

Chapter 1

Domestic Violence Against Women: Notion and Issues

1.1 Introduction

Although violence at home affects the lives of millions of women worldwide, across diverse socioeconomic classes, it is yet under recognized human rights violation in the world (WHO 2005). It can trigger a profound health problem that could sap women's energy, debilitate their physical and mental health, and erode their self-esteem. Violence against women can take a dismaying variety of forms, from domestic abuse and rape to child marriages and female foeticide (WHO 2002; Heise 1999). Until recently, the general view was that cases of violence against women could be appropriately addressed through the social welfare and justice systems. During the past decade, however, the combined efforts of grass-roots and international women's organizations, international experts, and committed governments have resulted in a profound transformation in public awareness regarding this issue. Violence against women, also known as gender-based violence, is now widely recognized as a serious human rights abuse (Joachim 2000; Mayhew 2002).

According to the World Health Organisation (WHO) report, among women aged 15-44 years, gender violence accounts for more deaths and disability than cancer, malaria, traffic injuries and war put together (WHO 2005). International summits namely the United Nations conference on Population and Development in Cairo in 1994, the Declaration on the Elimination of Violence Against Women, Platform of Action for United Nations in Vienna in 1993 and the Beijing World Conference on Women in Beijing in 1995 recognize violence against women as a violation of basic human rights, impediment to women's autonomy and adverse repercussion on reproductive health. International research conducted over the past decade has provided increasing evidence of the extent of violence against women, particularly that perpetrated by intimate male partners. The findings show that violence against women is a much more serious and common problem than previously suspected.

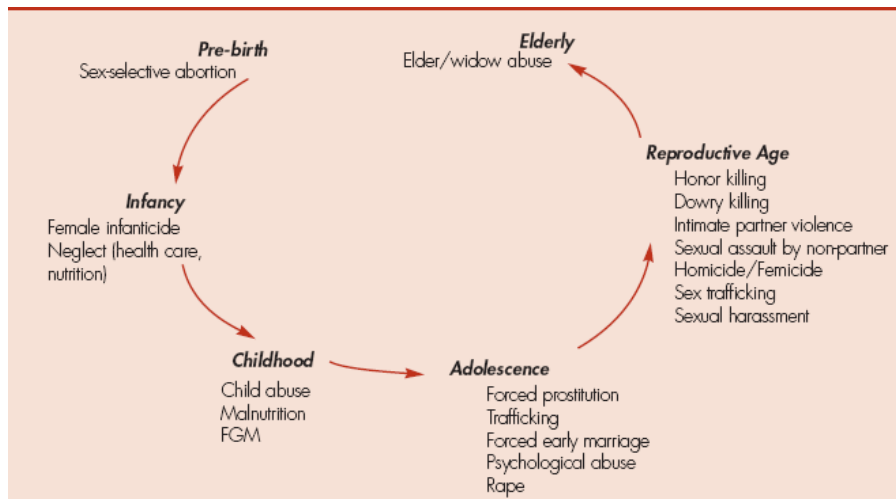
Violence can have direct consequences for women's health, and it can increase women's risk of future ill health. Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections, and miscarriages. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression. Violence can also be a risk factor during pregnancy. Violence during pregnancy

can have serious health consequences not only for women but also their children. Documented effects include delayed prenatal care, inadequate weight gain, increased smoking and substance abuse, STIs, vaginal and cervical infections, kidney infections, miscarriages and abortions, premature labor, fetal distress, and bleeding during pregnancy (Campbell 2002). Recent research has focused on the relationship between violence in pregnancy and low birth weight, a leading cause of infant deaths in the developing world (Valladares *et al.* 2002). In its most extreme form, violence kills women. Worldwide, an estimated 40 to more than 70 percent of homicides of women are perpetrated by intimate partners, frequently in the context of an abusive relationship (Bailey *et al.* 1997). Violence is also a significant risk factor for suicide.

Although both men and women can be victims as well as perpetrators of violence, the characteristics of violence most commonly committed against women differ in critical respects from violence commonly committed against men. Men are more likely to be killed or injured in wars or youth- and gang-related violence than women, and they are more likely to be physically assaulted or killed on the street by a stranger. Men are also more likely to be the perpetrators of violence, regardless of the sex of the victim. In contrast, women are more likely to be physically assaulted or murdered by someone they know, often a family member or intimate partner (WHO and PATH 2005). They are also at greater risk of being sexually assaulted or exploited, either in childhood, adolescence, or as adults. Figure 1.1 shows the life cycle of violence against women. Women are vulnerable to different types of violence at different moments in their lives. The life-cycle perspective provides a framework within which to account for the pervasiveness of gender-based violence in the lives of women and girls. This approach presents the wide spectrum of abuses that women and girls experience throughout their lives, delineating the specific form and scope of violence suffered by girls and women at each stage of the life cycle. Viewed from a life-cycle perspective, there are six basic phases in the lives of women and girls when they are likely to experience gender-specific forms of abuse and assault. These are: prebirth, infancy, girlhood, adolescence, reproductive age and old age.

Even before girls are born, they suffer consequences of gender bias as seen in a widely prevalent sociocultural disposition that favours boys over girls, otherwise known as “son preference”. This attitude is perpetuated precisely because of the unequal nature of the gender division of social roles and power which assigns higher value to a boy child than a girl child. A strong preference for male children in some countries has led to female infanticide and selective abortion of female foetuses.

Figure 1.1: The Life Cycle Of Violence Against Women



Source: Watts and Zimmerman 2002

In China, a 1987 census survey showed half a million fewer female infants than one would expect given the normal biological ratio of male to female births (UNFPA 1998). An analysis of the census shows that the ratio of males to females has been rising since 1982 (Hull 1982). These findings also suggest that China's one-child policy, which effectively translates into one chance to have a male heir, may indeed be an additional factor for the increased infanticide or sex-selective abortion of female foetuses. Other studies point to the role played by increased access to reproductive technology in promoting this particular form of gender-based violence. In China, India and the Republic of Korea, widespread access to amniocentesis and ultrasound may be contributing to increased foeticide. Evidence of this outcome is to be found in the pattern of higher male to female sex ratios in these countries (Heise *et al.* 1995). The cumulative impact of sex-selective abortions on women's survival prospects is powerfully demonstrated in Amartya Sen's ground-breaking work on "missing women". Amartya Sen and his colleagues undertook a comparative analysis of sex ratios in countries in areas with relatively higher levels of gender equality, such as Europe and North America, and with countries where the gender gap places serious constraints on women's and girls' development, such as China and India. The results indicate that a female-male ratio in the first group of countries is about 1.05 or 1.06, reflecting women's biological advantage. In the second group of countries, in the areas of East Asia (China), South Asia and North Africa, the ratio was lower, ranging from a high of 0.94 to lesser values. He concluded that if these regions had similar sex ratios as the countries with less gender discrimination, there would be more than 60 million more females alive today (Coale 1991).

The practice of son preference continues to have an important and measurable impact on the lives of girls even after they are born. In resource-poor communities, this leads to the serious neglect of girls in their most formative and vulnerable years of childhood. Often, gender-based discrimination reduces and sometimes denies their entitlement to food, education and medical care. This discriminatory treatment is accurately characterized as a form of violence as it subsequently leads to a higher rate of mortality for girls than for boys. Evidence of this outcome is supported by data from developing countries indicating that the mortality rate among girls aged one to four is higher than that among boys in the same age group (New York UNICEF 1986).

The issue of sexual abuse of children is a difficult one to address given the sensitivity of the subject as well as the lack of adequate research and documentation, particularly for developing countries. However, sufficient indirect evidence points strongly to the prevalence of the problem. Much of this indicative information is extracted from patient records at treatment centres for sex related diseases, crisis centres or maternity hospitals. For example, a 1988 study in Zaria, Nigeria, found that 16 per cent of the female patients seeking treatment for sexually transmitted diseases (STDs) were children under the age of 5 years and another 6 per cent were children between the ages of 6 and 15 years (Kisekka and Otesanya 1988).

The same pattern of sexual abuse of young girls emerges from a study based on the records of the Maternity Hospital of Lima. This study reveals that 90 percent of young mothers aged 12 to 16 years had become pregnant because they had been raped. The vast majority had been victimized by their fathers, stepfathers or a close relative. In Costa Rica, an organization working with adolescent mothers reported that 95 per cent of its pregnant clients under 15 years of age were victims of incest (Roxanna New York UNIFEM Publication 1992). Cross-cultural data from rape crisis centres present another source of indirect evidence that substantiates the prevalence of sexual abuse of young girls. These centers report that 40 to 58 percent of sexual assaults are committed against girls aged 15 years and under, including girls younger than 10 or 11 years (Heise 1993). Furthermore, in a pattern that fits most forms of gender based violence, most of these rapes are perpetrated by family members or persons known to the victim. Significantly, available crime statistics as well as information from crisis centers clearly show that in more than 60 per cent of all cases, the victim knows the assailant. Children themselves provide some insight into the prevalence of sexual abuse. In 1991, a Nicaraguan health non-governmental organization (NGO) held a national conference for children participating in the CHILD to CHILD programme, which aimed at training youngsters to be better child-care providers for their siblings. One of the notable

conclusions of the meeting was that these children identified physical and sexual abuse as their priority health concern. (Heise *et al.* 1995).

Domestic violence and, more specifically, partner/wife abuse is the most endemic form of gender-based violence. In every country where reliable, large-scale studies on gender-based violence are available, the results show that 20 to 67 percent of women have been abused by the man they live with (UNFPA 1998) Recent studies based on research specifically focusing on domestic violence in 35 diverse countries confirm the pervasive pattern of violence by male partners: one quarter to more than half of the women reported having been subjected to physical violence by a present or former partner. Significantly, an even larger percentage pointed to ongoing emotional and psychological violence, a form of violence which many battered women viewed as worse than physical violence (Heise *et al.* 1995) Research efforts on this issue are often hampered because women are socialized to accepting physical and emotional mistreatment as a normal part of marital relations. This, in turn, may limit women's perceptions of the range of behaviours they consider as being abusive, thereby resulting in an underestimation of the level of physical and psychological violence in intimate relationships. The other decisive factor in women's reluctance to come forward to report incidences of domestic violence is the underlying imbalance in the gender power relations between men and women that places serious constraints on women's options for redress. Besides the social stigma associated with it, women fear incriminating family members, particularly husbands with whom they have close relationships not only in emotional but also in financial terms. Women who do decide to leave abusive relationships have minimal safety nets at their disposal and limited opportunities for taking control of and rebuilding their lives.

Harmful traditional practices form a distinct group of socially sanctioned "rules of life", the heaviest burden of which falls on young girls. When enforced, these practices constitute a veritable form of gender-based violence. The more well-known and widespread of these practices are Female Genital Mutilation (FGM) and child marriage. These traditions are upheld to ensure that girls become acceptable brides for men, even if it means marrying off a child. According to available data, it is estimated between 85 to 114 million women have undergone FGM (Toubia 1993). The largest proportions of these women live in Africa, the Arab States and Asia. FGM (sometimes referred to as "female circumcision") is an all-inclusive term applied to a wide range of practices involving the removal of all or part of the clitoris and other genitalia. Those who perform the extreme form, infibulation, remove the clitoris, both labia and close the two sides of the vulva. This leaves only a small opening to

allow the passage of urine and menstrual blood. Other less radical forms include removing all or part of the clitoris — clitoridectomy — or the clitoris and inner lips — excision. About 85 percent of FGM women undergo one or the other of these less radical forms of the practice. It is important that the thinking behind this terrible mutilation of women is clearly understood. It is based on a prevailing social consensus on the need to control female sexuality and to preserve the virginity of young girls until marriage. The ritual is reinforced by a collective social perception that men will not marry "uncircumcised" girls or women who they, in turn, view as unclean and sexually permissive (Mohamad 1991).

Child marriages operate on the same basic principle. Where virginity is given a high social value, young girls are married off at an extremely young age. This ensures their virgin status and their eligibility for marriage to men many years senior to them. Although data on child marriages tend to show a general decline, the practice is still very much in place as evidenced by the large percentage of young girls becoming brides before their fifteenth birthday. Child brides face a disproportionately higher level of health risks precipitated by the fact that they are forced to engage in sexual relations with more mature partners. They are traumatized by the experience of adult sex and by having to assume reproductive functions such as child-bearing before they are physiologically ready. In this process, the “child” mother experiences a real physical violation as her young body is forced to deal with early sexual activity and the strains and pains of pregnancy and childbirth at such a premature age.

We now discuss the various definitions of violence against women and domestic violence.

1.2 Definition of Violence against women

One of the main challenges facing international researchers on violence against women is to develop clear operational definitions of different types of violence and tools for measuring violence that permit meaningful comparisons among diverse settings. Violence is an extremely diffuse and complex phenomenon. Defining it is not an exact science but partly a matter of judgement. Notions of what is acceptable and unacceptable in terms of behaviour, and what constitutes harm, are culturally influenced and constantly under review as values and social norms evolve (WHO 2002). Researchers have used many criteria to define violence. A common method is to classify violence according to the type of act; for example, physical violence (e.g. slapping, hitting, kicking, and beating), sexual violence (e.g. forced intercourse and other forms of coerced sex), and emotional or psychological violence (e.g. intimidation and humiliation). Violence can also be defined by the relationship between the

victim and perpetrator; for example, intimate partner violence, incest, sexual assault by a stranger, date rape or acquaintance rape.

The official United Nations definition of gender-based violence was first presented in 1993 when the General Assembly passed the Declaration on the Elimination of Violence against Women. It defines violence against women as

“any act of gender based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”. It encompasses, but is not limited to, “physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs”. [United Nations General Assembly 1993, Article 2, page 3]

The World Health Organisation (WHO 1996) has also recognized domestic violence against women as a public health issue. According to WHO, violence can be prevented and its impact reduced, in the same way that public health efforts prevent and reduce pregnancy related complications, workplace injuries, infectious diseases and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to violent responses, whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions can be changed, and violence can be prevented. The World Health Organisation defines violence against women as follows:

“The intentional use of physical force power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”.

The definition also encompasses all types of physical, sexual and psychological abuse, as well as suicide and other self abusive acts.

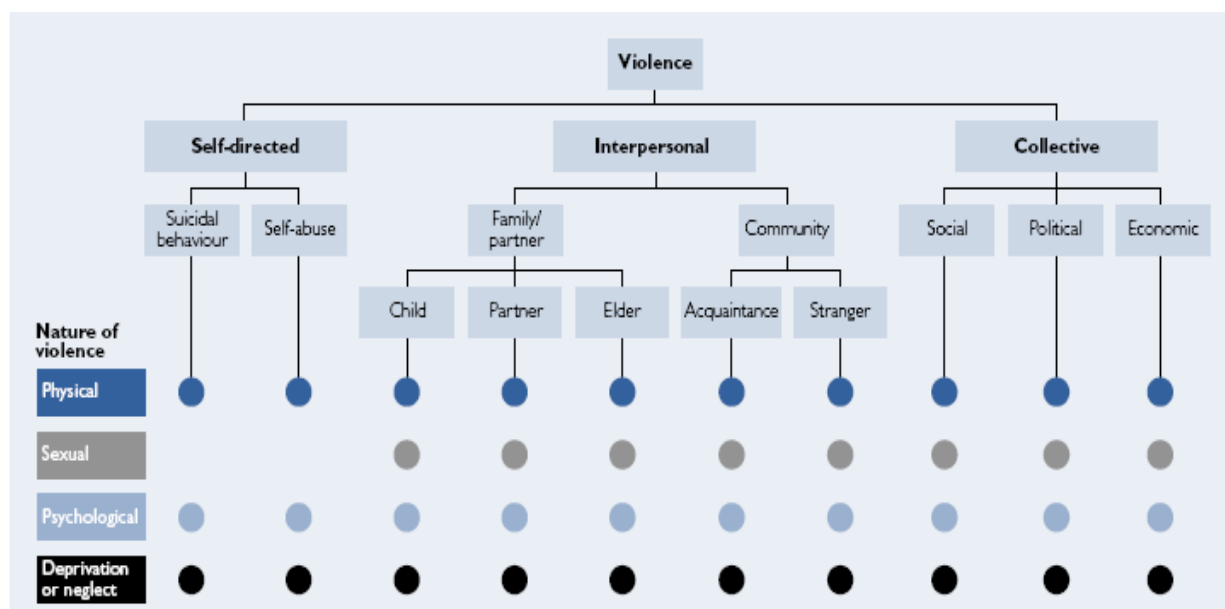
1.3 Typology of Violence against Women

An analytical framework or typology is needed to separate the threads of the intricate tapestry so that the nature of the problem – and the action required to deal with it – become clearer. In 2002, WHO carried out a comprehensive study in the form of “World report on Violence and Health” and summarized the problem of violence on global scale. In this report on violence and health (WHO 2002), WHO suggested a typology that categorizes violence in three broad categories, according to those committing the violent act:

- self-directed violence,
- collective violence,
- interpersonal violence.

This initial categorization differentiates between violence a person inflicts upon himself or herself, violence inflicted by another individual or by a small group of individuals, and violence inflicted by larger groups such as states, organized political groups, militia groups and terrorist organizations. These categories are each divided further to reflect specific types of violence (Figure 1.2).

Figure 1.2 : Typology of violence



Source: World report on violence and health, 2002

Self-directed violence includes suicidal behaviour and self-abuse such as self-mutilation. Suicidal behaviour ranges in degree from merely thinking about ending one’s life, to planning it, finding the means to do so, attempting to kill oneself, and completing the act.

However, these should not be seen as different points on a single continuum. Many people who entertain suicidal thoughts never act on them, and even those who attempt suicide may have no intention of dying.

Collective violence is the instrumental use of violence by people who identify themselves as members of a group against another group or set of individuals, in order to achieve political, economic or social objectives. It takes a variety of forms: armed conflicts within or between states; genocide, repression and other human rights abuses; terrorism; and organized violent crime.

Interpersonal violence is divided into two subcategories:

* Family and intimate partner violence – that is, violence largely between family members and

intimate partners, usually, though not exclusively, taking place in the home.

* Community violence – violence between individuals who are unrelated, and who may or may not know each other, generally taking place outside the home. As our present study focuses on the first category we now turn our attention to its definition and research.

The typology also captures the nature of violent acts, which can be physical, sexual or psychological or involve deprivation or neglect. The typology also considers the relevance of the setting, the relationship between the perpetrator and victim, and – in the case of collective violence – the possible motives for the violence.

1.4 Domestic Violence or Intimate Partner Violence

While domestic violence is a violation of women's human rights, violence directed against women by their intimate partners is an epidemic of global proportions that has devastating physical, emotional, financial and social effects on women, children, families and communities around the world. Although international human rights instruments and institutions have only recently acknowledged domestic violence as a human rights violation, the right to life and to bodily integrity is core fundamental rights that are protected under international law.

Domestic violence is a pattern of abusive and threatening behaviors that may include physical, emotional, economic and sexual violence as well as intimidation, isolation and coercion. The purpose of domestic violence is to establish and exert power and control over another; men most often use it against their intimate partners, such as current or former spouses, girlfriends, or dating partners.

Domestic violence is behavior that is learned through observation and reinforcement in both the family and society. Domestic violence is repeated because it often works. Domestic violence allows the perpetrator to gain control over the victim through fear and intimidation. Gaining the victim's compliance, even temporarily, reinforces the perpetrator's use of these tactics of control. More importantly, however, the perpetrator's abusive behavior is reinforced by the socially sanctioned belief that men have the right to control women in relationships and the right to use force to ensure that control.

Domestic violence is violence against women both within marriage and other intimate relationships while violence between spouses is often defined as “Domestic Violence”, it can be also prevalent between partners who are not actually married. The abuser and the abused can be in a live-in arrangement. It is also referred to as intimate partner abuse, spouse abuse, wife beating and battering. It includes acts of physical aggression, sexual coercion, psychological/emotional abuse and controlling behaviours by a current or former partner or spouse (Heise and Garcia-Moreno 2002). As a category of interpersonal violence, intimate-partner violence includes dating violence that occurs among young people, although the pattern of such violence may be different to that experienced in the context of long-term partnerships, and studies often examine the two issues separately. Studies in numerous countries have found that women who have suffered domestic violence or sexual assault are much more likely to have had suicidal thoughts, or to have attempted to kill themselves (Central Bureau of Statistics (CBS) [Kenya] 2004).

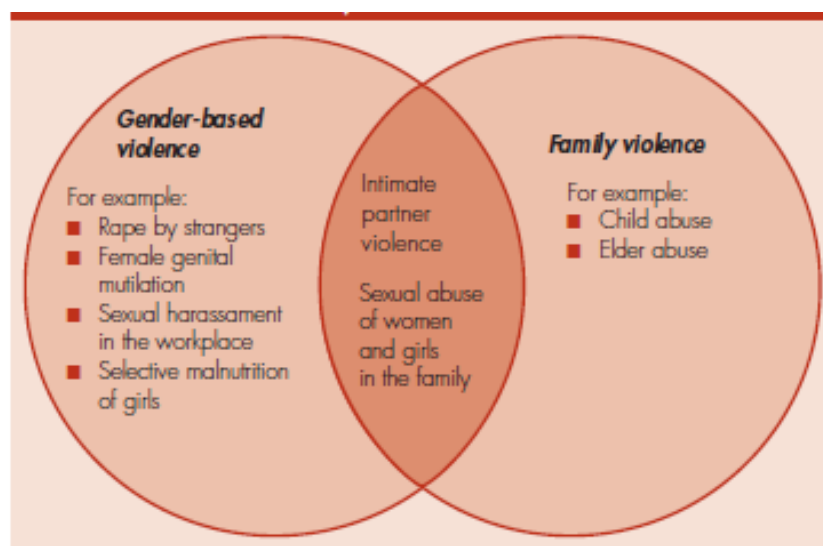
As per the World report on violence and health, intimate partner violence is defined as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”.

Domestic Violence is the most common type of violence against women performed by intimate male partners, mainly husbands. The physical abuse is almost always accompanied by psychological abuse and sometimes forced sex as well. Majority of the women who are abused by their husband/partner are abused many times. In Leon, Nicaragua, among 188 women who were physically abused by their partners, 5 women were abused sexually, psychologically, or both (Ellsberg 2000). In the Leon study, 60% of women abused in the previous year were abused more than once, and 20% experienced severe violence more than six times.

One frequently used model for understanding intimate partner abuse and sexual abuse of girls is the “family violence” framework, which has been developed primarily from the fields of sociology and psychology (Denzin 1984; Straus and Gelles 1986). “Family

violence” refers to all forms of abuse within the family regardless of the age and sex of the victim or the perpetrator. Although women are frequently victimized by a spouse, parent, or other family member, the concept of “family violence” does not encompass the many types of violence to which women are exposed outside the home, such as sexual assault and harassment in the workplace. Moreover, feminist researchers find the assumption of gender neutrality in the term “family violence” problematic because it fails to highlight that violence in the family is mostly perpetrated by men against women and children. There is increasing international consensus that the abuse of women and girls, regardless of where it occurs, should be considered as “gender-based violence,” as it largely stems from women’s subordinate status in society with regard to men (Figure 1.3). Figure 1.3 shows the overlap between Gender Based Violence and Family/Domestic Violence.

Figure 1.3: Overlap between Gender based violence and Family/Domestic Violence



Source: Researching Violence against Women, WHO, PATH

The official United Nations definition of gender-based violence was first presented in 1993 when the General Assembly passed the Declaration on the Elimination of Violence against Women. According to this definition, gender-based violence includes a host of harmful behaviors directed at women and girls because of their sex, including wife abuse, sexual assault, dowry related murder, marital rape, selective malnourishment of female children, forced prostitution, female genital mutilation, and sexual abuse of female children. In America, domestic violence is defined as a

“pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”.

This definition of domestic violence is considered complete by the Office on Violence Against Women (O.V.W.) in the U.S.

The Children and family court advisory and support service in Britain uses the term domestic violence to refer to a wide range of abusive and violent behavior in its “domestic violence policy”. It defines domestic violence as

“patterns of behavior characterized by the misuse of power and control by one person over another who are or have been in an intimate relationship.” This is said to occur in all kinds of relationships ranging from same sex to mixed gender.

The Mental Health Journal in February, 2001 published that Domestic Violence isn't just hitting, or fighting, or an occasional mean argument. It's a chronic abuse of power. The abuser tortures and controls the victim by calculated threats, intimidation, and physical violence. Actual physical violence is often the end result of months or years of intimidation and control.

The American Medical Association in their diagnostic and treatment guidelines for physicians, defines intimate partner violence as

"the physical, sexual, and/or psychological abuse to an individual perpetrated by a current or former intimate partner. While this term is gender-neutral, women are more likely to experience physical injuries and incur psychological consequences of intimate partner abuse." (Rodriguez 1999)

In a study, published in the Archives of Family Medicine, designed to measure physician's attitudes and practices toward victims of domestic violence, defined domestic violence as

"past or present physical and/or sexual violence between former or current intimate partners, adult household members, or adult children and a parent. Abused persons and perpetrators could be of either sex, and couples could be heterosexual or homosexual." (Snugg *et al.* 1999).

Like other countries, in India, human relationships lead to domestic violence when one adult misuses his power to control another person's life. Violence is primarily the establishment of fear and control in a relationship through physical and other forms of violence and abuse. The violence normally manifests itself as physical abuse, mental torture, sexual assault and threats. Violence can be more subtle, like degrading someone constantly, depriving them of money or confining them to the house. Emotional abuse and social

ostracism can be as bad as physical abuse in terms of long term effects. As per Domestic Violence Act, 2005 of India,

any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it -

“(a) 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; or

(b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or

(c) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or(d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

As per the Domestic Violence Act, 2005

(i) "**physical abuse**" means any act or conduct which is of such a nature as to cause bodily pain, harm, or danger to life, limb, or health or impair the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force;

(ii) "**sexual abuse**" includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of woman;

(iii) "**verbal and emotional abuse**" includes-

(a) **insults, ridicule, humiliation, name calling and insults** or ridicule specially with regard to not having a child or a male child; and

(b) repeated **threats to cause physical pain** to any person in whom the aggrieved person is interested.

(iv) "**economic abuse**" includes-

(a) **deprivation of all or any economic or financial resources** to which the aggrieved person is entitled under any law or custom whether payable under an order of a court or otherwise or which the aggrieved person requires out of necessity including, but not limited to, household necessities for the aggrieved person and her children, if any, stridhan, property, jointly or separately owned by the aggrieved person, payment of rental related to the shared household and maintenance;

(b) **disposal of household effects**, any alienation of assets whether movable or immovable, valuables, shares, securities, bonds and the like or other property in which

the aggrieved person has an interest or is entitled to use by virtue of the domestic relationship or which may be reasonably required by the aggrieved person or her children or her stridhan or any other property jointly or separately held by the aggrieved person; and

(c) **prohibition or restriction to continued access to resources or facilities** which the aggrieved person is entitled to use or enjoy by virtue of the domestic relationship including access to the shared household”.

The Centre for Diseases Control in the US (CDC 2003) has defined four different types of domestic violence:

- Physical violence
- Sexual violence
- Threat of physical or sexual violence, and
- Psychological or emotional violence.

Physical violence

This includes the intentional use of physical force with the potential for causing death, disability, injury or harm. Physical violence includes, but is not limited to scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (a gun, knife, or any other object), and the use of restraints or one's body, size or strength against another person. Coercing or forcing other people to perform any of the above actions has also been classified as physical violence.

Sexual Violence

Sexual violence can be divided into three categories

- Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed.

- An attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (for example, because of illness, disability or the influence of alcohol or other drugs or due to intimidation or pressure). The sex act or the sexual act has been defined as contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva or the anus

- Abusive sexual contact that includes intentional touching directly, or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person against his or her will, or of any person who is unable to understand the nature or the condition of the act, to decline participation, or to communicate unwillingness to be touched (e.g. because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure).

Threat of physical or sexual violence

It is referred to the use of words, gestures or weapons to communicate the intent to cause death, disability, injury or physical harm. This also includes the use of words, gestures or weapons to communicate the intent to compel a person to engage a person in sex acts or abusive sexual contact when the person is either unwilling or unable to consent. For example, statements such as “ I’ll kill you”, “I’ll beat you up if you don’t have sex with me”; brandishing a weapon; firing a gun into the air; making hand gestures; reaching towards a person’s breasts or genitalia.

Psychological or emotional violence

This includes trauma to the victim caused by acts, threats of acts, or coercive tactics, such as those given in the list below:

Humiliating the victim; controlling what the victim can and cannot do; withholding information from the victim; getting annoyed if the victim disagrees; deliberately doing something to make the victim feel diminished (e.g., less smart, less attractive); deliberately doing something that makes the victim feel embarrassed; using the victim’s money; taking advantage of the victim; disregarding what the victim wants; isolating the victim from friends and family; prohibiting access to transportation or telephone; getting the victim to engage in illegal sexual activity.

However, it has been felt that this list is not exhaustive and can be extended to include many other types of behaviour that could be considered as emotionally abusive by the victim.

When psychological or emotional abuse is accompanied by physical and/or sexual violence, this is classified as psychological violence (CDC 2003).

Economic violence is another category of violence identified by the UN Special Rapporteur on Violence Against Women (UNICEF 2000). This is perpetrated usually by an intimate partner or family member and includes economic blackmail, control over money a

woman earns, denial of access to education, health assistance or remunerated employment and denial of property rights.

1.5 Global Prevalence of Violence Against Women

Domestic violence is a serious problem around the world. It violates the fundamental human rights of women and often results in serious injury or death. While statistics vary slightly, women are victims of violence in approximately 95% of the cases of domestic violence. Statistics relating to the prevalence of domestic violence are critical to any advocacy effort. Statistics can help document the need for certain programs or raise public awareness of the extent of the problem. The Declaration on the Elimination of Violence Against Women recommends to "promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women." Despite these requirements, statistical information on the prevalence of domestic violence throughout the world is still difficult to obtain.

The extent, validity and reliability of the data available are critical in determining the magnitude of the problem and in identifying priority areas for intervention. Prevalence studies with samples of representative populations are relatively new in developing countries. Such studies were initially conducted in industrialized countries like the United States, Canada and Europe. Studies vary in the sample size of the women chosen, and the ways in which questions have been posed.

Internationally, one in three women have been beaten, coerced into sex or abused in their lifetime by a member of her own family (Heise *et al.* 1999). As per this population report series by Heise around the world, at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime and worldwide, as many as one in every four is abused during pregnancy. Available studies indicate that between 20 and 50 percent of women in various populations around the world have experienced violence at some point in their lives (WHO 1997). Worldwide, two million girls between ages 5-15 are introduced into the commercial sex market each year. At least 60 million girls, who would otherwise be expected to be alive, are "missing" in Asia, as a result of sex selective abortions, infanticide or neglect (UNFPA 2000).

A review of over 50 population-based studies undertaken in 35 countries prior to 1999 indicates that between 10% and 52% of women around the world report that they have been physically abused by an intimate partner at some point in their lives, and between 10% and 30% that they have experienced sexual violence by an intimate partner. Between 10% and 27% of women and girls reported having been sexually abused, either as children or as adults (WHO 2002; Heise 1999). Data from industrialized and developing countries as well as from transitional countries (Table 1.1) provide an overview of the global problem. The data in this table focus only on physical assault.

The World Health Organization (WHO) reports that in forty-eight surveys from around the world, 10-69% of women stated that they had been physically assaulted by an intimate partner at some point in their lives. Sexual violence and rape by an intimate partner is not considered a crime in most countries and women in many societies do not consider forced sex as rape if they are married with the perpetrator. Surveys in many countries reveal that approximately 10 to 15% of women report being forced to have sex with their intimate partner (Heise 1994). The WHO also reports that studies from a range of countries show that 40-70% of female murder victims were killed by an intimate partner.

WHO Multi-country Study on Women's Health and Domestic Violence against Women (WHO 2010) based on interviews with 24 000 women between the ages of 15 and 49 by carefully trained interviewers covers 15 sites and 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania.

Its key findings include:

- between 1 and 21% of those interviewed reported experiencing child sexual abuse under the age of 15 years;
- physical abuse by a partner at some point in life up to 49 years of age was reported by 13–61% of interviewees across all study sites;
- sexual violence by a partner at some point in life up to 49 years of age was reported by 6–59% of interviewees; and
- sexual violence by a non-partner any time after 15 and up to 49 years of age was reported by 0.3–11.5% of interviewees.

Table 1.1: Overview of global problem of violence against women

<p>Industrialized Countries</p> <p>Canada</p> <ul style="list-style-type: none"> 29% of women (a nationally representative sample of 12,300 women) reported being physically assaulted by a current or former partner since the age of 16. <p>Japan</p> <ul style="list-style-type: none"> 59% of 796 women surveyed in 1993 reported being physically abused by their partner. <p>New Zealand</p> <ul style="list-style-type: none"> 20% of 314 women surveyed reported being hit or physically abused by a male partner. <p>Switzerland</p> <ul style="list-style-type: none"> 20% of 1,500 women reported being physically assaulted according to a 1997 survey. <p>United Kingdom</p> <ul style="list-style-type: none"> 25% of women (a random sample of women from one district) had been punched or slapped by a partner or ex-partner in their lifetime. <p>United States</p> <ul style="list-style-type: none"> 28% of women (a nationally representative sample of women) reported at least one episode of physical violence from their partner.
<p>Asia and the Pacific</p> <p>Cambodia</p> <ul style="list-style-type: none"> 16% of women (a nationally representative sample of women) reported being physically abused by a spouse; 8% report being injured. <p>India</p> <ul style="list-style-type: none"> Up to 45% of married men acknowledged physically abusing their wives, according to a 1996 survey of 6,902 men in the state of Uttar Pradesh. <p>Korea</p> <ul style="list-style-type: none"> 38% of wives reported being physically abused by their spouse, based on a survey of a random sample of women. <p>Thailand</p> <ul style="list-style-type: none"> 20% of husbands (a representative sample of 619 husbands) acknowledged physically abusing their wives at least once in their marriage.
<p>Middle East</p> <p>Egypt</p> <ul style="list-style-type: none"> 35% of women (a nationally representative sample of women) reported being beaten by their husband at some point in their marriage. <p>Israel</p> <ul style="list-style-type: none"> 32% of women reported at least one episode of physical abuse by their partner and 30% report sexual coercion by their husbands in the previous year, according to a 1997 survey of 1,826 Arab women.

Table 1.1 contd.

<p>Africa</p> <p>Kenya</p> <ul style="list-style-type: none">42% of 612 women surveyed in one district reported having been beaten by a partner; of those 58% reported that they were beaten often or sometimes. <p>Uganda</p> <ul style="list-style-type: none">41% of women reported being beaten or physically harmed by a partner; 41% of men reported beating their partner (representative sample of women and their partners in two districts). <p>Zimbabwe</p> <p>32% of 966 women in one province reported physical abuse by a family or household member since the age of 16, according to a 1996 survey</p>
<p>Latin America and the Caribbean</p> <p>Chile</p> <ul style="list-style-type: none">26% of women (representative sample of women from Santiago) reported at least one episode of violence by a partner, 11% reported at least one episode of severe violence and 15% of women reported at least one episode of less severe violence. <p>Colombia</p> <ul style="list-style-type: none">19% of 6,097 women surveyed have been physically assaulted by their partner in their lifetime. <p>Mexico</p> <ul style="list-style-type: none">30% of 650 women surveyed in Guadalajara reported at least one episode of physical violence by a partner; 13% reported physical violence within the previous year, according to a 1997 report. <p>Nicaragua</p> <ul style="list-style-type: none">52% of women (representative sample of women in León) reported being physically abused by a partner at least once; 27% reported physical abuse in the previous year, according to a 1996 report.
<p>Central and Eastern Europe/CIS/Baltic States</p> <p>Estonia</p> <ul style="list-style-type: none">29% of women aged 18-24 fear domestic violence, and the share rises with age, affecting 52% of women 65 or older, according to a 1994 survey of 2,315 women. <p>Poland</p> <ul style="list-style-type: none">60% of divorced women surveyed in 1993 by the Centre for the Examination of Public Opinion reported having been hit at least once by their ex-husbands; an additional 25% reported repeated violence. <p>Russia (St. Petersburg)</p> <ul style="list-style-type: none">25% of girls (and 11% of boys) reported unwanted sexual contact, according to a survey of 174 boys and 172 girls in grade 10 (aged 14-17). <p>Tajikistan</p> <ul style="list-style-type: none">23% of 550 women aged 18-40 reported physical abuse, according to a survey.

(Adapted from "Violence Against Women," WHO, FRH/WHD/97.8, "Women in Transition," Regional Monitoring Report, UNICEF 1999, and a study by Domestic Violence Research Centre, Japan.)

Table 1.2 summarizes the reported prevalence rates of physical and sexual violence against women in the study countries. These findings indicate that physical and sexual violence frequently co-occur within the context of intimate partner relationships, and

highlight the differences in prevalence both between and within different countries. The rates of physical and/or sexual violence by an intimate partner ranged from 15% in Japan to approximately 70% in Ethiopia and Peru, with most sites reporting rates of between 29 and 62%.

Table 1.2: Physical and sexual violence against women by an intimate partner

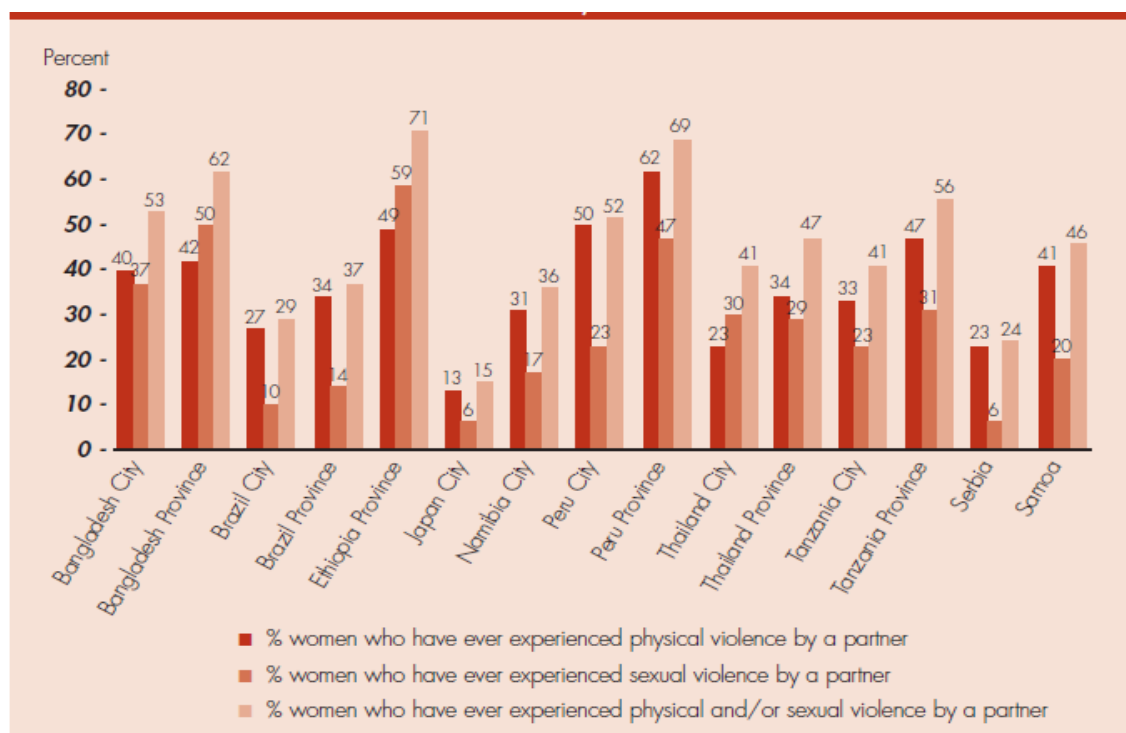
Site	Physical violence		Sexual violence		Physical or sexual violence or both	
	Ever(%)	Current(%)	Ever(%)	Current (%)	Ever (%)	Current (%)
Bangladesh City	37.7	19.0	37.4	20.2	53.4	30.2
Bangladesh Province	41.7	15.8	49.7	24.2	61.7	31.9
Brazil City	27.2	8.3	10.1	2.8	28.9	9.3
Brazil Province	33.8	12.9	14.3	5.6	36.9	14.8
Ethiopia Province	48.7	29.0	58.6	44.4	70.9	53.7
Japan City	12.9	3.1	6.2	1.3	15.4	3.8
Namibia City	30.6	15.9	16.5	9.1	35.9	19.5
Peru City	48.6	16.9	22.5	7.1	51.2	19.2
Peru Province	61.0	24.8	46.7	22.9	69.0	34.2
Samoa	40.5	17.9	19.5	11.5	46.1	22.4
Serbia & Montenegro City	22.8	3.2	6.3	1.1	23.7	3.7
Thailand City	22.9	7.9	29.9	17.1	41.1	21.3
Thailand Province	33.8	13.4	28.9	15.6	47.3	22.9
Tanzania City	32.9	14.8	23.0	12.8	41.3	21.5
Tanzania Province	46.7	18.7	30.7	18.3	55.9	29.1

Source: World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women (WHO, 2010)

The findings from nearly 80 population-based studies carried out in more than 50 countries are presented in appendix 'A' (WHO and PATH 2005). These studies indicate that between 10 percent and 60 percent of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate

partner. The data in appendix A refer only to women who have been physically assaulted. Research into partner violence is so new that comparable data on emotional and sexual violence by intimate partners are few. Most studies estimate lifetime prevalence of partner violence between 20 percent and 50 percent. This study also provided a rare opportunity to examine the “patterning” of violence across settings. Does physical violence occur together with other types of violence? Do violent acts tend to escalate over time? Are women most at risk from partners or from others in their lives? The study findings confirm that most women who suffer physical or sexual abuse by a partner generally experience multiple acts over time. Likewise, physical and sexual violence tend to co-occur in many relationships. Figure 1.4 summarizes the proportion of women who have experienced violence by an intimate partner among ever-partnered women aged 15 to 49 in the various sites included in the study. The first bar portrays the percentage of women in each setting who have experienced physical violence by a partner; the second bar portrays sexual violence by a partner; and the third bar represents the percentage of ever-partnered women who have experienced either physical and/or sexual violence by a partner in their lifetime.

Figure 1.4: Prevalence of physical violence and/or sexual partner violence in ten countries

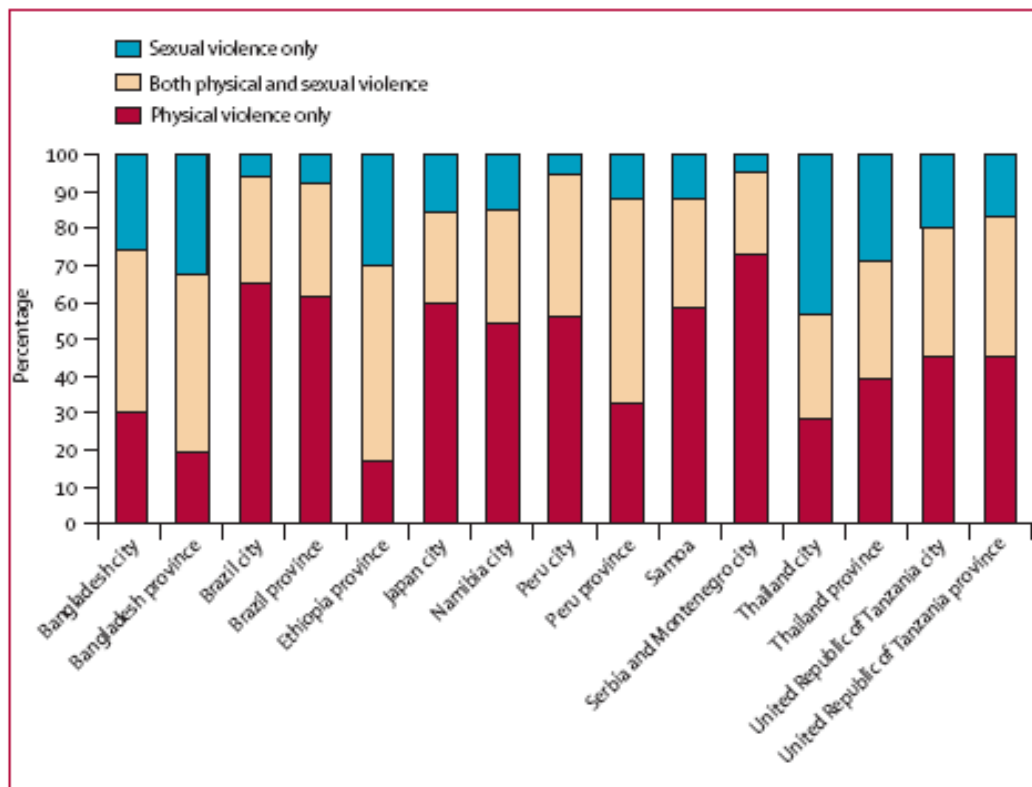


Source: World Health Organisation, 2005.

Until recently, it was believed that few women exclusively experienced sexual violence by an intimate partner. Available studies from North and Central America had indicated that sexual violence was generally accompanied by physical abuse and by emotional violence and controlling behaviors (Heise 1999). The findings from the WHO Violence Against Women Study suggest that, although this pattern is maintained in many countries, a few sites demonstrate a significant departure. In both the capital and province of Thailand, a substantial portion of women who experience partner violence, experience sexual violence only (Figure 1.5).

In Bangkok, 44 percent of all cases of lifetime partner violence have experienced only sexual violence. The corresponding statistic in the Thai province is 29 percent of cases. A similarly high percentage of cases of violence in Bangladesh province (32 percent) and Ethiopia province (31 percent) involve sexual violence only.

Figure 1.5: Intimate partner violence according to types of violence



Source: Who Multi Country Study 2005

1.6 Domestic Violence in India

Until recently, domestic violence was not regarded as a crime, and women victims had no legal redress except through divorce proceedings. It is only recently that amendments

to the Indian Penal Code (IPC) and Criminal Procedure Code (CrPC) made the requisite provisions, but these were mainly applied in cases treated as dowry deaths.

Domestic violence against women is increasingly recognised as a major health and social problem in India. It is also a concern for public health. Not only is violence against women widespread, deeply entrenched, and silently borne, women in India experience violence in various forms throughout their lives, and it cuts across boundaries of caste, class, religion, and region. It is pervasive and deeply rooted in socio cultural norms (Bhatti 1990; Daga 1998; Miller 1999; Mitra 1999; Rao *et al.* 2000; Visaria 1999; Vindhya 2000). Women are subject to violence not only from husbands but also from members of both the natal and the marital home (INCLLEN 2000). Overall, domestic violence is prevalent in all settings, regions, and religious groups. Although there are some differences in reporting by region—women in the south report fewer beatings than their counterparts in the north. The in-depth qualitative study by Rao has found considerable under-reporting in the data (Rao 1997). According to the National Family and Health Survey-2, 21 percent of ever-married women in India have been physically mistreated by their husbands, in-laws or other members of the household since the age of 15 years. Almost 1 in 5 married women have experienced domestic violence. 1 in 9 women reported being beaten in the last 12 months of the survey. 12% women reported having experienced violence since the age of 15 years and 19% reported having been beaten physically by their husbands (NFHS-2 1998-99).

In 1997, the International Center for Research on women began a large research program in India that sought to provide reliable and sound information with which to identify and advocate for effective responses to domestic violence. The program comprised the following eight studies:

1. An in-depth study of women's experiences with domestic violence in rural Gujarat (Visaria 1999);
2. Two studies documenting government and nongovernmental organizations' responses to domestic violence across four states (Mitra 1999; Poonacha and Pandey 1999);
3. Four studies analyzing institutional records associated with domestic violence from health facilities, courts, police, and NGOs (Jaswal 2000; Elizabeth 2000; Rao *et al.* 2000); and
4. The first multi-site household survey on domestic violence in India with nearly 10,000 women respondents (INCLLEN 2000).

Men were asked about their use of a variety of violent behaviors towards their wives during the last year. Reporting of the findings on violence uses a classification of these

behaviors into four types: control, emotional violence, sexual violence, and physical violence. Men who reported using one or more violent behaviors towards their wives in the last year were categorized as reporting violence. In view of previous work on domestic violence in India, it was hypothesized that reporting of violence would be high across all age, education level, socio-economic status, and employment groups (INCLEN 2000; Jejeebhoy 1998). As expected, overall reporting of violence was high. Eighty-five percent of men reported perpetrating at least one violent behavior in the past 12 months. Specifically, 72 percent reported emotional violence, 46 percent reported control, 50 percent reported sexual violence, and 40 percent reported physical violence.

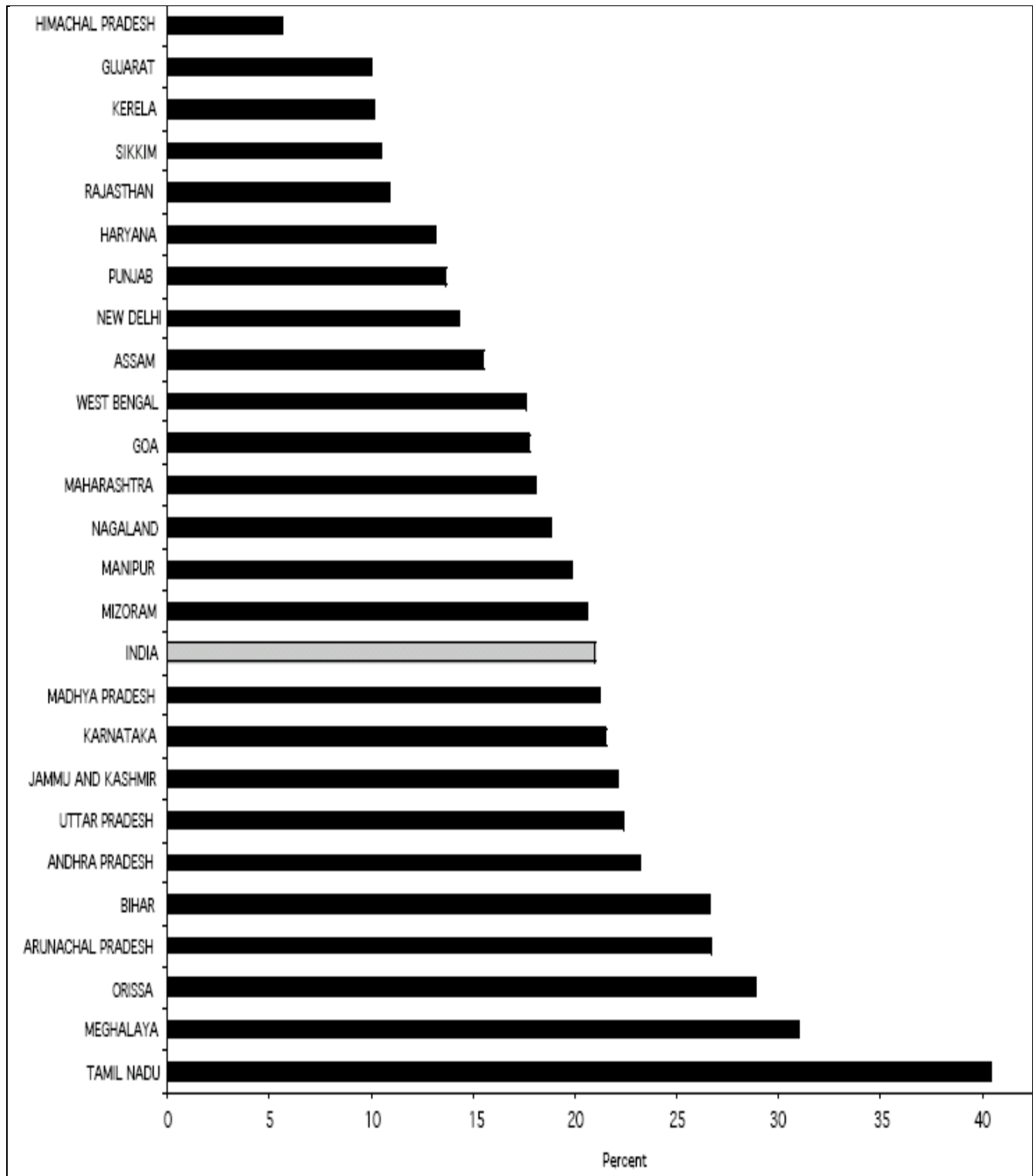
In 1999 a study on domestic violence by Daga, Jejeebhoy and Rajgopal, doctors at the J J Hospital in Mumbai, have tried to explore the patterns and determinants of violence against women (Daga *et al.* 1999). This study explored data from routine hospital records the casualty department of J J Hospital in Mumbai. The data collected in this study refer to 745 of women who were aged 15 or more. Almost half of all women who were treated in the casualty department had been assaulted (45 per cent). Nearly 14 percent had consumed poison, 11 percent had suffered burns, and 9 percent had suffered a fall. The remaining 21 per cent had suffered traffic and other accidents.

In India, more than 6000 women are killed each year because their in-laws consider their dowry inadequate. Only small percentages of the perpetrators are brought to justice (UNICEF 2002). Domestic violence is recognized as the significant barrier to the empowerment of women, with consequences of women's health, their health health-seeking behaviour and their adoption of small family norm (Sahoo and Pradhan 2009). Women are unequivocally the primary victims of family violence, and the tradition of household privacy has kept this violence against women hidden from scrutiny.

Domestic violence, particularly wife beating or physical mistreatment is a fairly common phenomenon in many Indian homes, but varies widely by region. The few studies available indicate that physical abuse of Indian women is quite high, ranging from 22 percent to 60 percent of women surveyed (Rao 1997; Mahajan 1990). A survey in Uttar Pradesh, a state in northern India, found that nearly one in three men reported that they had physically abused their wives (EVALUATION Project 1997). Evidences from population-based surveys suggest that between 21 to 48 percent of women from different socio-cultural settings in India have experienced domestic violence (Jejeebhoy 1998; Verma 2003). In another study of 4000 women reporting physical violence, 63 percent reported the experience more than three times

(INCLLEN 2000). Further analysis of the prevalence rates of domestic violence incidents reveals statewide variation in India (Figure 1.6)

Figure 1.6 Prevalence of Domestic Violence in India, NFHS-2, 1998-99.



Source: IIPS 2000 Statewise prevalence of domestic violence in India, NFHS-2, 1998-99.

Tamil Nadu shows the highest prevalence with 41 percent of the women reporting domestic violence incidents since the age of 15 years. Andhra Pradesh, Karnataka, Meghalaya, Arunachal Pradesh, Mizoram, Orissa, Bihar and Jammu and Kashmir have prevalence rates higher than 20 percent. Himachal Pradesh shows the lowest prevalence of 5.8 percent, followed by Kerala (10.1 percent) and Gujarat (10.2 percent) (NFHS-2 1998-99).

1.7 Factors affecting domestic violence against women

There is no single factor to explain why one person and not another behaves in a violent manner, nor why one community will be torn apart by violence while a neighboring community lives in peace. Violence is an extremely complex phenomenon that has its roots in the interaction of many factors – biological, social, cultural, economic and political. Researchers have only recently begun to look for individual and community factors that might affect the rate of partner violence. Although violence against women is found to exist in most places, it turns out that there are examples of pre-industrial societies where partner violence is virtually absent (Counts *et al.* 1992; Levinson 1989). These societies stand as testament to the fact that social relations can be organized in such a way as to minimize violence against women.

Increasingly, researchers are using an “ecological framework” to understand the interplay of personal, situational, and socio-cultural factors that combine to cause abuse (Jewkes 2002a; Jewkes 2002b; Heise 1998; Koenig 2003; Koenig 2004). First introduced in the late 1970s for the study of child abuse (Garbarino 1978; Bronfenbrenner 1979) and subsequently used in other fields of violence research (Garbarino 1985; Tolan 1994; Heise 1998; Schiamberg 1999; Carp 2000), the ecological model is still being developed and refined as a conceptual tool. Its strength is that it helps to distinguish between the myriad influences on violence while at the same time providing a framework for understanding how they interact. The model assists in examining factors that influence behaviour – or which increase the risk of committing or being a victim of violence.

There is no single factor responsible for violence against women. It is a complex interlock of individual relationship, social and cultural factors. There can be several influences at each level. Table 1.3 lists the various factors that precipitate violence against women.

Table 1.3: Classification of factors behind violence against women

Cultural	<ul style="list-style-type: none">▪ Gender-specific socialization▪ Cultural definitions of appropriate sex roles▪ Expectations of roles within relationships▪ Belief in the inherent superiority of males▪ Values that give men proprietary rights over women and girls▪ Notion of the family as the private sphere and under male control▪ Customs of marriage (bride price/dowry)▪ Acceptability of violence as a means to resolve conflict
Economic	<ul style="list-style-type: none">▪ Women's economic dependence on men▪ Limited access to cash and credit▪ Discriminatory laws regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood▪ Limited access to employment in formal and informal sectors▪ Limited access to education and training for women
Legal	<ul style="list-style-type: none">▪ Lesser legal status of women either by written law and/or by practice▪ Laws regarding divorce, child custody, maintenance and inheritance▪ Legal definitions of rape and domestic abuse▪ Low levels of legal literacy among women▪ Insensitive treatment of women and girls by police and judiciary
Political	<ul style="list-style-type: none">▪ Under-representation of women in power, politics, the media and in the legal and medical professions▪ Domestic violence not taken seriously▪ Notions of family being private and beyond control of the state▪ Risk of challenge to status quo/religious laws▪ Limited organization of women as a political force▪ Limited participation of women in organized political system

(Source: Heise. 1994)

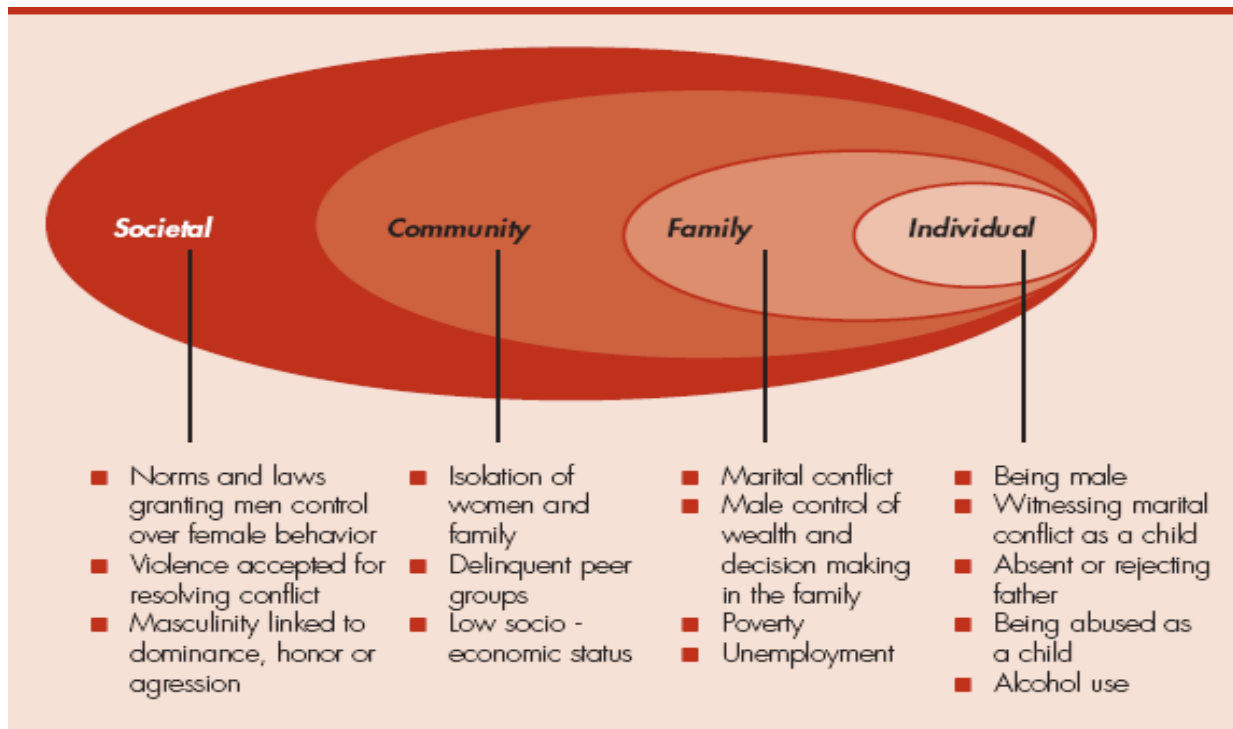
Several complex and interconnected institutionalized social and cultural factors have kept women particularly vulnerable to the violence directed at them, all of them

manifestations of historically unequal power relations between men and women. Factors contributing to these unequal power relations include: socioeconomic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status. Lack of economic resources underpins women's vulnerability to violence and their difficulty in extricating themselves from a violent relationship. The link between violence and lack of economic resources and dependence is circular. On the one hand, the threat and fear of violence keeps women from seeking employment, or, at best, compels them to accept low-paid, home-based exploitative labour. And on the other, without economic independence, women have little power to escape from an abusive relationship (Schuler *et al.* 1996). The reverse of this argument also holds true in some countries; that is, women's increasing economic activity and independence is viewed as a threat which leads to increased male violence. This is particularly true when the male partner is unemployed, and feels his power undermined in the household. Studies have also linked a rise in violence to the destabilization of economic patterns in society. Macro-economic policies such as structural adjustment programmes, globalization, and the growing inequalities they have created, have been linked to increasing levels of violence in several regions, including Latin America, Africa and Asia (UNICEF 1989). The transition period in the countries of Central and Eastern Europe and the former Soviet Union – with increases in poverty, unemployment, hardship, income inequality, stress, and alcohol abuse – has led to increased violence in society in general, including violence against women. These factors also act indirectly to raise women's vulnerability by encouraging more risk-taking behaviour, more alcohol and drug abuse, the breakdown of social support networks, and the economic dependence of women on their partners (UNICEF 1999). Cultural ideologies – both in industrialized and developing countries – provide 'legitimacy' for violence against women in certain circumstances. Religious and historical traditions in the past have sanctioned the chastising and beating of wives. The physical punishment of wives has been particularly sanctioned under the notion of entitlement and ownership of women (UNICEF 2000). Male control of family wealth inevitably places decision-making authority in male hands, leading to male dominance and proprietary rights over women and girls. The concept of ownership, in turn, legitimizes control over women's sexuality, which in many law codes has been deemed essential to ensure patrilineal inheritance. Women's sexuality is also tied to the concept of family honour in many societies. Traditional norms in these societies allow the killing of 'errant' daughters,

sisters and wives suspected of defiling the honour of the family by indulging in forbidden sex, or marrying and divorcing without the consent of the family. By the same logic, the honour of a rival ethnic group or society can be defiled by acts of sexual violence against its women. Experiences during childhood, such as witnessing domestic violence and experiencing physical and sexual abuse, have been identified as factors that put children at risk. Violence may be learnt as a means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution. Excessive consumption of alcohol and other drugs has also been noted as a factor in provoking aggressive and violent male behaviour towards women and children. A survey of domestic violence in Moscow revealed that half the cases of physical abuse are associated with the husband's excessive alcohol consumption. The isolation of women in their families and communities is known to contribute to increased violence, particularly if those women have little access to family or local organizations. On the other hand, women's participation in social networks has been noted as a critical factor in lessening their vulnerability to violence and in their ability to resolve domestic violence. These networks could be informal (family and neighbours) or formal (community organizations, women's self-help groups, or affiliated to political parties) (Sen 1999). Lack of legal protection, particularly within the sanctity of the home, is a strong factor in perpetuating violence against women. Until recently, the public/private distinction that has ruled most legal systems has been a major obstacle to women's rights. Increasingly, however, States are seen as responsible for protecting the rights of women even in connection with offences committed within the home. In many countries violence against women is exacerbated by legislation, law enforcement and judicial systems that do not recognize domestic violence as a crime. The challenge is to end impunity for the perpetrators as one means of preventing future abuse. Investigations by Human Rights Watch have found that in cases of domestic violence, law enforcement officials frequently reinforce the batterers' attempts to control and demean their victims. Even though several countries now have laws that condemn domestic violence, "when committed against a woman in an intimate relationship, these attacks are more often tolerated as the norm than prosecuted as laws. In many places, those who commit domestic violence are prosecuted less vigorously and punished more leniently than perpetrators of similarly violent crimes against strangers." (The Human Rights Watch Global Report 1995)

Heise in 1998 in his framework explains that violence against women results from the interaction of factors at different levels of the social environment (Figure 1.7).

Figure 1.7: Ecological Framework for explaining Gender Based Violence



Source: Heise L 1998

The framework can be visualized as four concentric circles. The innermost circle represents the biological and personal history that each individual brings to his or her behavior in relationships. The second circle represents the immediate context in which abuse takes place: frequently the family or other intimate or acquaintance relationship. The third circle represents the institutions and social structures, both formal and informal, in which relationships are embedded, such as neighborhoods, the workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

A wide range of studies shows that several factors at each of these levels increase the likelihood that a man will abuse his partner.

At the individual level: As noted already, Domestic violence is a serious problem in many countries and women suffer high rates of violence in the home, including both physical and psychological violence. Stereotypes about the "proper" roles and responsibilities of men and women in the family reinforce the view that the family is a self-contained unit, deserving privacy at the expense of other rights and freedoms. Traditionally, women are relegated to subordinate positions in this family structure. For victims of domestic violence, this notion of

family privacy often interferes with effective police intervention and prosecutorial decisions in domestic violence cases. These stereotypes also reinforce the mentality that men are the leaders of the family and thus have the right to control women's behavior by any means necessary. Women are expected to show their husbands obedience and respect. Many view violence as a normal part of an intimate relationship. The present behaviour of an individual depends partly on his/her past history. There is deep-rooted gender inequalities that persist across India. It is due to male patriarchy, which is defined as a system of male dominance legitimated by within the family and the society through superior rights, privileges, authority and power (Krishnaraj 1991). Socialisation of women into subordinate position and thinking of men that they are superior to women and have a right to control women are resultant phenomena of male patriarchy. Such socialisation leads to powerlessness of women, which ultimately leads to violence and inability of women to defend themselves (Visaria 2000).

The Indian patriarchal family can be termed as classical patriarchy (Kandiyotti 1998) with the joint family structure as one of the manifestations of hierarchical family systems. In the most general terms, the joint family system comprises a group of people who live under one roof, cook food at one hearth, and hold property in common. The patriarch of the family makes most of the important decisions for the family. The structure of the family tends to control freedom of movement and paid remuneration for female members, and in general, there is a gendered segregation of work and family space. Hierarchical relationships (between father and son, or mother-in-law and daughter-in-law) are privileged over conjugal relationships (husband and wife). Researchers argue that this emphasis on hierarchical relationships rather than horizontal relationships is one of the primary characteristics of the joint family system (Tambiah 1989). In addition, joint family members participate in common family rituals and practices, and most importantly, are related to each other by blood or marriage (Mies 1980). Joint families in India operate with an ideology of joint production and joint consumption of common resources. Individual identity is de-emphasized, and the family provides a sense of security for the sustenance of all its members (Bhatti 1990; Tambiah 1989). The nuclear family in India, consisting of the husband-wife dyad and any children from the marriage, is often considered to be a breakaway form from the larger joint family system. Recently, researchers have questioned whether the joint family system is the foundation of the nuclear system (Madhurima 1996; Visaria 1999). They argue that this form of the patriarchal joint family system is prototypical of an upper class/upper caste family system and is not representative of family systems in India. Even with this critique, the nuclear family in India has some unique qualities that distinguish it from nuclear families

found in the West. The nuclear family in India can be more adequately described as an 'adaptive extended family' wherein ties with extended family members are very strong, even if the families are dispersed geographically (Mahajan 1990). Thus, the role definitions of the Indian nuclear family do not differ tremendously from those of the joint family system. One of the primary ways in which patriarchal structure manifests itself in the Indian family structure is that it develops along age and gender lines (Mies 1980). In this hierarchy of relationships, women are always subordinate to men. Although older women might influence the decisions of the household through covert control, they are rarely recognized as the head of the household. In this system, the daughter-in-law, the woman entering a new household, becomes the most subordinate adult of the family and has to adjust so as not to create any friction in the new household (Visaria 1999). Researchers studying violence in the family argue that it is when women first enter the marital family that they are at their most vulnerable. For example, if the new member is unable to adjust to the household, violence is sometimes used to elicit obedience from her (Goel 2005; Goody and Tambiah 1973; Madhurima 1996). Additionally, if the woman entering the household does not succumb to traditional socialization and does not conform to traditional gender roles, she is more likely to be beaten by her family. Some research indicates that the threat of violence is often used instead of actual violence to elicit conciliatory responses from women in the household (Peacock 2003). The quantitative research on domestic violence in India carried out by Menon in 2003 suggests that family violence against women is actually less likely in strongly patriarchal family settings than it is in less patriarchal settings (Menon 2003). The researcher finds strong evidence that when power is concentrated along patriarchal lines, the likelihood of using violence is reduced because the power structure effectively imposes cultural, social, and physical restrictions on women. The researcher interprets these findings that violence is used only as a last resort after all other structural controls have failed. The two main conclusions that emerged from the study that are critical to the study of domestic violence in India are: (1) patriarchy does not necessarily lead to the use of violence, and (2) violence may be used primarily as a means of last resort, after all other control tactics have failed.

Heise argued that violence is an extension of a continuum of beliefs that grants men the right to control women's behavior (Heise 1994). Miller also suggested that low self-esteem among Indian girls contribute to the women's acceptance of violence by their husbands (Miller 1999). In a patriarchal society, men think they have the right to control their wives. Apart from this if the husband /partner was abused as a child or witnessed marital violence in the home, had an absent or rejecting father, or frequently uses alcohol are

characteristics of the individual that increase the likelihood of being a victim or a perpetrator. A recent review of nationally representative surveys in nine countries found that for women, low educational attainment, being under 25 years of age, having witnessed her father's violence against her mother, living in an urban area, and low socio-economic status were consistently associated with an increased risk of abuse (Kishor and Johnson 2004). The study indicated several socioeconomic and cultural risk factors. In large parts of the world, wife beating is conceptualized as a form of "correction" or chastisement. Beating is acceptable as long as it is for "just cause". Acceptability depends on who does what to whom, for what reason. Male entitlement/ownership of women, rigid gender roles, and perception of violence as a private matter where others should not get involved, masculinity linked to dominance, aggression, honor and violence as an acceptable way to resolve conflict. Such traditions that make it difficult for women to return to family in times of trouble (dowry, brideprice). Study states that complicated, entrenched social factors make up the whole framework of gender inequality – less education, less access to good paying jobs, lack of adequate legal protection from abuse and rape, lack of access to health care. Domestic violence and threat of abandonment act as significant barriers for women, who have to negotiate condom use, discuss fidelity or leave relationships that they perceive to be risky.

For deeper understanding of this complex phenomenon, researchers have explored some of the individual level characteristics associated with victimization and especially perpetration of intimate partner violence (Gelles 1993b; Gelles and Straus 1988; O'Leary 1993). Young age appears to be a risk factor for being either a perpetrator or victim of domestic violence. Studies to date have identified several robust demographic predictors. For example, domestic violence is more common among younger couples, aged 18–30 (Bachman and Saltzman 1995; Bureau of Justice Statistics 2000; Szinovacz and Egley 1995); African Americans and Hispanics (Lockhart 1987); cohabiting (as opposed to married) couples (Bureau of Justice Statistics 1998; Howell and Pugliesi 1988; Kaufman and Straus 1990; Straus, Gelles and Steinmetz 1980) and couples dealing with poverty (Websdale 1998, 2001), limited education, and unemployment (Bureau of Justice Statistics 2000, Campbell *et al.* 2003; Gelles 1993; Websdale 2001; Websdale and Johnson 1997).

The relationship between individual educational attainment and domestic violence is complex. Low level of education is however the most consistent factor associated with both the perpetration and experiencing of intimate partner violence. A higher level of education may act as a protective factor, since women with a higher level of education, or married couples with relatively equivalent education levels, report lower levels of intimate partner

violence. Lower educational attainment reduces a woman's exposure and access to resources, increases the acceptance of violence. In contrast to the above studies, which included physical violence in their definition of intimate partner violence, Flake (2005) found that women with a higher level of education were at increased risk of sexual intimate partner violence. More research is needed on how educational attainment is associated with the different types of intimate partner violence. Studies also reveal that several psychosocial factors—including alcohol and substance abuse, stress, and social isolation (Cunradi, Caetano and Schaefer 2002; Gelles 1993; Websdale 1998; Websdale and Johnson 1997b)—are associated with elevated rates of intimate partner violence.

Black et al. in 1999 reviewed the social science literature from North America on risk factors of physical assault against intimate partner (Black *et al.* 1999). A number of demographic, personal history and personality factors emerged from this analysis, as consistently linked to a man's likelihood of physically assaulting an intimate partner. Among the demographic factors, young age and low income were consistently found to be factors linked to the likelihood of a man committing physical violence against a partner. Economic hardship places additional stress on family relationships and affects a woman's ability to leave a violent relationship. Many women do not seek legal relief against their abusive husbands and partners because they do not have alternative housing arrangements. This reality affects both divorced women, who must live with their ex-husbands while they wait for financial and property settlements, as well as married women who may wish to flee the abuse but have no reasonable alternatives given their lack of economic resources. Economic considerations may be even more pressing for women with children. Another consequence of poverty is changing gender roles within the family. Where there is severe poverty and unemployment, women often seek informal employment, taking jobs that men are unwilling to do. The income generated from this work, along with high rates of male unemployment, result in a shift of traditional gender roles in the family. This shift in gender roles changes the power structure within the family, often resulting in increased violence.

Some studies have found a relationship between physical assault and composite measures of socioeconomic status and educational level, although the data are not always fully consistent. The Health and Development Study in Dunedin, New Zealand – one of the few longitudinal, birth cohort studies to explore partner violence – found that family poverty in childhood and adolescence, low academic achievement and aggressive delinquency at the age of 15 years all appeared strong predictors of physical abuse of partners by men even at the age of 21 years (Moffitt and Caspi 1999). This study is one of the few that evaluate

whether the same risk factors predict aggression both by women and men against a partner. History of violence in family among personal history factors, violence in the family of origin has emerged as an especially powerful risk factor for partner aggression by men. Studies in Brazil, Cambodia, Canada, Chile, Colombia, Costa Rica, El Salvador, Indonesia, Nicaragua, Spain, the United States and Venezuela all found that rates of abuse were higher among women whose husbands had either themselves been beaten as children or had witnessed their mothers being beaten (Ellsberg *et al.* 1999, Black *et al.* 1999, Nelson and Zimmerman 1996). Although men who physically abuse their wives frequently have violence in their background, not all boys who witness or suffer abuse grow up to become abusive themselves (Caeser 1998). An important theoretical question here is: what distinguishes those men who are able to form healthy, nonviolent relationships despite childhood adversity from those who become abusive?

Alcohol use by men is another risk marker for partner violence that appears especially consistent across different settings is alcohol use by men (Parry *et al.* 1996; Kyriacou *et al.* 1998; McCauley *et al.* 1995). In the meta-analysis by Black *et al.* (1999) mentioned earlier, correlation between alcohol use or excessive drinking as a risk factor and partner violence is found a significant association, with correlation coefficients ranging from $r = 0.21$ to $r = 0.57$. Population based surveys from Brazil, Cambodia, Canada, Chile, Colombia, Costa Rica, El Salvador, India, Indonesia, Nicaragua, South Africa, Spain and Venezuela also found a relationship between a woman's risk of suffering violence and her partner's drinking habits (Ellsberg *et al.* 2000; Rodgers 1994; Moreno 1999; Nelson and Zimmerman 1996; INCLEN 2000; Jewkes *et al.* 2001). There is, however, a considerable debate about the nature of the relationship between alcohol use and violence and whether it is truly causal. Many researchers believe that alcohol operates as a situational factor, increasing the likelihood of violence by reducing inhibitions, clouding judgment and impairing an individual's ability to interpret cues (Flanzer 1993). Excessive drinking may also increase partner violence by providing ready fodder for arguments between couples. Others argue that the link between violence and alcohol is culturally dependent, and exists only in settings where the collective expectation is that drinking causes or excuses certain behaviours (Gelles 1993). In South Africa, for example, men speak of using alcohol in a premeditated way to gain the courage to give their partners the beatings they feel are socially expected of them (Abrahams, Jewkes and Laubsher 1999). Despite conflicting opinions about the causal role played by alcohol abuse, the overall evidence is that women who live with heavy drinkers run a far greater risk of physical partner violence, and that men who have been drinking inflict more serious

violence at the time of an assault (Johnson 1996). According to a survey of violence against women in Canada, for example, women who lived with heavy drinkers were five times more likely to be assaulted by their partners than those who lived with non-drinkers (Rodgers 1994).

A number of studies have attempted to identify whether certain personality factors or disorders are consistently related to partner violence. Studies from Canada and the United States show that men who assault their wives are more likely to be emotionally dependent, insecure and low in self-esteem, and are more likely to find it difficult to control their impulses (Kantor and Jasinski 1998). They are also more likely than their non-violent peers to exhibit greater anger and hostility, to be depressed and to score high on certain scales of personality disorder, including antisocial, aggressive and borderline personality disorders (Black *et al.* 1999). Although rates of psychopathology generally appear higher among men who abuse their wives, not all physically abusive men show such psychological disorders. The proportion of partner assaults linked to psychopathology is likely to be relatively low in settings where partner violence is common.

At the level of the family and relationship: In a patriarchal society, control over wealth and decision making is in the hands of the men within the family and marital conflicts are strong predetermining factors resulting in abuse of women. At an interpersonal level, the most consistent marker to emerge for partner violence is marital conflict or discord in the relationship. Marital conflict is moderately to strongly related to partner assault by men in almost every study reviewed by Black *et al.* (1999). Such conflict has also been found to be predictive of partner violence in a population-based study of women and men in South Africa (Jewkes 2001) and a representative sample of married men in Bangkok, Thailand (Hoffman, Demo and Edwards 1994). In this study in Thailand, verbal marital conflict remained significantly related to physical assault on the wife, even after controlling for socioeconomic status, the husband's stress level and other aspects related to the marriage, such as companionship and stability.

At the community level: Due to patriarchal norms and poor access to information, women are often unaware of their rights. Lack of social support and high legitimacy of violence against women in society are some of the factors which appear to explain high rates of violence.

A high socioeconomic status has generally been found to offer some protection against the risk of physical violence against an intimate partner, although exceptions do exist (Schuler *et al.* 1996). Studies from a wide range of settings show that, while physical

violence against partners cuts across all socioeconomic groups, women living in poverty are disproportionately affected (Ellsberg *et al.* 1999; Rodgers 1994; Nelson and Zimmerman 1996; Hoffman, Demo and Edwards 1994; Martin *et al.* 1999, Straus *et al.* 1986; Byrne *et al.* 1999). It is not clear as why poverty increases the risk of violence – whether it is because of low income in itself or because of other factors that accompany poverty, such as overcrowding or hopelessness. For some men, living in poverty is likely to generate stress, frustration and a sense of inadequacy for having failed to live up to their culturally expected role of providers. It may also work by providing ready material for marital disagreements or by making it more difficult for women to leave violent or otherwise unsatisfactory relationships. Whatever the precise mechanisms, it is probable that poverty acts as a “marker” for a variety of social conditions that combine to increase the risk faced by women (Heise 1998).

How a community responds to partner violence may affect the overall levels of abuse in that community. In a comparative study of 16 societies with either high or low rates of partner violence, Counts, Brown and Campbell in 1992 found that societies with the lowest levels of partner violence were those that had community sanctions against partner violence and those where abused women had access to sanctuary, either in the form of shelters or family support (Counts *et al.* 1992). The community sanctions, or prohibitions, could take the form either of formal legal sanctions or the moral pressure for neighbours to intervene if a woman was beaten. This sanctions and sanctuary framework suggests the hypothesis that intimate partner violence will be highest in societies where the status of women is in a state of transition. Where women have a very low status, violence is not needed to enforce male authority. On the other hand, where women have a high status, they will probably have achieved sufficient power collectively to change traditional gender roles. Partner violence is thus usually highest at the point where women begin to assume non-traditional roles or enter the workforce. Several other community factors have been suggested as possibly affecting the overall incidence of partner violence, but few of these have been tested empirically. An ongoing multi-country study sponsored by the World Health Organization in eight countries (Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Thailand and the United Republic of Tanzania) is collecting data on a number of community- level factors to examine their possible relationship to partner violence.

At the societal level: Gender roles are rigidly defined and enforced and the concept of masculinity is linked to toughness, male honor, or dominance. The prevailing culture

tolerates physical punishment of women and children, accepts violence as a means to settle interpersonal disputes, and perpetuates the notion that men “own” women.

Research studies across cultures have come up with a number of societal and cultural factors that might give rise to higher levels of violence. Levinson, for example, used statistical analysis of coded ethnographic data from 90 societies to examine the cultural patterns of wife beating – exploring the factors that consistently distinguish societies where wife beating is common from those where the practice is rare or absent (Levinson 1989). Levinson’s analysis suggests that wife beating occurs more often in societies in which men have economic and decision-making power in the household, where women do not have easy access to divorce, and where adults routinely resort to violence to resolve their conflicts. The second strongest predictor in this study of the frequency of wife beating was the absence of all-women workgroups. Levinson advances the hypothesis that the presence of female workgroups offers protection against wife beating, because they provide women with a stable source of social support as well as economic independence from their husbands and families.

Various researchers have proposed a number of additional factors that might contribute to higher rates of partner violence. It has been argued, for example, that partner violence is more common in places where war or other conflicts or social upheavals are taking place or have recently taken place. Where violence has become commonplace and individuals have easy access to weapons, social relations – including the roles of men and women – are frequently disrupted. During these times of economic and social disruption, women are often more independent and take on greater economic responsibility, whereas men may be less able to fulfill their culturally expected roles as protectors and providers. Such factors may well increase partner violence. Others have suggested that structural inequalities between men and women, rigid gender roles and notions of manhood linked to dominance, male honour and aggression, all serve to increase the risk of partner violence (Heise 1998). Again, although these hypotheses seem reasonable, they remain to be proved by firm evidence.

Internationally the subject of domestic violence has had a great impact on research and policy. A study in mainland China has examined the extent to which wife-abuse exist under the Communist regime. An attempt was made to delineate the prevalence of and the changing trends in wife-abuse and to establish the linkages between wife-abuse and the underlying social mechanisms. Survey data on marriage and family relations in Chengdu, not collected specifically for a wife-abuse study but contained useful information, were utilised for the purpose. The sample comprised 586 ever-married women between the ages of 20-70

years, via a random sampling procedure. Another survey of Hebei province from Baoding had a sample of 636 ever-married women. Both these samples were compared to see the prevalence of and changing trends in wife abuse. A composite index of wife-abuse, following the Strauss and Gelles model, was obtained and statistical models were used for obtaining results. It was found that urban China was not free of family violence. In the Chengdu sample, husbands were found to have abused about 57 percent of their wives at some point of time or the other during the course of married lives. The incidence of non-physical abuse appeared more frequent than physical abuse. The authors attribute patriarchal family system and gender inequality within the family to be responsible for the prevalence of wife-abuse. Close-knit kinship ties and living with parents were found to be effective in lowering wife-abuse (Xu 1997).

In Pakistan, domestic violence is often reported to have emerged as a reproductive health and rights issue. A study was carried out in three out-patient clinic facilities catering to the low and middle income population of Karachi. The criterion for selecting the respondents was: currently married; living with their husbands for at least the past one year; and permanent residents of Karachi. The results of these cross sectional study of 150 women revealed that they were subject to violence at a high proportion with serious consequences to their physical and mental health. Nearly one-third of the women had experienced physical violence at least once in marital life, the reasons being financial constraints, children or inlaws, although these factors were not significantly associated with anxiety/depression. The study suggests that appropriate intervention strategies should be undertaken to generate awareness about the health consequences of wife-battering (Fikree and Bhatti 1999).

Niel Anderson et al (2007) carried out a cross sectional household survey in eight southern African countries to identify major contributory factors behind domestic physical violence. Almost 14% men and 18% women reported themselves as being victim of partner physical violence. There was no significant association with age, income, education, household size and remunerated occupation, while having multiple partners was found to be strongly associated with the partner physical violence.

Bates (2004) studied the socio economic factors and processes associated with domestic violence in rural Bangladesh. Qualitative indepth interviews and small group discussions were conducted with married women from six Bangladeshi villages to examine the types and severity of domestic violence, and to explore the pathways through which women's social and economic circumstances may influence their vulnerability to violence in marriage. Of about 1,200 women surveyed, 67% had ever experienced domestic violence,

and 35% had done so in the past year. According to the qualitative findings, the surveyed women were of the opinion that women with more education and income would be less vulnerable to domestic violence; they also believed that having a dowry or a registered marriage could strengthen a women's position in her marriage. Yet, of these potential factors, only education was associated with significantly reduced odds of violence; meanwhile, the odds were increased for women who had a dowry agreement or had personal earnings that contributed more than nominally to the marital household. Women strongly supported educating their daughters, but pressures remain to marry them early, in part to avoid high dowry costs.

The International Center for Research on Women (ICRW) (Mitra 1999), conducted a three year research program, which began in 1997, on domestic violence in Madhya Pradesh, Uttar Pradesh, Maharashtra, Tamil Nadu and Delhi in India. It reveals that a staggering 50 per cent of women in monogamous marriages face domestic violence with about 65 per cent of them reporting psychological abuse as well. Out of this 50% facing domestic violence, 45.3% reported needing health care and only half of them received it. Women who needed health care but could not receive it, 30% reported of feeling ashamed, 30% took care of the injury at home and 30% reported lack of economic health care access. ICRW 1999 study carried in Gujarat showed that the major reasons for the violent behaviour of the husbands were meals not being served on time (67%), meals not prepared to their satisfaction or liking (51%). The wives inability in managing the household within the limited budget and taking care of family and the children were the other source of tension between the husband and wife leading to violence. Studies (Gupta 2000) also show that men who engage in extra martial relationships are 6.2 times more likely to abuse their wives physically. The Indian norms for masculinity condone experimentation, having extramarital affairs and sexual domination over women, thereby increasing their own risk as well as the risk to their partners. As noted already, sexual violence, in particular, appears to be associated with power and control as relational concepts such as the ability to influence others as well as being above the influence of others. Satisfying oneself sexually by force and with disregard to the partner may be an expression of such power. Men who engage in sexual violence clearly have a distinct understanding of what constitutes sexuality (Duvvury *et al.* 2002).

Many authors have examined various socioeconomic factors that would predict domestic violence. Spousal disparity in educational attainment level or marital age, lack of women's autonomy at home, dowry pressure, childhood abuse, unemployment, alcoholism, and poverty appear to be linked to high rates of domestic violence in India (Jejeebhoy 1998;

Mahajan and Madhurima 1995). AK Ravishankar in 1999 conducted a study on data drawn from “National Family Health Survey II – India in 1998-99. 79,500 currently married women were interviewed with the objective of examining the relationship between the couple’s life style indicators and the domestic violence against women in India. Alcohol consumption, smoking and chewing tobacco were considered as the three life style indicators. Logistic regression analysis reveals that all the three life style indicators have a significant impact on the domestic violence in India. For instance, in case of alcohol, the probability that who consumed it and physically mistreated their wives was 1.7 times as high as that of those who were teetotalers.

Sahoo and Pradhan conducted a study on NFHS-2 data to assess as to how do the ever married women of reproductive age group in India view wife-beating. In the study beatings and physical mistreatment of women since age 15 and also in last one year are used as the dependent variables. The National Family Health Survey II data, 1998-99 which covered 90,303 ever married women is used in the analysis. Background characteristics such as education, age, marital duration, place of residence, caste, religion, sex of the head of the household, standard of living, work status of women, exposure to mass media and the autonomy of women with respect to decision making, freedom of movement and access to money are included as explanatory variables. Logistic regression is carried out to predict the domestic violence in terms of the selected independent variables. The analysis shows that the women belonging to low socio-economic status are more likely to agree with each of the different reasons (Women identified lapses in fulfilling their responsibilities like cooking, attending to household, looking after children and in-laws as key factors influencing the occurrence of violence justifying wife-beating). The study also revealed that domestic violence is more among lower autonomy and women belonging to low socio-economic status.

A large scale household survey by International Clinical Epidemiologists Network (INCLIN) 2000 estimated the incidence of the domestic violence in India and its correlates and outcomes and found it as a phenomenon that cuts across age, education, social class and religion in India. The community, family, and individual factors associated with family violence were examined. A uniform sampling strategy was drawn and families in which there is at least one woman aged 15-49 (years) and who has at least one child (<18 years of age) living in the household constituted the population. The women were randomly chosen from all eligible women within the household irrespective of whether they were currently married or not. The participation rate was 90 percent in the rural stratum and 76 percent in the urban

slum and 67 percent in the urban non-slum. About 50 percent of the sample reported as having experienced at least one of the behaviours outlined above at least once in their married life. About 44 percent reported at least one psychologically abusive behaviour and 40 percent reported experiencing at least one form of violent physical behaviour. Dowry harassment was found to have been one of the major precipitating factors of violence within the marital home. The gender gap in employment status emerged as an important risk factor for violence. More than half (58 percent) of the women respondents reported that the members of their immediate family were aware of the violence. In addition 41 percent of them reported that their neighbours also knew of the violence. However, only less than 10 percent had left their husbands; surprisingly, more than 55 percent of the women perceived violence as a normal part of marriage life.

In order to understand the determinants of differential perception of wives and husbands about domestic violence Murthy et al. (2004) undertook a study in Andhra Pradesh. The sample consists of 1046 couples (husbands and wives) belonging to scheduled caste/tribe (SC/ST) and Muslims from Chittoor district of Andhra Pradesh. The findings reveal that both husband and wife in tandem agree that domestic violence has been taking place. Acceptance of this fact was found to be more among adolescents than other age groups of women. Education level of women seems to have partial role in lessening domestic violence. Further, a greater proportion of Muslim men and women admit about the occurrence of domestic violence than the SC and ST women. Number of members in the family, menstrual problems, and type of marriage, sexual behaviour of husbands have been found to be causes of domestic violence reported by women. On the other hand men perceive work pattern, premarital and extra marital sex, smoking/ life style and number of members in the house were found to be causes for domestic violence.

A study was conducted by Khan et al in 1996 on Sexual violence within marriage in collaboration with Centre for Operations Research and Training (CORT) Vadodara in Uttar Pradesh. The study was a part of an in-depth qualitative study carried out by the CORT on women's decision-making when faced with an unwanted pregnancy and the factors that influence their decision for seeking abortion. The study was conducted in two villages in central Uttar Pradesh. Using a systematic random sampling method, women in every fifth house in the village were selected for the study. Detailed data was collected on unwanted pregnancy, abortion seeking behaviour, contraception and sexual behaviour including sexual abuse. A total of 122 currently married women were informally interviewed, which was spread over several visits. The study found that women had little control over their own

reproductive decision and they expressed a threat of physical violence leading to non usage of contraception leading to unwanted pregnancy.

Ghosh (2007) used data of ever married women of age 15 to 40 years of National Family Health Survey II conducted in 1998-99 to explain the vulnerability of Indian women to domestic violence and secondly, to identify the most important risk factors associated with the experience of domestic violence. The analysis is based on ever-married women who responded to the question 'Since you completed 15 years of age, have you been beaten or mistreated physically by any person at home'? The researchers randomly chose 5,000 observations to fit predictive models and identify major risk factors for experiencing domestic violence. The household standard of living index, husband's education level, marital duration, age of women, women's status of work, women's educational level, number of children ever born and husband's work status were found to be significant risk factors of domestic violence.

In a study conducted by Rao (1997), both ethnographic and econometric methods were used to identify the major determinants of wife-abuse in a community of potters in the Karnataka State in South India. The study used a mix of qualitative and quantitative data to examine the inter-connections among socio-economic conditions, status of women, marriage markets, family decision-making processes, fertility, and health and nutrition. In-depth interviews and focus group discussions were conducted to formulate key hypotheses which were then tested with survey data collected from the same population using econometric techniques. The qualitative analysis based on interviews with 70 women and 30 men revealed that wife beating was a common practice, especially in mild forms, and that it was acceptable behaviour in the community. It is not considered as a deviant behaviour. The correlative factors of abuse, as revealed in the qualitative survey, include excessive liquor consumption by husbands, hostilities connected with dowry, female sterilization, and the number of living male and female children. This indicates that the qualitative results and the quantitative evidence conform well to each other. It was found that sterilization leads to fear on the part of husbands that their wives would turn unfaithful. On the other hand, female sterilization is the end of a wife's reproductive career and lowers the husband's costs of sexual violence towards her. While the number of living female children has, though positive, insignificant effect, the number of male children reduces the incidence of wife-beating. Many other researchers (Leonard and Blanc 1992; McKenry *et al.* 1995 and Bhatt 1998) have also found specific lifestyle of men such as smoking, alcoholism and drugs responsible for predisposing men towards committing domestic violence.

Koenig (2006) analysed the data from the Male Reproductive Health Survey, which was conducted in 1995 as part of a study of how to improve family planning services in Uttar Pradesh. Survey respondents were married men aged 15–59 who lived with their wives. A total of 4,520 men residing in four districts participated in interviews covering their socioeconomic and demographic characteristics; reproductive health and behavior; attitudes toward gender roles; and experiences with, and attitudes toward, intimate partner violence. A significant percentage of husbands reported having committed one or more episodes of physical violence (25.1%) or sexual violence (30.1%) against their wives during the preceding year. While considerable overlap between these two violence outcomes could be expected, it is notable that among husbands reporting recent physically forced sexual intercourse with their wives, 39% also reported recent physical violence; conversely, among those reporting recent physical violence, 45% reported having physically forced their wives to have sexual intercourse during the previous year. Lifetime reports of physical violence and coercive sexual intercourse were 34.1% and 31.8%, respectively.

First, the multivariate analysis suggests that socioeconomic status as measured by number of assets owned and physical violence towards wives are inversely related. Relative to the reference group (no education), the likelihood of recent physical violence was significantly lower among more educated husbands and wives (7 or more years of schooling); moderate levels of schooling on the part of either spouse were not protective against physical violence. The likelihood of violence is also reduced for men whose households have the greatest number of assets and it is increased among those for whom economic pressure necessitated borrowing money to cover medical expenses. Other individual-level factors that were associated with increased odds of physical violence were being married for five or more years, being childless, having had an extramarital relationship and having witnessed domestic violence as a child. Second, regression analysis which examined correlates of sexual coercion of wives revealed, in contrast to recent physical violence, the likelihood of recent coercive sexual intercourse was no longer significantly inversely related to either spousal education or household assets. Higher levels of education (7 or more years) among husbands were actually significantly positively associated with risk of recent sexual coercion. This may reflect the widely held view across much of Indian society that it remains the husband's prerogative to physically compel his wife to engage in sexual relations when desired behavior not attenuated and perhaps even more pronounced with increased levels of schooling on the part of the husband (Khan 1996). Alternatively, this finding may reflect a greater reluctance among wives of more educated husbands to simply accede to the husband's wishes regarding sexual

relations, negotiations that may in turn be met by physical force by the husband to compel sexual intercourse. Moreover, longer marital duration (15 or more years) was significantly negatively associated with risk of recent sexual coercion. Household asset index scores were not significant, but economic pressure was predictive of sexual coercion. The researchers acknowledge that husbands, "as the principal aggressors, might be expected to underreport violent behavior." However, given that wife-beating is generally accepted in Uttar Pradesh, and that the prevalence of physical violence reported in the survey is consistent with other evidence from the state, they contend that underreporting is not likely to have significantly affected their results.

A study conducted by Jain in 2004 in rural Maharashtra (Jain *et al.* 2004) examines the characteristics and the magnitude of physical and psychological violence against women. The study consists of 500 women from five randomly selected villages of rural Maharashtra and the results revealed that 38% of the women were verbally insulted and almost half the women were slapped, hit, kicked or beaten by their husband. 44% reported being kicked during pregnancy and 12% were specifically threatened by their husbands with having kerosene oil poured on them to set them on fire. 30% of the physically assaulted victims required medical care. The study further suggests that since the prevalence of domestic violence is high, the health care providers should screen for domestic violence as a routine practice.

In sum: The most common form of violence experienced by women globally is intimate partner violence. The pervasiveness of different forms of violence against women within intimate relationships, commonly referred to as domestic violence or spousal abuse, is now well established. Domestic violence is a problem that affects the lives of many women both in urban and rural areas. It is an episode that is found to recur through the life cycle of women and it has extensive potential repercussions. There is a growing body of research on intimate partner violence, which has expanded to capture the experience of women in intimate relationships. Domestic violence includes a range of sexually, emotional and physically coercive acts used against adult and adolescent women by a current or former husband, without her consent. Physical violence involves intentionally using physical force, strength or a weapon to harm or injure the woman. Sexual violence includes abusive sexual contact, making a woman engage in a sexual act without her consent. Emotional violence includes controlling or isolating the woman, and humiliating or embarrassing her. Economic violence includes denying a woman access to and control over basic resources. According to the most

commonly used definitions, it may comprise “physical, emotional, sexual and economic abuse occurring in an adult relationship between intimate or formerly intimate partners with a pattern of controlling behaviour by the abusing partner” (Heise and Garcia-Moreno 2002). Domestic violence can take many forms and can occur in all settings within the household and is, in almost all cases, perpetrated by men. Although violence takes place within households, it affects women in all the spheres of their life. Violence seems to have profound potential effects on women. Beginning before birth, in some countries, with sex-selective abortions, or at birth when parents who are desperate for a son may kill female babies, it continues to affect women throughout their lives. Each year, millions of girls undergo female genital mutilation. Female children are more likely than their brothers to be raped or sexually assaulted by family members, by those in positions of trust or power, or by strangers. Women, who become pregnant before marriage may be beaten, ostracised or murdered by family members, even if the pregnancy is the result of rape. After marriage, the greatest risk of violence for women continues to be in their own homes where husbands and, at times, in-laws, may assault, rape or kill them. When women become pregnant, grow old, or suffer from mental or physical disability, they are more vulnerable to attack. Women who are away from home, imprisoned or isolated in any way are vulnerable to violent assaults. It affects their autonomy, their productivity, their capacity to care for themselves, and their children and their quality of life. Accurate and comparable data on violence are needed at the community, national, and international levels to strengthen advocacy efforts, help policy-makers understand the problem and guide the design of interventions. Measuring the true prevalence of violence is, however, a complex task. Population-based research is more accurate. Population -based studies conducted in various countries document the prevalence of domestic violence ranging from 10% to 60%. In the WHO multi-country study on domestic violence, implemented in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, the former Serbia and Montenegro, Thailand and the United Republic of Tanzania, the lifetime prevalence of physical violence by an intimate partner ranged between 13 per cent and 61 percent. In most of the sites surveyed, the range was between 23 and 49 per cent. In India, domestic violence is emerging as a major social problem. In India, domestic violence is emerging as a major social problem. However, until recently, the documentation on the prevalence and correlates of domestic violence against women has remained scant (INCLEN 2000).

Against this backdrop, understanding not only the prevalence of domestic violence, but more pertinently, of the reasons for the perpetration of such violence, is extremely

important for designing appropriate intervention strategies not only to respond to violence, but to prevent it as well. This study makes an attempt to examine the prevalence and the correlates of domestic violence in intimate relationships in the context of ever married Indian women. Data from the 2005-2006 National Family Health Survey of India (NFHS-3) are used for this present study. The module and its implementation conform to the recommendations of the World Health Organization for ethical collection of data on domestic violence. The next chapter provides a detailed discussion on methodology adopted by NFHS-3 for collecting the information on domestic violence.