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Surviving Domestic Violence In Rural India: An Exploratory Study Of The Influence Of Legal Awareness On Women's Coping Methods

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Abstract
Among the atrocities perpetrated against women, domestic violence (DV) is the most common. DV triggers enormous stress that requires coping. This qualitative study explores the coping mechanisms of marginalized, impoverished women victims of DV in rural India. Through semi-structured interviews, the study examined the influence of legal awareness (LA) sessions on their coping styles. Results suggest that such advocacy sessions could facilitate a shift from maladaptive to more adaptive coping and appeared to motivate empowered actions to curb DV. The study also suggests secondary prevention in the form of LA as reinforcers of women's resilience. Further research can support building evidence on legal empowerment to confirm the findings.

Keywords: Brief COPE, domestic violence, coping strategies, legal awareness, rural India, violence against women, interpersonal violence

I. INTRODUCTION

1.1 Background of the Study

In India, where Hinduism is most widely followed, female forms of God are worshipped as the embodiment of supreme qualities, including knowledge and prosperity, the primary survival resources for humans (Latha et al., 2015). However, Indian women are largely constrained by deeply entrenched misogynistic social customs that obligate them to abide by rules enforced by a patriarchal society (Fernandez, 1997; Gundappa et al., 2012). Such a disparity might lead to issues of power and control, often expressed through violence against women.

> The World Health Organization (2002) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, dysfunction, or deprivation.

Aggression against another in any form triggers enormous stress in the victim, which requires some method of coping. In the present study, we sought to understand the coping techniques of marginalized women victims of domestic violence (DV) in a rural Indian village. We also explored whether awareness-raising sessions on the legal rights of victims of DV might influence changes in negative coping strategies and subsequent self-protection actions. Coping methods or styles are categorized into different types. Examples include Emotion-Focused, Problem-Focused (Lazarus et al., 1984), Avoidant (Endler et al., 1990), and Adaptive and Maladaptive (Carver et al., 1989; Meyer, 2001; Campos et al., 2004). In this study, we utilized three styles of coping (under which fall 14 total subscales) measured by the Brief Coping Orientation to Problems Experienced (COPE) (Carver, 1997). Carver's Brief COPE (1997) utilizes three primary coping categories: Emotion-focused (reduce emotional reactivity, support calmness, and reassurance), Problem-focused (active solutions to change a situation), and Dysfunctional-focused (avoidance of dealing with the stress). This study explored the types of coping mechanisms participants utilized before and after exposure to Legal Awareness (LA) sessions by attempting to answer the following key questions:

> 1. Does knowledge of legal rights and the legal ramifications of DV on perpetrators influence women to develop more adaptive, proactive coping strategies?
>
> 2. Could LA increase the awareness of the DV victim about the possibility of not having to endure a life of perpetual spousal abuse?

By answering the above-listed questions, the present study addresses a gap we found in the literature concerning the role of legal awareness (LA) in helping survivors of DV, especially in rural settings of low and medium-income countries. In addition, to the best of our knowledge, this study is the first to examine the Brief COPE (Carver, 1997) coping styles for women survivors of DV in rural India.

In this paper, we first introduce the context of the study by referring to the current situation of DV in India, the main factors causing this situation, and the legal environment. The second section presents the methodology used to capture women's coping mechanisms for DV. The third section describes the study results by differentiating the status of coping mechanisms before and after the intervention. Finally, the paper discusses the results in the light of the current literature and concludes with the main takeaways from this research work.

1.2 Literature Review

1.2.1 Domestic Violence: A Global Public Health Crisis

DV is a global public health calamity causing senseless physical and psychological suffering. DV is associated with reproductive health complications (Krug et al., 2002), injuries, hospitalizations, suicides (Ursano et al., 2018; Jokinen et al., 2010; Macisaac et al., 2017), and severe mental and physical morbidities (e.g.,

mood, trauma, and anxiety disorders) (Gleason, 1993; Rees et al., 2011) and mortalities.

Estimates of DV are not fully understood as researchers use different methods, measuring instruments, age groups, and varying definitions of DV. Some descriptions are more inclusive (which can increase prevalence rates), whereas others exclude some forms of abuse, resulting in lower DV rates. Hence lifetime prevalence rates of DV can vary from study to study. Globally, during a woman's lifetime, more than one in three experiences physical or sexual violence at the hands of intimate partners (WHO, 2013).

However, globally, independent researchers report much higher levels in many regions. For example, in Saudi Arabia, lifetime prevalence ranges between 39.3 and 44.5% (Kazzaz et al., 2019). In Turkey, a systematic review estimated current and lifetime DV to fall between 11.9% to 76.9% and 34.3% to 57.7%, respectively (Alhalal et al., 2021). Marginalized communities are sometimes disproportionately at risk, such as the Latina population in the USA, where DV estimates range from 1% to 83% (Gonzales et al., 2020). In select cities in 4 countries (Egypt, Philippines, Chile, and India), DV was more prevalent and severe in India than in the other countries (Hassan, 2004). Consistent with this, the risk of DV among women in Southeast Asia is higher compared to women in the Western Pacific, European countries, and countries of the Americas (WHO, 2013).

In India, community and multi-state studies have been conducted in various regions. A south India study included emotional, physical, and sexual violence in a cross-sectional lifetime prevalence study, limiting the sample ages from 15 to 45. The rate of all forms of violence against women was 77.5%, of which 40% rated 'severe' (Ram et al., 2019). In this study, physical violence was most prevalent (65.8%), followed by emotional abuse (54.2%) and sexual abuse (17.5%). A south India community-based study reported 56.7% of DV (George et al., 2016). Although these rates are notably high, it is said that violence against disenfranchised women belonging to scheduled castes or tribes is even higher than among women not belonging to such groups (NFHS, 2006; Sharma, 2015).

These rates of DV have been corroborated by studies done with men. For example, in the eastern region of India, a study found a 56% lifetime prevalence rate of DV (all forms) (Babu et al., 2009). This was confirmed by the husbands who acknowledged abusing their wives at 59.5%, with some cases also including abuse from the husband's parents (Babu et al., 2009). Other studies note that male-reported sexual violence against female partners ranges from 9% to 50%; physical violence from 21% to 48%; and psychological violence up to 72% (Babu et al., 2009; Mahapatro et al., 2012). The International Center for Research on Women (ICRW) found that 85% of the male population admitted to committing violent behaviours against their wives at least once in the prior 12 months; 57% admitted sexually abusing their wives; and 32% admitted to committing acts of violence on their pregnant wives (Sharma, 2015). Such findings strongly suggest higher abuse rates than global average estimates and indicate that women tend to under-report DV abuse rather than over-reporting.

1.2.2 Factors Contributing to DV

In India, DV is also an apparent pandemic, and it requires awareness and interventions at multiple levels. Research indicates widely heterogeneous perceived incidents that trigger DV, from 'woman-blaming' justifications to distorted ideas of masculinity among men. These include a woman's ostensible 'failure' to perform household duties according to her husband's preferences and expectations, the inability of the wife's family to

meet dowry demands, and the wife questioning her husband's decisions (perceived as challenging his masculinity) (Martin et al., 2002; Hossain, 2016).

Other commonly identified risk factors include the male partner's alcohol consumption, illiteracy (either wife's or male partner's or both), lower socioeconomic status, being single or divorced, live-in relatives, and wife refusing sex (Zhu et al., 2010; WHO, 2010). In addition, a decisive risk factor is childhood experiences of parental abuse and witnessing intimate partner violence among parents (Dutton, 2000; Martin et al., 2002). Finally, men who aspire for a physique of strong masculinity tend to objectify women, be hostile, and exhibit sexist attitudes that can lead to DV (Swami et al., 2013).

1.2.3 Socio-Cultural Systems Supporting Gender-based Violence

DV has mainly been agreed upon as "an expression of power asymmetry between men and women" (Himabindu et al., 2014). A meta-level examination considers highly enmeshed cultural gender ideologies that disparage females on multiple societal levels: local (or micro), national, and global. Pervasive, rigid, harmful, and destructive global gender sentiments call for a courageous probe of a 'collective unconsciousness' of female deprecation and subjugation (physical and psychological) under male dominance. These sentiments also incorporate a solid conscious component and must be diligently challenged and rectified on a mass scale.

At local and national levels, violence against women (VAW) in India is deeply embedded within societal misogynistic customs that erroneously normalize and legitimize gender-based violence in cultural practice (Rajani & Lakshmy, 2014). Objectification and aggression against women seem interwoven within a societal psyche such that some older women accept this as a part of life as a female. For example, research has found DV normalization among communities in developing countries (Koenig et al., 2006). Cultural norms in families impart preference to a male child regarding privileges, attention, education, food and nutrition, power, freedom, and overall value over a female child (Borooah, 2004; Jayachandran et al., 2011). In specific regions, female infanticides and death of girls are noticeably high for no justification other than they are not valued or are seen as a burden. Hence, conditioned from a young age, boys can become men who disparage women as weak and inferior and exercise their presumptive 'rights' to abuse women as objects of ownership (Visaria, 1999). Likewise, in many parts of India, girls are conditioned to subordination by a patriarchal system, preparing them for a married life of adapting to the demands of others.

Research suggests some reasons for women enduring abusive relationships: concern for the children, fear, having no known safe place to go, the stigma of leaving a marriage (Hossain, 2016), economic dependency, lack of external agency support, and gender socialization expectations (Barnett, 2001). Abused women can feel helpless without known safe exits and support. Some cope by rationalizing the violence inflicted upon them and adopt attitudes of accepting violence, which ultimately perpetuates abuse (Dasgupta, 2019). Male justification of VAW can be a defensive posture against their fear that a wife or partner will leave them. Nonetheless, some women do manage to escape.

1.2.4 Coping Mechanisms

Coping is the way we manage day-to-day stressful situations and impactful life events. Coping can be influenced by culture, socioeconomics, gender, services available, and

literacy (WHO, 1999). For DV victims, coping strategies are embedded within a complex contextual environment shaped by cultures, economic conditions, education, the degree to which family, friends, police, or other social supports are willing to be supportive, and other contextual variables.

Coping methods or styles are categorized into different types. Examples include Emotion-Focused, Problem-Focused (Lazarus et al., 1984), Avoidant (Endler et al., 1990), and Adaptive and Maladaptive (Carver et al., 1989; Meyer, 2001; Campos et al., 2004). In this study, we utilized three styles of coping (under which fall 14 total subscales) measured by the Brief Coping Orientation to Problems Experienced (COPE) (Carver, 1997). These styles are Emotion-focused, Problem-focused, and Dysfunctional (maladaptive).

The Brief COPE (Carver, 1997) has been used in various health-relevant studies, such as breast cancer, AIDS, drug addiction, DV, and psychological issues such as depression (Muller & Spitz, 2003). The Brief COPE model was derived from theoretical models such as Lazarus' Transactional Model of stress (1984) and the Behavioral Self-regulation Model of Carver and Scheier (1981). Carver's Brief COPE (1997) utilizes three primary coping categories: Emotion-focused (reduce emotional reactivity, support calmness, and reassurance), Problem-focused (active solutions to change a situation), and Dysfunctional-focused (avoidance of dealing with the stress).

Table 1: Brief COPE Categories and Sub-categories

	Emotion-focused coping strategies
Emotional support	Receiving support from others in difficult situations
Positive reinterpretation and growth	Interpreting the situation in a different perspective to evolve positively
Acceptance	Accepting, enduring the stressful situation without attempts to alter it
Religious	Solace in religious or spiritual practices
Humor	The ability to laugh or make fun of the situation.
	Problem-focused coping strategies

Active	Initiating adaptive strategies and using resources to transcend the struggle
Planning	Developing a strategy after analyzing all possible barriers and consequences and then facing the situation
Instrumental support	External resources including helplines or government institutions
	Dysfunctional Coping Strategies
Venting	Negative verbal or behavioural expressions (e.g., beating children, crying, and drinking)
Denial	Believing the situation "cannot be true" and refusing to face it
Substance Abuse	Use of alcohol and drugs
Behavioral disengagement	Give up, no actions taken
Self-distraction	Involving oneself in actions/activities to divert attention from the stressor
Self-blame	Excessive self-blame despite not having caused the situation

1.2.5 Laws for the Protection of Women

To date, laws to protect women from DV have been passed in 155 countries, but enforcement of the same was inconsistent, and "when it does occur, it often goes unpunished" (UNW, 2020). Globally, several legal and ethical acts are designed to curb violence against women. Examples include Article 55 and Article 56 of the UN charter, which promote respect for equality and human rights; Article 5, The Universal Declaration of Human Rights, asserts "that no one shall be subjected to cruel, inhuman, degrading treatment or punishment."

Legal definitions and Acts designed to protect women from mistreatment in India include the Dowry Prohibition Act (DPA) of 1961, the Indecent Representation of Women (Prohibition Act, 1986), and the Protection of Women from Domestic Violence Act (PWDVA) 2005. The Protection of Women from Domestic Violence (DV) Act, 2005 (PWDVA) Section 3, defines domestic violence as behaviour that

> harms or injures or endangers the health, safety, life, limb, or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse, and economic abuse [note: each is elaborated upon in the Act].

There are two caveats to a country's Acts to protect women. First, whether they are enforced or not, and second, whether efforts have been taken to educate citizens about these Acts. For example, some sectors of society might be conforming to the Dowry Prohibition Act of 1961. Yet, for decades since its enactment, homicides of women continue, whose in-laws and spouses were dissatisfied with the dowry, often leading to fatal disputes (Kumar, 2004). Dowry demands had risen exponentially, and by the 1990s, they amounted to nearly 50% or more of the female household's assets (Rao, 1993). This is a tremendous economic burden on the bride's family, and it makes a silent, powerful statement about the value of women when the groom demands a large dowry to 'accept' her as his wife.

The second caveat to Legal Acts is whether the government has educated the populace about their existence, meaning, and purpose. Laws and legal definitions designed to protect women from DV are of little value if women are not aware of them and if they are unable to understand legal rhetoric. In India's rural regions, it is less likely that such legislation awareness reaches vulnerable populations of women. Hence, since 2009, Paralegal Volunteers (PLVs) have been recruited to help remove barriers to the knowledge of and access to laws. PLVs help citizens understand their rights in simple, straightforward language and guide them in accessing those rights via the legal system.

Studies have explored various approaches to support survivors of violence. For example, one study questioned the available institutional policies that promote curbing sexual assault and DV on college campuses (Wood (b) et al., 2021). A Tajikistan study implemented a workshop to raise awareness of DV, but not specifically legal awareness. However, the women survivors in this study expressed their belief that their minimal educational opportunities contributed to their lack of awareness and understanding of their rights (Wood (a) et al., 2021). Some studies demonstrated male perpetrators' awareness of laws protecting DV victims and the mandatory arrest of perpetrators that resulted in an effective deterrent to the recidivism of abuse (Tolman et al., 1995; Song et al., 2015).

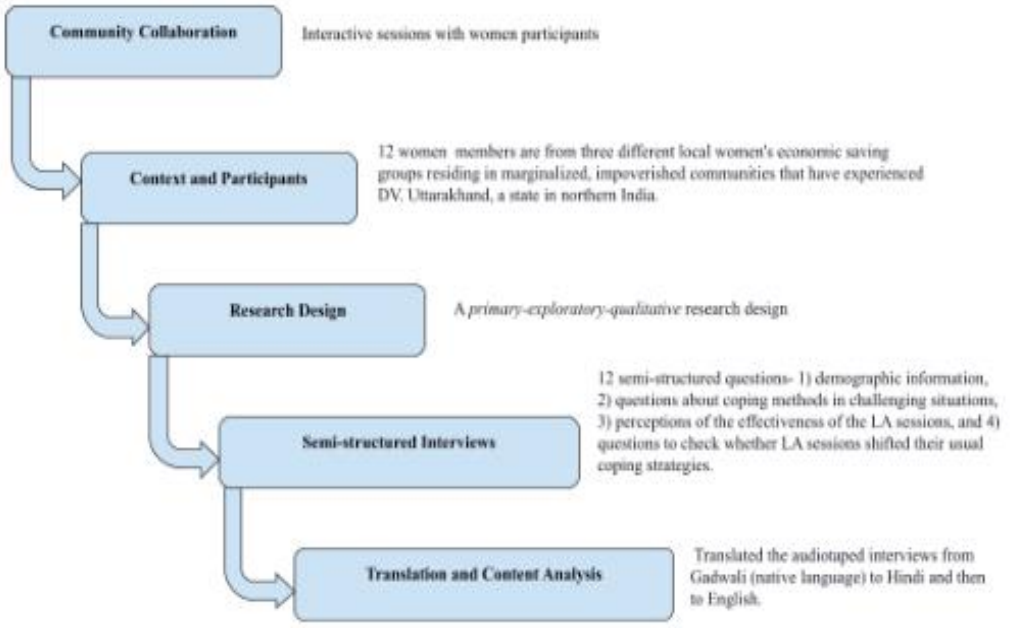
In a typical Indian rural community, women are largely incognizant of legal remedies. For the sustainable development of women and their communities, it requires women to be empowered by primary education in the legal domain, especially domestic violence. It is just as incumbent that women understand their coping strategies, as such awareness offers them an opportunity to adapt according to their understanding of their fundamental legal rights.

Laws and legal definitions designed to protect women from DV are of little value if women are unaware of them or if the legal rhetoric is incomprehensible. In India's rural regions, it is less likely that such legislation awareness reaches a vulnerable population of women. Illiteracy is a significant challenge to the LA initiatives and sessions in rural India. Paralegal Volunteers (PLVs) have been recruited by legal authorities since 2009 to address this lack of legal and written literacy.

Paralegals are non-lawyers with specialized legal knowledge and skills which raise LA and help vulnerable populations access their legal rights. Many PLVs are members of the rural village communities. They have been earning growing recognition and support from ordinary people, contributing to their empowerment and interactions with higher authorities (Xing, 2014; Kolisetty, 2014). Literature shows the presence of paralegals as a positive influence on women's access to justice (Dancer & Helen, 2018). In addition, legal empowerment interventions such as legal literacy, community-based paralegals, and the right to information laws are impactful in a more robust agency, i.e., willingness to act and actual action and increased legal knowledge (Goodwin, 2017).

Legal empowerment, like most social justice initiatives, is still far from a solid body of rigorous research that stakeholders could use to optimize their interventions as evidence-based practices. Addressing DV is a practice that has evolved in response to survivors' needs. However, such knowledge is critical to supporting intervention design and policymaking toward violence prevention (Golub & McInerney, 2010).

2. METHODS



2.1 Community Collaboration

The authors organized interactive sessions with the women participants to build a rapport, including discussions on social issues, such as DV, lack of basic health facilities, and alcohol abuse that the women had to endure in their village.

2.2 Context and Participants

The present qualitative exploratory study was conducted in 2018 with a purposive sample of 12 women in the administrative sub-district of Ukhimath Tehsil, of Rudraprayag district of Uttarakhand, a state in northern India. The participants were from three different local women's economic saving groups who resided in marginalized, impoverished communities that have experienced DV.

Classified by India's National Commission for Scheduled Castes, 11 participants were Dalits, considered among the most economically and socially marginalized in India. One participant belonged to a different caste.

All the 12 participants attended the LA sessions delivered by the Ministry of Social Justice Department, Government of India, with assistance from one PLV in the village. They attended LA sessions that covered 7 topics including Free legal aid, the Right to Information Act, Information on first information report (FIR), Domestic violence, Human trafficking, Child sexual abuse, and Child marriage.

PLV had also arranged 3 camps with legal experts including advocates of the Nirbhaya case. A female judge was once invited to conduct a session to inspire the LA session attendees, who in turn became an actual role model for the village women. The awareness sessions covered various topics, such as understanding the PWDV Act 2005, types of abuse mentioned in the Act, how

to file a police complaint, a legal case (an abuse complaint), and the subsequent follow-ups. Additionally, the participants who faced DV, when the study was being conducted were afforded legal assistance to explore a reasonable solution to DV.

2.3 Research Design

The study employed a primary-exploratory-qualitative research design. The authors had chosen a qualitative approach due to the lack of similar studies and standardized measures for coping strategies for rural women in India. The present study follows a self-reporting form, using a semi-structured in-depth interview. Each case is unique, and a detailed account of their encounter with DV and coping measures could be analyzed only through an exploratory qualitative method.

2.4 Data collection instrument - Semi-Structured Interviews

Individual interviews were conducted using 12 semi-structured questions that included demographic information, questions about coping methods in challenging situations, perceptions of the effectiveness of the LA sessions, and questions to check whether LA sessions shifted their usual coping strategies.

For example, here are 2 semi-structured interview questions:

1. I heard that the village had some special training sessions on Legal Awareness. Can you tell me what you remember about those sessions?
    - Prompt, e.g., What effect did the LA sessions have upon you?

2. When you have problems at home, how do you react or respond?
    - Prompt e.g., Can you describe the thoughts and feelings that you have during those times?
    - Prompt- How does this influence your actions or behaviours?

2.5 Data Processing

Two translators and the authors translated the audiotaped interviews from Gadwali (native language) to Hindi and then to English. Three authors who knew both Hindi and English reviewed the transcribed and translated interview contents.

2.6 Data Analysis

A deductive method of qualitative analysis was done applying the codes – the 3 Brief COPE categories- emotion-focused coping strategy, problem- focused coping strategy and dysfunctional coping strategy.

Following the Brief COPE categories, a directed qualitative content analysis was done, quantifying the identified contents as counts and percentages.

While the study has followed primarily a deductive approach, certain themes, other than the Brief COPE categories that emerged has been reported as ‘other findings’.

Each sentence of the translated interview transcript was analyzed to identify the coping strategies chosen by the interviewees. Identified coping strategies were classified under the Brief COPE categories. The process also segregated information according to its time of occurrence, i.e., before or after the intervention. They are categorized as ‘Coping strategies before Legal Awareness’ (Table 3) and ‘Coping strategies after Legal Awareness’ (Table 4).

3. RESULTS

3.1 Socio-Demographic Profile

The participants ranged in age from 18 to 55 years. Nearly all (91.6%) worked for daily wages. Half of the participants (50%) were illiterate, and all reported lower education (i.e., none beyond the 10th standard. Most (75%) were married, and all but one belonged to the scheduled caste population of the village (Table 2).

Table 2: Demographic characteristics of the Participants

Socio-demographic Characteristics	Category	N (12)	Percent
Age	18 - 30	1	8
	31 - 43	7	58
	44-55	4	33
Education	Illiterate	6	50
	Up to 8th	3	25
	Up to 10th	3	25
Marital Status	Married	9	75
	Widow	2	17
	Married but living separately	1	8
Number of children	None	0	0
	1 - 2	4	33
	More than 2	8	67
Income Source	Daily wage	11	92
	Monthly	1	8

3.2 Coping Strategies

3.2.1 Coping Strategies Pre-LA sessions

Table 3: Coping strategies before Legal Awareness

Brief COPE Subcategories Three model categories	No of respondents	Quote

Emotion-focused Coping	Emotional and social support	5	If I have a problem, I always go to the women in the village and talk to them. I cannot share my sadness, but I will hear the stories of other women and after hearing their stories, I feel like whatever I face is nothing when compared to theirs. After that, I feel relieved, and I can manage my anger.
	Positive reinterpretation and growth	1	My mother-in-law hasn't given me proper food to eat, she has never appreciated my life. When I was pregnant with my first child, my mother-in-law made me work in clearing fields. I am not saying that I am perfect, but I still pray for her.
	Acceptance	1	I keep my feelings to myself and that is better to do than to share something with people and make a problem in the house and community.
	Religious Coping	8	I pray to God to help me to deal with my feelings and after that, I feel relieved.
	Humor	2	(Participant laughing) If ever my husband hits me, I would hit him back, run away, and won't return until he is calm.
Problem-focused Coping	Active Coping	2	If any small problem occurs between us, we try to solve them immediately by talking to each other.
	Planning	1	If I get any good place to stay, I will take my children away and do anything for earning and I don't feel shame in doing so.
	Instrumental Social Support	1	I feel like I can share my feelings with the project staff, they a a solution for it.
Dysfunctional Coping	Venting	8	I used to beat my children a lot, thinking that because of these children I have to suffer this much.
	Self-distraction	2	When my husband fights, I deny what he is saying and engag keep quiet. This saves my energy also.

	Substance uses	1	I started using beedi or else I can't get to sleep at night.
	Behavioural Disengagement	3	When we have a fight, I don't beat my kids but I show anger to him.
	Self -distraction	3	I try to deviate my mind by doing other chores.
	Self-blame	3	I used to blame myself and I used to ask God, why has he given birth to me, that too the life of a girl? Because of that, I have not gotten support from anywhere. I have thought of suicide many times thinking that I am not able to handle it.
Newfound strategy	Negative Acceptance	6	I tend to keep calm when I feel angry or sad, I think at the end of the day if anything wrong happens only I have to suffer.

Participants described both adaptive and maladaptive coping strategies before the LA sessions. Positive or adaptive coping was identified as social support, religious practices, action-motivated, reinterpretation, and positive acceptance (Table 3). Of these, 43% (n=5) used social support through interactions with each other to mitigate the negative effects of DV. About 67% (n=8) found relief and comfort through prayer and faith. Action-motivated strategies were adopted by only 16% (n=2) of the participants. As a strategy to protect herself, one participant would remove herself from the environment, when her husband became angry and returned home only when he was calm.

Maladaptive coping was also reported pre-LA in the form of a strong urge to give up or accept the situation helplessly. Fifty per cent (n=6) reported similar negative acceptance, the second most coping strategy reported prior to LA sessions (Table 3). For example, one participant shared that somehow she has learned to accept that her life is not going to change, so she had better accept it as it is and move on silently:

> I tried suicide two times by hanging. Now I don't feel anything, I have grown old, and now it doesn't matter to me what he says.

Religious coping used adaptively was one of the most reported emotion-focused coping strategies in the present study. For example,

> I pray to God to help me to deal with my feelings, and after that, I feel relieved.

Nonetheless, religious coping can also be maladaptive coping (Reich et al., 2016), as in another participant's words:

> I pray to God every morning to make everything alright but in the evening, everything is the same as it used to be, and I feel bad.

In the first quote, the participant seeks help in managing her feelings, but the participant who shared the second quote is more passive in wishing that situations will almost magically change.

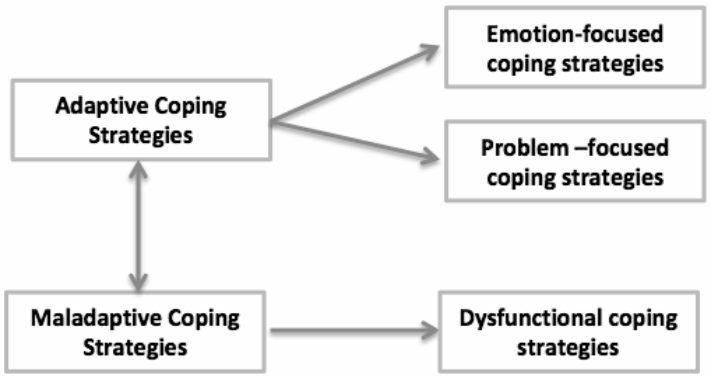
3.2.2 Changes in Coping Strategies Post-LA

Table 4: Coping Strategies after Legal Awareness

Brief COPE Three model categories	Subcategories	Impact (No of respondents)	Quote
Emotion-focused coping strategies	Emotional and social support	No Impact (0)	
	Positive reinterpretation and growth	Increased (1 to 9)	
	Acceptance	Continues as before (0)	The sessions have changed me a lot; I gained a lot of courage and now I know that laws have been made for women like me. If anything wrong is done to me I can use the laws for justice.
	Religious Coping	No Impact (0)	
	Humor	No impact (0)	
Problem-focused coping strategies	Active Coping	Increased (2 to 6)	Yes, there have been changes in my life. Earlier I used to spend most of the time inside the house but now I can socialize with people we can prosper in our life.
	Planning	Increased (1 to 2)	I have filed 2 cases and recently I have filed a case against my husband for domestic violence and the police have warned him. After that, he stopped drinking and that incident affected him.

	Instrumental Social Support	Increased (1 to 2)	At first, women inform neighbours about the violence they face and if they don't help, they can take help from the police or helpline.
Dysfunctional coping strategies	Venting	Decreased (8 to 5)	Yes, I have attended legal awareness sessions, but I have not given much importance to them.
	Denial	Decreased (1)	
	Substance uses	No Impact (0)	
	Behavioral Disengagement	Decreased (3 to 0)	
	Self-Distraction	Decreased (3 to 0)	
	Self-Blame	Decreased (3 to 1)	
Newfound Coping strategy	Negative Acceptance	Decreased (6 to 4)	

Figure 1: Adaptive and Maladaptive Coping Strategies



Most participants reported increased adaptive and decreased maladaptive coping methods (Figure 1) after participating in LA sessions (Table 4). For example, 66.6% (n=8) were actively employed in reaction to DV episodes before gaining LA. They would cry, curse, or beat their children. Twenty-five per cent (n=3) had attempted suicide in the past, but these tendencies, along with self-blaming, changed after LA. Sixteen per cent (n=2) of women participants reported feelings of encouragement to seek emotional, social, and instrumental support from women in their SHG group or the villagers when in trouble.

Results indicated that adaptive, problem-focused coping categories (e.g., planning, active coping, planning, and positive reframing) increased after the LA sessions. Seventy-five per cent (n=9) attested to an increase in a positive reframing strategy. They shared their problems with other women more openly and received support and help from trusted others. Seventeen per cent (n=2) acted against the violence they faced by filing cases and seeking legal help.

Thirty-three per cent (n=4) of women adopted active coping- when home conflicts or abuse were not resolvable, they sought possible actions as solutions. For example, with increased awareness of legal rights, one woman participant filed a legal DV case against her husband, who subsequently stopped drinking after being confronted by the police.

As noted in a quote in Table 2, women's attitudes and perceptions of themselves and others seemed transformed after LA. To show the progression of a woman's coping and renewed strength from pre to post LA, we have noted a few examples:

> I once went to court when my eldest daughter was eight months old. But then my in-laws filed a fake case against me… I even tried suicide twice by hanging.

[After LA and support from other women, she described a very different scenario:]

> Now I have filed two cases. Recently I filed a case against my husband for domestic violence, and the police warned him… Now I have started earning for myself, for the necessities and accessories I need.

3.2.3 Coping Strategies not Affected by Legal Awareness

Some adaptive and maladaptive coping strategies continued even after exposure to LA sessions. Positive strategies that continued after LA included: emotional and social support from their peers; religious coping from which women continued to find comfort and solace; and humour (laughing off the situation). One maladaptive coping strategy that reportedly continued was substance use, as seen in Table 4. In addition, one participant who accepted both happiness and sadness as part of life and viewed family conflicts with a sense of humour reported acceptance.

3.2.4 Other Findings

The qualitative analyses of the interview data also revealed certain other themes that did not come under the Brief COPE categories. The following are such themes:

3.2.4.1 Gender Discrimination

Before LA sessions, participants perceived their female body as the primary cause for their suffering, given their differential treatment, from birth, compared to males. Deprived of education, literacy, decision-making, and choices, two participants spoke of feeling cursed for being born as a female and the influence of LA in helping them gain a perspective of women's values:

> A woman has the right to be as free as a man… and women must fight against the violence they face without fearing society's thinking of them.

Another stated:

> Legal awareness has made me feel confident about myself, and I started believing that being born a girl is not a curse but a blessing.

3.2.4.2 Need for Women's Cohesion

Women in the village who never got the opportunity to attend LA did not appreciate LA-inspired changes in our participants. Some were concerned about the participants raising their voices and acting against DV perpetrators. As explained by one participant:

> I felt good about hearing the information, but there is none to support the women who raise their voices. Here women are becoming enemies of women.

Another expressed the need for a more significant societal effort to bring about an actual change:

> If one woman speaks, what change will happen? A change can be made in society only with a combined effort.

3.2.4.3 Social Acceptance

The objectification and aggression against women seem interwoven within a societal acceptance that some older women accept as a reality of their lives. This quote from a participant indicates how a woman herself is trying to protect the perpetrator:

> If the husband hits you, keep quiet and don't blow up the incident into a severe case... ...People believe women's words without hearing what the men have to say.

3.2.4.4. Learned Helplessness

A new coping strategy sub-category- negative acceptance, was identified under the emotion-focused coping strategy of Brief COPE. One of the participants learned to accept life and moved on silently since nothing seemed to bring any change in her life, which could be attributed to the concept of Learned Helplessness (LH). Abused women could feel helpless without known safe exits and support. They could be clinging to an abusive relationship due to concern for the children, fear, having no known safe place to go, the stigma of leaving a marriage (Hossain, 2016), economic dependency, lack of external agency support, and gender socialization expectations (Barnett, 2001). Some women cope by rationalizing the violence inflicted upon them and adopt attitudes of acceptance, which ultimately perpetuates abuse (Dasgupta, 2019). The current study suggests negative acceptance and dysfunctional coping strategies of women participants as indications of LH. The LA sessions, as an intervention, might have changed the LH status of the women participants to more problem-focused coping strategies such as 'active coping,' 'planning,' and 'use of instrumental support.'

> I tried suicide twice by hanging. Now don’t feel anything, and I have grown old and now whatever he says doesn’t matter to me.

3.2.4.5. Learned Optimism

Most of the participants i.e. 75% (n=9) expressed more optimism and confidence about finding their voice:

We realized that we should not tolerate domestic violence and should raise our voices against it.

It occurred that some hope and realization resurrected from within them, and they considered that their lives need not be tormented. Another concurred:

> Before the sessions, I kept my feelings to myself and believed that this was better than sharing something with people and making a problem in the house and community. [but after LA sessions…] I felt good and felt like the information shared was true; there has been a change in my life... I want to say that women should seek help from others when they think they can't handle it anymore.

4. DISCUSSION

In this qualitative, exploratory study, the participants were primarily illiterate due to restrictive customs dictating the early marriage of girl children who were viewed as an economic burden to their poor parents.

Previous studies found emotion-focused coping strategies as most prominent, particularly spiritual, and religious practices (Zakar et al., 2012; Bhandari, 2018), and a similar trend was observed in the current study. To find solace in religion has always been considered an adaptive coping strategy. Nevertheless, in the present study, in some cases, it was maladaptive as the participants found prayers did not bring any change in their lives and felt disappointed.

A Kyrgyzstan study found that women primarily maintained their current situation or developed the skills to resist abuse (Childress et al., 2018). Likewise, in the present study, 75% (n=9) of women exhibited increased positive reinterpretation and growth and decided to move towards more problem-focused coping strategies to resolve DV-related issues. This is in tandem with the self-determination theory (Deci & Ryan, 1985), which suggests that the need for growth drives behaviour.

The study results suggest the possible influence of LA sessions on the cognitive reappraisal of the participants' view of themselves and positive modifications in self-reported coping mechanisms that changed from maladaptive to adaptive. Seventeen per cent (n=2) of the participants reported taking legal actions to initiate purposeful change against an environment of DV. They spoke of developing women's networks to break their self-isolation. The new legal knowledge might have influenced their former beliefs of being helpless victims of gender bias. Most significantly, LA probably brought more positive reinterpretation in women's perceptions, indicating the development of learned optimism. These findings are significant as they suggest the possibility of DV victims becoming empowered to change their cognitive coping strategies and behaviours towards abusive spouses through gaining knowledge of their legal rights.

4.1 Limitations

A potential limitation to this study is the small sample size, though this is not uncommon with qualitative research with thematic saturation. The sensitive nature of the field under investigation makes it difficult to conduct experimental studies, and the ethical requirements prevent controlled programs from phasing. DV is a sensitive topic that must be approached with due diligence without hurting the sentiments of women. The same prevents us from conducting a before/after legal awareness study. Hence, we resorted to a survey involving a self-reporting narrative by the women participants who were self-help group (SHG) members.

4.2 Conclusion

The current study is unique because there is a paucity of research on DV and legal awareness and coping methods of DV survivors in rural India. This study may be one of the first studies that examine how gaining legal awareness influences the coping strategies and subsequent behaviours of women survivors of DV. Given the deep-rooted cultural gender biases against women in India, the authors did not anticipate cognitive and behavioural shifts in the participants. However, some studies have found that the actual application of legal recourse can be ineffectual and, in some cases, can disempower victims (Meyersfeld, 2010; Childress et al., 2018). Finally, these and future results could not be generalized to more developed countries that already have legal rights.

If a substantial body of supporting research validates the findings of the present study, policies that promote the dissemination of the legal rights available to DV victims should be pursued.

4.3 Suggestions and Recommendations

The growing concern about violence against women in India invites immediate attention from the government to review the stringent nature and gender- sensitivity of the existing policies in empowering women to fight DV.

Authors suggest legal awareness to promote understanding of legal culture and participation in forming laws. Hence, women should have in-depth knowledge about legal provisions catered to their circumstances, sources of legal help, the legal procedures in filing a case, and the legal aid available from the government.

The present study recommends the government's strategic directions to strengthen the PLV Scheme and recruit community-based PLVs to spread awareness about legal provisions. Further in-depth studies are required to understand the effect of coping strategies on the lives of the victims of DV and their families and also on the effect of coping strategies on their psychological well-being.

Psychosocial interventions focused on coping and problem-solving can help the healthy reintegration of DV victims into the family/society. Interventions based on cognitive behavioural therapy could educate women on problem-solving, dealing with violence and depression, rewire their attitudes and perception, and encourage adaptive coping techniques. A structured skill training session on cognitive behavioural therapy could be an excellent exercise to improve the legal awareness of rural women and their problem-focused coping strategy. Future research could also consider evolving models to help individuals develop the ability for learned optimism with specially designed psychosocial interventions for domestic violence.

Data Availability Statement

The data that support the findings of this study are available upon request from the corresponding author.

Ethics and Participant consent statement

The Ethics Committee of Amrita University, India, approved this study. Informed Consent was obtained from the women participants, and the interviews were audio-recorded.

Conflict of Interest Statement

All authors have participated in the conception, design, analysis, and interpretation of the data, revision, and approval of the final version of the research article. The authors declare no conflict of interest.

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