Review of Literature
Studies on family violence began to emerge in India during 1970’s yet empirical data on family violence is scanty. According to National Crime Records Bureau (NCRB, 2000) the crime in India such as, cheating, hurt, molestation and cruelty by husband and relatives continue to record increasing trend over the years. Violence between parents has been shown to be associated with domestic violence against women in various countries. The children who have been abused and exposed to parental violence become violent adults and sexual abuse in childhood has been identified as risk factors in males for sexual offending as an adult.

The available relevant studies have been presented under the following heading:

2.1 Causes of domestic violence
2.2 Domestic violence and physical growth
2.3 Domestic violence and psychological behaviour
2.4 Domestic violence and academic performance

2.1 Causes of domestic violence

Singer (1971) pointed out that the aggressive bahaviour is responsible for greatest personal violence within the family. He further suggested that aggressive behaviour is more closely tied to the emotional consequences of frustration of hopes, images and day-to-day stress among persons who have important complex relations.

Hotaling and Sugarman (1997) in a critical review of 52 studies conducted in the U.S. found that the only risk marker for women consistently associated with being the victim of physical abuse was having witnessed parental violence as a child.

Johnson (2005) also stated that the rate of wife beating is much higher for men who have witnessed violence by their own fathers, but at the same
time it is also true that some of the abusive men were not exposed to violence in childhood.

Martin et. al. (1987) surveyed married men concerning their childhood experiences of witnessing parental violence in their families of origin, their attitudes regarding the appropriateness of husbands, to control their wives, their physically and sexually abusive behaviour toward their own wives and socio demographic variables. They concluded that men from violent homes were significantly more likely to believe in husband’s rights to control their wives, and to be physically/sexually abusive toward their own wives.

Williams (1992) proposed and tested an integrated theory of assaults between partners and found that increased privacy, inequality between sexes and violence through cultural and social norms were responsible for the violence that occurred in the family.

Gender based socialization and imposition of all ill customs on daughters is another casual factor of domestic violence (Kishwar, 1994). Parents guide their daughter to adapt typical feminine traits i.e. submissiveness, nurturance, dependency and low achievement orientation to successfully carry out their future roles as obedient daughter and dutiful wife. Studies evinced that sex stereotype is an universal phenomenon and has direct link with violence against women behind the close doors (Rao & Rao, 1982; Ward & Sethi, 1983 & Panday, 2008).

Kumar et. al. (2005) studied domestic violence and mental health in Indian women and found a strong association between domestic violence and poor mental health. Physically violent behaviour was found to be significantly associated with greater prevalence of poor mental health.

Vasaria (2000) studied domestic violence against women in India and reported that two-third of the surveyed women have experienced some form of psychological, physical or sexual abuse and were found to suffer abusive language and threats.

Khan et. al. (2000) conducted a study on violence against women and its impact on women’s lives. According to them five important factors which contributed significantly on triggering violence include not meeting the husband’s expectations in managing household work, sexual relationship,
dowry demand, poverty and economic dependency of women. They further revealed that while ownership of real estate (like land and house) holding a bank account in her name, economic independence have significantly reduced physical violence.

Thakur (2001) conducted a study on gender based violence in the city of Ajmer and reported that education and occupation of women play a very positive role against violence towards women. Psychological abuse and degradation were found to be even more difficult to bear than physical abuse. Major causes of violence were found to be dowry, greedy attitude of in-laws, financial problems, alcoholism, gambling, childlessness, incompetence in child care or house work (beyond one’s capacity), superstitions, discussion of family matters with neighbours and breaking social and family restrictions.

Sriram (2001) investigated violence in 39 families from Baroda city and reported that patriarchal values emerge as the most important determinant of violence against women and girls. He reported that family conflicts occur due to changing values and high expectations, misunderstandings, disobedience and financial stress. In a family it is followed by individual behaviour such as immaturity, jealousy or suspicious nature of both the victim and the oppressor. He also pointed out that major conflicts are rooted in the family belief system rather than situational factors such as stress due to high level of workload and finances. Therefore, there is a need to alter the internal structure to create peaceful environment.

Ahuja (2001) expressed that the women of lower income families are more subject to torture although it is difficult to relate torture to the income. The size of family and its structure has nothing to do with the beating of wife. Violence in the childhood of the husband is also an important factor in wife beating.

According to WHO (1997) first of its kind study by researchers from the Harvard School of Public links domestic violence with the rising cases of asthma in India. They have found that women who are victims of domestic violence have a 37 percent increased risk of suffering from various common respiratory disorders. On the other hand, Women who had not experienced domestic violence themselves but had witnessed such acts against other
female members in same household were at an increased risk of developing asthma by 21 percent in comparison to women who lived in violence free environments. Children aged between 0-4 years living with women who experience domestic violence were found to be 30 percent more at risk of suffering from asthma.

Subramanian et. al. (2007) also reported a consistent association between asthma prevalence and domestic violence. Stress-induced mechanism, partially captured through violence and social circumstances may be a critical explanatory link to enhance asthma.

Wahed and Bhuiya (2007) reported higher prevalence of verbal abuse than physical abuse by partners in Bangladesh. The reasons mentioned for abuse were trivial and included questioning of the husband, failure to perform household work and care of children, economic problems, stealing, refusal to bring dowry etc. The factors associated with violence were the age of women, age of husband, past exposure to familial violence and lack of spousal communication. The majority of abused women remained silent about their experience because of the high acceptance of violence within society, fear of repercussion, tarnishing family honour and own reputation, jeopardizing children’s future and lack of an alternative place to stay. However, severely abused women, women who had frequent verbal disputes, higher level of education and support from parental homes were more likely to disclose violence.

Sharma (2008) presenting a crime report on Ludhiana reported that as per records and crime listed under cruelty meted out to woman by her husband and his relatives has been 59 in 2008. It has been reported that crime against women, including dowry deaths, suicides committed by women under pressure of dowry, maltreating one’s wife or rape have all been steadily increasing and reflect the condition of women in our society.

Kim et. al. (2003) reported that the incidence rate of husband-to-wife violence among Korean women as 29.5%, which is much higher than those of other nations and it has strong association with the mental health of victims.
According to National Family Health Survey (NFHS, 1998-99) about 25 percent of women subjected to domestic violence came from nuclear families as compared to 18 percent from joint families. When both work and have a nuclear family with no support system leads to more clashes and higher number of cases of domestic violence.

2.2 Domestic violence and physical growth

Laurance (1997) studied the family conflict linked to children’s height and well being and reported that children raised in an atmosphere of domestic tension are almost twice as likely to be below average height as those brought up in happier circumstances. The study also showed that children from the most crowded households were three times more likely to be short for their age as those from the least crowded homes, this may be because overcrowding is associated with poverty, which is linked with poorer health or because it disrupts sleep, when growth hormone is released.

Montgomery et. al. (1997) reported that stress in childhood begins a cycle of disadvantage at every stage throughout their lives and it accumulates health risks. It has also been opined that acute stress dulls the production of human growth hormone which controls metabolism and is essential for growth. Chronic stress dulls the response by increasing the level of beta-endorphin, a brain chemical which reduces the amount of growth hormone released.

McFarlane and Soeken (1999) examined the rate of weight change among infants, aged birth to 12 months, born to women abused by the male infants were weighted on a beam balance scale at birth, 6 and 12 months of age. The rate of change in infant weight from birth to 6 months did not differ significantly based on whether or not the mother reported that the abuse had ended by 6 months or 12 months. The rate of change in infant weight from 6 to 12 months was significantly greater for those infants whose mothers reported the abuse had ended by 12 months and even greater if the mother reported that the abuse had ended by 6 months.

Peck and Lundberg (1995) reported that the short stature in adulthood is an outcome of the effect of economic and social conditions.
English et. al. (2003) found that a global physical score was poorer for children exposed to intimate partner violence than for children not exposed to intimate partner violence.

Arcos et. al. (2003) studied the infants of abused and non abused women the two groups were compared for child care, anthropometric measurements and sickness-related physician visits. Both the groups sought appropriate well-child care, although the abused women were less likely to complete visits at the normally scheduled times and no differences existed in anthropometric measurements.

Bair-Merritt et. al. (2006) carried a study on physical health outcomes of childhood exposure to intimate partner violence and found that childhood exposure to intimate partner violence increases the likelihood of risk taking behaviour during adolescence and adulthood.

Adams (2006) conducted a study on the consequences of witnessing family violence on children and implications for family counselors and found that a large number of children directly abused, an even larger number may indirectly experience the effects of abuse as witnesses of family violence. Both the children are affected in various domains, including their physical or biological functioning, behaviour, emotions, cognitive development and social adjustment.

Heaton and Forste (2008) carried a study on couple interaction and children's health in Latin America and reported that positive couple interaction is associated with improved health outcome for children.

Ackerson and Subramanian (2008) reported that domestic violence has harmful physical and psychological health correlates and also there is evidence regarding a relation between domestic violence and malnutrition.

Ghahramani et. al. (2008) did a study on nocturnal enuresis and its impact on growth and found that growth failure is a coexisting problem in children with primary nocturnal enuresis. Since enuresis and other stressful conditions in family can cause growth failure in children, the treatment of enuresis eliminating a stressful condition could be an effective measure in improving children’s physical growth.
Asling-Monemi et al. (2009) conducted a study on women in rural Bangladesh with a 2-year follow-up of the 3164 live-born children for anthropometric measurements. These women reported a life time experience of some form of family violence, which has led to low birth weight and stunted growth of children which indicates that exposure to any form of violence has negative effect on weight and length of children.

2.3 Domestic violence and psychological behaviour

In addition to the direct impact of violence on the woman and her life, several studies indicate that domestic violence against women also have an impact on their children, whether they only witness the domestic violence or are themselves abused. These consequences include behavioural problems, which are often associated with child management problems, school problems and lack of positive peer relations (Jaffe et al. 1986).

The existence of negative relation between ongoing marital conflicts and its impact on childhood adjustment has been widely reported. High levels of interpersonal conflicts have been related to increase in the behaviour problems of school-aged children (Shaw & Emerry, 1987) and young adolescents (Long et al. 1987).

Children, who witness domestic violence, may feel helpless and see the world as unpredictable, hostile and threatening. According to many researchers, violence in the family creates short term and long term destructive psychological, emotional and cognitive effects on children (APA, 2006).

Martin et al. (1987) studied family violence and adolescents’ perception of outcomes of family conflicts. The results revealed that non violent families have successful outcomes from conflict resolutions than violent families. Severe family violence was associated with greater anger on the part of the adolescents towards parents.

Mathur (1989) studied the behaviour of 160 mothers of stable and unstable married life to ascertain the role of mothers and marital stability in socialization of children. The results revealed that mothers with high marital
stability were having democratic behaviour, encouragement, acceptance and independence and love towards their children.

Holden and Ritchie (1991) studied marital discord, child rearing and behaviour problems of 12-18 years of children. Children from violent families were reported to have more behaviour problems and difficult temperaments. In the families where marital discord was high, maternal stress and parental irritability were found significant predictors of child behaviour problems.

Sternberg et. al. (1993) reported that children (aged 8-10 years) who were physically abused by their parents and who witnessed violence were more likely to report depressive symptoms.

Erel and Burman (1995) analyzed marital relations and parent-child relations and reported that marital conflicts affected children’s adjustment indirectly due to change in parenting practices and the quality of parent-child relationship. It also affected children’s socio-emotional development directly by shaping children’s cognition and perception, their ability to regulate emotions and their particular coping responses.

Larsen and Juhasz (1985) reported that negative parenting attitudes characterized by the empathic awareness of the needs of children and belief in the use of physical punishment were positively correlated with limited social-emotional development as well as low levels of responsibility, tolerance, socialization, and self control. The results revealed that a certain level of social-emotional maturity is necessary for cognitive instruction and effective parenting attitude.

The children from families with domestic violence exhibit more emotional and behaviour problems than those children from non violent families. Most of the problems which have been identified include aggression, behaviour problems, adjustment complications, academic problems, delayed development, lower level of social competence ratings, depressive symptoms and being subject to abuse themselves (Attala & Summers,1999).

Cumella et. al. (1998) studied children’s behaviour from 113 parents and reported that children have more mental and health problems because of domestic violence.
Regular alcohol consumption by the husband, harassment by the in-laws, exposure to harsh physical discipline during childhood and witnessing father beating the mother during childhood were other factors that were strongly associated with increased risk of poor mental health in women (Black et. al. 1999).

Nomura et.al. (2002) reported that children exposed to parental depression or family discord displayed more psychological problems than children not exposed to family risk factors.

Joshi (2002) reported that higher the level of parental conflicts and the longer the duration of conflicts, more adverse are the child outcomes. These conflicts have stronger and more lasting effects on boys leading to antisocial behavior whereas girls were found to become more depressed and withdrawn.

Tandon (2003) studied effects of exposure to domestic violence on children and revealed that some of the symptoms these children may display include aggressive behaviour, reduced social competencies, depression, fear, anxiety, sleep disturbances and learning problems. Underlying many of those problems are the children's emotional responses to the violence, such as intense terror, fear of death and fear of loss of a parent. In addition, children may harbor rage, feeling of guilt and a sense of responsibility for the violence.

Brady (2008) examined 319 university students aged 18 to 20 years to study association of family violence to eating disorders and reported that repeated incidents of family violence cause depression and anxiety which may play a role in the development and maintenance of eating disorder symptoms.

Haynie et. al. (2009) studied the effect of direct exposure to violence on the adolescents and found that exposure to violence is associated with greater risks of running away from home, dropping out of high school, attempting suicide and coming into contact with the criminal justice system in later adolescence.

Smith et.al. (2005) suggested that exposure to severe parental violence during adolescence is indeed consequential for violent interactions.
in adulthood which leads to antisocial behaviour, violent crime, and intimate partner violence.

Exposure to violence during the developmental phase of adolescence can also lead to a number of emotional and anxiety disorders. Exposed youth report significant levels of depression, anxiety and low self-esteem. Many of the symptoms experienced by these youth are characteristic of post-traumatic stress disorder (PTSD). Studies have found that greater exposure to violence leads to increased reporting of PTSD symptoms such as disturbed sleep, loss of appetite, irritability, anger or trouble concentrating (Fitzpatrick & Boldizar, 1993).

Margolin and Gordis (2000) studied the effects of family violence on children and reported that violence can disrupt cognitive development and causes posttraumatic stress.

Kernic et. al. (2003) conducted a study to determine the association between children’s exposure to maternal intimate partner violence (IPV) and behaviour problems as measured by the parent report version of the Child Behaviour Checklist (CBCL) and found that Exposure to maternal intimate partner violence is significantly associated with child behavioral problems both in the presence and absence of co-occurring child maltreatment.

The consequences of exposure depend on the severity of the exposure (Barnett et. al. 1994) including whether the child was a direct victim and whether there was a single incident or reoccurring exposure as well as the child’s gender (Buckner et. al. 2004) or his or her developmental stage and maturity (Eddy & Reid, 2002), family relationships and coping skills (O’Brien et.al. 1995). Researchers have found that the ways in which a child’s family members, school personnel and other social support systems respond to the child after the event can significantly influence the effects of this exposure (Marans & Adelman, 1997). Not all children exposed to violence suffer the negative consequences outlined above. Interventions can help mitigate the negative consequences of exposure.
2.4 Domestic violence and academic performance

Children exposed to domestic violence also have a number of school adjustment difficulties, including dropping out of school and their academic performance is also affected.

Westra and Martin (1981) found that children who have witnessed (ages 2-8 years) violence have scored significantly lower in verbal, quantitative, motor and overall intellectual ability tests than from general population.

Christopoulos et.al. (1987) reported no significant differences on intelligence test scores between school age witnesses and nonwitnesses with similar demographic characteristics.

Rossman et. al. (1993) reported that child witnesses (ages 4-9 years; n=38) had significantly more learning problems according to maternal report than a control group of children (n=42) from similar Socio-economic backgrounds.

Spousal violence affects children’s cognitive development and academic performance. Studies have proved that it decreases their academic performance as they find difficult in concentrating in their studies (Hughes, 1988 and Graham-Bermann & Levendosky, 1998).

Another study reported by Mathias et.al. (1995) has reported that approximately 50% of school children who had witnessed domestic violence, but were not living in a violent homes, were significantly behind (at least 1 year) in reading abilities.

Moore and Pepler (1998) reported significantly lower scores of cognitive development in children who witnessed parental stress. However, Rossman (1998) studied and reported no significant differences between witnesses and non-witnesses on verbal language abilities after controlling for socio-economic status.

Childhood exposure to domestic violence has been reported to be associated with increased display of aggressive behaviour, increased
emotional problems such as depression, anxiety, lower levels of social competence and poor academic functioning (Fantuzzo & Mohr, 1999).

Family violence is a by-product of today’s social, economical and political structure. Saenger (2000) reported that family violence is one of the main causes of serious health and psychological problems for all individuals living in such an environment.

According to Rigby (2000) there is a strong relationship between exposure to violence and poor academic performance. Exposed youth reported higher rates of truancy and increased conflict with their peers. Youth exposed to violence scored lower in mathematics and verbal tests and reported negative interactions with their teachers (Kurtz et al. 1993 and Leiter & Johnsen, 1994).

Huth-Bocks et al. (2001) examined the direct and indirect effects of domestic violence on preschoolers’ intellectual functioning and found that children who witnessed domestic violence had significantly poorer verbal abilities than nonwitnesses after controlling for SES.

Wordes and Nunez (2002) studied teenager victimization and found that these youth experience more problems in school, both with teachers and in their academic performance.

Researchers have suggested that exposure to extreme stress in childhood, such as domestic violence, affects children’s neurocognitive development, leading to lower intelligence. Results have indicated that children exposed to high level of domestic violence had 8 points Intelligence Quotient lower than unexposed children (Koenen et al. 2003).

Vuong et al. (2009) reported that children exposed to violence during their growing period have long-term deleterious effects. Violent behaviour is often learned and imitated. Children exposed to violence are at risk of poor academic performance, negative social relationships, increased personal stressors and are more likely to become victims or aggressors in adulthood.
Studies have proved that memory problems, learning disabilities and poor performance in academics were related to domestic violence (Aron & Olson, 1997 and Naghavi, 2000).

Many researchers have reported that abused and neglected children suffer from intellectual, cognitive and academic impairments as compared to nonmaltreated children. Deficits have been reported in multiple areas of functioning including memory, attention, reading, language and readiness to learn. They also concluded that in abusive and neglectful families, parents spent less time in close proximity to children, less engagement and less involvement in children’s activities, insensitivity and unresponsiveness to children's needs (Carrey et.al.,1998; Erickson et. al.,1989; Friedrich et. al.,1983; Hoffman-Plotkin &Twentyman,1984; and Perry,1997).

These studies clearly indicate that domestic violence disrupts a number of family processes, which in turn interfere with physical growth and psychological behaviour and intellectual development of children. It seems probable that children who witness domestic violence might undermine opportunities for stimulating experiences and positive parent-child interactions. It may cause a child to withdraw and may change the overall home environment, all of which could disrupt overall development of children.