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Perceptions of Options Available for Victims of Physical Intimate Partner Violence in Northern India

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Abstract

We used qualitative methodologies to understand perceptions regarding options available for victims of physical intimate partner violence (IPV) in northern India. We interviewed male and female community members along with IPV experts. Interviews were transcribed, coded, and analyzed using grounded theory. Participants emphasized that a victim of physical IPV should bear the violence, modify her husbands' behaviors, or seek help from her natal family. Accessing external resources such as the police or nongovernmental organizations was viewed as both socially inappropriate and infeasible. These results have widespread implications and lay the foundation for the development of IPV prevention initiatives in India.

Keywords

intimate partner violence, semistructured interviews, South Asia

Intimate partner violence (IPV) is recognized as a serious medical and public health concern for women worldwide.[1] The World Health Organization (WHO) defines IPV as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Although men can be victims of this type of violence, the majority of IPV globally is perpetrated by men against women (Heise, Ellsberg, & Gottemoeller, 1999; Heise & Garcia-Moreno, 2002). Physical trauma is a common consequence of IPV, however numerous studies have also shown that victims

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of IPV are at a higher risk for reproductive health issues such as unwanted pregnancies, pregnancy loss, and sexually transmitted infections as well as mental health morbidities such as depression, posttraumatic stress disorder, and anxiety (Campbell, 2002; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

India, like many other countries, suffers from the epidemic of IPV. The National Family Health Survey 3 (NFHS-3), a country-wide survey conducted by the Government of India in 2005 and 2006, found that the percentage of women affected by physical IPV ranged from 5.3% (in the state of Himachal Pradesh) to 56% (in the state of Bihar), with a national average of 30.4%. Data from the NFHS-3 also showed that rural residence, fewer years of schooling, and excessive alcohol consumption were associated with IPV (Kishor & Gupta, 2009; Visaria, 2008).

Although traditions are changing with time, Indian culture is generally described as collectivist and interdependent, where individuals (especially women) are encouraged to base their actions not only on their own desires but also on familial and societal norms (Ahmed-Ghosh, 2004; Krishnan, 2005; Rastogi & Therly, 2006). Ahmed-Ghosh (2004) explained that women are expected to sacrifice their individual identities for the sake of their husbands, children, and communities and those who do so are "referred to in almost reverential terms" (p. 111). Indian culture also places a heavy emphasis on gender-specific roles dictating that wives are expected to be subordinate and obedient, whereas husbands are viewed as the disciplinarians and primary decision makers (Ahmed-Ghosh, 2004; Krishnaraj, 2007; Martin et al., 2002). Tichy, Becker, and Sisco (2009) noted, "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" (p. 548). Gender inequities within the family unit combined with the importance of societal norms play a pivotal role in how IPV is understood and manifested in India.

Only a few studies have described Indian men's and women's attitudes about IPV. Past quantitative research has shown that between 54% and 57% of women and 51% of men in India thought it was acceptable for a husband to hit his wife in certain situations and that many men considered it their right to discipline, control, and dominate their wives (Dalal, Lee, & Gifford, 2012; Kishor & Gupta, 2009; Rani & Bonu, 2009; Visaria, 2008). In terms of qualitative research, Go et al. (2003) used interviews and focus groups in urban southern India to show that both women and men justified violence in certain circumstances, but beyond a particular threshold, considered spousal abuse objectionable. Krishnan (2005) conducted an ethnographic study in southern India and found that structural inequities such as socioeconomic status and gender shaped women's attitudes toward IPV. Finally, through interviews with men and women in northern India, we discovered that physical IPV was condoned in situations where a woman was perceived to have made a mistake (Ragavan, Iyengar, & Wurtz, 2014).

Understanding the rationale behind justified IPV is important, but to design sustainable IPV prevention interventions, it is crucial to determine how people perceive the gamut of options available for victims of IPV. In the WHO's multicountry study on women's health and domestic violence (which did not include India), Garcia-Moreno et al. (2005) found that 21% to 66% of abused women reported not having told anyone about the violence they faced at the hands of their partners. They also noted that in

some countries physically abused women turned to community or religious leaders for assistance. In terms of studies from India, Visaria (2008) analyzed NFHS-3 data, concluding that only one in four physically or sexually abused women sought help and even fewer requested assistance from formal authorities. Tichy et al. (2009) determined that the decision to leave an abusive relationship is often made by considering the impact that such action would have on the family. Additional studies from India have shown that the police generally do not support victims of IPV and that numerous barriers hinder a woman's ability to report abuse (Ahmed-Ghosh, 2004; Panchanadeswaran & Koverola, 2005).

Further research is necessary to fully understand the perceptions that community members hold regarding options available for victims of IPV. Ascertaining these opinions using qualitative methodologies in particular provides a rich and in-depth inquiry into this complex topic. Schuler, Bates, and Islam (2008) used interviews and focus groups in rural Bangladesh to understand the barriers that IPV victims face when seeking recourse. They explained that gender inequality, poverty, legal inequities, and corruption made it difficult for women to seek help. After a literature review, we found that there have been no studies in India using qualitative methodologies to examine attitudes about options available for physically abused women.

The primary aim of this study was to describe women's and men's attitudes regarding resources available for victims of physical IPV and to develop a model through which their perceptions could be illustrated.[2] This type of illustrative theory increases the level of understanding about IPV in India and can be used by IPV prevention advocates for intervention design. We focused our study specifically on physical IPV perpetrated by a husband against his wife. We were also interested in comparing community members' perceptions of options to the actual resources available in the area where this study took place. This study was unique in that it provided a comparative perspective of women and men, recruited participants from both rural and urban areas, and was conducted in the northwest state of Rajasthan, an area where little research on this topic has taken place.

Study Setting

This study was conducted in the Udaipur district in the northwest state of Rajasthan. The Udaipur district, which includes the city of Udaipur as well as multiple surrounding villages, is in the southern portion of the state with a population of approximately 3.1 million. The languages spoken in the study region are Hindi and a dialect of Hindi called Mewari. In terms of religion, the majority of people in the Udaipur district identify as Hindu (90%); however, 9% identify as Muslim and 1% as another religion (Government of India, Ministry of Home Affairs, 2011). The caste system, a way that Hindus are grouped (traditionally based on family name and trade), is practiced in the Udaipur district as well as many other parts of India (Charsley & Karanth, 1998).[3]

This district is an important area in which to conduct research related to IPV, as women's low status in Rajasthan was reflected in both the 2011 Census of India and the NFHS-3. For example, Rajasthan reported literacy rates of 53% for women compared with 81% for men (Government of India, Ministry of Home Affairs, 2011). Sixty-four

percent of women in Rajasthan were married on or before their 18th birthday (average in India = 39.5%), and the percentage of women who have experienced physical IPV is 40.1%, compared with a national average of 30.4% (Kishor & Gupta, 2009).

We conducted this study in affiliation with Action Research and Training for Health (ARTH), a nongovernmental organization (NGO) in the Udaipur district of Rajasthan that focuses on improving reproductive and child health. ARTH has a field area that encompasses 49 villages and the city of Udaipur and serves a population of more than 60,000. The organization operates one urban and three rural health centers as well as small village-based centers where ARTH employees provide outreach and educational services (ARTH, 2010). ARTH does not provide IPV-specific services, but ARTH health care providers can make referrals to IPV-focused NGOs.

Method

We conducted semistructured interviews with two groups of individuals: (a) 56 women and 52 men who resided in rural and urban areas of the Udaipur district (community member sample) and (b) seven IPV experts (expert sample). We interviewed both community members and experts to gain a comparative sense of perceived versus actual options. We used interviewing as a data collection technique to encourage participants to talk freely about their opinions regarding the complex and sensitive issue of physical IPV (Ulin, Robinson, & Tolley, 2005). We carefully followed ethical precautions throughout the data collection and analysis process in accordance with the WHO's ethical and safety recommendations for research on domestic violence against women. In particular, we took the utmost care to maintain confidentiality, held training sessions for the interpreters involved in the project, did not ask directly about personal abuse histories, and had a system in place in case a participant disclosed abuse (WHO, 2001). Northwestern University's Institutional Review Board (IRB) and ARTH's ethics committee approved all components of the study.

Community Member Interviews

Preparation for data collection. We initially designed the interview guide based on past literature. Before starting data collection, we pilot tested the guide with four women (three rural, one urban) to ensure that the questions were culturally sensitive and easily understood. After we completed about half of the women's interviews, we designed and pilot tested the interview guide for men. We utilizied this approach to use the content and themes collected from the women's interviews to frame and focus the men's interviews. The first author, who is of Indian origin but resides in the United States, served as the sole interviewer. Two interpreters, fluent in English, Hindi, and Mewari, assisted with recruitment and interviews; we used a female interpreter for women's interviews and a male for men's interviews. Before participant recruitment, we conducted an initial training session for the interpreters on important considerations when conducting IPV-related research, interviewing techniques, and effective interpretation skills.

Participant recruitment. Participants were recruited using stratified convenience sampling from one of two locations: (a) ARTH health centers or (b) villages during times when ARTH employees were providing outreach or educational services. Using 2011 census data, we stratified the two samples (men and women) based on location of residence; 75% of the participants were recruited from villages and 25% from the city of Udaipur (Government of India, Ministry of Home Affairs, 2011). To be part of this study, participants had to be affiliated with ARTH (either as a patient or family member at a health center or as a resident in a village where ARTH provides outreach services), between the ages 18 and 60, and able to converse in Hindi or Mewari.

Participants were first approached by the interpreter and asked whether they would like to be part of an interview. During this initial approach, the interpreter presented the study to the participant in a generic fashion (experiences regarding life and marriage). If he or she agreed to participate, the participant, interpreter, and interviewer went to a predetermined private space and the study was explained in more detail. This two-step approach is in accordance with WHO guidelines (WHO, 2001). In addition, to preserve confidentiality, we did not request any information from participants that could divulge their identities (such as names or addresses).

Data collection. After recruitment, the interpreter verbally obtained consent from the participant and then sought permission to audio-record the interview; all participants gave their permission. We conducted the interview immediately after recruitment and obtaining verbal consent. During the interview, the interviewer asked a question in English, which was translated into Hindi or Mewari by the interpreter. The interpreter then translated the participant's answer into English. The interview itself was semistructured, and 30 and 45 minutes in length. We began with sociodemographic questions and later inquired about options available for victims of physical IPV. All participants were asked what a woman should do if (a) her husband hits her once in a while and (b) her husband hits her every day or without a reason. Subsets of participants were asked to share their beliefs on specific options such as the *jati-panchayat* (the traditional, informal justice system), *nata* (customary remarriage), police, divorce, and NGOs. We iteratively developed a list of options over the course of the interviews and incorporated questions about newly identified options into later interviews. We also asked participants about their views regarding when physical IPV is justified and how it is defined; analyses of these topics can be found in Ragavan et al. (2014).

To help participants feel more comfortable discussing their opinions, we asked all questions in a general rather than personal way (e.g., "What should a woman do if her husband hits her?" as opposed to "What would you do if your husband hit you?"). If a participant disclosed that she was a victim of IPV, we followed a predetermined protocol. We stopped the interview and found out more about the situation, including whether any active abuse was occurring. We then offered the participant the option of speaking to a healthcare provider at an ARTH health center, explaining that these individuals can provide medical support and referrals to IPV-specific services. If these resources were declined, we ensured she was aware that she could come to an ARTH health center at any time if she required assistance. If the participant was willing to continue talking with us, we then restarted the interview.

Data transcription and analysis. We used an adaptation of Brislin's seven-step translation model as described by Lopez, Figueroa, Connor, and Maliski (2008) for transcription and translation. A trained trilingual translator conducted a verbatim transcription and translation of the audio-recordings from Mewari or Hindi into English, writing comments in the margins to explain her perspectives on the text. The first and second authors then listened to each interview while reviewing the translation with the translator to ensure conceptual and linguistic equivalence. Disagreements about language were discussed until consensus was reached.

Because the main aim of this study was to develop a model based on the data, we used a grounded theory approach for our analysis. Grounded theory encourages researchers to develop theories inductively and is a primary method for theory building, rather than theory testing (Starks & Trinidad, 2007; Strauss & Corbin, 1998). After completing 10 transcriptions, the first author uploaded the transcripts to the ATLAS.ti software package and coded each one line by line (Muhr, 2004; Ulin et al., 2005). The first and second authors then conducted a second round of more selective coding to identify core themes and develop an evolving model (a pictorial depiction of our developing themes; see Figure 1). We also reexamined the interview guide to determine whether changes were needed before the next round of data collection. This process (data collection → coding → theme development → model refinement → interview guide revision) was repeated after every 10 to 15 interviews until data saturation was reached, and no new themes or concepts emerged (Guest, Bunce, & Johnson, 2006).

Because the interviews were conducted by a researcher of a different cultural background than the participants, we paid special attention to reflexivity (attending to the context of knowledge construction and the effect of the researcher; Malterud, 2001). Throughout our study, we discussed the emerging themes with ARTH employees and the IPV experts and used their input to adjust our model and interview guide. In addition, during interviews, we shared some of our results with participants to determine their perspectives of our analysis. We sought this feedback only after the formal interview was complete (this input was labeled separately in the transcripts) to ensure that we did not bias the participants. Engaging a variety of individuals in our study helped us maintain an iterative and inductive data analysis process.

Participant characteristics. Between October 2011 and February 2012, we recruited 56 women and 52 men for the community member portion of this study. The majority of community members who we approached agreed to participate, but 8 refused outright and 10 refused when we explained the study in detail. The average age for both women and men was around 30, and the majority of participants were married. All participants were Hindu but from multiple castes. Generally, the men reported higher education levels and were more likely to be employed than the women. Table 1 provides details on a variety of demographic characteristics of the community member participants. Although we did not ask about personal histories of abuse, 12 of 56 women (21%) reported during the interview that their husbands had physically abused them in the past. No woman reported active violence at the time of the interview, requested immediate help, or wished to stop the interview.

Table 1. Sociodemographic Characteristics of Community Member Participants.

Sociodemographic factor	Women (*n* = 56)	Men (*n* = 52)
Location of residence		
Rural	42 (75%)	39 (75%)
Urban	14 (25%)	13 (25%)
Married	46 (82%)	46 (88%)
Mean age (years)	29.7	30.4
Caste[a]		
Scheduled Tribe	19 (34%)	17 (33%)
Scheduled Caste	9 (16%)	10 (19%)
Other Backward Caste	17 (30%)	13 (25%)
Other Castes	11 (20%)	12 (23%)
Education		
No education	23 (41%)	10 (19%)
Passed 1st-5th grade	13 (23%)	5 (10%)
Passed 6th-10th grade	11 (20%)	22 (42%)
Passed 11th-12th grade	4 (7%)	9 (17%)
Graduated from college	5 (9%)	6 (12%)
Employed outside of the home	17 (30%)	35 (67%)

[a]See Note 3 for caste percentages for the Udaipur district.

Expert Interviews

Participants. Participants in this component of the study were seven IPV experts in rural and urban areas of the Udaipur district. These participants included the manager of an IPV shelter, three counselors who work at different NGOs providing IPV-specific services, a social worker who has been serving victims of IPV for 45 years, a lawyer who is employed by a health services NGO, and a male police officer who works at a police station that specifically serves women. These participants were recruited using purposeful sampling as they represented different types of advocates for abused women. We recruited and interviewed these experts over a 6-month period during the community member data collection process.

Data collection. All expert professionals were phoned prior to the interview and briefed on the study. The interviews were conducted in private locations, and we obtained verbal consent at the outset. The first author conducted all interviews in English or Hindi depending on the interviewee's preference; an interpreter was present during the Hindi interviews. The interviews were 30 to 60 min in length, semistructured, and audio-recorded. They covered several content areas including the interviewee's perceptions about options available for victims of physical IPV, his or her attitudes as to whether IPV is a problem in southern Rajasthan, and specific information about the organization for which he or she works. Interviews were then transcribed, coded, and analyzed in the same manner as described above, using grounded theory.

Results

We uncovered multiple options believed to be available for victims of physical IPV, each of which became a major theme in our analysis. Nine major themes were identified including bearing abuse, *samjhana* (a Hindi word, which means to make someone understand, in this case addressing the situation and attempting to modify the husband's behavior), returning to the natal family, jati-panchayat, nata, suicide, the police, divorce, and NGOs. Each one of these themes is examined below. Quotations used to illustrate each option were selected to represent majority and minority opinions of men, women, and experts.

Bearing Abuse

Participants described two specific situations where a victim of physical IPV should not take action against her abuser: (a) if the violence occurs sporadically and (b) if the woman has committed a perceived error that justifies physical IPV. All 108 participants thought a woman should not take action against an abusive husband if he is physically violent occasionally rather than daily. A rural woman noted, "If a husband hits once in a while, his wife must bear it. What is the sense of breaking the family?" An urban man agreed: "If he hits rarely, the wife must compromise and continue to live with him. She should not leave for this reason."

We found that women and men in the Udaipur district justified physical IPV if a woman made a perceived mistake, and explained that a woman should not take action against her husband under these circumstances (described in detail in Ragavan et al., 2014). A rural woman stated, "If it is her fault, then she will sit quietly and bear the beating." An urban man added that a victim of physical IPV should attempt to modify her own behaviors, "She should bear it [physical IPV] if he is hitting for little mistakes that she made. She should improve and tell her husband that from now on [she] will not make these mistakes." The social worker described how culturally ingrained this particular belief is:

> If women do not cook on time or if they talk to someone without [the husband's] permission, they think they have done something wrong and the only right thing is that they are beaten. . . . Even when I worked with men, they said they thought it was a normal part of their lives that if their wives did something wrong, they can hit.

Samjhana (Making Someone Understand)

Several participants (18/56, 32%women; 25/52, 48% men) from both urban and rural communities stated that the first step a victim of physical IPV should take is to attempt to alleviate the situation internally by talking to the husband and trying to make him realize that his abusive behaviors have negative effects. They used the Hindi word samjhana to express this idea. This complex term means to cognitively explain something or make someone understand, but it can also mean teaching someone or modifying his or her behaviors. Samjhana can occur with the help of both the husband's family and

the woman's natal family. A rural woman stated, "She should tell her brother and parents, and they should come and ask the husband why he is hitting her. Then they should sit together with her husband's family and decide how to solve the problem." An urban woman also emphasized the importance of samjhana but expressed a different perspective that it is primarily the responsibility of a woman to change her husband's abusive behaviors: "It is wrong for a husband to hit his wife, but it is the wife's responsibility, not the family's, to make her husband understand and ask him to stop."

A rural man who has a daughter explained that along with making an abusive husband understand, it is the duty of the family to ensure that the wife is made aware of her mistakes. He described what a father should do if his daughter were to approach him about an abusive husband:

> The father first has to try to make the husband understand and say, "Don't hit her, talk to her instead." If the husband keeps hitting, then the father has to call the husband's family and scare the husband. If the father finds that his daughter is at fault and there is a reason why the husband is hitting, then he should tell his daughter not to repeat those mistakes.

Returning to the Natal Family

Another option given by participants (20/56, 36% women; 22/52, 42% men) from both rural and urban communities is for a woman to leave her husband's home and return to her natal family. An urban man stated, "If he hits her repeatedly, then the wife returns to her parents' house and lives there for 4 to 6 months." Another urban man expressed his opinion that a woman returning to her natal family will encourage an abusive husband to change his ways: "They should live separately [for] 1 to 3 months. When he has to make the food and do all the cleaning himself, then he will understand and stop hitting."

Nearly all of the participants who described returning to the natal family as an option for a physically abused woman also thought that if her husband arrives to bring her back to his house, then it is her duty to return with him. They explained that it would be both economically infeasible and socially inappropriate for a woman to stay with her natal family permanently. A rural woman said, "All we can do is go to our natal families, but how can we live with them forever? You have to live in your husband's home no matter what the situation is." An urban woman agreed, noting that it would be difficult for a poorer woman to stay with her natal family: "If the family is rich, they can easily support the woman and she can stay with them, but if they are poor, how will they support her? How will they give her food and clothes?"

Many women and men stated that if a woman returns to her husband's home, she can leave again if he continues his violent behavior. This cyclic pattern was seen as preferable to a woman staying permanently with her natal family. A rural woman noted, "If she returns to her husband's home and is again beaten, she will then go back to her natal family. She keeps going back and forth like this." The manager of an IPV shelter in Udaipur explained this same cyclic phenomenon occurs with women whose husbands drink alcohol excessively: "Women come to the shelter, compromise occurs, they go back [to the husband's home], and then the alcohol and beatings start again so they come back to the shelter."

Jati-Panchayat

The jati-panchayat is a traditional, informal justice system in the region where this study took place.[4] Individual members are known as jati-panch; jati-panch are not elected and must be distinguished from the government panchayat (the local government system of India). A rural man described the jati-panchayat in this way: "Elderly men gather together and make decisions about problems in the village." A counselor noted that only men are allowed to be members of the jati-panchayat: "Jati-panch are just men. In the past, women could not come to the meetings of the jati-panchayat. Now they can attend, but they will not speak very much." Participants explained that the jati-panchayat is more ubiquitous and powerful in rural areas than in the city. An urban man stated, "The jati-panchayat is present mainly in the villages. In villages, jati-panch have the power to exile community members, but this does not happen in cities."

Twenty women and 25 men (primarily rural residents) discussed their opinions on the jati-panchayat. The majority stressed the important role that this institution plays in the community. A rural man explained, "Most families go to the jati-panchayat when they have problems. Even when there is a police station nearby, nobody goes there. The jati-panchayat will make the correct decision." The majority of men (20/25, 80%) and a minority of women (8/20, 40%) thought the jati-panchayat could use its influence to assist victims of physical IPV in the following ways: (a) giving a couple marital advice, (b) socially stigmatizing or fining an abusive husband, (c) sending a woman back to her natal family temporarily, or, as a last resort, (d) exiling an abusive husband from the village and allowing the couple to permanently separate. A rural woman noted, "Jati-panch warn the husband that he should not give trouble and tell the wife where she should go." A rural man concurred, explaining, "When jati-panch talk to a man who hits his wife, they say, 'Don't drink. Don't hit!' They put pressure on the man to improve."

An elderly man who has been serving as a member of the jati-panchayat for the past 30 years discussed how he would approach a victim of physical IPV:

> I will listen to the husband and wife and then I will decide who is right and who is wrong. I will make the husband understand that if he continues [to hit] then the fighting will get worse. In the worst-case situation, I will exile him from the village. . . . If the wife made a mistake, I will warn her that this should not happen again because a husband is God. If the wife is wrong, the husband should hit her.

Several community members (primarily women) and IPV experts described their frustration with the jati-panchayat, explaining the system does not provide effective justice for victims of physical IPV. A rural woman noted, "Jati-panch do not care because they think IPV is a family matter. They will never come to a man's home and ask him why he is hitting his wife." The lawyer agreed, stating her belief that members of the jati-panchayat do not attempt to empower women: "The jati-panchayat is male-dominated and [its members] are not concerned with women or problems that women have. A lot of times the women are not listened to and are told they should silently

tolerate the violence." A counselor explained her perspective on how the jati-panchayat impedes her ability to advocate for women: "Many times a woman comes and files a report, [but] when we try to take action she tells us, 'The jati-panchayat has solved my problem so I do not want your help anymore.'"

Nata

Nata is a regional and cultural phenomenon similar to remarriage and is performed either through the jati-panchayat system or between families.[5] Whether nata is permitted is dependent on caste; however, the practice occurs in both rural and urban communities. We discussed nata with 30 women and 37 men who lived in both rural and urban areas and represented multiple castes. An urban woman (whose caste permits nata) explained how she defines the practice: "If a woman is separated from her husband and she likes another man, then she can go for nata and live with the other man. Nata is like a remarriage but not completely." Nata can also be initiated by the husband; occasionally, a man may have two wives living in the same house—his first wife whom he married through a traditional ceremony and the wife he brought in through nata. Included with nata is a transfer of money called *jhagada*. A rural man (whose caste permits nata) stated, "The second husband gives the first husband money and then the woman can go for nata. The jati-panch may also receive money."

Participants explained that in castes where nata is permitted, victims of physical IPV pursue nata as a way to leave abusive marriages. A rural woman noted that nata is a right available to women in her caste: "If a couple does not understand and love each other, then the wife can go for nata." However, several participants disagreed, explaining that a victim of physical IPV should only go for nata if she feels she has no remaining options and has exhausted other resources. The Hindi word *majboori* (which means a state of helplessness, or when a person considers herself to be without options) was used frequently when discussing nata. A rural man (whose caste permits nata) explained, "If it is her majboori and her husband hits her every day, does not give her food, does not give her money or clothes, [and] will not change his behaviors, then for these reasons she will go [for nata]." A rural man (whose caste prohibits nata) felt similarly: "A good wife, a loyal wife only gets married once but if the situation is unbearable and her caste allows it, then she must do nata."

Although nata is permitted in several castes, many participants (particularly women) indicated that going for nata can have negative repercussions for women. A rural woman (whose caste permits nata) explained the man a woman marries through nata could be crueler to her than her first husband was: "Whomever I do nata with will not give me happiness. He could give me trouble and a lot of times I see this happen. The second husband will be worse than the first." Another rural woman from the same caste cited the transfer of money associated with nata (jhagada) as an impetus for abuse:

> Men say, "Oh I paid money for you so I can do what I want." There is no guarantee the second husband will be better than the first, and she may have to bear his beatings. It is better to just live with the first husband and adjust accordingly.

An urban man added that the community would sometimes ostracize a woman who pursued nata. He explained that although nata is permitted in his caste, the practice is not always well regarded: "I think nata is a bad thing. What will people think about this? People make jokes about a woman who does nata; they will say she is not a good woman."

Suicide

Committing suicide was described by some participants (10/56, 18% women; 2/52, 4% men, all from rural communities) as a rare but practiced alternative for women suffering from frequent physical IPV who felt they had no other recourse. These participants stressed that they did not believe women should commit suicide because of physical IPV, but rather that they have heard of or seen this. A young rural woman shared a story she remembered from her childhood: "I had a neighbor who committed suicide [by jumping into] a well. She was being hit and tortured by her husband. He told her that she could not tell anyone. So to stop the torture she committed suicide." A rural man explained that suicide is an option used by physically abused women to protect their reputations: "Women will not get a divorce. They would rather commit suicide. If a woman belongs to a reputable family then as a last option she will commit suicide."

The Police

Multiple participants (18/36, 50% women; 8/24, 33% men) asserted that victims of physical IPV should not seek help from the police, explaining that police officers would not support or assist a woman suffering from physical abuse. A rural woman expressed her belief that the police do not play an active role in stopping the violence: "The police cannot help. They think it [physical IPV] is a family matter and that they should not get involved." A rural man agreed, stating, "The police come and try to make the husband understand (samjhana) that he should not hit, but then they leave and tell the couple, 'Now you do whatever you want.' They do not bother with these things [physical IPV]." An urban man added that instead of punishing an abusive husband, the police would advise his wife to modify her own behavior:

> I heard that in this situation, the police officer talks to the couple to determine the reason for the fighting. The husband describes the mistakes that his wife has made; like that she does not cook food well. The police officer then tells the wife to not repeat her mistakes.

Furthermore, a few rural women thought the police would not be helpful unless they were provided payment. One woman noted, "My community is poor so we cannot use the police. If we go to the police, then it is important to have money; otherwise, they will not help."

In addition, several rural women explained that women in their communities are afraid of the police both because utilizing the police is considered socially stigmatizing and because they have had limited interaction with police officers. A rural woman stated, "The women in the villages think that if they go to the police then it will appear

in the newspaper. They are worried about ruining their reputations." Another rural woman described how her fear of the police is related to her unfamiliarity with governmental institutions: "I am scared of the police so I never go to them. I am scared because I have never seen them before and do not know anything about them." A counselor agreed, adding, "Women fear the police because they see them arrest people and think that if they complain [about an abusive husband], the police will arrest them, too."

Though many participants felt the police could be helpful, most were adamant that a victim of physical IPV should involve the police only after other alternatives had been exhausted. A rural woman stated, "I would not want to go to the police unless I have tried several times to make my husband understand and his behavior becomes worse." A rural man described that the police should be used only if the jati-panch were unable to stop the violence: "In our community, a woman must first go to the jati-panchayat; whatever [punishment] happens will first happen there. Then, if her husband does not stop hitting, she can go to the police."

Five women (all urban and educated) and three men (all rural and educated) advocated the minority viewpoint that involving the police is the first action a victim of physical IPV should take.[6] One of these women noted, "If he is hitting her daily, she should go to the police directly and fill out a report." Another, who was separated from a physically abusive husband, shared her personal experience: "The police station I went to in the [the city of] Udaipur was just for women and they were very helpful." One IPV expert, an officer who works at a women's police station, explained the value of this institution:

> If a woman needs to file a complaint, she may feel shy speaking in front of men. Here, there are several female police officers who specifically help women with whatever their wishes are. That is why a women's police station is beneficial.

Divorce

We spoke with 26 men and 29 women regarding their opinions about court-sanctioned divorce as a possible recourse for women experiencing physical IPV. The majority (17/29, 59% women; 14/26, 54% men) indicated that divorce is not a viable option, explaining that it is unavailable, socially stigmatizing, and economically infeasible. Although divorce through the court system is legal in India, we found that it is seldom obtained, particularly in rural communities. Rather, it is culturally preferred to pursue nata or seek a customary separation through the jati-panchayat. An urban man stated, "Only in the cities does divorce happen through the court system. In the villages, they [a husband and wife] go to the jati-panchayat and get permission to live separately, but they do not get an official divorce." Obtaining a divorce was also seen as damaging to a woman's reputation. A rural woman explained,

> [If a woman gets a divorce] they [her family, the community] will think badly of her. They will think she had an affair or did something wrong and for those reasons she asked for a divorce. Even if her husband made a mistake and she did nothing wrong, the whole community will still think that the woman is wrong.

A few participants emphasized that a woman must have familial and financial support before she can ask for a divorce. A young rural woman who was separated from her husband because of physical abuse shared her story:

> I would like a divorce from my husband [but] he will not allow it. My mother does not give me any support and my father will not talk to me because I left my husband's home and I want to leave my husband permanently. So how can I take a divorce?

The lawyer agreed, adding her belief that economic barriers force women to stay married to their abusive husbands: "In my experience, abused women are afraid to divorce their husbands because they are not financially independent. Many women depend on their husbands so [after divorce] where will they go and who will take care of them?"

Participants who thought that divorce was an acceptable option for IPV victims generally felt that a woman should pursue a divorce only if the violence is extreme. As with nata, the Hindi word majboori (no other options or helplessness) was used to describe when a woman can ask for a divorce. A rural woman explained, "If it is her majboori . . . if her husband is hitting her every day, cannot provide food, and does not want to live with her, then she can ask for a divorce." A rural man agreed, "For small things separation will not happen, but if it is a very serious matter then this [divorce] happens." Four educated urban participants (two men and two women) disagreed, stating the minority position that filing for divorce should be the first action a woman takes. An urban man noted, "In this situation [physical IPV], she should get a divorce. A divorce can be taken in every community. You go to court for a divorce."

NGOs

Though many participants were familiar with NGOs based in the villages, the majority did not believe that NGOs are helpful resources for abused women. A rural woman stated, "Some organizations are good, they give medicine to the villagers, but I do not know about one that helps abused women. They cannot help; a woman should go to her family instead." One woman and two men (all of whom were educated and resided in the city) cited NGOs as possible resources for physically abused women, but only one was able to name a specific NGO in Udaipur that provides services to victims of IPV.

Although the majority of participants did not know about available resources, Udaipur has a few centers for women suffering from physical IPV. One NGO has an IPV shelter and counseling center and also conducts IPV-related advocacy work in the community. The manager of the shelter said, "We have capacity for 30 women and their children to stay for up to 3 years. We do counseling work and either help reconcile a husband and wife or help the wife obtain a divorce." She then described the challenges women face after leaving the shelter:

> Women will first try to resettle with their husbands, or they start living alone or with their natal families. But they really do not like living alone. This may be due to cultural factors, a lack of confidence, or a lack of economic security.

Udaipur also has a police station specifically for women with an adjoining counseling and legal advocacy center. A counselor from the center stated, "Our mission is to give relief to abused women. If a woman wants to live with her husband, that is OK. If she wants a divorce, that is also OK." She went on to note how challenging it is to make rural communities aware of the services her organization provides: "There are many villages that are not accessible by vehicles and others where the buses come infrequently. Networking in the villages is not easy." Another NGO runs a community-based court for women in a rural part of the Udaipur district called Rajsamand. A counselor who works for this NGO explained,

> If a woman says that violence is occurring in her home, her husband is called to the court and is required to explain his actions and partake in counseling. If the man refuses, we help the woman fill out a police report. We have a good relationship with the police.

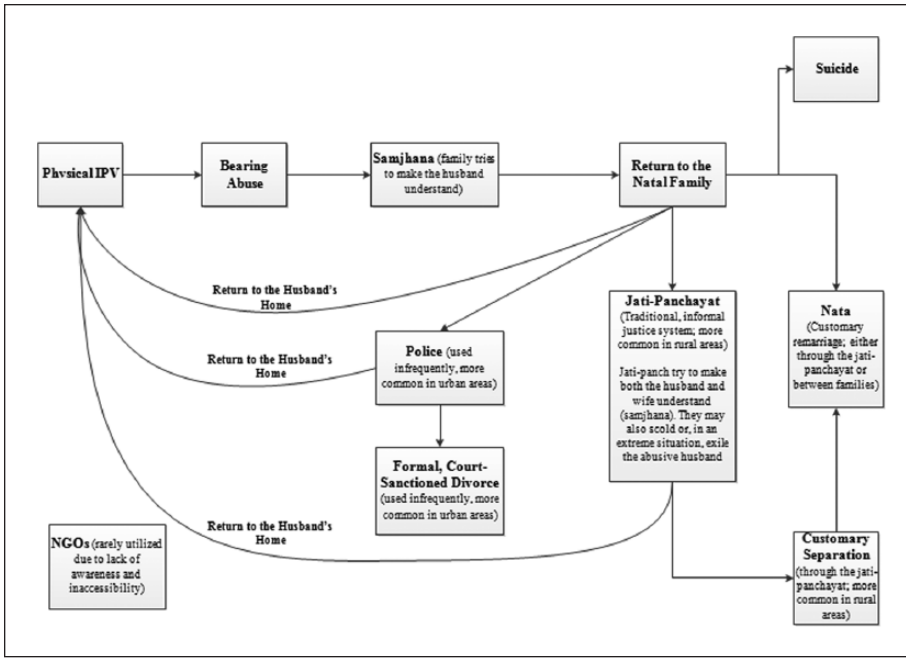

Figure 1. Pictorial depiction of perceived options available for victims of physical IPV in the Udaipur district.

Note. NGOs are displayed separately because although they exist in Udaipur, they were rarely described as available resources for victims of abuse. Please note that this figure is meant to be a general synthesis of participants' perceptions rather than an exhaustive depiction of all help-seeking behaviors. In addition, this figure uses a cyclical paradigm, assuming that violence will be reinitiated if a women returns to her husband's home. IPV = intimate partner violence; NGO = nongovernmental organization.

Discussion

Using grounded theory, we sought to better understand perceptions regarding the variety of options available to victims of physical IPV in the Udaipur district of northwest India. In general, we found that women make decisions regarding physical IPV by considering social appropriateness, feasibility, and input from key individuals such as the natal family and jati-panchayat. Feasibility spanned economic, logistic, and infrastructure-related barriers. Participants placed a strong emphasis on the social appropriateness of help-seeking behaviors as well as the importance of resolving physical IPV within the family. These findings are consistent with past research (Ahmed-Ghosh, 2004; Krishnan, 2005; Panchanadeswaran & Koverola, 2005; Tichy et al., 2009; Visaria, 2008). In addition, we discovered that the options participants found acceptable are often dictated by the belief that a wife should be subservient to her husband and mindful of her role as part of the family. For example, many participants indicated that a woman should modify her own behavior to stop physical abuse and should be wary of options such as divorce that could lead to social stigmatization. In general, a victim's ability to seek help is seen as contingent on her family's and community's perceptions rather than her own choices.

We uncovered a pattern of perceived help-seeking or coping behaviors (described pictorially in Figure 1). It was often viewed as appropriate for a woman to modify her own behaviors and not take action against an abusive husband, especially in cases when the husband hits occasionally or the physical violence is considered justified. Another perceived recourse was for the woman, her in-laws, or her natal family to try to make the husband understand (samjhana) that his actions had negative effects. If the beatings persist, then the woman can return to her natal home until her husband comes for her. At that point, she generally will go back to her husband's home, leaving again if the violence continues. If the woman feels that the physical IPV is no longer bearable, she is first expected to access traditional resources such as requesting assistance from jati-panch or going for nata. Only after these options are exhausted, is it deemed appropriate to involve the police. Court-sanctioned divorce, although legal under Indian law, was infrequently described as a viable option, and NGOs were seldom utilized or even known to exist (Rastogi & Therly, 2006). Suicide was considered by some participants as an unfortunate but real way that victims of physical IPV escape recurring violence.

Although attitudes regarding help-seeking behaviors were similar among participants, we uncovered a few patterns related to gender, location of residence, and education. Men were more likely to think that the various options discussed were feasible (especially the jati-panchayat and police), however women were more likely to describe how victims of physical IPV commit suicide. This points to a general sentiment among female participants that there are few realistic ways for women to escape physically abusive marriages. Rural and urban participants had similar perspectives, but those residing in rural communities were more likely to believe that a victim of physical IPV should seek help from traditional institutions such as the jati-panchayat, rather than involving formal authorities. In addition, all participants who described

suicide as an option lived in villages. These patterns highlight the strength of the jati-panchayat and the importance of customs in rural communities as well as the lack of feasible alternatives for victims of physical IPV in rural areas. Finally, we found that the few individuals who thought that physically abused women should immediately utilize the police, courts, or NGOs were all more educated than the average participant. This suggests that education not only increases awareness about the gravity of physical IPV but may also help empower victims to seek assistance from governmental and nongovernmental resources.

Participants in this study explained that a woman's natal family can be used both as a support system and as a place of refuge. Garcia-Moreno et al. (2005) corroborated this finding by reporting that in the WHO's multicountry study, 28% to 63% of physically abused women talked to family members about the violence and 19% to 51% left their husband's home for at least one night. However, though a victim of physical IPV may be offered temporary support by her natal family, she will eventually return to her husband's home, only to go back to her natal family if her husband reinitiates the violence. The Walker Cycle Theory of Violence in an intimate relationship is described as a three-phase cyclical phenomenon: (a) a gradual escalation of tension in the relationship, (b) an acute battering incident, and (c) a de-escalation of tension when an abuser, in some circumstances, may apologize for his behavior. After a period of time, however, the relationship becomes tense again, and the abuse is reinitiated (Walker, 2009). It seems that a similar cycle exists for women in these communities, with the added component of women utilizing their natal families after an acute abusive episode and later returning to their husbands' homes. Further research should be done to understand how the cycle of violence theory applies in the Indian context.

The jati-panchayat has been described as a traditional, informal, and powerful judicial system that makes decisions about marriage in the rural communities of northern India (Chowdhry, 2004). However, the relationship between the jati-panchayat and IPV has not been directly studied in past work. Many participants, especially women, explained that the jati-panchayat is a patriarchal establishment that tells women what to do rather than empowering them. Regardless, the jati-panchayat is perceived to be both more accessible and socially acceptable than the police, courts, or NGOs. Therefore, an apparent contradiction exists between the theoretical versus actual utility of the jati-panchayat in assisting victims of physical IPV. Considering the heavy emphasis placed on social norms related to help-seeking behaviors, it is not surprising that such a contradiction exists.

Nata (customary remarriage) was similarly described as a theoretically accepted but practically complex recourse available for victims of physical IPV. Grover (2011) analyzed divorce and remarriage in the city of New Delhi, noting that many remarriages, especially in poorer communities, are "prompted by unsatisfactory and forced primary marriages" (p. 78). However, nata specifically has not been well studied in past literature. Our research suggests that although nata is permitted in several castes and is used by women to leave abusive marriages, participants did not have a good impression of the practice, often citing it as an option to be pursued only if all other alternatives have failed (majboori). In addition, we found that the money transferred

during nata goes to a woman's first husband and the jati-panchayat, suggesting the buying and selling of a woman. Therefore, although nata is a feasible and socially condoned option on the surface, on deeper levels, it is fraught with complications, including the possibility that it may actually perpetuate IPV.

Participants expressed their belief that victims of physical IPV are less likely to access governmental and nongovernmental resources compared with traditional alternatives such as the jati-panchayat. They explained that women are not able to fully utilize the IPV-specific NGOs in the city of Udaipur because of a lack of awareness that such NGOs exist and inadequate infrastructure making it difficult for rural women to travel to the city. Like Panchanadeswaran and Koverola (2005), we discovered that the option of using governmental resources was known but stigmatized, largely because the act of speaking against one's husband is seen as damaging to a woman's reputation. Women are also reluctant to involve the police or courts because of the perception of economic barriers and the fear that these institutions will not be supportive. Community acceptance of traditional options despite their practical complexities, lack of awareness about NGOs, and fear of the social condemnation associated with NGOs make it difficult for victims of physical IPV to utilize resources available in their communities. This has created a discrepancy between perceived and actual options available for abused women, possibly contributing to women's inaction in the face of physical IPV.

Study Limitations

Our study had certain limitations, some of which provide a foundation for future research. Despite our best efforts to translate the interviews accurately, problems with the transcription and translation process might have occurred, especially with specific words that do not easily translate from Mewari or Hindi to English. To mitigate this, we followed a translation and data analysis process that allowed for discussion about these topics to ensure that multiple people agreed on the validity of emerging themes. It is also possible that participants were not stating their beliefs, but rather what they thought were socially desirable answers. This is more likely for the men's interviews as the interviewer is a woman. We tried to minimize this by involving participants in the process of data analysis and by using gender-specific interpreters.

India is a diverse country; therefore, one should be cautious about generalizing these results to regions outside of Rajasthan, especially because participants were recruited utilizing convenience sampling from areas affiliated with an NGO. We suggest that future researchers determine whether the model we developed can be replicated in other parts of India. In this study, we focused primarily on physical violence perpetrated by a husband against his wife. Follow-up work should be done to examine perceptions of options available to victims of other types of spousal abuse (such as psychological, sexual, or financial), as this would provide a more complete picture of IPV in India. Finally, it was beyond the scope of this article to examine options available for male victims of IPV or attitudes regarding the specific laws that have been enacted to protect victims of IPV. Such data would complement the results of our study and provide a framework for continued in-depth inquiry into IPV in India.

Recommendations for IPV Prevention Initiatives

We believe that our results lay the foundation for IPV prevention intervention design applicable to both the Udaipur district and the state of Rajasthan. In developing these intervention ideas, we kept in mind the tenets of feasibility, social acceptance, and key stakeholders (e.g., the family, the jati-panchayat). We suggest a multipronged approach that emphasizes both IPV education for the general population and interventions for women and children affected by IPV. Our goal is to encourage the development of empowerment-focused initiatives to bridge the gap between perceived and actual resources.

Education and awareness about IPV. Initiatives that promote gender equality and spread awareness about IPV are central to this effort. We suggest that IPV education for women be associated with financial empowerment programs. Pronyk et al. (2006) described an program in South Africa called Intervention with Microfinance for AIDS and Gender Equity (IMAGE), which combines microfinance (loans provided to low-income women using a group lending model) with a violence prevention and gender equality curriculum. They found that this intervention reduced women's reported experiences of IPV by 55% and that women who participated in the program had more progressive attitudes toward gender violence than nonparticipant controls. Weaving gender equality and IPV prevention sessions into microfinance programs in Rajasthan could increase awareness about IPV prevention, spread knowledge about resources available for IPV victims, and empower women to earn their own incomes, hopefully reducing the economic barriers victims of IPV face when seeking recourse. Through this program, we could identify key women who would serve as leaders in the community and train others on these issues.

Based on our results, we also believe IPV education should target male and female adolescents *before* they get married, as well as their parents. Nair et al. (2012) described the development and implementation of teen centers in southern India where youth attend health education and career development sessions, receive medical care, and have the opportunity to build relationships with other teens. These centers could be implemented in Rajasthan with a special emphasis on preventing IPV, discussing gender equality, and promoting empowerment. In addition, offering IPV education to parents could be instrumental because, as our results indicated, victims of physical IPV seek advice and refuge from their natal families. If parents are sensitized to the harms of IPV and made aware of available resources, they may be more likely to recommend that their daughters seek help.

In general, participants thought that seeking assistance from the police is both socially prohibited and infeasible. Therefore, a police-specific intervention should focus on education about the laws and penalties surrounding IPV and should emphasize that IPV is a crime, not "just a matter of the home" (Harvey, Garcia-Moreno, & Butchart, 2007). Programming should also try to teach officers how to better relate with victims of IPV, alleviating the frustration and fear that women, particularly rural women, have toward the police. Women expressed how limited interaction with the

police fueled their fear of this institution, so it may be beneficial to develop meetings between women and the police in Rajasthan, using counselors as facilitators.

Interventions for victims of IPV. In developing interventions for victims of IPV, multiple approaches are necessary. Counseling should focus on joint sessions with a victim of abuse and her child, an approach described by Stover, Meadows, and Kaufman (2009) as promising in its effectiveness. Past research has shown that witnessing IPV can influence the way that children view future relationships; therefore, early counseling for children may help break the generational cycle of violence (Dalal et al., 2012; Martin et al., 2002; Visaria, 2008). In addition, more funding and focus should be dedicated to developing multifaceted IPV resource centers in rural communities, which could provide shelter, job training, counseling, and legal advocacy. Having accessible centers in rural areas may help end the cyclic phenomenon of a woman traveling between her husband's and natal family's homes to escape violence. These centers would also provide a much-needed option for women whose situations are so dire that they are contemplating suicide.

Magar (2003) described a Delhi-based intervention called the *mahila panchayat* (woman's court), which is an informal court specifically addressing gender-based violence including IPV. It is run as a joint partnership between an NGO and women in the community. This court system not only demands justice for victims but also challenges the attitude that men have the right to abuse their wives. The rural Rajsamand court uses a similar model in the Udaipur district. These courts could be expanded throughout Rajasthan as a joint partnership among women's police stations, NGOs, and women in the community. The mahila-panchayats could have individuals who specialize in the complexities associated with nata, as the practice is such a pervasive phenomenon in the region. Such a court system would maintain traditional, community-based approaches while providing culturally sensitive and empowerment-focused services for women.

Conclusion

This study was one of the first qualitative examinations of women's and men's attitudes about options available for victims of physical IPV in northern India. Through interviews with community members and IPV experts, we found that victims of physical IPV make decisions about help-seeking behaviors by considering societal norms, feasibility, and input from key community members. We also found that there is a pronounced discrepancy between the perceived and actual options available for physically abused women. This research not only contributes to the information available about IPV victims' help-seeking behaviors but also provides recommendations for the development of sustainable and feasible IPV prevention initiatives in Rajasthan.

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Notes

1. Multiple terms are used to describe the phenomenon of violence in an intimate relationship, including intimate partner violence (IPV), domestic violence, gender-based violence, and violence against women. We chose the phrase physical IPV because it most effectively describes what we were trying to explore. Although IPV can also refer to acts perpetrated by a nonspouse intimate partner, in this article, we strictly focused on physical IPV in the marital relationship (Campbell, 2002; Heise, Ellsberg, & Gottemoeller, 1999).
2. Because we are using the paradigm of men perpetrating physical IPV against their wives, when we use the phrase "victim of physical IPV," we more specifically are referring to a female victim of physical IPV.
3. The Indian government divides castes into the four categories: Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Castes (OBC), and Other Castes. (Government of India, Ministry of Home Affairs, 2011).
4. The jati-panchayat system has other names (such as *khap-panchayat*), depending on the region of India (Chowdhry, 2004).
5. Nata (also called *nata pratha*) is a remarriage system that occurs primarily in the state of Rajasthan. It is defined by Bhat, Sen, and Pradhan (2005) as a customary right where a woman can "give up her marriage and associate with another man" (p. 14). A woman can also pursue nata if she has been widowed or abandoned by her husband. Mathur (2004) wrote that nata is generally permitted in Scheduled Castes, Scheduled Tribes, and several Other Backward Castes. She goes on to say that when a man marries a woman through nata, he pays a sum of money to the former husband; the amount is settled by the jati-panchayat or between families. She describes that from the perspective of the community, "the status of a woman going into nata is never equal to that of a married woman" (Mathur, 2004, p. 77), a finding consistent with the results of our study. It is beyond the scope of this article to address all the complexities associated with nata, and follow-up work should continue to study this practice and its relationship to IPV.
6. When we refer to a participant as "educated," we mean that the man or woman has graduated from eighth grade or higher.

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