

Asian Resonance

Psychological Dynamics of Women Victimization and Its Impact on Health

Abstract

Present study endeavored to investigate the role of psychological factors in women victimization (domestic violence) and its linkage with unhealthy status of women in our society. The form and magnitude of domestic violence was assessed with the help of Domestic Violence Checklist (S. Pandey, 2012). Further, marital conflict, stress, empowerment and health status of women were assessed with the help of standardized measures. Data analysis was done exercising univariate and bivariate analysis.

Findings revealed the alarming state of domestic violence in different strata of society. Psychological factors i.e.; marital conflict and stress were found positively related with different forms of violence (abuse), whereas, negative relationship between empowerment and domestic violence was found. Various forms of abuses were found positively linked with physical and psychological health (illness) status of women. Univariate analyses evinced that high conflict and stressed group were found maximum victim of domestic violence than their counterparts. Abuses were far high in de-empowered women than empowered group. Moreover, domestic violence caused adverse impact on health status of women. Therefore, victimized women expressed poor physical and mental health status than non abused counterparts. Findings have been discussed in the context of newer perspectives of women victimization.

Keywords: Empowerment, Learned Helplessness, Marital Conflict, Stress, Women Victimization

Introduction

Violence is widely studied field, however issues related to intimate violence (child abuse and domestic violence) have achieved major focus in social psychological researches over the last decade. Women victimization or domestic violence (D.V.) is witnessed at epidemic threshold around the globe and has challenged the very existence of female population. First of all, domestic violence emerged as a challenging social issue in U.S.A., after the publication of a book, "Behind Closed Doors: Violence in American Families" by Murray Straus et.al. (1980). Afterwards, researches on D.V. proliferated from different perspectives. Investigators are actively engaged to explore its prevalence rate, root causes and consequences on development and health status of women and children (Flavia, 1988; Ghadially, 1988; Jaffe, et al., 2003; Pandey, 2008; 2010; Pandey & Mishra, 2000).

Women around the globe are maltreated in many ways, i.e., physical harassment, sexual, psychological, emotional and economic abuses and are bound to live in a terrible and pathetic state. Jaffe et.al. (2003) defined, "Domestic violence (D.V.) refers to one partner's attempt to control, dominate or humiliate the other partner through a variety of means, viz; physical, sexual, psychological, economic and spiritual abuses". (Jaffe et.al; 2003). Women victimization can occur in a variety of relationships including same sex relationship, extended relationship, dating, acquaintance and peer relationship. It is a form of power and control and affects physical, social, emotional and financial well-being and health status of women and children. Women from all racial, ethnic backgrounds, social classes, religions, ability levels and professions have been abused in their lifetime.

A bulk of studies confirms the epidemic growth rate of women victimization (abuses) in all parts of the globe. According to UNFPA world population report (2005), in every country where reliable large scale studies have been conducted, between 10 to 69% of women report that they have been physically abused by an intimate partner in their lifetime.



Sushma Pandey
Associate Professor,
Deptt. of Psychology,
DDU Gorakhpur University,
Gorakhpur

Forced prostitution, foeticide or other kinds of economic abuse by male partners or parents are other forms of violence against women and children reported worldwide. In Northern Ghana girls are donated to priests and/or forced to live as wives and submit sexually to the shrine priests in return for protection for the family. A similar practice (Devdasi) exists in Southern India where young women and girls are donated to serve a temple and very often end up being prostitute.

In India, domestic violence is present at high rate since antiquity. The statistics from police, court, hospital and NGO records do exist, but these data remain scattered, poorly maintained and seldom. However, a sizeable number of studies based on primary data indicate that physical abuse of Indian women is quite high ranging from 22% to 60% of women surveyed (Mahajan, 1990; Rao, 1996). The National Crimes Record Bureau reveals a shocking 71.5% increase in cases of torture and dowry deaths during the period from 1991 to 1995 may reflect increased reporting of violence. In 1995, torture of women constituted 29.2% of all reported crimes against women. In another study, 18 to 45% of married men in five districts of Uttar Pradesh agreed that they physically abused their wives (Narayana, 1996). The report indicated that torture and cruelty by husband and in-laws, constituted the major kind of crime amongst all reported forms of violence accounting for 29% of all reported cases. A study conducted at Tata Institute of Social Sciences Mumbai in 1997-98 identified that M.P. and Maharashtra alone accounted for 29.7% of all registered cases of violence against women. Maharashtra registered highest number of cases of torture and cruelty by husband or relatives (Visaria, 1999). According to United Nations (U.N.) Population Fund Report, as many as 70% of women in India between the age of 14 to 49 are victims of Physical and psychological abuses. Jejeebhoy (1998) identified 36-38% of women in Tamilnadu and 42-48% of women in Uttar Pradesh were found victims of abuses. Pandey (2008) conducted a research study in Gorakhpur Division. She evinced that domestic violence has prevailed at alarming threshold in different strata of society (45%-69%) and no community is immune of this evil. The registered cases of D.V. suggest an increment of 10% per year however; a sizeable number of cases are unreported.

Earlier studies confirm that domestic violence is rooted in adults' psychological disturbances. Abusive partners were identified as exposed to D.V. in their own childhood (Kempe et. al; 1962). However, later studies evinced the role of multiple factors nested with each other. Flavia (1988) applied the perspective of learned helplessness (Seligman, 1975), to explain the process of victimization. She narrated that when women were beaten for the first time they were numb with shock and such humiliation left a permanent scar on their psyche. The repeated assaults threaten their wellbeing and their survival became major issue. Gender based socialization and imposition of all ill customs on daughters is another cause of violence against women (Kishwar, 1994). Sex stereotype is an universal

phenomenon and has link with domestic violence (Pandey, 2008; Rao & Rao; 1982; Ward & Sethi, 1983).

Marital conflict has been found correlated with life stress, job stress, and depression. (Barton & Dreger, 1986; Beach et.al; 1986; Pandey, 2009; 2011). Studies reported that D.V. and marital conflict arise during disagreements over household responsibilities. Thus, marital conflict and family turmoil cause damaging impact on women and children (Edleson et.al; 1991; Hilton, 1992) Stress has also been identified another causative factor of domestic violence. Stressful events in the family affect each female in different and unique way. However, certain stressful situations trigger more intense stress reactions and consequences. Domestic violence and child abuse are certainly among the worst and most intrusive forms of stress. It impinges directly on the health and development of females and children, however, stress impact depends on many moderating factors like coping ability, social support and empowerment level (Kurtz et.al; 1993; Pandey, 2007; 2010). Studies evinced that active coping style and empowerment were found inversely related with domestic violence (Pandey, 2008; 2010). A cursory glance at review of studies indicates numerous causative factors of women victimization and its adverse impact on women's development and health.

A bulk of studies evinces the close relationship between family conflict, stress, domestic violence and women health (Bedian, et al., 1998; Friedman & Rosenman, 1974; Ickovics & Park 1998; Lazarus & Folkman 1984; Luthra, 2006; Pandey, 2007, 2008; Pestonge, 1992). In a study, Lewis and Cooper (1988) Found that family conflict and stress have been focused to be linked with decreased life satisfaction and increased mental and physical illness. Other studies also report positive relationships between family conflict, stress and mental illness, i.e. depression, insecurity and anxiety (Pandey, 2007; 2008; Sekaran, 1985; Wiley, 1987). Similarly, the impact of family stress on health/ reproductive health status of women and girls has also been thoroughly investigated (Mahadevan, et al. 2005; Pandey & Mishra, 1999; Pandey & Singh, 2002; Pandey, 2010).

In a statewide survey research, Luthra (2006) identified that in Punjab women victims of D.V. showed symptoms of anxiety, low self-esteem, eating problem, obsessive-compulsive disorder and post-traumatic disorder. Despite this, fatal outcomes like suicide, homicide were also exposed. Anthropological data also pointed out the common symptoms of depression, hopelessness, exhaustion, anger and fear in victims of domestic violence.

Review of studies indicates the role of several factors in the root of women victimization and its adverse consequences however; psychological dynamics of domestic violence and its impact on health status of women has not been extensively studied issue in Indian context.

Objective

Against this backdrop, this study was planned to investigate the effect of psychological factors i.e. marital conflict, stress and empowerment on domestic violence and its impact on physical and mental Health status of women.

Asian Resonance

Hypothesis

Based on Above Objective following Hypotheses were Formulated. It was Hypothesized that;

1. A close relationship between marital conflict, stress, empowerment, health and abuses (women victimization) would be found. More specifically, marital conflict, stress and illness would be found positively related with various forms of abuse whereas, an inverse link between women empowerment and abuses would be identified.
2. Marital conflict would exert influence on women victimization.
3. High stressed group would report maximum abuse than low stressed group.
4. Empowered group of women would be found less victimized than de-empowered group, and
5. Victimized women would express poor physical and mental illness than non-victimized group.

Method

Participants

A total of 140 women, age ranged 20 to 55 yrs. (mean age= 32.59 yrs.) belonging to different strata of society were randomly selected from rural and urban areas of Gorakhpur district, Further, on the basis of Median score (mdn= 148), obtained on Domestic Violence Checklist, females were divided into abused and non- abused, groups. A total of 64 cases were found highly abused and 56 cases were identified as low or non-abused.

Measures

1. Domestic Violence Checklist

To ascertain the level and forms of domestic violence, Domestic Violence Checklist (S. Pandey, 2012) was used. This checklist contains 89 items comprised of various forms of abuses. Responses on each item were scored following 4, 3, 2 and 1 order. Total summated scores in each area denote the magnitude of abuse in specific area and on the basis of the grand total, abuse as a whole was determined.

2. Marital Conflict Scale

To determine the extent of conflict between husband and wife, marital conflict scale (S.pandey, 2012) was used. This scale contains a total of 27 items comprised of 17 positive and 10 negative items. Responses given on positive items were scored following 5, 4, 2 and 1 and negative items were scored on 1, 2, 3, 4 and 5 pattern. Total score denotes the level of conflict between husband and wife.

3. Life Stress Scale

This scale is a modified version of Holmes and Rahe Readjustment Scale (Pandey, 2002). Life Stress Scale consists of 29 items pertaining to stressful events. The scale was used to measure the feeling of stress in participants. The scoring was done following 4, 3, 2 and 1 order. Total summated scores indicate magnitude of stress in females.

4. Women Empowerment Scale

This scale is developed by Pandey (2006), to assess the empowerment level of women related to familial, educational, social, political, economic and personal concerns. The questionnaire consists of 30 items. The reliability (r=.87) and validity (r=.69)

of the scale were found high. Responses given on items were scored following 5,4,3,2, and 1 order. Total summated scores denote the empowerment level of females.

5. CMI Health Questionnaire

Cornell Medical Index was used to assess health status of women. This questionnaire contains 195 questions with various sections. Questions are selected from 18 categories – 12 related to physical illness and 6 related to Psychological (mental) illness. Each 'yes' answered item is counted and considered as a score. Category-wise scores can be obtained on this measure and higher scores represent ill health of the respondents.

Procedure

This study was conducted in two sessions. In the first session, women were contacted individually. They were explained about the nature and purpose of the study in effective manner and proper rapport was established. Firstly, they were given Domestic violence checklist and were requested to respond on this measure. Then in the second session, they were given a set of measures containing marital conflict scale, life stress scale, women empowerment scale and C.M.I. health questionnaire. Respondents were requested to respond on various measures one by one. As they completed responses, data were collected and they were thanked for their participation. Obtained data were scored according to rules given in manuals.

Results

Scores obtained on various measures were treated statistically using SPSS (20th version). Both, bivariate and univariate analyses were done.

Bivariate Analysis

Table1- Relationship between Marital Conflict, Stress, Empowerment and Women Victimization (Abuses)

Dimensions of Abuses	Physical Abuse	Sexual Abuse	Psychological Abuse	Economic Abuse	Abuse as a whole
Marital Conflict	0.61**	0.43**	0.62**	0.59**	0.68**
Life Stress	0.53**	0.35**	0.55**	0.54**	0.60**
Women Empowerment	-0.32**	-0.29**	-0.42**	-0.30**	-0.42**
Physical illness	0.31**	0.27**	0.40**	0.32**	0.41**
Psychological illness	0.33**	0.29**	0.43**	0.30**	0.44**

Relationship between Psychological factors and Women Victimization (Abuses)

Correlation results displayed in table-1, denote positive relationships between marital conflict and various dimensions of domestic violence viz., physical abuse (r = .61, P< .01), sexual abuse (r = .43, P< .01), psychological abuse r= .62, P< .01), economic abuse (r = .59, P< .01) and abuse as a whole (r = .68, P< .01), which suggest that the incidence of domestic violence increased with increasing the level of marital conflict between spouses.

Similarly, a positive association between stress and victimization was found. More specifically, life stress was found positively related with physical abuse (r = 0.53, P < .01), sexual abuse (r = 0.35, P < .01), psychological abuse (r = 0.55, P < .01), economic abuse (r = 0.54, P < .01), and abuse as a whole (r = 0.60, P < .01).

Asian Resonance

Contrary to this, women empowerment was found negatively related with women victimization. More specifically, women empowerment was found negatively linked with physical abuse ($r = 0.32, P < .01$), sexual abuse ($r = 0.29, P < .01$), psychological abuse ($r = 0.42, P < .01$), economic abuse ($r = 0.30, P < .01$) and abuse as a whole ($r = 0.42, P < .01$). Correlation results thus, evinced that psychological factors like marital conflict, life stress and de – empowerment of women are directly associated with women victimization.

Relationship between Women Victimization and Health Status

The relationships between abuses and health were computed. Table- 1 shows that physical health was found positively correlated with physical abuse ($r=.31, P < .01$), sexual abuse ($r =.27, P < .01$), psychological abuse ($r=.40, P < .01$), economic abuse ($r=.32, P < .01$), and abuse as a whole ($r=.41, P < .01$). Similarly, mental illness was found positively correlated with physical abuse ($r = 0.33, P < .01$), sexual abuse ($r = 0.29, P < .01$), psychological abuse ($r = 0.43, P < .01$), economic abuse ($r = 0.30, P < .01$) and abuse as a whole ($r = 0.44, P < .01$). Results thus, proved the adverse role of victimization in health status of women.

Comparative Analysis

In order to determine the influence of psychological factors, i.e., marital conflict, stress and empowerment on domestic violence (victimization), further comparative analysis was done. Results are displayed in tables and interpreted in following section.

Table 2: Means, SDs and ‘t’ – Values for Various forms of Victimization (Abuses) between High and Low Conflict Groups.

Dimensions of Abuses	High Conflict		Low Conflict		t- Value
	Mean	SD	Mean	SD	
Physical Abuse	48.00	16.70	33.38	7.66	6.64**
Sexual Abuse	19.00	6.82	14.97	4.47	4.13**
Psychological Abuse	92.49	20.31	69.43	18.72	7.00**
Economic Abuse	19.57	8.57	12.58	3.71	6.24**
Abuse as a whole	179.19	44.50	129.81	27.91	7.86**

N = 140 , P < .01

It is clear from the results (table-2), marital conflict caused high incidence of abuses and torture by husband and family members. Women who reported high level of conflict with husband, were found highly victimized than low conflict group ($t (139) = 7.86, P < .000$). The significant differences between high and low conflict groups were also found on physical abuse ($t (139) = 6.64, P < .000$), sexual abuse ($t (139) = 4.13, P < .000$) and economic abuse ($t (139) = 6.24, P < .000$). This result indicates that victimized women were identified maximum victim of various forms of abuse than non victimized females and the determining role of marital conflict in domestic violence is proved.

Table 3: Mean, SD and ‘t’ – values for various forms of Victimization (abuses) between high and low stressed group of females

Dimensions of Abuses	High Stress		Low Stress		t- Value
	Mean	SD	Mean	SD	
Physical Abuse	47.03	17.38	33.82	6.61	5.81**
Sexual Abuse	18.35	6.70	15.53	5.01	2.80**
Psychological Abuse	91.25	21.63	69.79	18.01	6.36**
Economic Abuse	19.28	8.56	12.59	3.66	5.89**
Abuse as a whole	175.64	47.12	131.61	26.92	6.69**

N = 140 , P < .01

Table -3 displays, Means, S.D. and t — values of different forms of abuses experienced by high and low stressed groups. Present findings reveal that domestic violence along with its various forms differed significantly between high and low stressed groups of females. The significant t-value on abuse as a whole ($t (139) = 6.69, P < .000$) indicates that highly stressed women reported maximum abuse ($M = 175.64.$) than the women having low stress ($M = 131.61$). Similarly, the significant t-values for physical abuse ($t (139) = 5.81, P < .000$), sexual abuse ($t (139) = 2.80, P < .000$), psychological abuse ($t (139) = 6.36, P < .000$) and economic abuse ($t (139) = 5.89, P < .000$), reveal that women with high level of stress were also found high victims of various forms of abuse than low stressed group.

Despite this, the influence of women empowerment on women victimization was also determined. Table -4 shows Mean, SD and t values of abuses as a function of empowerment.

Table 4: Means, SDs and ‘t’ – values for various forms of victimization (Abuses) between high and low empowered groups.

Dimensions of Abuses	High Empowered		Low Empowered		t- Value
	Mean	SD	Mean	SD	
Physical Abuse	35.69	10.30	46.22	17.10	4.45**
Sexual Abuse	15.22	5.17	18.91	6.47	3.75**
Psychological Abuse	73.39	19.29	89.36	23.15	4.46**
Economic Abuse	13.57	5.28	18.84	8.50	4.44**
Abuse as a whole	137.35	32.08	173.48	48.57	5.23**

N = 140 , P < .01

It is clear from Table-4, high empowered women were found less victimized than low empowered group ($t (1,139)=5.25, p<.001$). Likewise, the significant t values for physical abuse ($t (1,139)= 4.45$), sexual abuse ($t (1,139)= 3.75, p < .001$), psychological abuse ($t (1,139)= 4.46, p < .001$), and economic abuse ($t(1,139)= 4.44) p < .001$) were found very low in empowered women than de empowered females. It

appears that empowerment has played buffering role in lowering women victimization.

Consequence of Women Victimization on Health Status of Women

The consequences of victimization on women health status were also assessed. Physical health problems, i.e., heart diseases, fatigability, frequent illness, poor eating, etc., were found higher in abused women ($M = 46.8$) than non-abused females ($M = 35.2$), both groups varied significantly on physical health dimension ($t(139) = 4.51, P < .01$). Similarly, abused women expressed more psychological (mental) illness, i.e., depression, anxiety, sensitivity and tension ($M = 18.91$) as compared to non-abused females ($M = 13.22$). Mean differences were found highly significant ($t(139) = 4.50, P < .001$). This result indicates that women suffering from domestic violence have developed many problems related to physical and psychological health.

Discussion

Findings of the present study have proved the hypothesis that marital conflict and life stress are the salient reasons of women victimization; however, women empowerment works as buffer in controlling violence against women. Further, physical and mental health status of women was adversely affected by abusive experiences.

The Psychological Dynamics of Domestic Violence

Present results evinced the salient role of marital conflict, life stress and empowerment in emergence of victimization and its adverse impact on health. Findings have been discussed in the light of empirical and theoretical evidences.

The findings of present study revealed an exclusively positive relationship between marital conflict and domestic violence (victimization). Magnitude of relationship varied among abusive and non-abusive partners. It is apparent from the result that women facing high level of marital conflict also reported being victims of domestic violence. Other studies also support this finding (Pandey, 2008). Terman et al., (1932) These researchers reported that husbands' marital grievances were most likely to involve their wives' complaining, criticizing, and escalating emotion whereas, wives' grievances were most likely to involve their husbands' emotional withdrawal. Happily married couples have been found to display higher ratios of agreement to disagreement (Gottman, 1979) and exhibit more positive nonverbal cues (Birchler, 1977; Haynes, Follingstad & Sullivan, 1979; Weiss and Summers 1983), more agreement and approval (Vincent & Friedman, 1979) and less coercive and attacking behaviors (Billings, 1979) than unhappily married couples. In another studies Pandey, (2008; 2012) found that a sizable number of abused women reported high level of marital conflict and dissatisfaction. They also complained against husband's extra marital relation and were the sufferer of regular physical, sexual, psychological and economic abuses by husband or in-laws.

Another finding of the present study is that highly stressed women were found maximum victim of various forms of abuses. They also reported high level of stress in family (unemployed husband or poor family background, etc.). Other studies also support that abusive partners reported high level of stress than non-

abusive counterparts (Korbin, 1994.). The impact of any stressful event is substantially influenced by how a person appraises it. If family environment is extremely stressful and husband or family members are unable to cope with stressful episodes, negative outcomes in the form of victimization take place.

In another study, Pandey (2007) observed that stress and frustration were the major causal factors of child abuse/domestic violence. It is certainly one of the worst and most intrusive forms of stress (Korbin, 1994).

Present results further evinced that women empowerment was found inversely correlated with different forms of abuses. Abuses were found very high in de-empowered women where as empowered women reported very few incidence of violence in the family. It is clear from the result that empowerment has played positive role in minimizing violence against women. This result is supported by a number of studies (King et al., 1978; Resick & Jackson, 1998). Women victimization is considered a state of de-empowerment. Women and children have been victimized since a long period and therefore, this issue has become a primary impetus in stimulating researchers professionals and women organizations. Researchers have identified that several psycho-social and cultural factors i.e. patriarchy, family practices, customs and dominance etc. also play contributing role in the origin of women victimization.

Impact of Women Victimization on Health and Well-Being

Present findings suggest that abused women reported significantly more health problems related to physical and psychological illness than their non-abused counterparts. Physical health problems related to respiratory system, digestive system, nervous system and fatigability were found more in abused women. They also expressed high level of psychological problems concerned with depression, anxiety, sensitivity and tension.

This finding has ample empirical supports. Lewis and Cooper (1988) identified that family conflict and stress were found associated with decreased life satisfaction and also linked with depression and tension.

A sizable number of researches have denoted an exclusively favorable linkage between family conflict and stress with physical and psychological illness. Later, Pandey (2008) explored that family violence was found the strongest predictor of poor physical and mental health of women and children. In a comprehensive study, Pandey (2007, 2008) evinced that children of abused victims exhibited high stress and poor health status, this study identified close link among family conflict, stress, abuses and illness. The result can also be theoretically explained on the basis of 'Interaction theory' and Attachment theory (Bowlby, 1980), which suggest that poor bonds between wife and husband/in law are resulted in the form of domestic violence or victimization. Kolko, (1992) points out that abusive families are characterized by disturbed pattern of attachment. The insecure pattern of attachment causes high level of stress and domestic violence, which in turn leads to decreased health status (Crittenden, 1998 Pandey, 2005, 2007).

Asian Resonance

Conclusion

The findings of present study have proved the hypothesis that women victimization is caused by psychological factors like marital conflict, stress and women empowerment. Highly victimized were found in direct trap of poor physical and mental illness. This study has raised many issues concerning women victimization/ domestic violence (D.V.) and challenges to prevent this evil. A cursory glance at findings of present study reveals that domestic violence/victimization is epidemic in our society. A large portion of women community is in the direct trap of this evil. Domestic violence is not only damaging the dignity, health and well being of women community but also ruining the overall development of a large segment of women population. Therefore, it is a great challenge before us to chalk out intervention programmes combining both reactive and proactive strategies to prevent this evil and promote women health and wellbeing.

References

- Barton, K., & Dreger, R.M. (1986). Predication of marital roles from normal and pathological dimensions of psychology: 16PF and MMPI. *Psychological Reports*, 59, 459-468.
- Beach, S.R.H., Arias, I., & O'Leary, K.D (1986). The relationship of marital satisfaction and social support to depressive symptomatology. *Journal of Psychopathology and Behaviour Assessment*, 8, 305-316.
- Billings, A. (1979). Conflict resolution in distressed and non-distressed couples. *Journal of Consulting and Clinical psychology*, 47, 368-376
- Birchler, G. (1977). A multi-method analysis of distressed and non- distressed marital interaction: A social learning approach. Paper Presented at the Meeting of the Western Psychology Association, Seattle, W A.
- Bowlby, J. (1980). *Attachment and loss: Vol.3, Loss, Sadness and Depression*, New York: Basic Books.
- Crittenden, P.M. (1998). Dangerous behavior and dangerous context: A 35-year perspective on research on the development effect of child physical abuse. In P.K.Trickett, and C.J. Schellenback (Eds). *Violence against children in the family and the community* (pp.11-38). Washington, D.C., American Psychological Association.
- Edleson, J.L., Eisikovits, Z.C., Guttman, E., & Sela-Amit, M. (1991). Cognitive and interpersonal factors in woman abuse. *Journal of family Violence*, 6, 167-182.
- Flavia, A., (1988). "Violence in the family: Wife beating". In R. Ghadially (Ed.). *Women in the society*. New Delhi: Sage.
- Ghadially, R. (1988) .*Women in Indian Society*, New Delhi: Sage.
- Gottman, J.M. (1979). *Marital interaction: Experimental investigations*. San Diego, CA: Academic Press.
- Haynes, S.N., Follingslad, D.R., & Sullivan, J.C. (1979). Assessment of marital satisfaction and interaction. *Journal of Consulting and Clinical Psychology*, 47, 789-791.
- Hilton, N.Z. (1992). Battered women's concerns about their children witnessing wife assault. *Journal of Interpersonal Violence*, 7, 77-86.
- Jaffe, P.G., Lemon, N.K.D., & Poisson, S.E. (2003). *Child custody and domestic violence: A Call for safety and accountability*, U.K.: London.
- Jejeebhoy, S.J.(1998). Wife beating in rural India. A husband's right? Evidence from survey data. *Economic and Political Weekly* 33(15): 855-862.
- Kempe, C.H., Silverman, F.N., Steel, B.F., Drogemueller, W., & Silver, H.K. (1962). The bartered child syndrome. *Journal of the American Medical Association*, 17, 17-24.
- Kishwar, M. (1992). *Editor Manushi*. New Delhi.
- Kolko, D.J. (1992). Characteristics of child victims of physical violence: Research finding & clinical implications. *Journal of Interpersonal Violence*, 7, 244-276.
- Korbin, J. (1994). Socio-cultural factors in child maltreatment. In G.B. Melton & F.D. Barry (Eds.), *Protecting children from abuse and neglect. Foundations for a new national strategy*, (pp.182-223).New York: Guilford.
- Kurtz, P.D., Gaudin, J.M., Howing, P.T., & Wodarski, J.S. (1993). The consequence of physical abuse and neglect on the school age child: Mediating factors. *Children and Youth Services Review*, 15, 85-104.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing Co.
- Lewis, S.C. and cooper, C.L. (1988). Stress in dual career families. IN: Gutek, B.A. Stronberg, A.H., Larwood, L. (Eds.) *Women and Work: An Annual Review*, Vol.31, Beverly Hills, C.A. Sage Publications.
- Mahadevan, K., & others (2005). Empowerment of women through health education for healthy living of mothers and children. *Health promotion, prevention of HIV/AIDS and Population regulation: Strategies for developing countries*, New Delhi: B.R.P.C.
- Mahajan, A. (1990). Instigators of wife battering. In Sooshma Soos (Ed.), *Violence against woman*. Jaipur: Arihant Publishers.
- Narayana, G. (1996) "Family violence, sex and reproductive health behaviour among men in Uttar Pradesh. India": The Futures Group.
- Pandey, S. (2005). Child abuse: An impediment to the development of creative potential in children. *Psychological Studies*, 15,234-242.
- Pandey, S. (2007). *Psychological consequences of child abuse*. New Delhi: Concept Publishing Company.
- Pandey, S. (2008). *Psycho- Social aspects of domestic violence*. New Delhi: Concept Publishing Company.
- Pandey, S., & Mishra, B. (2000). Dowry and status of women in India. In K. Mahadevan , GAO Ersheng, Yu Jing Yuan, R. Jayasree, A.K.M. Nurun Nabi, P. Rajaram, F. Bourdier, P.J. Reddy, V.K.R. Kumar, & V.M. Sandeep (Eds.), *Reproductive health of humankind in Asia and Africa : A global perspective*; New Delhi: B.R.P.C

Asian Resonance

29. Pestonjee, D.M. (1992). Stress and coping. New Delhi: Sage.
30. Rao, V.V.P., & Rao, V.N. (1982) Marriage, the family and women in India, Columbia, Missouri : South Asian Books.
31. Rao, V. (1996). Wife beating in rural South India: A qualitative and economic analysis. *Social Science Medicine* 00(0): 1-12.
32. Sekaran, U. (1985). Enhancing the mental health of dual career family couples. *Indian Journal of Applied Psychology*, 22, 57-62.
33. Seligman, C., Bush, M. & Krisch, K. (1975). Relationship between compliance in the foot- in the door paradigm and size of first request. *Journal of Personality and Social Psychology*, 33,517-520.
34. Staraus, M.A. Gelles, R.J., & Steinmetz, S.K. (1980). Behind closed doors: Violence in the American family. Beverly Hills, C.A.: Sage.
35. Terman, L.M., Butterweiser, P., Ferguson, L.W., Johnson, W.B., & Wilson, D.P. (1938). Psychological factors in marital happiness New York: McGraw-Hill.
36. Vincent, J.P., & Friedman, L.C. (1979). Demand characteristics in observation of marital interaction. *Journal of Consulting and Clinical Psychology*, 47,557-566.
37. Visario, L. (1999). Violence against women in India: Evidence from rural Gujarat .In N. Duvvury (Project Director ICRW) Domestic violence in India: A summary report,U.S.A.; Washington, D.C.
38. Ward,C., & Sethi, R.(1983). 'Cross-cultural validation of Bem's sex role inventory: Malaysian and South Indian Research' Paper presented at Third Asian Regional Conference of International Association of Cross-Cultural Psychology, Bangi Malaysia.\
39. Weiss, R.L., & Summers, K.J.(1983).Marital interaction coding system 111. In E.E. Filsinger (Ed.), *Marriage and family assessment*, (pp.85-120).Beverly Hills, CA: Sage.