Domestic Violence against Women

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ABSTRACT

Domestic violence stands as the most widespread type of violence against women on a global scale. The term "domestic" encompasses violence perpetrated by a romantic partner, irrespective of the setting or manifestations of such violence. Violence against women encompasses any form of gender-based violence that poses, or may tend to cause, psychological, physical, or sexual harm to women. Various factors significantly contribute to the onset of domestic violence (DV), including but not limited to a biological, psychological, patriarchal societal structure, limited access to education, alcohol and substance abuse, economic challenges, and various other factors. The impact of this matter extends significantly to various aspects of family life, including the well-being of women's physical, psychological and social health, the livelihood of children and many others. Understanding domestic violence is of paramount importance due to its profound and far-reaching impact on individuals, families, and society as a whole. By comprehending the various dimensions of domestic violence, we can prevent harm, helping victims to seek help, in breaking the cycle of abuse, in shaping effective legal and social policies, promote gender equality, enhance healthy relationship and communication, safeguard the well-being of children in abusive households, and eradicating the silence that often perpetuates abuse. In essence, understanding domestic violence is vital for promoting human rights, social justice, and well being for all individuals. This research paper aims to provide a comprehensive analysis of domestic violence against women, exploring its causes, consequences, and potential interventions.

Keywords: Domestic violence, Women, Physical, Psychological consequences, Interventions

Living in constant fear, the notion of home transforms into a prison – a realm of violence instead of safety. Home typically evokes feelings of comfort and security, yet regrettably, this is not the reality for everyone. Instead, some individuals endure an environment of terror and aggression, a stark contrast to the nurturing sanctuary a home should provide. According to the World Health Organization (WHO), domestic violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (Alshammari et al., 2018). In the realm of interpersonal violence, the terms "domestic violence" (DV) and "intimate partner violence" (IPV) are commonly encountered. Although these terms are often used interchangeably, they possess nuanced distinctions that influence our understanding of the dynamics, contexts, and ramifications of these behaviors. While the terms "intimate partner violence" and "domestic violence" are frequently used interchangeably, it is essential to recognize that "domestic violence" encompasses a broader scope, including other forms of family cruelty involving older individuals and children as well. It extends beyond romantic partners. In contrast, "intimate partner violence" pertains specifically to abusive behavior within a romantic relationship (Alshammari et al., 2018). The Centers for Disease Control and Prevention (CDC-2016) defines intimate partner violence as encompassing physical, sexual, stalking, or psychological aggression, including coercive acts, carried out by a current or former intimate partner, irrespective of marital status (Huecker et al., 2023).

Domestic violence has emerged as a pressing global concern, especially in countries like India. Intimate partner violence and domestic violence can affect individuals of all genders within both heterosexual and homosexual relationships, perpetrated by individuals of any gender. However, research consistently indicates that women bear a disproportionately higher burden of domestic violence compared to men (Dardis et al., 2015). Violence against women (VAW) is a extensively documented issue and a significant public health challenge. Its gravity is underscored by the high mortality and morbidity associated with such violence, which has far reaching consequences on women's well-being (Lewis-O'Connor & Chadwick, 2015). The problem of violence against women has deep historical roots, spanning back to ancient times. Records from ancient India depict instances of violence against women, as seen in the mistreatment of Dropti mentioned in the Mahabharat epic. However, contemporary societies continue to grapple with violence against women, affecting not only women but also children (Sharma, 2015).

Domestic violence is a multifaceted phenomenon often defined as a pattern of coercion and control exercised by one person over another. It's vital to note that this type of violence doesn't solely involve physical contact and isn't restricted to isolated incidents. Instead, it encompasses various tactics, including threats, social isolation, intimidation, economic manipulation, and both sexual and psychological abuse, among others. Notably, some abusive tactics used by perpetrators can lead to psychological harm in addition to physical injury. Emotional abuse, though not always physically injurious, can inflict deep psychological wounds on victims (United Nations, 2010).

Characteristics of Domestic Violence

Understanding the distinctive characteristics of domestic violence is paramount for comprehending its dynamics and devising effective prevention and intervention strategies. The following features illuminate the nature of domestic violence:

1. Targeting Women within the Family Unit:

It is an exploitative phenomenon that unfolds within the familial context, often targeting women. Its impact spans across different age groups, affecting young girls, married women, elderly individuals, and women in various relationship dynamics (Sharma & Kumar, 2020).

2. Deliberate Act of Establishing Power:

Rooted in the intent to establish dominance, domestic violence is a purposeful behavior aimed at exerting power and control over another person. Violence serves as a tool to intimidate, humiliate, or instill fear in the victim, perpetuating an environment of subjugation (United Nations, 2010).

3. Multiple Manifestations:

It encompasses various forms, including physical, mental, emotional, and even spiritual dimensions. It goes beyond causing physical harm and extends to the erosion of a woman's self-esteem, dignity, and sense of safety (Sharma & Kumar, 2020).

4. Patriarchal Tool:

It operates as a precise instrument of patriarchal dominance, underpinned by notions of male superiority and female inferiority. It is deeply ingrained in systems of power imbalance (Sharma & Kumar, 2020).

5. Betrayal of the Private Sphere:

It disrupts the sanctity of the home – a space typically associated with love, companionship, and security. Astonishingly, the perpetrators of such violence are frequently individuals from the victim's own family, highlighting the complexity of this issue (Sharma & Kumar, 2020).

6. Universal Reach:

Domestic violence knows no boundaries of age, socioeconomic status, religious beliefs, racial identity, sexual orientation, or educational attainment. Dispelling misconceptions, it is imperative to acknowledge that anyone, regardless of their background, can fall prey to domestic abuse (Sharma & Kumar, 2020).

Prevalence

The prevalence of domestic violence varies due to differences in definitions and data collection methods used by researchers, compounded by low reporting rates among victims. According to the World Health Organization's findings, a significant portion of women worldwide experiences physical and sexual violence. Lifetime prevalence of such violence ranges from 10% to 69% based on various population surveys (George et al., 2016). In India, 37% of married women aged 15-49 have experienced domestic violence, as reported by the third National Family Health Survey (NFHS-3), exceeding rates in many other countries (George et al., 2016). The National Crime Record Bureau of India (2000) provides grim statistics: dowry deaths occur every 78 hours, sexual harassment every 59 minutes, rape every 34 minutes, and torture every 12 minutes. Alarmingly, nearly one in three married women in India has encountered domestic violence. A 1996 survey of 6,902 men in Uttar Pradesh revealed that up to 45% admitted to physically abusing their spouses (Sharma, 2015). In Gujarat, a study involving 450 women found 42% experienced physical beatings and sexual abuse, and 23% endured abusive language, belittlement, and threats. Notably, 56% of the surveyed women believed that wife-beating was justifiable (Nambi, 2011). The International Center for Research on Women (ICRW) reported that 85% of Indian men admitted to engaging in violent behavior towards their wives, 57% admitted to sexual abuse, and 32% admitted violence during their wives' pregnancies (ICRW, 2001).

George et al. (2016) conducted a study in rural Puducherry, South India, aiming to determine domestic violence prevalence and identify associated factors among married women of reproductive age. The study surveyed 310 women aged 18-49 married for at least one year and living with their husbands in the village. The results showed that 56.7% of participants experienced some form of domestic violence, with 51.3% reporting psychological violence, 40% physical violence, and 13.5% sexual violence. Illiteracy among women, love marriage, and non-registration of marriage correlated significantly with violence. The study underscored the high prevalence of domestic violence in rural settings.

Types of Violence

Recognizing the various types of domestic violence is a crucial initial measure towards prevention, intervention, and fostering a secure environment for individuals and families.

Physical Violence:

Physical abuse encompasses a spectrum of behaviors including pushing, shoving, slapping, hitting, throwing objects, and in extreme cases, life-threatening acts such as stabbing or shooting. It also takes forms such as female foeticide, female infanticide, incest, connivance, collusion of family members, sexual abuse, marital rape, overwork, lack of rest, and healthcare negligence (Choudhary et al., 2014). Documenting the entirety of physical abuse incidents within domestic violence relationships can be complex due to genderspecific reporting patterns. For instance, a study revealed that 40% of 310 participants reported experiencing physical violence (George et al., 2016).

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Sexual Violence:

Sexual abuse, present in nearly half of studied domestic violence cases (Jackson, 2007), involves the use of force or threats to coerce unwanted sexual activity. It's crucial to recognize that any non-consensual sexual engagement, even within a consensual relationship, constitutes sexual violence (Soni & Behmani, 2016). Its manifestations include undermining emotions tied to sexuality, sexual criticism, demanding unwanted physical contact, withholding intimacy, coercing sexual acts post-violence or during illness, committing rape, displaying jealous outbursts, and pressuring provocative attire (Kumar & Devi, 2019). A study highlighted that 13.5% of 310 participants experienced sexual violence (George et al., 2016).

Psychological Violence:

Psychological abuse, encompassing verbal and nonverbal mistreatment, includes behaviors like ridicule, insults, accusations, infidelity, and neglect. Such abuse can erode the victim's self-esteem and self-worth (Slabbert & Green, 2013). It may also involve isolating victims from their social circles, exacerbating their feelings of helplessness (Wiehe, 1998; Sanderson, 2008). The Domestic Violence Act, No. 116 of 1998, defines emotional abuse to encompass insults, shouting, name-calling, and belittling in public (Slabbert & Green, 2013). Research indicates emotional abuse is often more prevalent and equally damaging as physical abuse (Browne & Herbert, 1997; Romito, 2008; Sanderson, 2008). Studies show victims endure namecalling and insults, often in front of children (Slabbert & Green, 2013). It's noteworthy that physical abuse frequently co-occurs with emotional abuse (Enosh & Buchbinder, 2005; Ludsin & Vetten, 2005; Pineless et al., 2008; Vincent & Jouriles, 2002). Forms of psychological abuse also include infidelity and unfaithfulness (Slabbert & Green, 2013).

Economic Abuse:

This maltreatment involves restricting economic support and exerting strict control over family finances, including funds and transportation. Commonly, an erroneous assumption prevails where the female partner shoulders household and child-rearing duties with little financial assistance, even while expected to work full-time to meet family financial needs (Slabbert & Green, 2013). According to Davhana-Maselesele et al. (2009), some women require their partners' approval for any expenditure, even from their personal funds. Abused women often lack control over their finances as their partners exercise complete monetary dominance.

In many cases, all four categories of domestic violence occur simultaneously. Women who endure physical abuse often also experience emotional abuse. Psychological aggression can precede physical aggression. While economic and sexual abuses often correlate with physical and emotional abuse, victims may not always explicitly mention them (Slabbert & Green, 2013). For instance:

Example of All Four Types of Domestic Violence "He went on the whole evening. He kicked me and he shouted at me and called me names throughout the night. We could not sleep. He also does not give me money to buy food for the kids.... He then started to beat me and, how I could say, also abused me sexually." (Slabbert & Green, 2013).

Risk Factors in Domestic Violence

Violence against women is complex and not rooted in a single cause. Murthy et al. (2004) found that factors like family size, marriage type, and the husband's education significantly influence domestic violence.

Socio Demographic factors: Various characteristics contribute to domestic violence. These include gender, race, low socioeconomic status (Robert GL et al., 1998; Eclac, 1992), limited education (Coutinho et al., 2015), older age reducing victimization risk (Caetano et al., 2008; Khawaja et al., 2008), lower caste affiliation for women (Mahapatro et al., 2012), higher risk in rural communities (Devries et al., 2011), and unemployment (Naik & Naik, 2016). Younger, less educated, and lower-income women are more likely to experience abuse, while their counterparts exhibit less abusive behavior (Stith et al., 2004).

Relationship factors: it includes limited participation in income-generating activities (Pickover et al., 2017), low levels of marital satisfaction (Stith et al., 2008), marital instability divorces or separations, marital conflict-fights, dominance and control of the relationship by partner over the other (Naik, & Naik., 2016).

Patriarchal structure: India is a society that adheres to patriarchal cultural norms, wherein men have traditionally occupied positions of power and authority. This cultural construct often fosters the perception that women are subordinate to men, resulting in attitudes that condone or rationalize domestic violence (Kaur & Garg, 2015). The children are commonly referred to as the father's group. The prevalence of males, abundance of power, and the power structure itself renders females vulnerable and powerless (Sharma & Kumar, 2020).

Mental health issues: Perpetrators with depression, anxiety (Dube et al., 2014), substance abuse (alcohol and drugs) (Sarkar, 2008; Caetano et al., 2008; Duke et al., 2010; Gonzalez et al., 2014). Victims also face anxiety, depression, and post-traumatic stress disorder (Dube et al., 2014). Birkley and Eckhardt (2015) found that individuals with mental instability are at higher risk of partner abuse.

Psychological factors: Attitudes towards violence, jealousy (Stith et al., 2008), hot-tempered behavior (Johari, 2017), exposure to parental violence during childhood and adulthood (Hotaling & Sugarman, 1986; Stith et al., 2004), low self-esteem, aggressive or delinquent behavior in youth, antisocial and borderline personality traits, anger or hostility, association with negative peers, emotional dependence, and insecurity (Naik & Naik, 2016). Poor communication skills can lead to confusion, disagreements, and provocation (Gangoli et al., 2006; Khan, 2015). Eigenberg and Garland (2003) and Pavlou and Knowles (2001) found that provocation by a wife towards her husband may increase the risk of verbal and physical abuse. Victims may be hesitant to seek help due to communication barriers (Ahmad et al., 2009).

The UNICEF Reports on Progress of Nations, in collaboration with the Government of India, highlight a dire concern: over 60 million women are missing due to factors like feticide, domestic violence, dowry deaths, and physical assaults. Gender discrimination persists from birth to death, taking various forms and demanding immediate attention (Kumar & Chary, 2016).

- Feticide: Social bias towards male offspring has led to a significant number of female fetuses being aborted. The sex-ratio is decreasing countrywide, except in Kerala. Efforts to address this issue remain inadequate.
- Infanticide: Infant mortality is worrisome, with many female infants abandoned or exposed to opium overdoses. An alarming 90% of abandoned children are girls.
- Health Hazards: Girls have a 10% higher mortality rate due to malnutrition, and 80% experience anemia, according to official statistics.
- Physical Assaults/Rapes/Gang-Rapes/Molestations: The report notes instances of rape every 54 minutes, molestation every 26 minutes, and cruelty every 33 minutes.
- Dowry Deaths: Dowry-related violence has risen, particularly in Maharashtra, Madhya Pradesh, Andhra Pradesh, and Rajasthan, although many cases go unreported.

CONSEQUENCES OF DOMESTIC VIOLENCE

Understanding the ramifications of domestic violence is of utmost importance for several reasons, as it provides insight into the profound and extensive effects of this ubiquitous problem on individuals, families, communities, and society at large.

Physical Effects: Domestic violence can cause immediate injuries like bruises, broken bones, and head injuries requiring hospitalization (Jones, 1997). Pregnant victims face risks of miscarriage, pre-term labor, and fetal harm (Jones, 1997). Chronic conditions like migraines, body pain, arthritis, irritable bowel

syndrome (Berrios, 1991), and sexually transmitted diseases, including HIV (Syazliana, 2018), are associated with domestic violence. Gastrointestinal disorders, cardiac problems, and gynecological issues like carcinoma cervix and genital irritation (Collet et al., 1998) are also linked to victims.

Psychological Effects: The effects of domestic violence on mental well-being can manifest in various forms, including depression, fear, anxiety, low self-esteem, obsessive-compulsive disorder, and posttraumatic stress disorder (Syazliana et al., 2018). Approximately 60% meet the diagnostic criteria for depression, either during or after the termination of the relationship, and are at a heightened risk of suicidal ideation (Barnett, 2001). The use of verbal abuse, whether through excessive intonation, threatening statements, or vulgar remarks, can easily lead to psychological trauma (Golu, 2014; Kapoor, 2000; Lancet, 2016).

Effect on Children: Children exposed to domestic abuse face developmental and psychological challenges (Dodd, 2009). A study revealed that men frequently assaulting wives often assault children (Straus et al., 1990). These children show behavioral, emotional, and social issues (Malinosky-Rummell & Hansen, 1993), like aggression, anxiety, and disrupted social patterns. School problems may arise, including attitude and cognitive issues. Some abusers purposely harm the mother in front of the child, affecting both. Witnessing mother assault increases PTSD symptoms in children (Lehamann, 1995).

Financial Effects: A study conducted by McFerran (2011) has revealed that a significant number of individuals who have experienced domestic violence have reported that it has impacted their ability to attend work. The victims have reported feeling disturbed, tired, and unwell, requiring time for treatment or legal reasons, being late for work, and feeling too disappointed to work (Crowne et al., 2011; McFerran, 2011; Swanberg & Macke, 2006). If the perpetrator interferes with the victim at work, it may affect the victim's relationship with their co-workers, potentially resulting in job loss (Showalter, 2016). Victims of domestic violence often face economic abuse and isolation, limiting their financial resources and support networks, which makes it challenging for them to seek help (Stop Violence Against Women, 2010).

Societal Effects: The various forms of violence discussed in this essay have a detrimental impact on society. Violence against women can result in their confinement to their homes, where they are subjected to torture. When victims of such violence come forward to seek help, it can have both positive and negative effects on society. While it can inspire and offer hope to other women who are suffering, it can also create a negative atmosphere. Such incidents can also lead to other families experiencing domestic violence. Some families may imitate such behavior, regardless of its impact on their well-being (Kumar & Chary, 2016). Research has shown that women who experience domestic violence may delay seeking help due to social stigma, marriage obligations, loss of social support, and fear of ridicule or neglect. Some scholars believe that women tend to confide in individuals close to them about their partners' behavior, as it is considered a private matter (Ahmad et al., 2009; Loke et al., 2012).

Intervention Strategies for Domestic Violence Against Women: A Collaborative Effort for Change

The interventions strategies are a beacon of hope in the midst of the darkness of domestic violence, representing a collective effort to break the cycle of abuse, provide support to survivors, and foster a climate of change. The interventions encompass a wide spectrum of approaches, ranging from immediate crisis response to long-term empowerment initiatives. It is a declaration that no one should live in fear within their own homes, and that every woman deserves to be treated with dignity and respect.

The following recommendations have been carefully crafted to outline the important roles and services that various sectors can provide in order to effectively reduce the incidence and prevalence of domestic violence. These recommendations are categorized under the following major headings: Judiciary, Government, Police, NGOs, Health Care Support, Counselling, Awareness Generation and Sensitization, and Media (Choudhary et al., 2019).

At the Judiciary Level:

- Enforcing Drug Addiction Laws: Implementing rigorous enforcement of drug addiction laws addresses a contributory factor to domestic violence, curtailing substance abuse-related abuse.
- Addressing Alcohol-Related Violence: A comprehensive approach that includes stern penalties for alcohol-induced violence is imperative, given the significant association between alcohol and domestic violence.
- Specialized Courts for Swift Justice: Incorporating modern technological support like video-recorded statements enhances transparency and safeguards victims' rights, expediting the legal process.
- Prompt Resolution of Cases: Streamlining procedures and ensuring victim-centric support leads to swift resolution, minimizing further strain on victims and ensuring justice is served efficiently.
- Introducing Mobile Courts: Extending justice to remote areas through mobile courts bridges geographical gaps, offering justice to victims regardless of their location.

At the Government Level:

- Enhancing Legal Enforcement: Thorough and consistent enforcement of existing laws related to women's rights and domestic violence serves as a deterrent to potential perpetrators.
- Collaborating with NGOs for Awareness: Partnering with NGOs amplifies efforts to educate the public through workshops, campaigns, and community engagement about signs, consequences, and available resources for victims.
- Establishing Legal Aid Cells: Incorporating legal aid cells within police stations ensures immediate assistance and comprehensive support, encompassing legal guidance, psychological aid, and connections to vital services.

At the Police Station/Officer Level:

- Sensitization and Equal Treatment: Ensuring domestic violence cases are treated with the gravity of any other crime requires sensitization programs for officers, fostering empathy and trust
- Specialized Training: Equipping police officers with specialized training, including trauma-informed approaches and evidence collection, enhances their capacity to address domestic violence cases effectively.
- Enhanced Support Networks: Providing officers with information about support systems empowers them to guide survivors through the legal process, government agencies, and NGOs dedicated to aiding domestic violence victims.
- Dedicated Police Wing: Establishing a dedicated wing for women's issues, including domestic violence, within police stations fosters an environment where survivors feel safe to report incidents.
- Women Police Officials: Deploying women police officials to handle cases involving women enhances reporting accuracy and provides a more comfortable space for survivors to share their experiences.

At the NGO Level:

- Empowering NGOs: Empowering NGOs through training and resources enables them to proactively identify cases, provide immediate assistance, and advocate for survivors' rights.
- Multi-Sector Involvement: Collaborating with private institutions, educational bodies, businesses, and civil society amplifies efforts through awareness campaigns, workshops, and advocacy, extending the reach of support networks.

- Information Dissemination: Ensuring healthcare institutions are aware of agencies addressing domestic violence aids timely referrals, providing victims with essential medical, legal, or psychological support.
- Short Stay Homes and Rehabilitation: Establishing short stay homes equipped with vocational training empowers survivors to regain independence, promoting resilience and recovery.
- Focus on Children: Tailoring support for children affected by domestic violence safeguards their wellbeing, breaking the cycle of violence and nurturing a healthier future.

Health Care Support:

- Recognition of Domestic Violence as a Public Health Issue: This recognition can lead to the allocation of resources and implementation of targeted strategies to prevent and address the health impacts of such violence.
- Enhanced Medical Care for Survivors: Specialized care should be provided to women who seek medical assistance after experiencing domestic violence. Medical professionals should be trained to identify signs of abuse, offer trauma-informed care, and provide appropriate referrals to support services.
- Integration into Medical and Nursing Curricula: By educating future healthcare providers about domestic violence, its consequences, and effective intervention strategies, we can ensure a more comprehensive and sensitive approach to patient care.

CONCLUSION:

- Expansion of Counselling Centers: These centers can serve as safe spaces for victims to seek emotional support, guidance, and resources to escape the cycle of abuse.
- Prioritizing Vulnerable Communities: Services like counselling and legal aid should be strategically extended to these communities, ensuring equitable access to support regardless of socio-economic factors.
- Enhanced Accessibility and Affordability: Removing financial barriers can encourage more victims to seek help and support, enabling them to break free from abusive situations.
- Introduction of Mobile Counselling: This strategy ensures that victims, particularly those in remote areas, can receive emotional support and guidance through virtual platforms or helplines (Choudhary et al., 2019).

In summary, these interventions collectively form a comprehensive strategy to address and reduce the widespread issue of domestic violence. By collaborating across sectors, we can create a society that rejects abuse and stands by survivors. Recognizing domestic violence as a public health concern, enhancing medical care, integrating awareness in education, prioritizing counseling, particularly in vulnerable communities, and introducing innovative approaches like mobile counseling, all contribute to breaking the cycle of violence. Together, these actions underscore our dedication to creating a safer, more compassionate society where everyone is treated with dignity and respect, and where domestic violence has no place.