized that

*Indian women may be unlikely to label abusive experiences as such and that women who have a more accurate perception of domestic violence are more likely to seek help.*

*Socio-Economic Inequality in Power, Rights, and Domestic Violence*
The relationship between socio-economic class, gender inequality, and domestic violence share two common factors: (1) *perceived inherent differences in capability*: both women and lower socio-economic classes are viewed as more likely to make poor decisions and to act irrationally, and (2) *perceived benevolence in subjugation*: both women and the working class are perceived to depend on appropriate supervision and guidance from a more capable source, whether it be men or the higher socio-economic classes.

Although the caste system was discontinued in India, it has been a staple of the culture for thousands of years as described by the sacred texts of Rig Veda. Thus, the remnants of its ideology, namely the concepts of inherently difference levels of quality per class and a predestined and unchangeable station in life, still influence the culture especially among citizens over the age of 35, (Budhwar, Woldu, & Ogbanna, 2008). By definition, the caste system hierarchically divides classes of people according to their perceived level of quality. It is assumed that individuals from lower classes thrive most when being ruled over and directed as they are viewed as unable to create an ordered and productive way of life independently because they are viewed as less rational and capable than members of higher status citizens. Tamil Nadu, population 62 million, has a large, affluent urban area surrounded by impoverished rural areas (CIA, 2008). There are a large number of wealthy, citizens, henceforth referred to as *high status*, who are served by a larger number of impoverished citizens, henceforth referred to as *working class*. Due to the inordinate number of wealthy citizens and the resulting large number of service-oriented job opportunities, middle class is nearly nonexistent in this culture, though poverty is prevalent among the slums adjacent to the outskirts of the city. Thus, the city can be characterized as a dichotomy of the rich and the poor.

Due to the residual influences of the caste ideology, the working class is commonly falsely thought to be characterized by inherently poorer qualities making them more susceptible to irrational behaviors including domestic violence. In addition, “upscale violence” is often not recognized publicly; thus, there is a resulting lack of information about and resources for such victims (Weitzman, 2000). Some high-status victims reported
that law enforcement authorities were unwilling to assist when abuse was reported due to disbelief or the ramifications that could result from angering the high-status husband. This increased social disenfranchisement of domestic violence may pose greater obstacles for higher status women. Many working class women may have difficulties escaping due to financial reliance on the abusive partner, fear, and lack of safety resources. While higher status women may also be vulnerable to financial manipulation at the hands of an abusive spouse, fear, and lack of resources, they may also face the added public barriers that accompany the public influence of powerful, community-connected spouses. These forces may encourage higher status women to discount their experiences and overlook abusive experiences. It is thus hypothesized that high status women are less likely to have an accurate perception of domestic violence. In addition, it is hypothesized that high status are less likely to report domestic violence as a problem affecting women within their socioeconomic status.

Ambivalence in Defining Domestic Violence

Although the society and church are the main areas that impact the daily lives of women, the law plays a major role in defining what is publicly allowable. However, by its nature, the legal system represents the ideals of a people and thus hosts a similar ambivalence in addressing domestic violence as social and religious customs do. Internationally, domestic violence is defined as behaviors that are used by one person in a relationship to control the other through: (1) real or threatened physical harm, (2) emotional pain infliction or manipulation, (3) real or threatened sexual harm, or (4) economic control (Straus, 1996). In 2002, the India Parliament enacted the Protection from Domestic Violence Bill that states, “Any conduct of the respondent shall constitute domestic violence if he, (a) habitually assaults or makes the life of the aggrieved person miserable by cruelty of conduct even if such conduct does not amount to physical ill-treatment; or (b) forces the aggrieved person to lead an immoral life; or (c) otherwise injures or
harms the aggrieved person. Nothing contained in clause (c) of sub-section (1) shall amount to domestic violence if the pursuit of course of conduct by the respondent was reasonable for his own protection or for the protection of his or another’s property.”

Although the first statement of the act corresponds to the internationally accepted definition, with exception to the omitted economic control clause, the second statement provides a loophole which may undermine the act’s effectiveness. This law allows for physical and/or emotional force to be exacted on a wife if the husband feels that her decisions may endanger his property. This contradicts the generally accepted definition and it reflects the ambiguity of India’s public stance on the acceptability of violence in relationships. It also leaves much room for misinterpretation. For instance, traditionally, wives have been viewed as the property of the husband. In addition, the law does not define what ‘danger to property’ technically encompasses nor how much force can be employed. There are some specific forms of abuse found in India that seem to embody the problematic nature of this ambiguity. For instance, extreme forms of such violence include “burnt wife syndrome” in which a husband throws acid at the face and neck of the wife for perceived undesirable acts maiming her for life (Dasgupta & Tripathi, 1984) and “dowry deaths” in which the husband abuses a wife to death due to his dissatisfaction with the wife’s dowry (Rastogy & Therly, 2007). In addition, although the act publicly admonishes domestic violence, it fails to mandate the necessary support mechanisms for victims to safely seek help, shelter, and treatment. The act also does not specify policies of mandatory reporting, mandatory investigation, or victim sensitive case processing. Despite these concerns, it must be noted that this act is a step in the right direction.

**Help Seeking Behavior & Mental Outcome**

Although the 2002 act is an important start, the experiences of Indian women must be considered when determining how best to provide appropriate and safe avenues of change. The mental health ramifications and
beneficial effects of treatment have been documented in other cultures (Straus, 2003; Ahmed-Gosh, 2004; Marmion, 2006; Weitzman, 2000); however, these areas have not been explored among Indian women. Straus (2003) stated that psychological abuse was found to cause more longstanding and substantial damage than physical abuse. This concept has not yet been explored among Indian women. It is thus hypothesized that the experience of psychological abuse is more strongly associated with Post-Traumatic Stress than physical abuse.

There is also a lack of research regarding changes that ensue, if any, as a result of intervention among Indian domestic violence survivors. In a society where ‘burnt wife syndrome’ is common, precious things are at stake when considering reporting one’s victimization including the victim’s physical safety in the face of retaliation by the spouse, the safety of the family, financial and social health, the safety of children, and possibly the actual life of the victim, especially in instances where the victim is not afforded a safe, new environment that is inaccessible to the perpetrator. Ahmed-Gosh (2004) illustrates the unfortunate difficulties women face when reporting marital violence. Many times the police system is not supportive and may even be adversative towards women wishing to report violence. However, a women is much more likely to improve both physical and mental health when exiting an abusive relationship, a result that may even be life saving (Weitzman, 2000). It is unclear whether the resources needed to safely remove oneself from a violent relationship are in place currently in India. Thus, the Indian domestic violence victim may suffer substantially more if they do report their abuse due to their unsupportive circumstances and/or lack of safe and immediate escape. It may be conjectured that women who do not report such incidents are more likely to suffer adverse Post-Traumatic Stress effects as a result since the abuse often continues. However, it must be noted that this is a loose hypothesis as no other information is available regarding this situation.

Method

Participants
Interestingly, the parent’s age at marriage, perceived pressure to marry, and the cause of the marriage (arranged vs. love match) did not correlate significantly with the experiences of the participants ($r=0.12$, $0.10$, and $0.02$, NS, respectively). Sixty-four women were recruited from both urban and rural areas of Tamil Nadu. All participants were at least 18 years of age (mean 30, ranging from 18 to 56), native to Tamil Nadu, and presently married (97%) or widowed (3%); all marriages were the 1st for both husband and wife. No divorcees responded to the advertisements. The mean age at marriage was 21 (ranging from 14 to 29); 24% of the marriages were arranged while the remainder were based on personal preference; 72% of the unions resulted in children, the average age of first child was 22.5 ranging from 14 to 28. The majority of participants were Hindu (81%), Muslim (11%), and Christians (8%) and 86% of women felt a significant obligation to their marriages based on their religion. The average participant had some college experience ranging from none at all to graduate study experience. The average participant’s husband, on average, had some college experience ranging from none at all to graduate studies. The education level of the wife and husband corresponded significantly ($r=0.94$, $p<0.001$); 67% of women worked outside of the home. Only one of the 64 women reported never having experienced abuse, however, only 48% of the women had previously participated in therapy or treatment.

**Procedure**

Flyers were posted in public locations in both urban and rural areas of Tamil Nadu including Chennai Metro, Mahaballipurum, Nungambakkam, Adyar, and Mylapore. Women were given the option to respond to the flyers via email or telephone. During the initial contact, participants were given an overview of the project and were screened to ensure that they were over the age of 18, native to Tamil Nadu, and currently or previously married. Interested women who met these criteria then scheduled an appointment to meet with the interviewer in a private office. Names and identifying information were not recorded or connected to their responses rendered during their visit. In all meetings and contacts, participants were given the option of communicating
in English or Tamil. During the one-hour meeting, the women were again provided information about the content, purpose, and possible risks or benefits to the study. It must be noted that monetary compensation was not available for the participants. If the women consented to the terms outlined, they answered a series of questionnaires. Upon completion, the participants were given the opportunity to discuss any thoughts or feelings that arose as a result of their participation. Participants were then thanked for their time and provided with a list of local resources available in regards to domestic violence. It must be noted that this project was approved by the University of Arizona’s Institutional Review Board.

Assessment Measures

Demographic Scale: The demographic scale was designed by the authors specifically for the current study. It consisted of both short answer and multiple choice questions that assessed four main areas: (1) demographic qualities, such as age, length of time married, and family structure, (2) socio-economic status based on education, loving style, and earning potential, (3) religious background, and (4) marital pressures based on religion and status. Familial education status (which will be used as the proxy for SES since there was an error in the financial income) was significantly related to having children at an older age ($r=0.81$), and later age of marriage ($r=0.80$).

Relationship Values Misperceptions Survey (RMS): The perceptions survey was created by the authors to specifically address the perceptual distortions common among traditional Indian women since no other culturally relevant scale exists. It asked the participants to indicate whether they would agree or disagree that 11 acts would be considered relationship violence. The acts included: (a) a husband grabs his wife, calls his wife stupid, has financial control in the relationship and often refuses his wife’s requests for money, pushes his wife up against the wall in an argument when she is being disobedient, burns or scalds his wife, makes his wife have sexual intercourse with him even though she does not want to, (b) a wife must see a doctor as a result of a fight with her husband, refuses to be affectionate with her husband, goes behind her husband’s back to get
information on relationship violence, and (c) a married couple gets into a mutual physical fight. In addition, four True/False items surveyed whether the participant would consider relationship violence a problem present in their social class or if it was merely a “working class” problem, whether she would be likely to report relationship violence, if the participant were currently or had been in an abusive relationship, and the likelihood that the participant would seek help if in a domestically abusive relationship. During statistical analyses, items 1 – 9 were used to determine recognition of example of abuse, they had an inter-item reliability of $\alpha=0.77$.

*The Revised Conflict Tactics Scale (CTS2):* This survey contains 39 Likert-scaled questions assessing five different aspects of relationship: (1) negotiation- healthy conflict resolution communication skills, (2) psychological aggression- verbal and symbolic acts within a relationship that are used as a tool to cause psychological pain or discomfort, (3) physical assault- acts that are committed in effort to cause physical harm to another person, (4) injuries- injuries incurred during a violent act committed within a relationship, and (5) sexual coercion- imposed, nonconsensual sexual acts. Questions provide the five response choices ranging from “this has never happened to me” to “this has happened more than 20 times in the past year”. Scores are summed for each subscale to determine the overall severity of the person’s experiences during the past year ranging from mild or infrequent, to severe and chronic. The internal consistency of these scales range from .79 to .94 in preliminary scale testing (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The internal consistency of the current scale fell within this range at $\alpha=0.80$ (see Table 1).

| INSERT TABLE 1 NEAR HERE |

*Post-Traumatic Stress Diagnostic Scale (PSDS):* This survey is a self-report questionnaire that screens for indications of Post-Traumatic Stress Disorder (PTSD) consisting of: (1) items 1-3; intense emotional reactions to a traumatic event, (2) items 4-8; persistently re-experiencing the trauma, (3) items 9-15; avoidance of
stimuli associated with the event, and (4) items 16-23; persistent symptoms of increased arousal (note: 2 types of symptoms must be present to meet diagnostic criteria) (Kubany, 2004). The symptoms must be present for more than one month (items 24-25) and considered to clinically significant as specified by the DSM-IV for making a diagnosis of PTSD (items 28-38) (Kubany, 2004). It must be noted that a diagnosis of PTSD cannot be rendered from this scale alone; these questions are merely indications of the likely presence of the disorder for the purposes of research.

Statistical Analyses

The data was entered into an excel database and analyzed using SPSS software. Descriptive statistics such as basic correlations, means, standard deviations, and frequencies were calculated to examine the respondents and the quality of their responses. After checking for skew, bivariate correlation and Multiple Analysis of Variance Assessment were run to determine the relationship between the independent variables (specific type of abuse and social class) and the dependent variables (accurate perception of domestic violence, help-seeking behavior, reporting of such events to police) to test the hypotheses proposed above.

Results

Labeling Abuse and Seeking Help

H1: Indian women may be unlikely to label abusive experiences as such; women who have a more accurate perception of domestic violence are more likely to seek help.

Only 1 of 64 women reported the absence of all forms of abuse, the remainder had experienced abuse of some kind (see Figure 1); 58% of these women failed to recognize their experiences as ‘abuse,’ 50% indicated that they would seek help for abuse, and 78% agreed to some extent that domestic abuse is a societal problem that spans all classes.

INSERT FIGURE 1 & 2 NEAR HERE
Willingness to identify one’s own experiences of trauma as ‘abuse’ was directly related to the woman’s perception that domestic abuse is a societal problem spanning all classes ($r=0.62$, $p<0.0001$) and her accuracy on identifying the abusive experiences of other women correctly as ‘abuse’ ($r=0.37$, $p=0.003$) (see Table 2). Also, the more abuse a woman experienced, the more likely she was to label her experiences as abuse, $r=0.76$, $p<0.0001$. Those women who experienced more frequent abuse and more chronic and distressing post trauma syndromes were also more likely to seek help $r=0.54$, 0.57, 0.49, $p<0.0001$ (see Table 2).

**H2:** Women of higher socioeconomic status are less likely to have an accurate perception of domestic violence and less likely to report domestic violence as a problem affecting women within their socioeconomic status.

Status was negatively related to the willingness to identify one’s own traumatic experiences as domestic abuse and help seeking, $r=-0.87$ and -0.48, $p<0.0001$, respectively (see Table 2). Women of high status, $X(27)=2.78$, were less likely to identify domestic abuse as a problem that crosses all societal classes and needs to be addressed in the entire community than working class women, $X(37)=1.05$, $F(1, 63)=8.89$, $p=0.004$ (see Table 3; they were equally as willing as working class women to label traumatic examples as ‘abuse’ when related variables were taken into account (see Figure 3).

**Previous Participation in Treatment**

Women who had participated in treatment or counseling previously, $X(24)=2.63$, were more likely to be capable of identifying theoretical examples of abuse that other women have faced as ‘abuse’ than women who had not taken part in treatment, $X(40)=1.28$, $F(1, 63)=10.06$, $p=0.003$. Interestingly, working women who had gone through treatment had a significantly greater ability of identifying traumatic experiences as ‘abuse’
Working women who had experienced greater chronicity of abuse were also more likely to identify ‘abuse’ as a societal problem, $F(1, 63)=6.02, p=0.018$ (see Table 3).

**Working Class Women**

Status was negatively related with the chronicity of abuse, PTSD, and severity of distress in relation to such abuse, $r=-0.83$, $-0.50$, and $-0.56$, $p<0.0001$, respectively (see Table 2). Working class women were significantly more likely to work outside of the home and more likely to have participated in treatment or counseling, $r=-0.41$ and $-0.50$ with status, $p<0.01$, respectively (see Table 2). Women who work outside of the home, had sought treatment previously and those who were capable of correctly identifying their own traumatic experiences and the experiences of other women as relationship abuse were significantly more likely to seek help for abuse, $r=0.57$, $0.71$, $0.54$, $0.48$, $p<0.001$ (see Table 2).

**Psychological Sequelae of Abuse**

H3: *The experience of psychological abuse is more strongly associated with Post-Traumatic Stress than physical abuse.*

Women who experienced one form of abuse during the last year were highly likely to have experienced others as well. The four subscales depicting abuse (physical abuse, injury, psychological abuse, and sexual abuse) were inter-correlated at $\alpha=0.80$ (see Table 1). There was no difference in the prediction of PTSD between forms of abuse.

H4: *Women who do not report such incidents are more likely to suffer adverse Post-Traumatic Stress effects as a result since the abuse often continues.*

As indicated in Figure 4, 84% had indications of clinically significant PTSD or Acute Stress Disorder.

**INSERT TABLE 4, FIGURE 4, AND FIGURE 5 NEAR HERE**
When each variable was tested independently, the amount of abuse and ability to identify one’s own traumatic experiences as trauma were significantly correlated with the chronicity of PTSD and severity of related distress (see Figure 5).

When the variables were categorized and tested with consideration of covariance, the duration of PTSD symptomology was solely predicted by a belief that domestic violence was a societal problem, \( F(1, 63)=2.56, p=0.088 \) (see Table 4). Post Hoc Tukey’s testing revealed that each group was significantly different from the next. The distress that one faces due to such a problem was directly predicted by: correctly recognizing one’s own experiences as abuse, the chronicity of abuse one has experienced, the view that abuse is a problem that affects all levels of society, \( F(1, 63)=2.17, p=0.147 \), \( F(1, 63)=5.67, p=0.021 \), \( F(2, 63)=3.19, p=0.05 \), respectively (see Table 4). For individuals who believe abuse to be common in all levels of society, women who ask for help are more likely to suffer more severe and chronic PTSD while women who have experienced more abuse and believe that it is a universal problem are more likely to experience the highest distress due to PTSD symptomology, \( F(1, 63)=5.72, p=0.21 \), \( F(2, 63)=3.22, p=0.49 \) (see Table 4).

Discussion

As hypothesized, the present study found that women of higher socioeconomic status were both less likely to have an accurate perception of domestic violence as well as less likely to report domestic violence as a problem affecting their own class. Status was negatively related to the chronicity of abuse, PTSD symptomology and severity of related distress, help-seeking behavior, ability to recognize one’s own traumatic experiences as abuse, and recognizing domestic abuse as a problem that impacts all of society across status. It seems that this finding may be a result of the stronger pull of the pressure to appear socially desirably for higher status women.

Alarmingly, all but one woman experienced abuse in the past year; and the experience of one form of abuse was indicative of experiences of other forms of abuse. Only half of these women
reported that they would pursue help if abuse occurred; however, 58% of abused women did not identify their experience as ‘abuse.’ A woman’s ability to recognize her own experience as abuse was directly related to her ability to accurately see domestic abuse as a societal problem and to accurately identify examples of abuse. Thus, it seems cultural awareness may be a helpful mechanism in increasing a woman’s likelihood of understanding the nature of her own experiences. This seems to be supported by the fact that women who were more in touch with the outside world (e.g., those who worked outside of the home and those who took part in treatment previously) were more successful at recognizing signs of abuse.

Although a straightforward approach to increasing awareness among women may seem to be the most direct and effective avenue to effect change, nothing could be farther from the truth. The distress that one faces due to abuse was directly predicted by: correctly recognizing one’s own experiences as abuse, the chronicity of abuse one has experienced, and the view that abuse is a problem that affects all levels of society. The duration of PTSD symptomology was solely predicted by a belief that domestic violence was a societal problem (see Table 4). Thus, the more aptly a woman was at understanding her own experiences in a context of wider spread trauma, the more distress she experienced.

There are several underlying concerns that must be considered when developing gender empowerment strategies for Indian women. Trying to simply change the culture is like trying to charge into a door instead of through it. To open the passage to the personal safety of Indian women, one must first understand and address the issues of cultural ambivalence, the dangers of shifting social roles, cultural and class differences in means of intervening in domestically violent relationships, the conception of the perpetrating victim, and the implications of education and awareness:

*Cultural Ambivalence*
Although the advent of newly found women’s personal rights to education, love interest, and employment has arrived, traditional patriarchal societal standards have not weakened. Although the working classes are thought to be in greater need of ruling over and guidance to thrive due to their perceived greater propensity to act irrationally, the higher status citizens have more stringent social codes by which they are to abide (Ahmed-Gosh, 2004). Although the law provides a framework to protect citizens from wrongdoing, it does not provide support mechanisms for citizens who have been harmed (Ahmed-Gosh, 2004) These opposing expectations have created a turbulent system of smoke and mirrors that provide illusions in place of the realities of the experiences of vulnerable populations including women, the working class, and those who are likely to be abused, exploited, or neglected. For instance, since the working class is viewed as inferior, they are viewed as the natural hosts of domestic violence, however, high-status women who have stricter social roles and more opportunities for educational empowerment are experiencing ever increasing rates of domestic abuse and self-harm due the strain of their diametrically opposing expectations (Mitra et al., 2007). To create a fitting system of empowerment and protection for the vulnerable, research is needed to understand the pressures of social expectations as well as the actual experiences of citizens from various walks of life.

The Dangers of Shifting Social Roles

Tamil Nadu has grown dramatically in the past two decades in the way of technology and social advancements; women wear westernized clothing, travel on their own (without an escort), pursue educational and professional opportunities, and enter relationships based on love as opposed to arranged marriages (Morales, 1998). One would conjecture that with these advancements came social change and a shift toward gender equality and fair treatment of women. However, the National Crime Research Bureau of India (2008) reported that during the span between 1989 and 1999, crimes against women increased of 102%. Interestingly, the women’s parent’s age at marriage, perceived pressure to marry, and the cause of the marriage (arranged vs. love match) did not correlate significantly with the experiences of the participants ($r=0.12, 0.10, \text{and } 0.02$, NS,
respectively). Thus, it seems that the foundation of the relationships being examined in the current exploration is substantially different from those a generation past.

It is unclear whether these social shifts have had the beneficial effect of the increased reporting of incidents of domestic violence that would have previously gone undetected, the harmful effect of increasing the strain within marital settings increasing the likelihood that violence will ensue, or some combination of the two. In neighboring Kerala, unprecedented high levels of gender equality in professions and education have been reached in conjunction with record breaking suicide and domestic victimization rates among women. It has been concluded that the Kerala paradox is the result of a disturbing tug-of-war being waged on women between traditional subservient values and newly available gender empowerment (Mitra et al., 2007). These findings must be taken into consideration when designing an awareness plan for such cultures.

**Cultural & Class Differences in Intervening in Situations of Domestic Violence**

Although the culturally specific nuances listed above are necessary in the formation of intervention systems, the goal of research is to understand the generalizable theories that may be shared among many cultures. It is equally important to understand that which differentiates cultures and that which is shared. In western cultures, the Investment Model is used to predict whether a woman will leave an abusive relationship or not is termed (Rusbult, 1980). The Investment Model posits that a woman bases her decision to stay or leave an abusive relationship on rewards and costs as what they see as a fair balance between them and their partner, comparison with an alternative partner, and how much the women has already invested in the relationship (Rhatigan, Street, & Lowe, 2003). It is unclear whether this system would be effective for Indian women. In India, decisions are often made for the good of the family as opposed to the desires of the individual. This consideration is sometimes a deterrent to escaping situations of domestic violence. The victim’s family may encourage her to stay with an abusive partner in order to maintain an image of normalcy (Ghadially & Kumar, 1988), to sustain the pact agreed upon in an arranged marriage, or to protect the financial
assets which may embody a lifetime of savings that were given to the husband as a dowry in exchange for the marital agreement. Women of different socio-economic classes also face substantially different obstacles to seeking help as discussed previously. In addition, although progress has been made in the direction of the protection of women’s rights, the legal system in India has been argued to embody the patriarchal system which has allowed the abuse to continue for centuries thus being somewhat unapproachable and antagonistic to domestic violence victims (Ahmed-Gosh, 2004). More research is needed to determine if there is a universal set of factors which women use to decide the fate of an abusive marriage.

Unexpected Findings of Female Perpetrated Domestic Violence

The current findings suggest that, like many other cultures, such as Asian and Vietnamese (Kim-Goh & Baello, 2008), Australian and Mongolian (Oke, 2008), and Zambian and Kenyan (Lawoko, 2008), women are perpetrating acts of domestic abuse against their husbands. It is unclear whether these acts embody means of self-defense, whether they result in the amount of destruction and injury that women face, and whether they happen in the context of a mutually abusive session. More information is needed to better understand the interplay of mutual domestic abuse.

Implications for Education & Awareness

The current findings indicate that those women, who are more in touch with the outside world through work or therapy, have a better ability to acknowledge domestic abuse as such. Despite the theoretical benefit of such knowledge, women who are willing to recognize the nature of their trauma experience greater amount of distress than women who do not.

When considering the launch of direct awareness projects, one must keep these results in mind. There seem to be two main issues that complicate the concept of help through basic awareness training: (1) the fact that increasing gender empowerment has been found to correspond with increasing domestic violence and self-harm in India and thus distress, and (2) the lack of safety mechanisms that may be necessary for women to act
on their newly found knowledge. As illustrated above, westernized styles, freedom of choice, and educational and professional opportunities alone cannot provide true gender empowerment and safety for women in India. Instead, the evolution of these new-found freedoms often clash with traditional expectations and thus may intensify the frequency and chronicity of harm to women in the forms of husband- and self-inflicted violence (Mitra et al., 2007). In the event that women come forth with concerns of domestic violence, the Indian authority figures do not always honor their rights designated by the Domestic Violence Act of 2002. In addition, women who are discovered by assailants coming forth may be subjected to physical and emotional retaliation which may compromise not only the safety of the abused wife, but also her family, children, friends, and loved ones (Ahmed-Gosh, 2004). As relief agencies become more prevalent in the area, the possibility for women to rise above their struggles become more possible. More research is needed to determine how best these resources can prevent further threat and provide relief to domestic violence survivors.

Limitations

The purpose of this study was more so to study nuances of the Indian experience as opposed to providing prevalence data, thus the sampling was conservative and the qualitative data was great. Caution should be taken when generalizing these findings to other populations. In addition, it is unclear whether answering patterns have been confounded by social desirability; high status women reported the least of all seemingly negative traits, thus it is unclear whether they responded in the way that they felt was appropriate or in response to their own experiences. Since the research related to this population is largely undeveloped, the instruments utilized were not previously normed on this population. It is unclear whether unique distinctions of domestic violence of this population that exist outside the parameters of the current assessments. Finally, as with all studies of violent victimization, a portion of victims were not able to voice their experiences, these
victims are those who have lost their lives in the face of domestic abuse. The escalation, attempts at escape, and experiences of such victims must be explored through the proxy of their loved ones in future studies.

Acknowledgments

A special thanks to the Alumni Legacy Grant of the University of Arizona Honor’s College and the Psi Chi Summer Research grant who funded this study.
References


Figure 1: Ratio of Women Who Negotiated to Avoid and Experienced Abuse in the Past Year
Figure 2

*Note: Only one woman had never experienced abuse; thus, the first columns of the graph represent the reports of one woman.
Figure 3

Identification of Abuse Based on Status

Level of Identification
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Working Class High Status

- Self Identify
- Societal Problem
- Identify Abuse as Concept
Figure 4

Indications of PTSD

- No Indication
- Acute Stress Disorder
- Acute PTSD
- Chronic PTSD

- 25%
- 16%
- 22%
- 37%
Figure 5

The Sequelae of Victimization

Prevalence of Victimization

Severity of Sequelae

PTSD

Severity of Distress

Asking for Help
Table 1: Inter-Correlation of the CTS-2 Abuse Subscales

<table>
<thead>
<tr>
<th></th>
<th>Negotiation</th>
<th>Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Injury</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiation</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>-.359**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>.004</td>
<td>.783**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>-.616**</td>
<td>.747**</td>
<td>.781**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>-.323**</td>
<td>.684**</td>
<td>.667**</td>
<td>.640**</td>
<td>1</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
Table 2: Correlational of Status, Help Seeking Behaviors, Proper Identification of Abuse, and Post Stress Problems (2-Tail)

<table>
<thead>
<tr>
<th>Status</th>
<th>Identify Own Trauma</th>
<th>Identify Examples of Trauma</th>
<th>Seeking Help</th>
<th>Abuse as Societal Problem</th>
<th>PTSD</th>
<th>Severity of Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife Works</td>
<td>-.411**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>-.501**</td>
<td>.404**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Own Trauma</td>
<td>-.870**</td>
<td>.462**</td>
<td>.449**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Examples of Trauma</td>
<td>-.395**</td>
<td>.004</td>
<td>.419**</td>
<td>.371**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.001</td>
<td>.977</td>
<td>.001</td>
<td>.003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeking Help</td>
<td>-.481**</td>
<td>.566**</td>
<td>.710**</td>
<td>.538**</td>
<td>.475**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Societal Problem</td>
<td>-.706**</td>
<td>.457**</td>
<td>.532**</td>
<td>.622**</td>
<td>.479**</td>
<td>.576**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>-.497**</td>
<td>.418**</td>
<td>.436**</td>
<td>.556**</td>
<td>.137</td>
<td>.486**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.279</td>
<td>.000</td>
</tr>
<tr>
<td>Severity of Distress</td>
<td>-.563**</td>
<td>.551**</td>
<td>.459**</td>
<td>.664**</td>
<td>.133</td>
<td>.568**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.296</td>
<td>.000</td>
<td>.494**</td>
</tr>
<tr>
<td>Amount of Abuse Present</td>
<td>-.827**</td>
<td>.450**</td>
<td>.474**</td>
<td>.759**</td>
<td>.271</td>
<td>.535**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.030</td>
<td>.000</td>
<td>.618**</td>
</tr>
</tbody>
</table>

Not listed: Religious obligation to marriage, pressure to have children, age at first child, having children did not influence any of these factors.
Table 3: MANOVA Between Subject Effects- Status, trauma, and perception of abuse

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying DV in home</td>
<td>Correct DV definition</td>
<td>3.108</td>
<td>1</td>
<td>3.108</td>
<td>.872</td>
<td>.355</td>
</tr>
<tr>
<td></td>
<td>Seeing DV as societal problem</td>
<td>.132</td>
<td>1</td>
<td>.132</td>
<td>.226</td>
<td>.636</td>
</tr>
<tr>
<td>Working outside of the home</td>
<td>Correct DV definition</td>
<td>.142</td>
<td>1</td>
<td>.142</td>
<td>.040</td>
<td>.843</td>
</tr>
<tr>
<td></td>
<td>Seeing DV as societal problem</td>
<td>.097</td>
<td>1</td>
<td>.097</td>
<td>.167</td>
<td>.685</td>
</tr>
<tr>
<td>Status</td>
<td>Correct DV definition</td>
<td>.207</td>
<td>1</td>
<td>.207</td>
<td>.058</td>
<td>.811</td>
</tr>
<tr>
<td></td>
<td>Seeing DV as societal problem</td>
<td>5.172</td>
<td>1</td>
<td>5.172</td>
<td>8.889</td>
<td>.004</td>
</tr>
<tr>
<td>Total abuse</td>
<td>Correct DV definition</td>
<td>7.330</td>
<td>2</td>
<td>3.665</td>
<td>1.028</td>
<td>.365</td>
</tr>
<tr>
<td></td>
<td>Seeing DV as societal problem</td>
<td>1.738</td>
<td>2</td>
<td>.869</td>
<td>1.493</td>
<td>.235</td>
</tr>
<tr>
<td>Participating in Treatment</td>
<td>Correct DV definition</td>
<td>35.863</td>
<td>1</td>
<td>35.863</td>
<td>10.062</td>
<td>.003</td>
</tr>
<tr>
<td>Previously</td>
<td>Seeing DV as societal problem</td>
<td>1.424</td>
<td>1</td>
<td>1.424</td>
<td>2.446</td>
<td>.124</td>
</tr>
<tr>
<td>Working outside of the home</td>
<td>Correct DV definition</td>
<td>2.571</td>
<td>1</td>
<td>2.571</td>
<td>.721</td>
<td>.400</td>
</tr>
<tr>
<td>Total Abuse</td>
<td>Seeing DV as societal problem</td>
<td>3.500</td>
<td>1</td>
<td>3.500</td>
<td>6.015</td>
<td>.018</td>
</tr>
<tr>
<td>Working outside of the home</td>
<td>Correct DV definition</td>
<td>11.172</td>
<td>1</td>
<td>11.172</td>
<td>3.135</td>
<td>.083</td>
</tr>
<tr>
<td>Participating in Treatment</td>
<td>Seeing DV as societal problem</td>
<td>2.261</td>
<td>1</td>
<td>2.261</td>
<td>3.886</td>
<td>.054</td>
</tr>
</tbody>
</table>

a. Acknowledging DV: R Squared = .465 (Adjusted R Squared = .298)
b. Acknowledging DV as societal problem: R Squared = .707 (Adjusted R Squared = .616)
*Note: Only significant interactions are listed.
### Table 4: MANOVA Between Subject Effects- Status, trauma, and PTSD

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying DV in home</td>
<td>PTSD</td>
<td>.250</td>
<td>1</td>
<td>.250</td>
<td>.443</td>
<td>.509</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>64.000</td>
<td>1</td>
<td>64.000</td>
<td>2.168</td>
<td>.147</td>
</tr>
<tr>
<td>Status</td>
<td>PTSD</td>
<td>.030</td>
<td>1</td>
<td>.030</td>
<td>.054</td>
<td>.817</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>6.678</td>
<td>1</td>
<td>6.678</td>
<td>.226</td>
<td>.636</td>
</tr>
<tr>
<td>Total Abuse</td>
<td>PTSD</td>
<td>.075</td>
<td>1</td>
<td>.075</td>
<td>.132</td>
<td>.718</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>167.448</td>
<td>1</td>
<td>167.448</td>
<td>5.671</td>
<td>.021</td>
</tr>
<tr>
<td>Seeking Help</td>
<td>PTSD</td>
<td>.003</td>
<td>1</td>
<td>.003</td>
<td>.006</td>
<td>.941</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>18.801</td>
<td>1</td>
<td>18.801</td>
<td>.637</td>
<td>.429</td>
</tr>
<tr>
<td>Identification of DV as a societal problem</td>
<td>PTSD</td>
<td>2.890</td>
<td>2</td>
<td>1.445</td>
<td>2.560</td>
<td>.088</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>188.621</td>
<td>2</td>
<td>94.311</td>
<td>3.194</td>
<td>.050</td>
</tr>
<tr>
<td>Identification of DV as societal problem* Total Abuse</td>
<td>PTSD</td>
<td>1.333</td>
<td>1</td>
<td>1.333</td>
<td>2.362</td>
<td>.131</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>168.750</td>
<td>1</td>
<td>168.750</td>
<td>5.715</td>
<td>.021</td>
</tr>
<tr>
<td>Identification of DV as a societal problem* Help</td>
<td>PTSD</td>
<td>3.631</td>
<td>2</td>
<td>1.815</td>
<td>3.215</td>
<td>.049</td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>48.385</td>
<td>2</td>
<td>24.192</td>
<td>.819</td>
<td>.447</td>
</tr>
</tbody>
</table>

a. PTSD R Squared = .638 (Adjusted R Squared = .535)
b. IMPACT R Squared = .792 (Adjusted R Squared = .732)

*Note: Only significant interactions are listed.