



A REVIEW ON CHANGING SCENARIO OF DOMESTIC VIOLENCE SINCE A DECADE IN TELANGANA AND INDIA

V.Vineela

Department of Social Work, Kakatiya University

ABSTRACT

Domestic violence is pervasive, as evidenced by the fact that it has been documented in diverse cultures and societies across the globe. There is a growing realization that domestic violence is a global phenomenon and a significant problem in developing nations as well. Despite this, domestic violence takes on distinct forms and patterns based on the local context and is recognized as a significant public health concern. Abuse is the leading cause of nonfatal injuries among women, who suffer, blame themselves, and choose not to report it. In fact, women often rationalize and internalize their abuse by believing that they provoked the abuser, thus justifying and accepting it as their fate so that they can continue to live with it. domestic violence committed by a spouse or companion is reported to have severe consequences for the physical, mental, and reproductive health of women, as well as a high mortality risk.

In addition to emphasizing the prevalence of domestic violence, the studies in this review emphasize the mental, physical, sexual, and reproductive health effects of domestic violence on the lives of many Indian women. We found higher domestic violence change hence, The stricter laws are needed to India to protect women from domestic violence.

KEY WORDS: Domestic violence, silence domestic violence, trauma, women abuse.

1. INTRODUCTION

Domestic violence is pervasive, as evidenced by the fact that it has been documented in diverse cultures and societies across the globe. There is a growing realization that domestic violence is a global phenomenon and a significant problem in developing nations as well. Despite this, domestic violence takes on distinct forms and patterns based on the local context and is recognized as a significant public health concern. Abuse is the leading cause of nonfatal injuries among women, who suffer, blame themselves, and choose not to report it. In fact, women often rationalize and internalize their abuse by believing that they provoked the abuser, thus justifying and accepting it as their fate so that they can continue to live with it. domestic violence committed by a spouse or companion is reported to have severe consequences for the physical, mental, and reproductive health of women, as well as a high mortality risk.

The prevalence of domestic violence in India ranges from 6% to 60%, with substantial variation between states and settings. However, the magnitude, scope, and burden of the problem in the country have not been adequately accounted for, as reporting on the issue remains insufficient. In India, there are few community-based micro level studies that focus on physical violence, but there is scant evidence on psychological and sexual violence. There is also lack of empirical evidence regarding its numerous antecedents, outcomes, and relationships. Various South Asian studies on domestic violence have identified a number of associated individual and household risk factors, indicating that certain demographic factors, such as age, number of surviving male children, and

living in an extended family, are associated with domestic violence. In developing countries, protective factors include higher socioeconomic status, women's economic independence, the quality of marital relationships, and higher levels of education among women. Globally, women who are younger, have a lower household income, are less educated, belong to a lower caste, are not employed, have a partner who drinks or gambles, etc. are at a greater risk of experiencing domestic violence. However, the issue of domestic violence and its underlying social determinants in developing nations, particularly India, remain understudied.

2) OBJECTIVES

To review on the women facing violence, physical and emotional and psychological violence at home or work place, to understand the changing scenario of domestic violence, to understand the silence domestic happening at family and households.

3) METHOD

Systemic review of literature and narrative search. Our initial search of DV articles published in PubMed, OVID, Cochrane Reviews, Psyc INFO, and CINAHL between 1 April 2003 and 1 January 2020 yielded 50 articles We identified many articles using search terms 'domestic violence' and 'India', 20 articles using 'intimate partner violence' and 'India', 10 articles using 'spouse abuse' and 'India', 10 articles using 'partner violence and India', 10 articles using 'gender-based violence' and 'India'



4) FINDINGS

The last decade of quantitative India domestic violence research has included a variety of large regional and international studies in addition to lesser scale, single-state studies. However, the virtually exclusive use of cross-sectional designs in this literature has limited the ability to draw causal inferences. The investigations at the national and regional levels employed larger Typically, nationally or sub nationally representative samples (average sample size: 25,857 women; range: 111–124,385) are used to provide international or regional epidemiologic comparisons. The single-state studies utilized reduced sample sizes (average: 1109 women, range: 30–9639) to provide a more in-depth evaluation of domestic violence experienced by a specific population of women.

Only 12% (17/137) of the reviewed studies employed a prospective design in order to draw causal inferences. Six of these 13 utilized the NFHS-2 and four-year follow-up data from the rural regions of four states to evaluate the effect of domestic violence on mental health disorders (Shidhaye & Patel, 2010), a woman's adoption of contraception, unwanted pregnancy occurrence (Stephenson et al., 2008), uptake of prenatal care (Koski et al., 2011), early childhood mortality (Koenig et al., 2010), functional autonomy and reproduction (One study used a case-control design to examine the association between domestic violence and child mortality (Varghese, Prasad, & Jacob, 2013), and another used a randomized control design to examine the effectiveness of a mixed individual and group women's behavioral intervention in reducing domestic violence and marital conflict over time (Saggurti et al., 2014). The remaining prospective studies evaluated the causal association between domestic violence and incident STIs and/or attempted suicide (Chowdhary & Patel, 2008; Maselko & Patel, 2008; Weiss et al., 2008), domestic violence and maternal and neonatal health outcomes (Nongrum et al., 2014), the effect of the type of interviewing (face-to-face versus audio computer-assisted self-interviews) on domestic violence reporting (R face-to-face versus audio computer-assisted self-interviews) on domestic violence reporting (Rathod, Minnis, Subbiah, & Krishnan, 2011), trends in domestic violence occurrence over time (Simister & Mehta, 2010), and the effect of the type of interviewing (face-to-face versus audio computer-assisted self-interviews) on domestic violence reporting (Rathod, Minnis, Subbiah and the effect of a woman's or her partner's employment status change on her exposure to domestic violence (Krishnan et al., 2010). Only 61% (84/137) of studies reported employing a validated scale or attempting to validate the instrument they ultimately employed. When the use of a validated instrument was reported, the majority (82% or 69/84) were designed for the North American cultural context. Europe (i.e., the modified CTS, the Abuse Assessment Screen, the Index of Spouse Abuse, the Woman Abuse Screening Tool, the Partner Violence Screen, the Composite Abuse Scale, and the Sexual Experience Scale). In actuality, only 15 of the studies reporting the use of a validated questionnaire adapted or developed their instrument to the Indian context by surveying themes raised by the prior qualitative literature (i.e. use of

belts, sticks, and burning to inflict physical abuse, restriction on return to natal family home, prohibition on natal family visiting marital home). As anticipated, these studies found higher rates of domestic violence. Some authors who did not use validated, widely used domestic violence scales (i.e. CTS) cited space constraints and inadequacy of extant tools for measuring domestic violence in the Indian cultural context in private communications. Some authors who chose not to use validated, widely used domestic violence scales (i.e. CTS) stated they did so due to space constraints and the inadequacy of existing measurement instruments. Domestic violence in the cultural context of India.

5. CONCLUSION

In India and South Asia, domestic violence research has experienced phenomenal development over the past decade. Our systematic review contributes to the growing body of evidence by providing an essential summary of the epidemiologic studies conducted during this crucial time period and by highlighting the magnitude and severity of the ongoing epidemic in India. Comprehensively, the reviewed literature suggests that four out of ten Indian women (when polled) are pregnant. About multiple forms of abuse) have experienced domestic violence in their lifespan, and one-third have experienced domestic violence in the past year. This is consistent with the WHO lifetime estimate of 37.7% (95% confidence interval: 30.9%-43.1%) in South-East Asia (defined as India, Maldives, Sri Lanka, Thailand, Bangladesh, and Timor-Leste) and is higher than the WHO regional estimates for Europe, the Western Pacific, and possibly the Americas. In addition to emphasizing the prevalence of domestic violence, the studies in this review emphasize the mental, physical, sexual, and reproductive health effects of domestic violence on the lives of many Indian women. The stricter laws are needed to India to protect women from domestic violence .

REFERENCES

1. Ackerson, L. K., & Subramanian, S. V. (2009). *Intimate partner violence and death among infants and children in India*. *Pediatrics*, 124(5), e878–889. doi:10.1542/peds.2009-0524
2. Bunting, A. (2005). *Stages of development: Marriage of girls and teens as an international human rights issue*. *Social & Legal Studies*, 14(1), 17–38.
3. Chandra, P. S., Satyanarayana, V. A., & Carey, M. P. (2009). *Women reporting intimate partner violence in India: Associations with PTSD and depressive symptoms*. *Archives of Women's Mental Health*, 12(4), 203–209.
4. Chowdhary, N., & Patel, V. (2008). *The effect of spousal violence on women's health: Findings from the Stree Arogya Shodh in Goa, India*. *Journal of Postgraduate Medicine*, 54(4), 306–312.
5. Chowdhury, A. N., Brahma, A., Banerjee, S., & Biswas, M. K. (2009). *Pattern of domestic violence amongst non-fatal deliberate self-harm attempters: A study from primary care of West Bengal*. *Indian Journal of Psychiatry*, 51(2), 96–100.
6. Fernandez, M. (1997). *Domestic violence by extended family members in India: Interplay of gender and*



- generation. *Journal of Interpersonal Violence*, 12(3), 433–455.
10. Go, V. F., Sethulakshmi, C. J., Bentley, M. E., Sivaram, S., Srikrishnan, A. K., Solomon, S., & Celentano, D. D. (2003). When HIV-prevention messages and gender norms clash: The impact of domestic violence on women's HIV risk in slums of Chennai, India. *AIDS and Behavior*, 7(3), 263–272.
 11. Gundappa, A., & Rathod, P. B. (2012). Violence against Women in India: Preventive measures. *Indian Streams Research Journal*, 2(4), 1–4.
 12. Gupta, R. N., Wyatt, G. E., Swaminathan, S., Rewari, B. B., Locke, T. F., Ranganath, V., ... Liu, H. (2008). Correlates of relationship, psychological, and sexual behavioral factors for HIV risk among Indian women. *Cultural Diversity & Ethnic Minority Psychology*, 14(3), 256–265.
 13. Kaur, R., & Garg, S. (2010). Domestic violence against women: A qualitative study in a rural community. *Asia-Pacific Journal of Public Health*, 22(2), 242–251. doi:10.101539509343949 10.1177/1010539509343949
 14. Kermode, M., Herrman, H., Arole, R., White, J., Premkumar, R., & Patel, V. (2007). Empowerment of women and mental health promotion: A qualitative study in rural Maharashtra, India. *BMC Public Health*, 7, 225.
 15. Kishor, S., & Gupta, K. (2004). Women's empowerment in India and its States. *Economic and Political Weekly*, 39(7), 694–712.
 16. Koenig, M. A., Stephenson, R., Acharya, R., Barrick, L., Ahmed, S., & Hindin, M. (2010). Domestic violence and early childhood mortality in rural India: Evidence from prospective data. *International Journal of Epidemiology*, 39(3), 825–833.
 17. Koenig, M. A., Stephenson, R., Ahmed, S., Jejeebhoy, S. J., & Campbell, J. (2006). Individual and contextual determinants of domestic violence in North India. *American Journal of Public Health*, 96(1), 132–138. doi:AJPH.2004.050872 [pii]10.2105/AJPH.2004.050872
 18. Kohli, R., Purohit, V., Karve, L., Bhalerao, V., Karvande, S., Rangan, S., ... Sahay, S. (2012). Caring for caregivers of people living with HIV in the family: A response to the HIV pandemic from two urban slum communities in Pune, India. *PLoS One*, 7(9), e44989.
 19. Koski, A. D., Stephenson, R., & Koenig, M. R. (2011). Physical violence by partner during pregnancy and use of prenatal care in rural India. *Journal of Health, Population and Nutrition*, 29 (3), 245–254.
 20. Krishnan, S., Rocca, C. H., Hubbard, A. E., Subbiah, K., Edmeades, J., & Padian, N. S. (2010). Do changes in spousal employment status lead to domestic violence? Insights from a prospective study in Bangalore, India. *Social Science & Medicine*, 70(1), 136–143. doi:10.1016/j.socscimed.2009.09.026
 21. Kumar, V., & Kanth, S. (2004). Bride burning. *Lancet*, 364(Suppl. 1), s18–s19. doi:S0140-6736(04)17625-3 [pii]10.1016/S0140-6736(04)17625-3
 22. Mahapatro, M., Gupta, R. N., Gupta, V., & Kundu, A. S. (2011). Domestic violence during pregnancy in India. *Journal of Interpersonal Violence*, 26(15), 2973–2990.
 23. Maselko, J., & Patel, V. (2008). Why women attempt suicide: The role of mental illness and social disadvantage in a community cohort study in India. *Journal of Epidemiology & Community Health*, 62(9), 817–822.
 24. National Commission on Macroeconomics and Health. (2005). NCMH background papers: Burden of disease in India. Retrieved from <http://www.who.int/macrohealth/en/>
 25. Nongrum, R., Thomas, E., Lionel, J., & Jacob, K. S. (2014). Domestic violence as a risk factor for maternal depression and neonatal outcomes: A hospital-based cohort study. *Indian Journal of Psychological Medicine*, 36(2), 179–181.
 26. Chronic fatigue in developing countries: Population based survey of women in India. *British Medical Journal*, 330(7501), 1190.
 27. Peck, M. D. (2012). Epidemiology of burns throughout the World. Part II: Intentional burns in adults. *Burns*, 38(5), 630–637. doi:S0305-4179(12)00022-8 [pii]10.1016/j.burns.2011.12.028S0140-6736(09)60246-4
 28. Raj, A., Saggurti, N., Lawrence, D., Balaiah, D., & Silverman, J. G. (2010). Association between adolescent marriage and marital violence among young adult women in India. *International Journal of Gynecology and Obstetrics*, 110(1), 35–39. doi: S0020-7292(10)00093-7 [pii]10.1016/j.ijgo.2010.01.022
 29. Rastogi, M., & Therly, P. (2006). Dowry and its link to violence against women in India: Feminist psychological perspectives. *Trauma Violence Abuse*, 7(1), 66–77. doi:7/1/66 [pii]10.1177/1524838005283927
 30. Rathod, S. D., Minnis, A. M., Subbiah, K., & Krishnan, S. (2011). ACASI and face-to-face interviews yield inconsistent estimates of domestic violence among women in India: The Samata health study 2005–2009. *Journal of Interpersonal Violence*, 26(12), 2437–2456.