

Coping strategies used in domestic violence

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Received: 31.07.2020; Revised: 23.10.2020; Accepted: 11.11.2020

■ **ABSTRACT** : Domestic violence is serious problem all around the world. Domestic violence is as old as the society is. It is used to establish power and control over a partner in an intimate relationship through a pattern of coercive behaviour in terms of physical, verbal, sexual, emotional, or economic within our homes. It may be frequent or infrequent, severe or subtle. Present study was carried out in order to find out the of coping strategies used by women in Domestic Violence. The sample was comprised with 240 women in age range of 24-40 years were selected from district Udaipur (Rajasthan). Coping Strategies of domestic violence scale was developed to see the strategies which were selected at the time of violence. Tool was standardized by the investigator through calculated validity and reliability. The data obtained were formulated in the light of objectives set for the present investigation. Percentage was calculated for each part. The research finding also indicates that women were less coping strategies.

■ **KEY WORDS**: Domestic violence, Coping strategies

■ **HOW TO CITE THIS PAPER** : Rathore, Shilpa and Jain, Sneha (2020). Coping strategies used in domestic violence. *Asian J. Home Sci.*, 15 (2) : 269-272, DOI: 10.15740/HAS/AJHS/15.2/269-272. Copyright@ 2020: Hind Agri-Horticultural Society.

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The most common strategies are problem-solving and emotion-focused strategies. 'Coping strategies' refer to the specific efforts, both behavioural and psychological, that people employ to 'master', tolerate, reduce, or minimise stressful events. Problem-solving strategies are efforts to do something positive to alleviate stressful circumstances, while emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful, or potentially stressful, events (Taylor, 1998). As its focus on physical abuse within the household which include assault or use of physical force against female adults, these insights are relevant to this research. The abuse by the male partners also includes forcibly confining or unlawfully detaining the complainant, or physically

depriving her of access to food, water, clothing, shelter or rest, or exposing them to physical aggression.

Official reports and obtained in-depth accounts from the women's narrative stories were also referred and thoroughly examined by the researcher. Most survivors of domestic violence either suffer in silence and never seek help or wait until the violence has escalated to severe levels before seeking assistance. Some remain silent due to fear of retribution or their financial dependence on the abuser. Others fail to speak out because they do not recognise domestic violence as being anything other than normal (Legal Assistance Centre, 2012). A study by the Legal Assistance Centre (LAC) highlights that survivors of domestic violence seek help only when they perceive the situation as having become

extremely dangerous, especially when there is threat of death or where abuse becomes intense and regular. Garcia-Moreno *et al.* (2005) reported finding written by World Health Organisation (WHO) which has provided evidence of the magnitude of violence against women, particularly cases perpetrated by intimate male partners. Their findings revealed that violence against women is a more serious and common problem now than it was in the past. Studies from 35 countries prior to 1999 indicated that between 10 to 52 per cent of women around the world reported having been physically abused by an intimate partner at some point in their lives. Tjitemisa (2015) indicated that in Namibia, 40 per cent of women have experienced physical violence compared to 28 per cent of their male counterparts. Citing recent statistics, the Head of the Gender Based Violence Protection Unit, Chief Inspector C. Araes, indicated that from “01 December 2014 to 31 January 2016, 935 adults (men and women) reported that they had been physically abused. Unfortunately, the statistics provided are not disaggregated by sex. Significant to note is that, domestic violence is now regarded as an epidemic in Namibia and may be the most under reported form of violence in the country. Based on this evidence, the research sought to show that domestic violence against women is a serious phenomenon not only in Namibia, but 5 worldwide. It was, therefore, very timely to conduct research on female survivors’ experiences with domestic violence and their coping strategies.

One of the reasons for it being so prevalent is the orthodox and idiotic mindset of the society that women are physically and emotionally weaker than the males. Though women today have proved themselves in almost every field of life affirming that they are no less than men, the reports of violence against them are much larger in number than against men. The possible reasons are many and are diversified over the length and breadth of the country.

Objective:

To find out coping strategies used by women for domestic violence.

RESEARCH METHODS

The present study was done within three municipal limits of Udaipur (Rajasthan).

Tool and it’s description:

In order to explore the coping strategies of women a scale was developed by investigator and standardized by calculating validity and reliability of the scale. Scale development process involve making a list of total 62 items related to different aspects of a measurable set of attributes associated with coping strategies of domestic violence by reviewing reference material namely the literature available books, journals and various other sources.

Procedure of data collection:

Present investigation, initially rapport was established with the respondents and the purpose of the visit was explained. Women were contacted personally to get their willingness and suitable time for collecting the performa. Data was collected to explore the coping strategies of domestic violence.

RESEARCH FINDINGS AND DISCUSSION

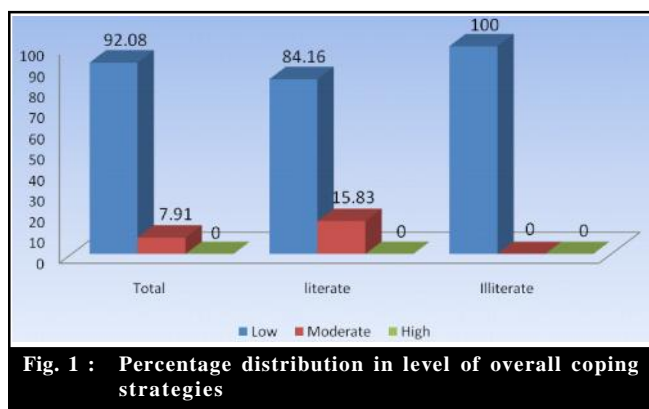
This section of the study is related to the coping strategies used by the women at the time of violence. Various coping strategies are adopted by different individuals confronted with these negative affective states and associated life problems. Some of these strategies are beneficial for the individual while others, such as substance use, are maladaptive and may result in poorer health outcomes for the patient. Violence in an intimate relationship is dysfunctional behaviour in which the victim has to adopt coping strategies. These consist of cognitive and behavioural efforts adapted to master, reduce or tolerate the internal and external demands that are created by the violence.

It can be observed from Table 1 and Fig. 1 that at the period of total respondents it is calculated that large number of subjects (92.08%) were having low coping strategies. They were unaware about coping strategies like going to the safe place when other family are present, shout to the extent that she is being heard by neighbours or family members so that they can come for help, raise voice against spouse, hide important documents etc. The sample scored low in coping strategies because there were only aware about only few coping strategies like calling police and running towards safe place. Moderate level of coping strategies were seen only in literate women. Aspects included as- lack of confidence, frequency depress, worry, more irritation, need advice

Table 1 : Percentage distribution in level of coping strategies (n=240)			
Coping level	Total (n=240)	Literate (n=120)	Illiterate (n=120)
	f(Frequency) %	f(Frequency) %	f(Frequency) %
Low	221 (92.08)	101 (84.16)	120 (100)
Moderate	19 (7.91)	19 (15.83)	0 (0.00)
High	0 (0.00)	0 (0.00)	0 (0.00)

Table 2 : Mean difference of coping strategies						
Literate women (n = 120)		Illiterate women (n = 120)		Mean Difference	t-value	Significance
Mean	SD	Mean	SD			
68.23	3.76	74.83	7.17	6.60	8.931	*

*indicates significance of value at $P < 0.05$



for every work, anger, meaning less life, social isolation, lack of in laws support, felling of loneliness, more negative thinking, anxiety for future, having aware with other, not having strong bonding with husband, relationship with spouse is not satisfactory, husband are more indulge in bad habits etc. Surprising none of the sample was under the high coping strategies. Hence it can be proved that education did not having much impact on the coping strategies of women. It is seen from the above finding that there is a need of an intervention package for both literate and illiterate women. So, they can enhance their knowledge. Bhandari (2019) draws attention towards coping strategies from in-depth interviews of low-income abused women in Mumbai, India. The qualitative analysis utilizes problem-focused and emotion-focused coping framework to report the findings. Problem-focused coping strategies of abused women from India include (a) joint meeting, (b) back and forth between marital and natal home. Emotion-

focused strategies include, (c) spirituality/religion, (d) hope, keep quiet, and cry a lot and keeping busy. The result of Table 2 are in line of the previous findings which stated that there was a significant difference in coping strategies used by literate and illiterate women.

Conclusion:

On the basis of the finding of the present investigation in domestic violence awareness it can be concluded the overall awareness level of women were less. Maximum numbers of women were having low coping strategies level. Surprisingly in both the group majority of the subject were having low level of coping strategies. It can be proved that education did not having much impact on the coping strategies of women.

Implications of the study:

This study will enhance the knowledge regarding coping strategies. The findings will help for researcher/scholars to explore multi dimensional aspects of coping strategies. The study will provide suitable base for those who are interested in carrying out research related to domestic violence. The findings will serve as a ready reckoner for women, counselors, trainers and community workers working in the field of domestic violence.

Recommendations:

The present investigation is comprehensive enough in its scope, also acknowledges and recognizes many strategies used by the women. Following are some recommendations which pave a path for better social well being: where the future researches can be carried

out.

– Assessment can be done to see the impact of joint and nuclear family on awareness of women regarding domestic violence and remedial measures for them.

– Proper measures should be taken to sensitize families for effective parenting in light of the pros and cons of domestic violence.

– Provision of pre marital and post marital guidance and counselling should be made at all levels by the G.O.s and N.G.O.S. Advance research can be done on the basis of locality e.g. rural and urban.

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