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Cultural Factors Influencing Young Adult Indian Women's Beliefs about Disclosing Domestic Violence Victimization

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ABSTRACT: *According to India's National Family Health Survey (Ghosh, 2007), over one third of women in India have experienced domestic violence (DV). In this study, we examined young adult Indian women's attitudes toward domestic violence DV help seeking behaviors using a reproductive justice framework. A total of 81 young adult women age 18–24 from Mysore, India, participated via in-depth qualitative focus groups. Findings suggested that informal familial systems and gender-focused formal support systems were viewed as the most acceptable networks for disclosing DV victimization. Women's organizations emerged as the second most appropriate network, particularly when it was deemed that an escalated response to DV victimization was needed. If the DV was perceived as severe or escalating, seeking judicial support was deemed appropriate. However, there were several cultural barriers that informed the women's perceptions of these systems effectiveness, including cultural beliefs about privacy, gender roles, and prior experiences. These results highlight the importance of addressing the multi-level cultural processes that serve to both facilitate and limit young adult Indian women's ability to address DV victimization. In contrast to the popular perception of abused women as passive victims, these women's assertions valuing empowerment highlight culturally specific responses to effectively addressing DV.*

Gender based violence (GBV) has been named an urgent global health priority by the World Health Organization (WHO; Garcia-Moreno & Watts, 2011). Characterized by acts of violence against women rooted in gender-based power inequalities, the prevalence of GBV is highest in countries in which

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there are significant social and economic inequalities between men and women (Garcia-Moreno & Watts, 2011; Stephens et al., 2012). As a form of GBV, domestic violence (DV) is unique in that it is defined as occurring within the private sphere of a marital or long-term relationship (Ellsberg, Heise, Pena, Agurto, & Winkvis, 2001; Kumar, Jeyaseelan, Suresh, & Ahuja, 2005; Rocca, Rathod, Falle, Pande, & Krishnan, 2008). Women in these domestic settings are particularly vulnerable to DV as they have fewer opportunities to be independent from men. For women in regions where there are significant economic and social disparities, rates of DV are especially high (Bangdiwala et al., 2004; Chibber & Krishnan, 2011; Garcia-Moreno & Watts, 2011; Stephens et al., 2012).

As one of the most populous countries in the world, it is important to examine DV in India. According to India's National Family Health Survey (Ghosh, 2007), over one third of women in the country have experienced DV. In the context of this study, DV is examined as spousal violence within the larger Indian legal framework that could include violence from in-laws or other intimates in the home. Rates of all forms of DV are particularly high in the state of Karnataka, and have steadily been increasing over the past decade (Muggur, 2016). Further, women between the ages of 18 and 30 experience the highest rates of all forms of DV victimization (Muggur, 2016). Thus, it would be particularly informative to focus on young adult women in Mysore, Karnataka, to understand DV attitudes, beliefs, and experiences.

In doing so, it is important to consider the ways in which cultural messages about gender and intimate relationships influence DV. Research on intimate relationships in India indicates that cultural beliefs play an important role in shaping attitudes and beliefs held about DV (Batra & Reio, 2016; Chadda & Deb, 2013). Indian women's risk for DV has been associated with factors, such as culture, norm, laws, and other local conditions that favor/disfavor gender inequity (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006; Krishnan et al., 2010; Simister & Mehta, 2010). For example, marital-related DV, which includes cruelty by husband and relatives, dowry deaths, and dowry prohibitions act violations, are the most common reported forms of DV in India (Muggur, 2016).

Given the ways in which cultural values are nuanced across settings and contexts, advocates have pushed for multileveled action to address this important public health issue. Unfortunately, much of the literature has focused on the provision of education about DV and efforts to increase macro-level support system resources (e.g., legal policies and social services; Jeyaseelan et al., 2007). This is problematic as it fails to capture the complex cultural factors that may hinder women's willingness to seek help for DV, even in situations where resources and supportive services are abundant. To address this void, the current study focused on cultural factors influencing Indian young adult women's willingness seek help to address DV victimization. We also explored factors that may influence women's perceived ability to utilize support systems.

Domestic Violence Victimization and Reproductive Justice

DV has been identified as a significant global public health concern because of its association with a wide range of detrimental psychological and physical health consequences for women and their families (World Health Organization [WHO], 2013). Indian women are among the most vulnerable groups for DV victimization globally because of systematic gender, economic, and social inequalities (Bangdiwala et al., 2004; Jeyaseelan et al., 2007; Koenig et al., 2006; Rocca et al., 2008; WHO, 2013). Referred to as Crimes against Women by India's National Crime Records Bureau, an estimated 40% of Indian women report experiencing DV victimization at some point in their lifetime (Jain & Cohen, 2013; Kalokhe et al., 2015). Overall, the most common form of violence that occurs is cruelty by husband and relatives (38.7%; Muggur, 2016). If dowry deaths (3.92%) and dowry prohibitions act violations (2.96%) were included, the percentage of DV victims would increase to 45.58% (Muggur, 2016).

Vulnerability to DV victimization has been linked to cultural beliefs about marital relationships, gender roles, and private versus public sphere boundaries. Thus, it is important to consider the ways in which Indian women's experiences with and responses to DV victimization operate within the collective cultural frameworks in which they live (Chada & Deb, 2013; Jha & Singh, 2011; Sinha, Sinha, Verma, & Sinha, 2001; Snell-Rood, 2015). For example, among married Indian couples, 78% of men and 76% of women support the belief that a wife should always obey her husband (Simister & Mehta, 2010). In keeping with this belief, a national study found that violating gender norms within a marital setting, such as neglecting household duties or child rearing responsibilities, was among the most common reasons men and women gave for condoning DV in India (NFHS- 3, 2007). However, recent publicity of acts of GBV against women across the lifespan has generated support for strengthening legal provisions to punish sex offenders in familial, community, and political arenas (Himabindu Arora & Prashanth, 2014; Snell-Rood, 2015). Thus, opportunities to negotiate the DV and broad GBV values in their daily lives can change according to the setting, relationship to cultural values, and even time of occurrence.

Because Indian women's perceptions of DV and related help seeking behaviors are moderated by culturally informed value systems, we utilized the reproductive justice (RJ) framework, which identifies connections between sociohistorical complexities and women's health (Luna, 2009; SisterSong, 2018). RJ is grounded in the experiences of women of color (WOC) and other marginalized women, providing both a lens through which the experiences of participants are centered and validated, and a critical examination of the intersecting influences of power, privilege, and oppression in their experiences. RJ moves beyond an individualistic standpoint to examine how cultural conditions, social influences, and concrete opportunities broaden our understanding of how "choice" differs across

groups of women. This differs from traditional Western research paradigms and is more appropriate for application in the collectivist culture of Indian (Chada & Deb, 2013; Jha & Singh, 2011; Sinha, Sinha, Verma, & Sinha, 2001).

The RJ framework is useful for exploring GBV and DV due to its focus on the ways in which cultural practices and beliefs contribute to "the controlling and exploiting of women, girls, and individuals" across domains (Asian Communities for Reproductive Justice, 2005; Ross, 2017; SisterSong, 2018). This is viewed as differing from context to context, such that systems that are a source of reproductive oppression in one context may be one of well-being in another (Asian Communities for Reproductive Justice, 2005; Ross, 2017; SisterSong, 2018). Thus, examinations of DV must consider the values women give to their relationships with others—even if these others appear to contribute to their reproductive oppression. The contributions of these systemic oppressions to DV are important for identifying vulnerabilities for victimization.

RJ's focus on social justice also provides a framework for identifying how cultural values help in the development of protective factors, including the systems most important in Indian women's lives. One step toward examining this would be centering the voices of Indian women in defining what they perceive as key to addressing DV. Toward this end, we conducted a study with women in the most vulnerable stage of the lifespan for DV victimization in India—young adult women. The consideration of their risks for and responses to DV is critical as they are in the age group that would be expected to be actively seeking a marital partner or already married.

The majority of DV studies focus on poorer Indian women living in rural or densely populated urban settings (George et al., 2017; Krishnan, 2005; Krishnan et al., 2010; Muggur, 2016; Rocca et al., 2008). However, the experiences of educated, middle- to lower-income women in mixed urban settings is also important, as this is one of the fastest growing subgroups of women in India (George et al., 2017; Krishnan et al., 2010; Muggur, 2016; Rocca et al., 2008). We used focus groups to examine the perceived willingness of these young adult women to disclose DV victimization. We asked who they perceived as the most appropriate person or group to disclose victimization, and what barriers they might face in doing so. The identification of these factors is crucial for developing effective and culturally appropriate prevention and intervention approaches.

Method

Study Setting

This study was conducted in the city of Mysore, located in the Southern Indian state of Karnataka. Originally an agricultural hub, Mysore is an educational hub for postsecondary and medical institutions, and is a preferred destination for

industries including IT hubs (Bharath et al., 2013; Pruthvi, Rajini, & Sridhara-Murthy, 2015). Further, its designation as the cultural capital of India makes it a popular tourist region and attractive retirement city for financially secure seniors (Bharath et al., 2013; Pruthvi, Rajini, & Sridhara-Murthy, 2015). As a result, there is a greater availability of governmental and nongovernmental organizations (NGOs) providing health, education, and socioeconomic services as compared to other areas of the state and country. Despite these positive trends, the region has extremely high rates of GBV crimes, with DV rates steadily increasing over the past decade (Muggur, 2016).

Participants

Eighty-one women participated in 12 focus group discussions. All participants were young adults (18–24 years of age). Overall, 27.1% of participants had started a college-level degree, 46.9% had completed an associate or bachelor's level degree, and 19.7% had completed a graduate degree; the remaining women did not report their educational status. Most participants (59.2%) identified as single; 39.5% were in a relationship or engaged, and 1.2% were married (see Table 1). Most women identified as Hindu (85%); only 11.1% identified as Christian or Muslim and the remaining 3.9% selected Other. Over 84% were categorized into the broad caste group of Other Backward Classes (OBC; Ahuja & Ostermann, 2016; Krishnan, 2005).

Purposeful sampling was used to identify and select participants with the most contextually relevant knowledge about this study's foci (Palinkas et al., 2015). To recruit emerging adult women with relevant perceptions of DV victimization disclosure and support systems, a general announcement about participating in the study was made in courses at the local university, community work sites, and student events. Oral and posted announcements provided information about the study, including its topic focus, compensation for their time (the equivalent of two U.S. dollars), and the length of the focus group discussions. Women interested in participating were invited to register for a group being held at a time most convenient to their schedule at an offsite community location.

Procedure

Focus group discussions were scheduled and facilitated by three trained women moderators from the region who were from different caste groups, and worked at a local women's health NGO. After obtaining participants' consent, the discussions were recorded on digital voice recorders. The groups were conducted in English, although participants occasionally used Kanada terminologies, a regional language.

Table 1. Participant Demographics

	n	%
Marital status		
Single	48	59.2%
Dating/in nonmonogamous relationship(s)	0	0
In long-term monogamous relationship/engaged	32	39.5%
Married	1	1.2%
Education		
Completed high school or less	5	6.1%
Started associates or bachelor degree	22	27.1%
Completed associates or bachelor degree	38	46.9%
Completed graduate degree	16	19.7%
Religion affiliation		
Christian	2	2.5%
Hindu	69	85.2%
Muslim	7	8.6%
Not reported	3	3.7%
Caste		
Scheduled castes (e.g., SC (Adhikarnataka)	12	14.8%
Scheduled tribe (e.g., Bestha, Kaniyan)	8	9.9%
Other backward classes (e.g., Brahamin, Lingayat, Gowda, Namdhari Vokkaliga, Vokkaliga, Shetty, Uppara, Veerashaiva, Vishwakarma, Devanga, Vaniyar, Kammara, Nairy, Madivala, & Muslim)	58	71.6%
General (e.g., Hindu, Rajput)	3	3.7%

The discussion guides were initially developed using existing research on intimate partner violence in India; these were then modified through a series of in-person meetings with the research team in India and local women's focused NGO organization leaders. The focus group discussions explored women's attitudes toward DV and their willingness to disclose DV victimization. We asked about the existing resources for DV victims, and whether there were barriers to accessing existing resources. Last, we explored how cultural values, particularly gender role norm expectations, framed attitudes toward DV help seeking behaviors—a topic discussed in a separate manuscript (Rodriguez, Stephens, Brewe, & Madhivanan, 2019). The questions were pilot tested for clarity with two groups of community health care workers.

Given the sensitivity of the topic, several steps were taken to protect the privacy of participants and create a comfortable context for participation. First, groups were held at a local space associated with a well-known Indian

community leader and academic; this ensured that the group was acknowledged as being approved of by local community members. Further, if someone did not attend, their supervisor or teacher would not be made aware, ensuring their participation was not coerced. Third, the discussion questions did not ask or probe specifically about participants' personal experiences with any form of DV. Additionally, a brochure containing contact information for local resources (counseling, legal advice, and health care) was developed specifically for this project; it was given to participants to use for themselves or to share with others. Although it did not occur in the focus group discussions, the local women's health clinic was prepared to provide immediate services for any participant who felt the need to utilize mental or physical support services due to triggers about their own experiences with DV victimization.

Data Management and Analysis

Recordings from the digital voice recorders were uploaded to a computer and password-protected. A professional transcriptionist transcribed each recording. In cases where Kanada terms were used, the words were translated into English by individuals in three different positions (1) a local health care provider, (2) a local university professor specializing in gender issues, and (3) the focus group discussion note taker. Disagreements in the meaning translations in these cases did not occur.

An initial list of broad thematic codes based on the research questions was developed by the research team; modifications were made during detailed, follow-up team discussions drawing on health care utilization and cultural humility research (Bradley, Curry, & Devers, 2007). The transcripts were then broad-coded according to the thematic content independently by two researchers. During a series of meetings between two researchers, a more complex coding framework of fine codes were built. Using a grounded theory approach (Strauss & Corbin, 1994), fine codes were developed independently by two researchers. This integrative "top-down" thematic coding and "grounded" emergent fine codes analytical approach provided a means for participants' responses to define subthemes in the data.

Ethical Considerations

Ethical clearance was granted by both the Public Health Institute of India's (PHRII) Ethical Review Board, and the Institutional Review Board of Florida International University. Additionally, two faculty from the local university served as cultural consultants to ensure that the procedures and research tools culturally appropriate and to assist the researchers with their own reflexivity regarding their roles, power, and influence as nonIndian individuals. This was achieved through

regular meetings throughout the study design, implementation, and data analysis phases.

Results

Several beliefs about social support utilization for addressing DV were revealed during the analysis of the focus group discussions. Here, we present three broad themes related to perceptions of appropriate social support systems for addressing DV, and challenges to approaching these systems. First, even before a woman considered addressing DV, she must consider gender norms and violence justification. The reasons given for perpetrating DV, and their links to gender roles and cultural values, determined these women's willingness to report DV and decisions about reporting DV. Second, responses indicated that support systems in the private sphere should be approached before moving outward to those in the public sphere. Addressing victimization within the familial unit was to occur prior to seeking supports from women's organizations and legal systems. Finally, the challenges for women victims, and the cultural norms they negotiated when drawing upon these support systems, are explored.

Willingness to Report DV

Although none of the participants reported not disclosing DV victimization themselves, over half directly or indirectly knew of cases within their family or extended networks where this type of violence had occurred. The majority reported viewing DV as wrong, but their willingness to disclose victimization was dependent upon the reasons for perpetration and the context in which the violence occurred. For example, if the violence was occurring in a public space, like the street or in a shop, the women would be more willing to report or serve as a witness. If the abuse was taking place in the home, women were less likely to agree that they would be willing to report the violence.

Some study participants believed DV was justifiable if a woman violated her marital role or broader gender norm expectations, including not wearing appropriate clothing or interacting closely with nonfamilial men. Even among the majority who did not hold this belief, the accusation of gender role violations was understood as powerful enough to dissuade themselves and other women from reporting DV victimization.

> We just cannot say whatever these cases are happening are just because of [men]. It depends on our dress what we wear or how we behave in the public place and therefore both should understand and behave with discipline in the society understanding the society norms.

> Even if we do [follow appropriate gender role expectations]. … he will say she did not. So no one is mad he did violence. Who will believe the woman? So, why should she report?

Appropriate Support Systems to Disclose DV Victimization

There were commonalities across the participants in their beliefs about appropriate actions for responding to a husband who was violent toward his wife. None said they would intervene themselves. Instead, they would seek out help from those who are viewed as "appropriate," according to the reason for the violence. The initial responses were viewed as occurring within the familial context, then moving to gender specific contexts, such as women's service organizations or the gender designated Women's Police Stations. Only after these strategies were exhausted did these women perceive general community structural supports as being appropriate places to seek help, including health care and legal system contexts.

Informal support systems. Those in the private sphere closes to women were seen by these women playing a central role in either contributing to or decreasing incidents of DV. Specifically, familial members were consistently pointed to as the support system to turn to if one is being victimized. These women overwhelmingly believed that conflicts between a married couple and any of their family members was a private matter. What occurs within the private space should not be shared with others, nor should others get involved.

> If a man is doing violence on a woman, then people with a good heart do tell. That's a family matter should [stay] inside the home and it should not come to the street.

> We should not tell about [DV] to the outside world. We should bare everything, and whatever happens.

Within this space, the parents and grandparents of both partners were the ones who were seen as the most appropriate mediators. They were integral to the process of addressing the actual DV perpetration and identifying the appropriate response within the martial relationship. Further, their roles as authority figures to both parties were viewed as influential in terms of their status in the family hierarchy

> A husband should discuss about her behavior and ask the reason for her this conduct, and then they can understand each other. If this doesn't solve their problem then they can consult their parents' about their problem.

> His parents and her parents… can help. They are best because they know the family [values]. It is their role.

Extended familial kinship networks were the next level of informal support system these participants saw as being appropriate sounding boards and potential advocates for DV victims. However, participants only mentioned female family members as ideal sources of support. Specifically, their mothers, aunts, sister, and other trusted female relatives on women's own side of their family were

most likely to be viewed as sources of emotional comfort. Similarly, close women friends were cited as individuals with whom they could share their experience and seek advice. The participants said these would be the first individuals they would reveal their victimization and ensuing feelings about the circumstances. These sources of support were perceived as "safe" individuals to whom they could disclose personal and sensitive matters. However, no participant reported perceiving them as advocates or initiators of actions against perpetrators on their behalf.

Formal support systems. Once DV became an issue beyond the familial context, however, social supports that understood the complexities of violence and gender norms were cited as appropriate spaces to turn for help. Specifically, the women asserted that women's nongovernmental organization organizations (NGOs) that provided services specifically for women were ideal sources for support in conjunction with or because of not getting support from the informal structures. While these could include health clinics, advocacy groups, or social organizations, model NGOs' defining characteristic was advocacy of gender issues and focus on empowering women.

> There are lots of women organizations…lots of ways are there [to address DV with Women NGOs]. They can help with making decisions. Which will be helpful for [the victim] at that time for this problem. Now days, there are lot of women organizations. People are more powerful than law.

A NGOs' prioritization of women's needs and understanding of cultural gender norms was viewed as crucial for determining whether these participants would seek out their help. These NGOs' ability to address DV-related health concerns ensured that immediate personal concerns were addressed. They were viewed as invaluable for helping navigate the systems victims would need to utilize, including the police, legal, and familial individuals. Further, the prior public advocacy of these gender focused services shaped participants' views of them as trustworthy and powerful agents of change.

> There are 'women's associations', 'women's societies' and 'child and women welfare organization'- if we send them to these [organizations] surely they are going to get some help.

> When we take Delhi Rape Case… this incidence took place in Delhi and including college students… everyone protested. And strike took place even here. There you saw many Social Organizations- the Women organizations. They will come forward to help the women who are in problem and support [victims] to solve the problem.

Similarly, Women's Police Station Offices were specifically perceived as spaces where women would initially go to seek legal assistance for protecting themselves from further DV victimization. Part of the larger governmental police system, Women's Police Stations could be free standing units, affiliated with a traditional police station, or units within a traditional police station. However, they

were unique in that they specifically focused on crimes against women, a factor deemed as important by the women in this study.

> Every area should have women police station. Women's Police Stations should be more. More laws about women would [be enforced by these stations].

> Lady Police, Vanitha programs. These are best for addressing [DV]. They understand being a woman. And they know what [women] face.

In contrast, traditional police stations were perceived as being responsible for punishing perpetrators of severe DV, which were described as physical violence that lead to a woman being hospitalized or unable to engage in day-to-day activities. These were described by these women as spaces where established laws were enforced, and enforcement was framed as punitive. According to these women, their support of the victim was evidenced through the arresting of the perpetrator. This enforcement of punishments was key to changing behaviors of both perpetrators and those watching the perpetrators, according to these women, making them useful for instrumental responses DV.

> One should reach out to police and teach [perpetrators] a lesson. Taking action- this would help everybody. It also sets an example for such miscreants to behave.

> Our laws should be rigid. When any one is punished severely, then other will learn a good lesson from this and think before committing any crime.

Challenges to Disclosing DV Victimization to Support Systems

Although these women were able to recount which social support systems would be most appropriate for disclosing DV victimization, their ability to effectively utilize these supports had to be negotiated within specific cultural frameworks related to gendered norms in public private spheres, their distrust of systems, and their own sense of empowerment.

Private versus public sphere. The line between the public and private sphere was clearly an important factor in determining where DV cases should be addressed and women's willingness to do so. These women's discussions about where and to whom to report DV highlighted the dominant role of family, kinship networks, and cultural communities in shaping their ideas about personal autonomy, and communal hierarchies. The tension around negotiating private and public spheres' potential responses toward DV were critically important for these women.

> We are in families… raised to be good. So what do you do when there is violence and someone in the family is wrong? Who do you tell? And who will find out? This is what we have to think of.

> But what when men are not kind and do violence? The girl has to follow what her husband and his mother says because it is their house. And her family will be shamed [if others find out]…so she don't want to tell.

Also, cultural norms regarding gender role expectations in both familial and community contexts were important for these women. This was evidenced in some women's assertion that violation of gender norms in their home life and public spaces could be used as an acceptable excuse by perpetrators. The violation of gender norms would be viewed by individuals in both her private and public spheres as a reflection of how well her family raised her, and in turn, their respectability according to these women. If the perpetrator claimed that her violations of culturally accepted gender norms to justify his actions, it was likely that others would hold the woman responsible, and not be sympathetic if she disclosed her victimization- even in cases where it was not true.

> We have to be careful. [A man] can use it as an excuse, and she will do what he says to protect your family name. Unless others see it, it will be what she says against him. She won't say anything and do what he says and not report anything… just the threat.

> One of my family friends suffered a lot because her parents asked her to be patient and face whatever her in-laws and husband do. As she has an? unmarried sister, so [the victim's] parents wants her to be with her in-laws [even though she is being victimized].

> So the parents of the girls never think how it will be for their daughter in her in-laws place. Only 1% of the people will fight for their daughters [if she is reported as not following gender roles].

> Earlier they were not ready to reveal because of dignity they think these things will harm the reputation of the family as well as hers and don't get justice.

Distrust of system. These gender norms also inform women's perceptions of the public sphere support systems' potential effectiveness. The judicial system, in particular, was the greatest concern for these women; this system included the police, lawyers and those that develop policies related to GBV. The women acknowledged that the role of the judicial systems included apprehending and prosecuting perpetrators GBV, especially those who had committed serious offenses such as rape or murder. However, these women viewed those working these systems as preferring to and actively avoiding involvement in private sphere disputes, like DV. There was agreement among many that DV and related experiences are viewed as types of "domestic problems" that a husband and wife can settle on their own women. Further, if pushed, prosecutors would be resistant to filing cases because of the prevailing attitudes about DV role in public spheres. According to these women, these factors make seeking justice through legal means an intimidating process.

> We cannot do it all only by legal means. So we need to help her by providing to try to give justice to her, it will be wrong to say we go legally. Now a day's law has become like a puppet in showcase. Law will not stand in our favor in this harassment cases.

> When they go to the police station, the cop should have patience to listen them. The cop should respect their feelings and make them feel free to tell their problem. They should not react abruptly.

Empowerment. Despite their clear recognition of the barriers they may face in disclosing DV, these women were adamant that there was a need and movement toward change. It emerged from their comments that it was not enough to focus on just GBV-related issues; rather change would occur through increased awareness of and a sense of empowerment toward challenging various forms of injustice. Specifically, empowerment was framed as being confident to challenge abuses and respecting others, rather than simply focusing on men as perpetrators of GBV.

> Whatever may be the situation, [women] should have the capacity to speak with boldness. If they live with fear that others will do something, then they will be taken as advantage. So women should be very much bold to speak out if they are hit.

> Husband and wife should respect each other. I should respect my family. But they should respect me also. I must say it is wrong when there is violence or things that are not right. Protect one another.

This empowered position also was reflected in comments about how to support other women. Awareness of the experiences of other women, particularly through media coverage, was raised by these women as an example of how widespread DV and other forms of GBV are. But more importantly, the responses from both men and women in these publicized incidents were cited as important to illustrating how feeling empowered to talk about DV can change attitudes. Further, many women noted that these examples of victims being supported by their families, the system, and even strangers made them feel it was important they also show their support.

> But there is lot of difference between me alone asking for justice if I have suffered violence by a man or doing it with people who are supporting me… After [case of murdered woman], many are thinking they might get support from everyone, so now many of them are coming forward and disclosing their feeling to the media.

> When we see [DV occurring] we should give supportive and courageous message to [the victim].

> Mainly [DV victims] need mental support; give her confidence that we are with her in any situation. They should not back down [speaking out about their victimization] for any reason. Likewise we have to take care to support them.

Discussion

We found that young adult Indian women in the current study were unsupportive of DV and believed it should be stopped. They recognized the importance of reporting incidents they experience or witnessed as one approach to addressing DV and discussed the meanings of these in this study. Informal networks were cited as the first place these women would be willing to report DV, including parents and extended family. This supports prior research asserting that families across Indian collectivist cultures are critical in providing support and guidance around health and well-being concerns (Chada & Deb, 2013; Medora, 2007; Mittal & Hardy, 2005). Within the broader kinship system, women relatives were most able to provide emotional support; these included sisters, aunties, and cousins who could be trusted and offer culturally syntonic advice across various reproductive health stages (Chada & Deb, 2013; Medora, 2007; Raman et al., 2016). However, the parents of both the woman and man were the ones most appropriate for providing instrumental support; they would have the most power to confront the perpetrator and provide valued guidance for addressing immediate and long-term concerns (Chada & Deb, 2013; Medora, 2007; Mittal & Hardy, 2005).

Turning to formal networks for help and disclosure was only viewed as appropriate if the DV was perceived as being "severe." This is consistent with research showing that women's use of shelters, social services, and legal amenities globally are influenced largely by the circumstances of the abuse and their appraisal of alternative external options (Fanslow & Robinson, 2010; Gezinski, Gonzalez-Pons, & Rogers, 2019; Ghosh, 2011; McCleary-Sills et al., 2016; Odero, et al., 2013). In the current study, the three most appropriate alternative options were reporting to traditional police stations, women-focused NGOs, and Women's Police Stations.

Although both formal and informal support networks for reporting DV occurrences were described, there are many barriers and impetuses that influenced women's willingness and ability to utilize these networks. Here, we contextual these within the broader, global GBV research to help in understanding the extent to which these women's experiences are similar to and unique from those of others.

Barriers to Reporting

Prevailing research has often focused on the family as a safe haven, in part because typically it is the first and preferred choice of support for women. However, consistent with other studies elsewhere (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010), we found that family beliefs can also make it difficult for these women to specifically disclose and respond to DV. The comments shared

by these women specifically pointed to the influence of patriarchal gender norms. The relationship between patriarchy and gender norms is important to consider when examining victim blaming as a means for justifying DV. Specifically, when it was asserted that a woman was victimized because she may have engaged in some behaviors that went against traditional gender expectations, the line evaluating the appropriateness of a man perpetrating DV was less clear. This in turn decreased these women's willingness to report DV. This is because the use of violence to correct or punish a woman violating gender roles may be viewed as appropriate for those valuing specific frameworks of respect for family and culture rules.

This barrier is not unique to this population, as Asian migrant men living in New Zealand reported using control over their wives as a last resort to protect their cultural values and traditions (Tse, 2007). Rural Kenyan women similarly described wife beating as a form of discipline by the husband out of love for his wife as being accepted among some traditional family members (Odero et al., 2013). As such, this would mean that others in this informal network would reinforce this position by not offering support for a victim who was viewed as challenging gender norms, and by discouraging others from reporting it. This has also been found in studies within some Arab contexts, where family members would be less likely to support a victim if she was perceived to have been at fault (Clark et al., 2010; Haj-Yahia, 2000). American and Canadian revenge porn studies have noted that familial and peer rejection, being fired from jobs, and being asked to stop participating in social activities is a common experience among victims (e.g., Bothamley & Tully, 2018; Eaton, Noori, Bonomi, Stephens, & Gillum, 2020; Khoday, 2016). Their private violation of appropriate expressions of female sexuality is deemed as a justification, even though the dissemination of these images was nonconsensual.

Our results also point to the necessity of evaluating how culturally informed gender norms define the consequences a woman may face for reporting DV. Research has shown that women in settings that embrace patriarchal values have less agency in negotiating DV victimization, as they have fewer opportunities to be economic stable, and have control over their social relationships (Gezinski, Gonzalez-Pons, & Rogers, 2019; Jeyaseelan et al., 2007; Koenig et al., 2006; Krishnan et al., 2010). Further, the combined effects of constrained political power, lower socioeconomic status, unequal access to education, fewer employment opportunities, and restrictive gender expectations, particularly in low-income countries, serve to reinforce entitlement for men and subservience for women (Bourey, Williams, Bernstein, & Stephenson, 2015). Like the women in the current study, women in poverty living in Spain were less likely to leave their partners due to a reliance on their family and social networks for housing and economic stability (Moriana Mateo, 2015). A study of Kenyan women similarly found that women's unwillingness to report their own or others' abuse was tied to fears that their

family would turn against them, leaving them socially isolated and economically vulnerable (Odero et al., 2013). Thus, the multilayered impact of patriarchal beliefs and practices across numerous domains of women's lives make it more difficult to disclose and challenge acts of DV.

Beyond one's reliance on their family and community, a patriarchal familial structure also required these women to consider the negotiation of possible victimization within a desire to show respect for their family. Taking the situation beyond familial boundaries—approaching the police, a social service organization or other space outside private spheres—could be interpreted as lack of respect for one's family. Collectivistic societies, like India, value family cohesion, cooperation, solidarity, and conformity (Jha & Singh, 2011; Sinha et al., 2001). These values may explain why studies with wife beating victims in Nicaragua (Ellsberg et al., 2000) and Italy (McCloskey, Treviso, Scionti, & dal Pozzo, 2002) similarly found that disclosing experiences of violence to formal networks like judicial bodies, would be seen as an act of disrespect and disloyalty toward one's family. This perspective would not only be shared among family and community members, but also those in public spheres including judicial systems and government agencies. Thus, it is not surprising that these women noted the possibility of avoiding DV disclosure and denying abuse to ensure family solidarity, even if it meant the abuse would continue. These powerful "codes of silence" have also been reported in studies with women in Kyrgyzstan and African American women in the United States; choosing to remain silent about DV was deemed less important than helping partners and family avoid investigations by judicial and governmental agencies (Childress, Gioia, & Campbell, 2018; Tillman, Bryant-Davis, Smith, & Marks, 2010). Cultural norms promoting the separation of private conflicts from the public space like these put the individual needs as secondary to the larger group, patriarchally defined expectations.

As they operated in the same culture as these women, traditional police station personnel were perceived as potentially discouraging of women's desire to report DV, as well. The women noted that traditional police would attempt to avoid "getting involved" in a private issue, making it difficult to press charges, and ultimately reduce their ability to seek justice. Douki et al. (2003) found that Turkish women were similarly "turned away and advised, or pressured, by the police to reconcile with their abusive spouses" (p. 168). In research examining police responses to battered women in Trinidad and Tobago, women asserted that officers did not treat their victimization as serious (Hadeed & El-Bassel, 2006). Further, Chinese police officers holding views supportive of feminist goals were more likely to pursue arrests, as compared to those who viewed it as a private matter (Zhao, Zhang, Jiang, & Yao, 2018). Taken together, negotiating traditional avenues for seeking justice or pursing justice can feel intimidating and unattainable for many women because of their experiences in traditional police settings.

Impetuses for Reporting

It is important to tease out the influence of patriarchal gender norms and those cultural values that are supportive and embraced by young adult Indian women. These women recognized that traditional concepts of caretaking, sacrifice, and the concept of gender differences continue to be emphasized in DV narratives. However, their discussions reflected their negotiation of conflicting expectations about modern women's roles. These same negotiations were found among Tanzanian women willing to challenge acceptance of GBV, yet felt blocked from going forward because of the powerful gender social norms they lived in and operated under (McCleary-Sills et al., 2016). Families, while influential for enacting patriarchal values, are also a primary source of support for Indian women. Women in this study gave primacy to family and extended kinship networks over external and formal institutions, supporting findings from research conducted in Bangladesh, (Schuler, Bates, & Islam, 2008), England (Walby & Allen, 2004), Italy, Mexico (McCloskey, Treviso, Scionti, & dal Pozzo, 2002), New Zealand (Fanslow & Robinson, 2010), and Nepal (Puri, Tamang, & Shah, 2011). This is due in part to the fact that having a supportive familial network has been positively associated with Indians' psychological well-being, socioemotional development, and general health outcomes (Chada & Deb, 2013; Ghosh, 2011; Jha & Singh, 2011; Koenig et al., 2006; Sinha, Sinha, Verma, & Sinha, 2001).

These women's comments that both were supportive of their families, but critical of violence, illustrated a culturally specific psychological negotiation of the negative aspects of traditional negative gender roles with positive concepts of ideal Indian womanhood. Rather than rejecting cultural values, families, or norms, they sought to negotiate and survive within these frameworks. This requires acknowledging the ways in which autonomy may be structured in different ways cross-culturally. The starting point for change may not be directly related to GBV, but through greater independence and control in other spheres. For example, a study of rural Indian women's health care utilization found that those with greater autonomy over the control over finances, decision-making power, and freedom of movement had closer ties to their family of origin kinship networks (Bloom, Wypij, & Das Gupta, 2001). The balance between control and patriarchal gender roles seems to be key in determining women's willingness to disclose DV to familial networks.

Recognition and validation of the gender-specific experiences of women was also central to why women-focused NGOs and Women Police Stations were the two formal support systems identified as supportive avenues for reporting DV. Women-focused organizations shared a cultural understanding of women's gender norms and expectations, which was seen as particularly important when considering a sensitive topic like DV. In Mehrotra's (1999) study of the

experiences of Asian Indian women victims of DV in the United States, a third of the participants specifically sought out South Asian women's support groups. Bringing women together who have shared cultural and gendered identities provides a safe space outside the private sphere, yet not quite in a public space. Further, having a space that brings together women in a supportive environment can empower women to recognize ways in which they can resist or challenge their abuse. Latin and Caribbean women who had recently immigrated to the United States reported that developing relationships through support organizations outside the home exposed them to other opportunities and ways of being a woman, which increased their awareness of their abuse and was a motivator for taking steps to address abuses (Alvarez et al., 2018).

The distinction between Women Police Stations and traditional police is also related to the role of a shared understanding of a specific gendered cultural system. Research on similar organizational structures in other countries have found police officers or related judicial services that center, validate, and advocate for women not only encourages women to disclose DV, but can also contribute to broader culturally beneficial DV outcomes. For example, Client Advocates in New South Wales helped in identifying traditional police officer's gaps in understanding women's needs, increasing their ability to better address DV victims' needs when they reported abuse (Goodman-Delahunty & Crehan, 2016). Relatedly, the presence of Women's Police Stations in urban Brazil has contributed to increasing safety rates among young women. Their effectiveness has been associated with a reduction in female homicide, which is commonly due to DV (Reynolds & Perova, 2017).

Beyond offering instrumental support when DV is disclosed, the contribution of these groups toward shifting cultural ideas about GBV is important to consider. As evidenced by the responses in this study and the larger body of DV research, victimization, marginalization, and discrimination against women is systematic; individuals and groups, including state systems, contribute to its perpetration. As such, it requires a group response to mobilize individuals' agency to resist via collective actions that shift the accepted norms at cultural, political and individual levels. The women in this study refers to women-focused NGOs in particular as playing a key role in mobilizing responses to GBV, and around a broader range of women's issues that transform sociopolitical conditions. It is this social justice focus on transformation that is vital for bringing about not just individual level empowerment among these women, but also awareness of their need to critique cultural norms and connect them to broader issues. Indeed, there is a large body of WOC based research that asserts this connecting of the personal with the political is an essential first step in raising individual and societal levels of consciousness (e.g., ACRJ, 2005; Collins, 2015; Ross, 2017; SisterSong, 2018).

Practical Implications

The DV literature has clearly acknowledged that women's lived experiences are different at local, national, and global levels. This is because we operate in complex sociohistorical, political, legal, and cultural contexts, among others. As such, women exercise their agency in addressing DV differently across different contexts. Western scholars need to move from the traditional research position that speaks about "giving" young adult Indian women tools or information about how to address GBV, such as violence awareness education, increasing access to services, and personal empowerment programs. Instead, scholars engaged in DV work with this population must identify ways in which they can partner with existing multilevel cultural frameworks and organizations to support young adult Indian women's chosen approaches to disclosing victimization and seeking support. Fostering this means that the social locations of all agents involved be continuously interrogated and vetted.

In this section, we highlight the ways in which researchers can shift from a traditional Western individual focus toward collaborative and culturally humble efforts. Drawing upon our findings, we offer suggestions for social scientists engaged in three common, and often entwined, roles in the discipline: researchers, clinicians, and educators.

Researchers

Researchers play a significant role in determining, constructing, and legitimizing what is accepted as "knowledge" and/or "facts." Our ability to add to scientific knowledge about DV and other forms of GBV through the selection of topics, approaches, and dissemination strategies, shapes the direction of the field and of broader social awareness and advocacy. In all these endeavors, we urge researchers to critically take account of their personal, social, cultural, and historical relationship to the people and topics at hand.

Researcher positionality. As non-Indian authors, the relevance of power and privilege in being able to engage in this type of global health research cannot be ignored. Although we have prioritized challenging ethics dumping in research (Stephens, Ruvalcaba, & Rodriguez, 2019), including conducting workshops that support research training in the Global South and centering social justice through our work, our identities as non-Indian researchers' highlight the necessity of considering our subjectivity (e.g., Arnette, 2008; Meadon & Spurrett, 2010). One step toward addressing this differential positionality is avoiding the use of deficit lenses. Often researchers examining non-Western communities or communities of color pathologize or "excuse" violence as a reflection of that entire culture's lack of civility or "backwardness" (Patil & Purkayastha, 2015; Perrin et al., 2019;

Stephens et al., 2012; Storer, Casey, Carlson, Edleson, & Tolman, 2016). In contrast, it is treated as an individual-level failure when Western majority populations are perpetrators or victims. Patil and Purkayastha (2015) highlighted this in their research examining global media and research narratives surrounding a gang rape in Steubenville (United States) verses "The New Delhi Gang Rape" in India. Patil and Purkayastha noted an imperial and neo-colonial lens framed narratives about the New Delhi rape, holding all of India culture responsible, while only the individual perpetrators were vilified in the American case. These colonized global histories influence discourses of funding, service, and other important provisions to minoritized women, while also maintaining global hierarchies of who is given value, whose experiences are viewed as important, and whose "voice" is legitimate. This is not to say that individuals cannot engage in research on populations they are not a part of. Rather, open discussion about notions of "cultural privacy" and "research privilege" when engaging in work with often marginalized and non-Western communities is critical when seeking to engage in social justice focused research.

Acknowledging heterogeneity in populations. There are significant within-group differences among women in India. These differences include not only the typical demographic characteristics, but also the intersections of caste affiliation, family status and history, religion, region, skin color, and other nuanced hierarchical categorizations that establish a woman's power and privilege in DV disclosure decision making. For example, Indian victims of DV are less likely to earn a living and are less able to care for their children or participate meaningfully in community activities or social interaction that might help end the abuse (Bloom, Wypij, & Das Gupta, 2001; Jeyaseelan et al., 2007). But younger Indian women with more economic and social opportunities circles of friends may adhere less to traditional norms, and may respond to DV violence differently (Jeyaseelan et al., 2007; Muggur, 2016; Rodriguez, Stephens, Brewe, & Madhivanan, 2019). Similarly, for DV perpetrators from a higher caste, or economically stable family, there is often an unspoken expectation that a woman must not object (Ahuja & Ostermann, 2016; Krishnan, 2005). Researchers must collect information about these diverse identity factors to move away from a homogenization of "Indian women" and to better capture the cultural distinctions varied identities play in GBV victimization and perpetration.

Culturally syntonic designs and dissemination. These diversities in identities highlight the ways in which research on nonmajority populations can fail to accurately capture the information needed to address GBV within unique globally populations (Arnette, 2008; Stephens et al., 2012). The starting point is the use of nondeficit theoretical paradigms that focus on individuals' capacity to evaluate and transform their own lives (Meadon & Spurrett, 2010; Stephens et al., 2012).

From this position, researchers can better identify the methods and research design that would best answer the questions they are asking. Increasingly, there has been a call to engage in using mixed designs as these innovative methodological procedures have been found to yield a better understanding of the complexity of social problems. Using mixed methods, a single phenomenon can be examined from multiple positions and varied related questions/hypotheses (Puigvert et al., 2019). The RJ framework used in the present study also requires that research findings be disseminated and utilized in a meaningful way. Researchers must go beyond publishing outcomes in journals, and move to assess how their research findings contribute to actual social improvements. This requires the collection of follow-up data via social and empirically structured dialogue with stakeholders.

Clinicians. Understanding that power and privilege shape perceptions of DV is directly related to our ability to accept and appropriately respond to the different ways in which women are affected by DV. Clinicians are those who are trained to provide competent, confidential, and compassionate clinical care for survivors of DV, and have the resources to do so. As part of this, clinicians must integrate strategies that meet the client where the client is psychologically and culturally.

Agency. Because a key role of clinicians is to help clients of GBV feel empowered, it is important to consider the diversity in meanings given to agency across contexts. Findings from the current study further delineate how a woman's agency—her ability to make a decision to seek help and her sense of empowerment to act on this decision—can be conscribed by sociocultural phenomenon. In the West, there is an assumption that women's leaving of abusive relationships is evidence of their agency, just as reaching out for social and legal services is celebrated as a first step to challenging victimization. However, a large body of research notes that women staying in abusive relationships are not passive beings (Afrianty, 2018; Gammeltoft, 2016; Goodman, Dutton, Weinfurt, & Cook, 2003; Parpart & Parashar, 2019; Warner, Baro, & Eigenberg, 2005). Studies have noted that women often engage in resistance strategies that are intended to change batterer behavior while challenging his sense of control; this can include fighting back, keeping a weapon accessible, working out an escape plan, or sending children to a family member (Goodman, Dutton, Weinfurt, & Cook, 2003). Further, for women with few alternative options, tirelessly trying to address problems in the relationship and taking steps to reduce the abuse is in fact a form of agency as violence resistant identities often grows from small acts (Afrianty, 2018; Warner, Baro, & Eigenberg, 2005). It is also important to recognize that women's silence around reporting DV does not indicate weakness or lack of knowledge. Even the use of silence has been identified as a common approach women globally use to negotiate GBV experiences (Gammeltoft, 2016; Puri, Tamang, & Shah, 2011).

Clinicians need to center and validate clients' positionality and consider that any measure of resistance and self-determination a woman engages in to regain control in her life and stop the abuse is a form of agency (Afrianty 2018, Childress, Gioia, & Campbell, 2018; Gammeltoft, 2016; Parpart & Parashar, 2019).

Centering collectivism. Additionally, it would be necessary to move from a Western, individual-level clinical approach to develop one that integrates those who young adult Indian women report as important. Our findings, in fact, require us to acknowledge that families can be simultaneously spaces of protection and conflict when negotiating DV disclosure. Identifying family systems' strengths, as well as past and current family coping strategies, are critical for understanding how and why individuals in the systems use varying approaches to disclose or conceal DV. Relatedly, it is important to clarify boundaries and family member roles in gathering comprehensive information about family functioning.

Education

Social science and health educators are in a position to be at the forefront of GBV translational research that transforms research observations into interventions that improve the health of individuals and the public (Gilliland et al., 2016). Using a RJ lens will help ensure that culturally appropriate dissemination approaches contribute to the creation of proper conditions for reporting abuse, and establish new solidarity dynamics with victims and among larger society networks to promote violence-free environments. While part of this process, this goes beyond school-based education to include disseminating empirically based information for media outlets, NGOs, and government agencies.

Educational programming. Education is typically thought of in terms of school-based settings; in some communities, it would be difficult to integrate GVB into the curriculum due to political pressures and existing curriculum demands. Instead, partnering with organizations integrated into or associated with Indian women's lives would be ideal spaces for providing useful DV and GBV information. For example, premarital health counseling (PMHC) is emerging as a growing trend as a tool for providing guidance for young adults planning to marry; PMHC's aim is to provide screening, education, and counseling about nutritional disorders, communicable diseases, medical conditions, and guiding for healthy family outcomes (Bansiwal, Mittal, Jyotsna, & Sharma, 2018; Puri, Dhiman, & Bansal, 2016). NGOs also serve as alternative sources of education around broad sexual health issues, like reproductive health education, sexually transmitted diseases, and positive health (Das, 2014; Gabler, 2011; Santhya & Jejeebhoy, 2007). Providing information that could be integrated into these entities' existing

curricula would be a complementary option for ensuring GBV research is translated to the appropriate populations.

A benefit of these spaces is their inclusion of men. Studies with young adult Indian men in Southern India found that men who held less traditional attitudes about gender equality and women's role were less likely to be supportive of wife beating (Gabler, 2011; Rodriguez, Stephens, Brewe, & Madhivanan, 2019). Therefore, it is important to engage men and boys to challenge the deeply rooted cultural gender norms that directly affect the maintenance of GBV and other negative health outcomes. Often programs addressing GBV are optional and target women's victimization, ignoring opportunities for the introduction of proactive measures to address GBV from an early stage in men's social development. Increasingly, there has been a focus on including men in these discussions, as their involvement in efforts to tackle GBV and other gender inequalities has positive outcomes (Rodriguez, Stephens, Brewe, & Madhivanan, 2019). DV educational research incorporated into existing programs with male attendees ensures issues related to victimization, perpetration, and larger cultural gender values influencing GBV are addressed.

Policy and public education. Social science educators' dissemination of their findings is critical for transforming "domestic" violence into a public issue. The tools and resources the field gathers can directly contribute to the development of laws and regulations, which will, in turn, increase tangible supports for DV victims. Two spaces where this can be most effective is through dissemination of results in accessible formats including white papers, and accurate press releases or sound bites.

The media was important in raising women participants' awareness about GBV in this study. However, traditional media representations of domestic violence (e.g., television, newspapers), use of sources such as bystanders and community commentators, and concerns about repercussions regarding defamation can be problematic (Bhattacharya, 2016; Gurman, Nichols, & Greenberg, 2018). Educators' relationships with journalists can play an important role in providing expertise to better understand complex issues. Educators' dissemination of research findings using accessible formats (e.g., videos, infographics, or press releases) can be targeted as needed, including focusing on local media spaces like online social media groups and blogs. Studies have noted that online discussion groups, known as "sister-groups," and their offline networks play a significant role in developing relationships that lead to collaborative responses among Indian women (Dasgupta, 2019; Gurman, Nichols, Greenberg, 2018; Rao, 2012). Thus, engaging with and providing research in useful formats for both larger traditional and new social media groups can play a transformative role in addressing DV through raised awareness and collective action. The mobilization of direct action can also be achieved by providing information to political legal systems

such as governing agencies. White papers, in particular, have been cited as powerful tools for linking research to policy and protocol level changes (Schein, 2009; Smartt & Kury, 2007; Vetten, 2014). White papers are designed to make research evidence accessible for end-users via practical and well-grounded summaries of empirically based research. White papers have been particularly impactful in the expansion and delineation of specific measures to be taken to address DV at federal, state, and municipal governmental levels (Robinson & Cook, 2006; Smartt & Kury, 2007; Vetten, 2014). White papers authored by educators with training and empirical knowledge in the field of social science gives them legitimacy that makes them impactful.

Limitations and Conclusions

Although the findings of this study provide important insights into the cultural factors influencing Indian women's willingness to disclose DV victimization, they must be contextualized with the following limitations. The women recruited from this study were educated and primarily recruited from university settings. Their reactions to and perceptions regarding resource utilization may differ from lower resource contexts. However, more than 80% of the women were from the same social caste and religious group in the region, so we anticipate the sample is representative of their community's perspectives (Ahuja & Ostermann, 2016; Krishnan, 2005). Regardless, the findings are specific to southern India, and may not be generalizable to other contexts in India. The use of qualitative focus group discussions, while insightful and contextually appropriate, does not determine the weight or importance of various responses. Moreover, the use of focus group discussions as a methodology may introduce social desirability biases. In the face-to-face context of a focus group discussion, the possibility of participants limiting or self-selecting the amount/quality of information they share may increase. We also need to acknowledge the specificity of the findings given the unique demographic, religious, and cultural make-up of the region.

Finally, this study focused only on DV, which no participant had experienced as they had never been married at the time of the interview; in this region premarital/extra marital/cohabitating nonmarital relationships were not viewed as acceptable. Still, DV was the focus because the martial relationship is the accepted form of an intimate relationship between men and women. This narrow conceptualization of violence within private sphere context belies the heterogeneity in this experience with respect to the nature of coercive control in the relationship and who may be involved. For example, the questions did not address the fact that other common perpetrators of the abuse in the home are the husband′s mother and his sister (Huria, Deepti, Lajya, & Sunder, 2005; Krishnan, 2005; Muggur, 2016; Snell-Rood, 2015). Different types of abusive and controlling relationships may have different etiologies, social consequences, and reporting

preferences. Similarly, assessing cultural coping strategies that highlight family strengths were not assessed; there is thus the potential that a comprehensive picture of women's experiences with addressing DV was not achieved.

Despite these limitations, the present findings resonate with literature examining GBV globally that assert the importance of understanding the impact of culturally specific gendered, heteronormative norms on women's perceptions of their control and ability to respond to reporting DV specifically, and GBV broadly. Specifically, it is necessary to identify and center women's contextual gender role expectations, public/private sphere dynamics, and perceptions of support networks when exploring their utilization of support systems to report DV.

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