

# Awareness About Resources And Support For Victims Of Domestic Violence And Extent Of Help-Seeking Behavior Among Women Of Different Socioeconomic Strata In Chennai

Dr. Malai Ammal<sup>1</sup>, Dr. Arun Murugan<sup>2</sup>, Dr. Ramasubramaniam<sup>3</sup>, Lillian Martha Jacob<sup>4</sup>, Malini S A<sup>4</sup>, Manu Pranav<sup>4</sup>, Mohammed Ali<sup>4</sup>, Nedumaran<sup>4</sup>, Shruti B<sup>4</sup>, Rohit S<sup>4</sup>, Poonkuzhalthathan<sup>4</sup>

<sup>1</sup>Assistant Professor, Dept of Community medicine

<sup>2,3</sup>Professor and Head of department, Dept of Community medicine

<sup>4</sup>Dept of Community medicine

<sup>1,2,4</sup>Government Medical College, Omandurar Government Estate, Chennai, Tamil Nadu, India

<sup>3</sup>Government Kilpauk Medical College, Kilpauk, Chennai, Tamil Nadu, India

## Abstract-

*Objectives: To assess awareness about resources and help-seeking behavior among women from different socioeconomic strata in Chennai.*

*Methods: A cross-sectional study was conducted from August to September 2022 among 100 married women in Chennai, using a structured questionnaire. Socioeconomic status was assessed using the Modified Kuppuswamy Scale. Associations were analyzed using chi-square tests and t-tests;  $p < 0.05$  was considered significant.*

*Results: 19.61% of participants experienced some form of domestic violence (DV). Awareness of helplines and support groups was significantly associated with DV reporting. Women who had experienced DV were slightly older and had lower education and occupation scores. Lower SES was not significantly associated with DV.*

*Conclusion: A considerable proportion of women, particularly in lower socioeconomic groups, are unaware of existing support systems. Improving outreach and accessibility of these resources is crucial.*

**Keywords-** domestic violence, domestic help seeking behavior, socioeconomic status, women's health, awareness, education, helplines

## I. INTRODUCTION

Domestic violence (DV) is a pervasive issue that affects women across all social and economic backgrounds. It includes physical, emotional, sexual, and economic abuse, most often by intimate partners or family members. In India,

Section 498A of the Indian Penal Code criminalizes such harassment. The Domestic Violence Act, 2005, further strengthens women's legal rights to protection, residence, and maintenance. Despite such provisions and helplines like 181 and 1091, many women remain unaware of the resources available to them.

Understanding the awareness and help-seeking behavior among women from various socioeconomic strata is vital. This study aims to fill the knowledge gap and identify factors influencing the use of support mechanisms.

## II. METHODS

### Study Design and Participants

This is a community-based cross-sectional descriptive study conducted in the year 2025 in Chennai, Tamil Nadu. The study was carried out in two urban localities: Pudupet and Ashok Nagar. A total of 100 married women were selected using convenience sampling.

Inclusion criteria included: married women aged 18 years and above, residing in the selected areas, and willing to participate in the study. Women who were severely ill or declined to give consent were excluded. A structured, bilingual questionnaire was administered privately.

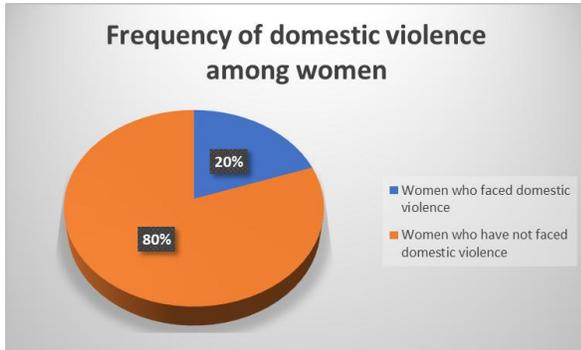
### Data Collection and Analysis

Data were collected after obtaining informed consent. The collected data were entered and cleaned using Microsoft Excel 2021. Descriptive statistics were calculated. Inferential statistical analysis was performed using IBM SPSS version

26.0. Chi-square test and independent t-tests were applied. A p-value of <0.05 was considered statistically significant.

**Results**

**Figure 1 Prevalence of domestic violence**



**Table 1 Sociodemographic details**

S. no.	Variables	Frequency	Percentage
1	<b>Age of women (in years)</b>		
	20-35	2	2.0
	35-50	39	38.2
	50-60	48	47.1
	60 and above	2	2.0
2	<b>Age of husband (In years)</b>		
	30-40	30	29.4
	40-50	51	50.0
	50 and above	20	19.6
3	<b>Education level</b>		
	No formal education	10	9.8
	Primary education	23	22.5
	Secondary education	26	25.5
	Higher secondary	14	13.7
	Graduate degree	25	24.5
Postgraduate degree	4	3.9	

4	<b>Occupation of head of household</b>		
	Unskilled worker	21	20.6
	Semi-skilled worker	13	12.7
	Skilled worker	28	27.5
	Clerical/Shop owner/farmer	20	19.6
	Semi-professional	10	9.8
	Professional	10	9.8
5	<b>Family income range</b>		
	Rs 3950-Rs 11,849	15	14.7
	Rs 11,850-Rs 19,699	37	36.3
	Rs. 19,700-Rs 29,549	35	34.3
	Rs. 29,000-Rs 39,399	7	6.9
RS. 39,400- Rs 78,799	8	7.8	
6	<b>Socioeconomic class</b>		
	Upper lower	54	17.8
	Lower middle	34	11.2
7	<b>Type of domestic violence</b>		
	Economic	8	7.8
	Emotional	4	3.9
	Physical	7	6.9
8	<b>Reasons for not seeking help</b>		
	Financial dependence	1	1
	No support system	4	3.9
	Social stigma	1	1
	Didn't know where to seek help	8	7.8
9	<b>Awareness of helplines</b>		
	Yes	74	72.6
	No	2	2.0
	Unsure	26	25.5

10	<b>Awareness of support groups</b>		
	Yes	18	17.5
	No	58	56.9
	Unsure	26	25.5

**Table 2 Association between various factors and domestic violence**

S. no.	Factors	Chi-square test	p-value
1	Education	5.601	0.347
2	Socioeconomic status	1.453	0.484
3	Age of woman	9.113	0.028

In our study, we found out that 19.61% (n=20) women have experienced domestic violence in some form out of our total sample of 100 women

**1.Socioeconomic Status and DV**

The Modified Kuppaswamy Scale was used to assess socioeconomic status (SES). The prevalence of DV by SES is shown below:

Chi-square test:  $p = 0.484$  (not statistically significant)

When examining social class, the distribution of domestic violence was somewhat uneven. Most of the reported cases came from individuals in the “Upper Lower” and “Lower Middle” classes. Specifically, 13 out of 54 in the lower class, 5 out of 34 in the middle class, and only 2 out of 14 in the upper-middle class reported experiencing abuse. However, statistical analysis showed that this difference wasn’t significant. This means that, although the trend might suggest a link between lower socioeconomic status and increased risk, the data does not provide strong enough evidence to confirm it.

**2.Education and Occupation vs DV**

There was no significant association between education score and DV ( $p = 0.347$ ). However, the trend suggested that women with higher education were less likely to experience DV:

Education appeared to offer some degree of protection against domestic violence. The average education score of women who had not experienced DV was higher than those who had. Specifically, the average for non-victims was 3.44, compared to 2.85 for those who had experienced violence. Although this difference wasn’t statistically significant, it still suggests that education may play a role in reducing vulnerability, possibly by increasing awareness, self-confidence, or financial independence.

Regression results also supported this trend: higher education was linked to a lower chance of experiencing DV, though the result did not reach significance. This implies a pattern that’s worth exploring further in future studies with larger samples.

Similarly, occupation score was not significantly associated with DV, but a downward trend was observed, suggesting possible protective effects of stable employment or higher-level occupations.

**3. Age and DV**

Older women appeared slightly more likely to report DV, with a significant association ( $p = 0.028$ ). This might reflect either a cumulative burden of abuse over time or shifting tolerance levels with age.

This pattern, though affected by small sample sizes in some groups, suggests targeted interventions for older age groups may be necessary.

**4. Help-Seeking Behavior**

Despite a high prevalence of DV, only 6.9% of women who experienced DV reported seeking help, while 10.8% chose not to seek help, and 82.4% were not applicable (did not experience DV).

Chi-square test:  $p < 0.001$ , indicating a significant association between having experienced DV and help-seeking.

This reflects deep-seated barriers including:  
 Stigma  
 Lack of knowledge about legal rights  
 Fear of retaliation  
 Cultural norms that promote silence and endurance.

**5. Awareness of Support Systems**

A significant number of women were unaware of helplines or unsure if they existed, even in urban areas:

This low level of awareness suggests a major gap in information dissemination, even in areas with better infrastructure and literacy.

The study reveals a high prevalence of domestic violence among married women in urban Chennai, irrespective of socioeconomic status. Awareness and utilization of support services remain unacceptably low, even in relatively more educated and economically stable populations. While higher education appears to be somewhat protective, DV was reported across all education and income levels.

A critical finding is the disconnect between awareness and action—even when women were aware of DV resources, social and cultural barriers limited their ability to seek help.

### III. DISCUSSION

This study sheds light on the persistent and complex issue of domestic violence (DV) among married women in urban Chennai, emphasizing both the prevalence of abuse and the gaps in awareness and utilization of support systems. Our findings echo national and global concerns regarding underreported and unaddressed DV cases, especially in settings where social stigma and structural barriers prevail. Despite the expectation that lower socioeconomic status (SES) may be associated with a higher prevalence of DV, our data did not find a statistically significant association between SES and the occurrence of violence. This reinforces the idea that DV transcends economic boundaries and is prevalent across all strata. However, trends indicated a slightly higher occurrence among the upper-lower and lower-middle classes, suggesting these groups may still be particularly vulnerable.

Education and occupation appeared to have a protective influence, albeit not statistically significant. Women with higher education scores were less likely to report experiencing DV. This aligns with literature suggesting that education improves awareness, self-advocacy, and access to external resources. Similarly, higher occupation scores may provide women with financial independence and bargaining power within the household, potentially reducing their vulnerability to abuse.

Age was the only factor that demonstrated a statistically significant association with DV. Older women were more likely to report having experienced abuse, which may reflect either cumulative exposure over time or a greater willingness to disclose such experiences. This finding aligns with previous studies showing increased reporting with age

and highlights the need for targeted support for older age groups.

Alarming, help-seeking behavior among DV victims was strikingly low. Only 6.9% of women who had experienced abuse reported seeking help. The majority either did not seek help or deemed the question not applicable. This finding is consistent with prior research in similar settings, where women cite fear, stigma, lack of information, and distrust of legal or institutional mechanisms as barriers to reporting.

The level of awareness about existing support systems such as helplines, protection officers, and women's welfare services was also found to be very low, even in urban areas like Chennai. This reflects a serious gap in the dissemination of critical information and public education efforts. If women are unaware of the legal and social support systems available to them, they remain trapped in cycles of silence and suffering.

These findings have important implications for public health, policy, and community intervention. Strengthening awareness campaigns, especially in urban slum settings, integrating DV screening into routine health services, and empowering women through education and employment can serve as multifaceted approaches to tackling this issue.

#### Study Limitations

The sample was small and urban, selected via convenience sampling. Rural areas were not included. DV underreporting is possible. Nonetheless, this study adds to the limited literature linking awareness and help-seeking with SES in urban India.

#### Recommendations

**Community-Based Awareness Campaigns:** Implement targeted grassroots initiatives to raise awareness about the types of domestic violence, legal rights, and available helplines/support networks, especially in low-SES areas.

**Integration into Primary Healthcare:** Train frontline healthcare workers to screen for DV, provide counseling, and refer victims to support services as part of routine care.

**Educational Programs:** Incorporate DV awareness into school and college curricula, focusing on gender equity and healthy relationships from an early age.

Media and Digital Outreach: Use television, radio, and social media platforms to promote support systems like helpline numbers (181, 1091) and legal resources under the Domestic Violence Act

Policy Recommendations: Encourage government and NGOs to collaborate on building accessible DV response centers, especially in urban slums and underserved neighborhoods.

Further Research: Since study population is small further Conduct longitudinal and rural-inclusive studies to explore regional disparities and track behavioral changes following awareness interventions.

### Disclosure

No funding received. No conflicts of interest declared.

### Author Contributions

Dr Malaiyammal, Dr Arun Murugan, Dr Ramasubramaniam, Lillian Martha Jacob, Malini S A, Manu Pranav, Mohammed Ali, Nedumaran, Shruti B, Rohit S, Poonkuzhalthathan contributed equally to study conceptualization, analysis, and manuscript development.

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