CHAPTER 2

SCOPE AND THE MAGNITUDE OF THE PROBLEM

"Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms...

In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture."

—Beijing Declaration and Platform for Action, paragraph 112

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 industrialised countries- the United States, Canada and Europe. For example, one very influential survey conducted in Canada in 1993 under the auspices of the Canadian Government was developed in consultation with the women’s organizations and ensured adequate support and services for women participating in the survey.

Most of the data available on violence against women are believed to be not only conservative, but unreliable. Studies vary in the sample
size of women chosen, and the ways in which questions have been posed. It is difficult to compare these studies because of inconsistency in the definition of domestic violence and in the parameters used, which can range from physical abuse alone, to physical, sexual and psychological abuse.”

“Debate regarding the magnitude of the problem is also clouded by the fact that domestic violence is a crime that is under-recorded and under-reported. When women file a report or seek treatment, they may have to contend with police and health care officials who have not been trained to respond adequately or to keep consistent records. On the other hand, shame, fear of reprisal, lack of confidence in, or fear of, the legal system, and the legal costs involved make women reluctant to report incidents of violence.¹

I. DOMESTIC VIOLENCE – “A VICIOUS LIFE CYCLE”

The cycle of abuse is a social cycle theory developed in the 1970s by Lenore Walker to explain patterns of behavior in an abusive relationship.

Walker’s theory rests on the idea that abusive relationships, once established, are characterized by a predictable repetitious pattern of abuse, whether emotional, psychological or physical, with psychological abuse nearly always preceding and accompanying physical abuse.
Additionally, Walker suggested that sustained periods of living in such a cycle may lead to learned helplessness and battered person syndrome.

The cycle of abuse concept is widely used in domestic violence programs, particularly in the United States. Critics have argued the theory is flawed as it does not apply as universally as Walker suggested, does not accurately or completely describe all abusive relationships, and may favour ideological presumptions over empirical data.

**Phases of the cycle**

The cycle usually goes in the following order, and will repeat until the conflict is stopped, usually by the victim entirely abandoning the relationship. The cycle can occur hundreds of times in an abusive relationship, the total cycle taking anywhere from a few hours, to a year or more to complete. However, the length of the cycle usually diminishes over time so that the "making-up" and "calm" stages may disappear.
1: **Tension building phase**

This phase occurs prior to an overtly abusive act, and is characterized by poor communication, passive aggression, rising interpersonal tension, and fear of causing outbursts in one's partner. During this stage the victims may attempt to modify his or her behavior to avoid triggering their partner's outburst.

2: **Acting-out phase**

Characterized by outbursts of violent, abusive incidents. During this stage the batterer attempts to dominate his/her partner (victim), with the use of domestic violence.

3: **Reconciliation/Honeymoon phase**

Characterized by affection, apology, or, alternatively, ignoring the incident. This phase marks an apparent end of violence, with assurances that it will never happen again, or that the abuser will do his or her best to change. During this stage the abuser feels overwhelming feelings of remorse and sadness, or at least pretends to. Some abusers walk away from the situation with little comment, but most will eventually shower their victims with love and affection. The abuser may use self-harm or threats of suicide to gain sympathy and/or prevent the victim from leaving the relationship. Abusers are frequently so convincing, and victims so eager for the relationship to improve, that victims who are
often worn down and confused by longstanding abuse, stay in the relationship.

Although it is easy to see the outbursts of the Acting-out Phase as abuse, even the more pleasant behaviours of the Honeymoon Phase serve to perpetuate the abuse.

4: Calm phase

During this phase (which is often considered an element of the honeymoon/reconciliation phase), the relationship is relatively calm and peaceable. However, interpersonal difficulties will inevitably arise, leading again to the tension building phase.

Walker's cycle of abuse theory was regarded as a revolutionary and important concept in the study of abuse and interpersonal violence. However, subsequent researchers have occasionally critiqued Walker's methodology, preconceptions or findings.

Dutton and Golant agree that Walker's cycle of abuse accurately describes all cyclically abusive relationships they studied. Nonetheless, they also note that her initial research was based almost entirely on anecdotal data from a rather small set of women who were in violent relationships. Walker herself wrote, "These women were not randomly selected and they cannot be considered a legitimate data base from which to make specific generalizations."
Initially, Walker proposed that the cycle of abuse described the controlling patriarchal behavior of men who felt entitled to abuse their wives to maintain control over them. Her terms "the battering cycle" and "battered woman syndrome" has since been largely eclipsed by "cycle of abuse" and "battered person syndrome," respectively, for many reasons: to maintain objectivity; because the cycle of abuse doesn't always lead to physical abuse; because symptoms of the syndrome have been observed in men and women, and are not confined to marriage and dating. Similarly, Dutton (1994) writes, "The prevalence of violence in homosexual relationships, which also appear to go through abuse cycles is hard to explain in terms of men dominating women." 

**Domestic abuse falls into a common pattern, or cycle of violence:**

- **Abuse** — The abuser lashes out with aggressive or violent behavior. The abuse is a power play designed to show the victim "who is boss."
• **Guilt** — After the abusive episode, the abuser feels guilt, but not over what he's done to the victim. The guilt is over the possibility of being caught and facing consequences.

• **Rationalization or excuses** — The abuser rationalizes what he's done. He may come up with a string of excuses or blame the victim for his own abusive behavior—anything to shift responsibility from himself.

• **"Normal" behavior** — The abuser does everything he can to regain control and keep the victim in the relationship. He may act as if nothing has happened, or he may turn on the charm. This peaceful honeymoon phase may give the victim hope that the abuser has really changed this time.

• **Fantasy and planning** — The abuser begins to fantasize about abusing his victim again, spending a lot of time thinking about what she's done wrong and how he'll make her pay. Then he makes a plan for turning the fantasy of abuse into reality.

• **Set-up** — The abuser sets up the victim and puts his plan in motion, creating a situation where he can justify abusing her.

**The Full Cycle of Domestic Violence**

A man abuses his partner. After he hits her, he experiences self-directed guilt. He says, "I'm sorry for hurting you." What he does not say is, "Because I might get caught." He then rationalizes his behavior by
saying that his partner is having an affair with someone. He tells her "If you weren't such a worthless whore I wouldn't have to hit you." He then acts contrite, reassuring her that he will not hurt her again. He then fantasizes and reflects on past abuse and how he will hurt her again. He plans on telling her to go to the store to get some groceries. What he withholds from her is that she has a certain amount of time to do the shopping. When she is held up in traffic and is a few minutes late, he feels completely justified in assaulting her because "you're having an affair with the store clerk." He has just set her up.³

Spousal abuse and battery are used for one purpose: to gain and maintain total control over the victim. In addition to physical violence, abusers use the following tactics to exert power over their wives or partners:

• **Dominance** — Abusive individuals need to feel in charge of the relationship. They will make decisions for you and the family, tell you what to do, and expect you to obey without question. Your abuser may treat you like a servant, child, or even as his possession.
• **Humiliation** — An abuser will do everything he can to make you feel bad about yourself, or defective in some way. After all, if you believe you're worthless and that no one else will want you, you're less likely to leave. Insults, name-calling, shaming, and public put-downs are all weapons of abuse designed to erode your self-esteem and make you feel powerless.

• **Isolation** — In order to increase your dependence on him, an abusive partner will cut you off from the outside world. He may keep you from seeing family or friends, or even prevent you from going to work or school. You may have to ask permission to do anything, go anywhere, or see anyone.

• **Threats** — Abusers commonly use threats to keep their victims from leaving or to scare them into dropping charges. Your abuser may threaten to hurt or kill you, your children, other family members, or even pets. He may also threaten to commit suicide, file false charges against you, or report you to child services.

• **Intimidation** — Your abuser may use a variety of intimidation tactics designed to scare you into submission. Such tactics include making threatening looks or gestures, smashing things in front of you, destroying property, hurting your pets, or putting weapons on display.
The clear message is that if you don't obey, there will be violent consequences.

- **Denial and blame** — Abusers are very good at making excuses for the inexcusable. They will blame their abusive and violent behavior on a bad childhood, a bad day, and even on the victims of their abuse. Your abuser may minimize the abuse or deny that it occurred. He will commonly shift the responsibility onto you: Somehow, his violence and abuse is your fault.

  Your abuser’s apologies and loving gestures in between the episodes of abuse can make it difficult to leave. He may make you believe that you are the only person who can help him, that things will be different this time, and that he truly loves you. However, the dangers of staying are real.

  Domestic abuse often escalates from threats and verbal abuse to physical violence and even murder. And while physical injury may be the most obvious danger, the emotional and psychological consequences of domestic abuse are also severe. No one deserves this kind of pain—and your first step to breaking free is recognizing that your situation is abusive. Once you acknowledge the reality of the abusive situation, then you can get the help you need.⁴
II. FORMS OF DOMESTIC VIOLENCE PERPETRATED ON WOMEN

Violence against women takes many different forms, manifested in a continuum of multiple, interrelated and sometimes recurring forms. It can include physical, sexual and psychological/emotional violence and economic abuse and exploitation, experienced in a range of settings, from private to public, and in today’s globalized world, transcending national boundaries. Naming forms and manifestations of violence against women is an important step towards recognizing and addressing them.

Forms and manifestations of violence against women vary depending on the specific social, economic, cultural and political context. Some forms of violence may grow in importance while others diminish as societies undergo demographic changes, economic restructuring and social and cultural shifts. For example, new technologies may generate new forms of violence, such as Internet or mobile telephone stalking. Consequently, no list of forms of violence against women can be exhaustive. States must acknowledge the evolving nature of violence against women and respond to new forms as they are recognized.

Violence against women has far-reaching consequences for women, their children and community and society as a whole. Women who experience violence suffer a range of health problems and their
ability to earn a living and to participate in public life is diminished. Their children are significantly more at risk for health problems, poor school performance and behavioural disturbances.

The costs of violence against women, apart from the human costs, go beyond lowered economic production and reduced human capital formation but also include the costs associated with political and social instability through intergenerational transmission of violence, as well as the funds required for programmes for victims/survivors of violence.

Although most cases of violence against women involve a female victim/survivor and a male perpetrator, women also commit acts of violence. While women commit a small proportion of intimate partner violence, they are involved to a greater degree in the perpetration of harmful traditional practices and in trafficking. They have also engaged in acts of violence against women and children in the context of armed conflicts.

Ten years after the Beijing Platform for Action called for improved research and data collection on different forms of violence against women, the available evidence remains uneven and at times non-existent, although there has been notable progress, especially in regard to intimate partner violence (see sect. V). While rigorously evaluated data on the prevalence of violence against women may be limited for some forms of
violence and lacking for others, the occurrence of acts of violence against women is well documented. In addition to surveys, information sources include States through reports to United Nations treaty bodies and other mechanisms, researchers, the media and NGOs.

The Declaration on the Elimination of Violence against Women and the Beijing Platform for Action address violence against women according to the site, or setting, where it occurs: in the family; within the general community; and perpetrated or condoned by the State. Many forms of violence against women occur in more than one setting: for example, harmful traditional practices that involve both the family and the community and are condoned by the State. Trafficking is a form of violence against women that involves family, community and State and crosses international boundaries. Violence against women in situations of armed conflict also extends into different settings. Different forms of violence against women may be linked, or reinforce one another. A range of factors also influence what forms of violence women suffer and how they experience it.5

The WHO Study6 shows clearly that physical and sexual violence against women is strikingly common. The aggregate figures on partner and non-partner violence indicate that, in every setting except Japan, more than a quarter of women in the study had been physically or
sexually assaulted at least once since the age of 15 years. Indeed, at least half of all women in Bangladesh, Ethiopia province, Peru, Samoa, and the United Republic of Tanzania said that they had been physically or sexually assaulted since that age. In general, the vast majority of this violence was inflicted by a male intimate partner. The only exception was Samoa, where violence from other people was slightly more prevalent.

This finding illustrates the extent to which, globally, women in non-conflict settings are at greatest risk of violence from their husband or intimate partner, rather than from strangers or others known to them. The results are consistent with similar studies from industrialized countries, and challenge commonly held perceptions that the home is a place of safety or refuge for women.\textsuperscript{7}

A. Physical and Sexual Abuse and Rape in Intimate Relationships.

According to the Innocenti Digest No. 6 of UNICEF\textsuperscript{8} “a growing body of research studies confirms the prevalence of physical violence in all parts of the globe, including the estimates of 20 to 50 per cent of women from country to country who have experienced domestic violence. Statistics are grim no matter where in the world one looks. Data from industrialised and developing countries (see Table 2 of the original study given below) provide an overview of the global problem. The data in this table focus only on physical assault.
# Table 2 - Domestic Violence against Women

**Industrialized Countries**

**Canada**
- 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.

**Japan**
- 59% of 796 women surveyed in 1993 reported being physically abused by their partner.

**New Zealand**
- 20% of 314 women surveyed reported being hit or physically abused by a male partner.

**Switzerland**
- 20% of 1,500 women reported being physically assaulted according to a 1997 survey.

**United Kingdom**
- 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.

**United States**
- 28% of women (a nationally representative sample of women) reported at least one episode of physical violence from their partner.

**Asia and the Pacific**

**Cambodia**
- 16% of women (a nationally representative sample of women) reported being physically abused by a spouse; 8% report being injured.

**India**
- 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.

**Korea**
- 38% of wives reported being physically abused by their spouse, based on a survey of a random sample of women.

**Thailand**
- 20% of husbands (a representative sample of 619 husbands) acknowledged physically abusing their wives at least once in their marriage.
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<tr>
<th>Region</th>
<th>Country</th>
<th>Percentage of Women Reported</th>
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<td><strong>Middle East</strong></td>
<td><strong>Egypt</strong></td>
<td>35% of women reported being</td>
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<td>beaten by their husband at</td>
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<td>some point in their marriage.</td>
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<td><strong>Israel</strong></td>
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<td>32% of women reported at least</td>
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<td>one episode of physical abuse</td>
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<td>by their partner and 30%</td>
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<td>a 1997 survey of 1,826 Arab</td>
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<td><strong>Africa</strong></td>
<td><strong>Kenya</strong></td>
<td>42% of 612 women surveyed in</td>
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<td>one district reported having</td>
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<td>been beaten by a partner; of</td>
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<td>those 58% reported that they</td>
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<td>were beaten often or sometimes.</td>
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<td><strong>Uganda</strong></td>
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<td>41% of women reported being</td>
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<td>beaten or physically harmed by</td>
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<td>a partner; 41% of men reported</td>
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<td>women and their partners in</td>
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<td><strong>Zimbabwe</strong></td>
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<td>32% of 966 women in one</td>
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<td>abuse by a family or household</td>
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<td><strong>Latin America and the</strong></td>
<td><strong>Chile</strong></td>
<td>26% of women (representative</td>
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<td>of violence by a partner, 11%</td>
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<td>of severe violence and 15% of</td>
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<td><strong>Colombia</strong></td>
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<td>19% of 6,097 women surveyed</td>
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<td><strong>Mexico</strong></td>
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<td>30% of 650 women surveyed in</td>
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<td>Guadalajara reported at least</td>
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<td>violence by a partner; 13%</td>
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<td><strong>Nicaragua</strong></td>
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<td>52% of women (representative</td>
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<td>once; 27% reported.</td>
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physical abuse in the previous year, according to a 1996 report.

<table>
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<tr>
<th>Central and Eastern Europe/CIS/Baltic States</th>
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<tr>
<td>Estonia</td>
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<tr>
<td>_ 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.</td>
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| Poland                                      |
| _ 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. |

| Russia (St. Petersburg)                     |
| _ 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). |

| Tajikistan                                  |
| _ 23% of 550 women aged 18-40 reported physical abuse, according to a survey. |


There are few comparable statistics on psychological violence, sexual abuse, and murder of women at the hands of intimate partners and other family members. As already mentioned, physical violence is usually accompanied by psychological abuse, and in so many cases by sexual assault.

Sexual abuse 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 to, or cohabiting with, the perpetrator. The assumption is that once a woman enters into a contract of marriage, the husband has the right to unlimited sexual access to his wife.
Surveys in many countries reveal that approximately 10 to 15 per cent of women report being forced to have sex with their intimate partner.

Some countries have begun to legislate against marital rape. These include Australia, Austria, Barbados, Canada, Cyprus, Denmark, the Dominican Republic, Ecuador, Finland, France, Germany, Ireland, Mexico, Namibia, New Zealand, Norway, the Philippines, Poland, Russia, South Africa, Spain, Sweden, Trinidad & Tobago, the United Kingdom and the United States of America. Although provision of such laws represents considerable progress, it is often difficult for a woman to press charges because of the evidential rules concerning the crime.\(^9\)

Across the WHO Study sites, the extent of physical or sexual violence, or both, by an intimate partner, reported over a lifetime, varied widely, ranging from 15% in Japan city to 71% in Ethiopia province, with prevalence estimates in most countries ranging from 30% to 60%. Likewise, although in three sites less than 10% of women reported current violence by an intimate partner, i.e. violence in the year prior to being interviewed (Serbia and Montenegro city 3%, Japan city 4%, and Brazil city 9%), more than half reported current violence in Ethiopia province, and in most sites between 20% and 33% of women reported being abused by their partner in the past year. These findings illustrate the extent to which violence is a reality in partnered women’s lives, with a
large proportion of women having some experience of violence during their partnership, and many having recent experiences of abuse. Although the study findings make depressing reading, the wide variation found in prevalence rates also shows that violence is not inevitable. Even in settings where partner violence is widespread, many women live in violence-free relationships.

An important focus of the WHO Study was to document the similarities and differences in the levels of violence by partners across the study sites, and to use these data to identify individual and community factors that may contribute to this variation. The levels of violence reported in different countries differed considerably; in addition, in countries where large cities and provincial settings were both studied, the overall levels of violence by an intimate partner were consistently higher in the provincial settings, which had more rural populations, than in the urban sites. Variations in the patterns of overlap between physical and sexual violence were also found: in most sites, physical partner violence was almost always accompanied by sexual violence, but in some settings (particularly in Bangladesh, Ethiopia province, and Thailand) a considerable proportion of women experienced solely sexual violence by an intimate partner.
At the individual level, a number of similarities in the patterns of violence by partners were found. Generally, in most sites, women who were separated or divorced and women who were living with a male partner without being married reported a higher lifetime prevalence of physical or sexual violence, or both, by an intimate partner than currently married women. Likewise, although older women do experience partner violence, in most sites a larger proportion of partnered 15–24-year-olds reported having experienced violence in the past year than older women. It was also found in most sites that women with a higher educational level reported a lower lifetime prevalence of partner violence than women who had not attended school or had primary education only.

The patterns observed at the individual level have been documented in other research studies, and reflect the fact that violence often starts early in partnerships, as well as the likelihood that separated women may have left violent relationships. However, the differences in the prevalence of partner violence between and within countries are not explained by differences in age, education, or patterns of partnership formation between study sites; they are likely to reflect true differences in the patterns of violence. The explanation for this variation will be a focus of further analysis to identify factors that may put women at increased
risk or that may help to protect them from violence by an intimate partner.\textsuperscript{10}

**B. Psychological and Emotional abuse by Intimate Partners and controlling behaviours**

Because psychological violence is harder to capture in quantitative studies, a full picture of the deeper and more insidious levels of violence defies quantification. Victim-survivors report that ongoing psychological violence – emotional torture and living under terror – is often more unbearable than the physical brutality, with mental stress leading to a high incidence of suicide and suicide attempts. A close correlation between domestic violence and suicide has been established based on studies in the United States, Fiji, Papua New Guinea, Peru, India, Bangladesh and Sri Lanka. Suicide is 12 times as likely to have been attempted by a woman who has been abused than by one who has not. In the United States, as many as 35 to 40 per cent of battered women attempt suicide. In Sri Lanka, the number of suicides by girls and women 15-24 years old is 55 times greater than the number of deaths due to pregnancy and childbirth.\textsuperscript{11}

The WHO Study definition of violence by an intimate partner included not only physical and sexual violence, but also emotional abuse. This report, however, has focused mainly on physical and sexual
violence. While emotional abuse is recognized as an important element of partner violence – and is often cited by women as the most hurtful form of abuse – there is little agreement on how to capture this adequately across cultures. For this reason the information on emotional abuse is considered exploratory at this stage. Further analysis is required to fully conceptualize measures of severity and frequency.

The Study found that in all sites controlling behaviour by an intimate partner was strongly associated with physical and sexual violence. In other words, male partners who inflicted physical or sexual violence, or both, were also more likely to have other forms of controlling behaviour, such as controlling a woman’s access to health care, wanting to know where she is at all times, and being angry if she speaks with another man. This supports basic theories on partner violence, which highlight that power and control are motivations underlying men’s violence towards their intimate partners, and that violent men use a range of strategies to exert power over and control women, including the use of different forms of violence.$^{12}$

In addition to women’s actual experience, the WHO Study investigated women’s attitudes to partner violence, specifically the circumstances under which women believe it is acceptable for a man to hit or physically mistreat his wife, and their beliefs about whether and
when a woman may refuse to have sex with her husband. There was wide variation in women’s agreement with different reasons for acceptance of violence, and indeed with the idea that violence is ever justified. While over three quarters of women in the cities of Brazil, Japan, Namibia, and Serbia and Montenegro said no reason justified violence, less than one quarter thought so in the provincial settings of Bangladesh, Ethiopia, and Peru, and in Samoa. Acceptance of wife-beating was higher among women who had experienced abuse than among those who had not. Respondents were also asked whether they believed a woman had a right to refuse sex in a number of situations, including if: she is sick, she does not want to have sex, he is drunk, or he mistreats her. In all sites, less than 20% of women thought that women do not have the right to refuse sex under any of these circumstances, with the highest proportion (between 10% and 20%) being found in the provincial sites of Bangladesh, Ethiopia, Peru, and the United Republic of Tanzania, and in Samoa.

The association between the prevalence of partner violence and women’s beliefs that such violence is normal or justified constitutes one of the salient findings of the WHO Study. The fact that the association is particularly marked in rural and more traditional societies reinforces the hypothesis that the status of women within society is a key factor in the
prevalence of violence against them, and that addressing this is a fundamental aspect of prevention efforts.

As indicated above, the Study also asked women about their experiences of physical and sexual violence since the age of 15 years by perpetrators other than their partner. There was a large variation in the levels of non-partner violence reported, ranging from 5% of women in Ethiopia province to 65% in Samoa. In many sites, more than a fifth of respondents reported being assaulted by a non-partner. With the exception of Peru, in countries where the study was conducted both in a city and a more rural province, higher levels of non-partner violence were reported in the city than in the province. The most commonly mentioned perpetrators of physical violence were the respondent’s father, and other male or female family members. In some sites, teachers were also mentioned frequently. In contrast, family members were generally less likely to be reported to have been sexually violent towards women aged over 15 years, with strangers and boyfriends being more frequently mentioned.\(^\text{13}\)

**Violence against women within the family**

The forms of violence a woman may experience within the family. The forms of violence a woman may experience within the family across
her life cycle extend from violence before birth to violence against older women.

Commonly identified forms of violence against women in the family include: battering and other forms of intimate partner violence including marital rape; sexual violence; dowry-related violence; female infanticide; sexual abuse of female children in the household; female genital mutilation/cutting and other traditional practices harmful to women; early marriage; forced marriage; non-spousal violence; violence perpetrated against domestic workers; and other forms of exploitation.

There is more research and data available on intimate partner violence and on some forms of harmful practices than on many other forms and manifestations of violence against women.

**Intimate partner violence**

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. There is a growing body of research on intimate partner violence, which has expanded to capture the experience of women in intimate relationships beyond formal marriage.
Intimate partner violence includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, 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, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs. Psychological 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.

Population-based studies to document the scope and prevalence of intimate partner violence have been conducted in 71 countries around the world. 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 per cent. In most of the sites surveyed, the range was between 23 and 49 per cent. The lifetime prevalence of sexual violence by an intimate partner was between 6 per cent and 59 per cent.82 A previous review of 50 population-based
studies in 36 countries showed that the lifetime prevalence of physical violence by intimate partners ranged between 10 per cent and over 50 per cent. Most recently, a study in the Syrian Arab Republic revealed that 21.8 per cent of women had experienced some form of violence in the family and, of these, 48 per cent had been beaten.

At its most severe, intimate partner violence leads to death. Studies of femicide from Australia, Canada, Israel, South Africa and the United States of America show that 40 to 70 per cent of female murder victims were killed by their husbands or boyfriends. In a study in the United States, murder was the second leading cause of death for girls aged 15 to 18, and 78 per cent of homicide victims in the study were killed by an acquaintance or an intimate partner. In Colombia, every six days a woman is reportedly killed by her partner or former partner.

A review of studies on intimate partner violence during pregnancy undertaken between 1963 and 1995 found that prevalence ranged from 0.9 per cent to 20.1 per cent of all pregnant women in the United States. A 1996 study in Nicaragua found that 31 per cent of battered women reported having been subjected to physical violence during pregnancy. Several studies across different developing countries indicate that violence during pregnancy ranges from 4 to 32 per cent, and that the prevalence of moderate to severe physical violence during
pregnancy is about 13 per cent.

Psychological or emotional violence against women has received less attention in research on intimate partner violence. Measuring such forms of violence is more difficult as specific behaviours vary significantly across different settings. There is no common understanding of which acts or combination of acts, and with what frequency, constitute emotional violence. The WHO multi-country study on domestic violence found that between 20 per cent and 75 per cent of women had experienced one or more emotionally abusive acts. A multi-country population based cross-sectional study conducted in Chile, Egypt, India and the Philippines found that the lifetime prevalence of severe psychological violence ranged from 10.5 per cent in Egypt to 50.7 per cent in Chile. The first French national survey on violence against women found that 35 per cent of women had experienced psychological pressure by an intimate partner over a 12-month period. The definition of such pressure included attempts to control the other person’s activities, imposing authority, or attitudes of denigration or contempt. Four per cent had experienced emotional blackmail or verbal abuse including insults and threats over the same period. In a study in Germany, 42 per cent of respondents reported having experienced acts such as intimidation and aggressive yelling, slander, threats, humiliation and “psycho-terror”.

[80]
C. Femicide

Murder of women by their batterers – is another phenomenon that should be regarded as a separate category when recording domestic violence. Studies carried out in Australia, Bangladesh, Canada, Kenya, Thailand and the United States of America have documented the incidence of femicide within the domestic sphere. In Southern Africa, women’s groups have begun to document the increasing incidence of femicide, and data on this issue are available from Botswana, South Africa, Swaziland, Zambia, and Zimbabwe. A comparative analysis of spousal homicide, based on 1991 data, concluded that Russian women are 2.5 times more likely to be murdered by their partners than American women. However, American women are already twice as likely to be killed by their partners than women in Western European countries.¹⁵

D. Sexual Abuse in Childhood and Forced First Sex

Considering the taboo in most countries that surrounds incest or the sexual abuse of children and adolescents within the family, this is one of the most invisible forms of violence. Because the crime is perpetrated most often by a father, stepfather, grandfather, brother, uncle, or another male relative in a position of trust, the rights of the child are usually sacrificed in order to protect the name of the family and that of the adult perpetrator. However, studies have shown that from 40 to 60 per cent of
known sexual assaults within the family are committed against girls aged 15 years and younger, regardless of region or culture. A recent study in the Netherlands showed that 45 per cent of the victims of sexual violence within the domestic sphere are under the age of 18. Of these, girls are far more likely to be victims of incest than boys.¹⁶

Childhood sexual abuse (i.e. sexual abuse before 15 years of age) was a relatively common experience among girls in most of the sites, although there were wide variations in reported prevalence, which ranged from 1% (Bangladesh province) to 21% (Namibia city), with a general tendency for the levels of violence to be higher in city sites than in provincial sites. Girls are at greatest risk of sexual abuse by strangers and by male family members.

A substantial minority of women reported that their first sexual intercourse was by force, ranging from less than 1% to 30%. In all sites except Ethiopia province, the younger the girl at first sexual encounter, the more likely it was that sex was forced. In more than half of the sites, over 30% of women who reported first sex before the age of 15 years said that their first sexual experience was forced.

The wide variations in prevalence of forced first intercourse are likely to represent actual differences in levels of coercion, reflecting cultural differences in women’s ability to control the circumstances of
their first sexual experience. At the same time, the figures may also partly reflect different social attitudes towards female sexuality and sex. In cultures such as those of Bangladesh and Ethiopia, which have strong social restrictions against women expressing a desire to have sex, women may have a higher tendency to report their first sexual experience as forced. The high levels of forced first sex in these countries are most likely the result of sexual initiation by a husband, rather than abuse by a boyfriend or stranger.\textsuperscript{17}

E. Forced Prostitution

Forced prostitution or other kinds of commercial exploitation by male partners or parents is another form of violence against women and children reported worldwide. Destitute families, unable to support their children, often hire out or sell their children, who may then be forced into prostitution. Very often the young girl is sent as a domestic worker, in which case she may be physically and sexually exploited by her employers. For example, in West Africa – from Senegal to Nigeria – tens of thousands of children of destitute families are reportedly sent to the Middle East each year, many of them ending up as prostitutes.\textsuperscript{17} In South Africa, child prostitution is on the rise and has become an increasingly organized activity. In certain hill districts of Nepal, prostitution has become an almost ‘traditional’ source of income. Women and girls are
tricked or forced by their husbands and relatives into being trafficked to India for prostitution. In the poor rural areas of Thailand, where poverty has given rise to the phenomenon of debt bondage, it is believed that it is the daughter’s duty to sacrifice herself for the well-being of her family. Traffickers buy the “labour” of young women and girls in exchange for money. The high incidence of HIV/AIDS in the country has been attributed to this trafficking in young girls. In Northern Ghana and parts of Togo, girls are “donated” to priests, and are forced to live as “wives” and submit sexually to the shrine priests in return for protection for the family. A similar practice exists in southern India where young women and girls (devadasis) are “donated” to serve a temple; and very often end up being prostituted.

F. Violence during Pregnancy, induced Sex-Selective Abortions and Miscarriages, Female Infanticide and Differential Access to Food and Medical Care.

Among ever-pregnant women, the prevalence of physical violence by an intimate partner during a pregnancy ranged from 1% to 28%, with practically all violence being perpetrated by the father of the child. Between 23% and 49% of those abused reported being punched or kicked in the abdomen, with potentially serious consequences for the health of both the woman and the developing infant.
In most cases, the violence experienced in pregnancy was a continuation of the violence experienced previously. However, for a substantial proportion (between 13% and 52%), the violence started during the pregnancy. For the majority of women who were abused before and during a pregnancy, the violence stayed the same or was less severe. However, between 8% and 34% said that the violence got worse during the pregnancy.

In most sites, women who reported physical or sexual violence, or both, by a partner were significantly more likely to report having had at least one induced abortion or miscarriage than those who did not report violence, with the association being stronger for induced abortions than for miscarriages. These findings suggest that, across a broad range of settings, violence against women is an important factor affecting women’s sexual and reproductive health.\(^{19}\)

In societies where a higher value is placed on sons, discrimination towards female children can take extreme forms such as sex-selective abortions and female infanticide. In India, a recent survey reported 10,000 cases of female infanticide annually. The figure does not take into account the number of abortions performed to prevent the birth of a child. An official survey in China revealed that, with its one-child policy, 12 percent of all female embryos were aborted or otherwise unaccounted for.
And in many countries the discrimination that leads to the neglect of girl children is the greatest cause of sickness and death among girls between the ages of two and five years. Girls in many developing countries receive less nourishment than boys, and they are more likely to suffer mental or physical disability or even die, as a result of poor nutrition. Less access to health care also exacerbates the much higher mortality rate among girls. Sex-selective abortion, female infanticide, and systematic differential access to food and medical care have led to the phenomenon known as the “missing millions” of women and girls. An estimated 60 million women are simply missing from the population statistics. In other words there are 60 million fewer women alive in the world than should be expected on the basis of general demographic trends. The phenomenon is observed primarily in South Asia, North Africa, the Middle East and China.20

**Association of violence with specific health outcomes**

The WHO Study provides the first population-based data from a range of countries on the association between violence by an intimate partner and women’s mental, physical and reproductive health. While the cross-sectional design does not allow for causal inferences, a powerful finding from the Study is the degree to which, across the many different study sites and populations, a current or previous experience of intimate-
partner violence was significantly associated with a range of negative impacts on women’s current physical, mental, sexual, and reproductive health. Even after adjusting for age, educational attainment and marital status, these associations usually remained significant. Future analysis will explore in greater depth the mechanisms by which violence affects women’s health in different sites.

Having ever experienced physical or sexual violence, or both, by an intimate partner, whether moderate or severe, had significant associations with a range of physical symptoms (problems with walking, pain, memory, dizziness, and vaginal discharge) occurring in the 4 weeks preceding the interview. Women who reported violence were also significantly more likely than women who had never experienced violence to report that their general health was poor or very poor.

The association between physical or sexual violence, or both, and health status and symptoms was statistically significant in practically every site, even after controlling for age, education, and marital status. The variations between sites in the reporting of different symptoms are likely in part to reflect local idioms of distress.

Physical violence, particularly severe violence, was closely associated with injury. Although the majority of injured women reported minor injuries (bruises, abrasions, cuts, punctures, and bites), in some sites more
serious injuries, such as those affecting eyes and ears, were relatively common.

Women who had ever experienced physical or sexual violence, or both, by a partner were significantly more likely to have ever contemplated suicide than women who had never experienced abuse. Further, among all women who had ever contemplated suicide, women who had experienced violence were also significantly more likely to have attempted suicide.

Women who had ever experienced physical or sexual violence, or both, by a partner were significantly more likely to report recent symptoms of mental distress than women who had never experienced violence. The results illustrate that even past violence can be associated with recent negative mental health outcomes.21

The WHO Study did not ask specific questions about HIV and other sexually transmitted infections, but explored the extent to which women knew whether or not their partner had had other sexual partners during their relationship, and whether they had ever used a condom with their current or most recent partner.

Across all sites except Ethiopia province, a woman who reported that her current or most recent intimate partner had been physically or sexually violent towards her was significantly more likely to report that
she knew that her partner was or had been sexually involved with other women while being with her. In most sites, the difference ranged from at least twice as likely to up to nine times as likely.

Women were also asked whether they had ever used a condom with their partner, whether they had requested use of a condom, and whether the request had been refused. The proportion of women who had ever used a condom with a current or most recent partner varied greatly across sites. No significant difference was found in use of condoms between abused and non-abused women, with the exception of Thailand and the United Republic of Tanzania, where women in a violent relationship were more likely to have used condoms. However, in a number of sites (cities in Peru, Namibia, and the United Republic of Tanzania) women in violent partnerships were more likely than non-abused women to have asked their partner to use condoms. Women in violent partnerships in these sites, as well as in Brazil city, Peru province, and Serbia and Montenegro, were significantly more likely than non-abused women to report that their partner had refused to use a condom.

These findings, as well as the high levels of child sexual abuse, are of concern in the transmission of HIV and other sexually transmitted infections, and underline the urgent need to address this hidden but widespread abuse against women. The degree to which partner infidelity
may be associated with partner violence also requires serious consideration by HIV and AIDS policy-makers and programme managers, and highlights the need for a greater integration of issues of gender, power and coercion into HIV prevention and AIDS care and treatment programming.\textsuperscript{22}

The WHO Study sought to learn more about the strategies that women use to end or cope with violence in their partnerships. There are many barriers to women accessing help from either formal or informal sources. As shown in the replies to questions on controlling behaviour\textsuperscript{23}, violent men often keep women isolated from potential sources of help, and women may fear that disclosure of their situation or seeking medical treatment will lead to retaliation against themselves or their children. In most study sites except in Bangladesh, the majority of women who had ever been in a physically violent partnership had told someone about the violence. It is striking to note, however, that for significant numbers of respondents (ranging from a fifth in Brazil city to two thirds in Bangladesh city), the interview was the first time that they had ever spoken about their experiences of violence to anyone.

Even fewer women reported seeking help, due to reported barriers including feelings of shame and self-blame, and stigmatizing attitudes on the part of service providers, family, and community members.
Nonetheless, women were not passive, adopting a range of strategies to cope with or end the violence, including leaving their home for one or more nights, leaving their partner, retaliating, and trying to find help. These patterns of help-seeking appeared to be strongly influenced by the severity of the violence that the women experienced. Women who had suffered severe physical violence were more likely than women who had experienced solely moderate physical violence to have spoken to someone about the violence, to have left their home for one or more nights, or to have sought help.

The findings illustrate that women mainly seek help from informal sources, such as family, friends and neighbours, although the nature of these informal sources may vary by culture. The relative ease of talking to family and friends also varies by culture and site. Even if a woman did not seek help from her immediate social networks, in some cases friends, family, or neighbours tried to help without being asked.

Qualitative research suggests that, although some forms of intervention by friends and family members may be positive, there are also many examples where the people that women turn to are either ambivalent or negative. For example, family members may condone the man’s violence, or seek strategies to address the violence that prioritize the well-being of the family unit over the woman’s safety.
The limited use of formal services in all countries partly reflects the limited availability of services in many settings. Other issues may include: costs or other barriers to women travelling; the perception that services will not be sympathetic or able to help; and women’s fear of the potential consequences to their own and their children’s safety if they report violence to formal agencies.

Where services are available, they are often used by women experiencing violence. Nevertheless, this varies by site. Even where services exist, many women may not be aware of them. The frequency of responses such as “nobody will believe me” or “they will not be able to help” highlights the credibility gap of many services. These attitudes underline the need for a more substantive and appropriate response by a range of services, particularly health and police, which were the most commonly used services.24

G. Traditional and Cultural Practices Affecting the Health and lives of Women

Around the world, women and girls suffer the harmful and life-threatening effects of traditional and cultural practices that continue under the guise of cultural and social conformism and religious beliefs.
Examples include:

**Female Genital Mutilation (FGM):** It has been estimated that nearly 130 million women worldwide have undergone FGM and that approximately two million undergo the procedure every year. FGM takes place in 28 countries in Africa (both eastern and western), in some regions in Asia and the Middle East, and in certain immigrant communities in North America, Europe and Australia. It can lead to death and infertility, and long-term psychological trauma combined with extreme physical suffering.

**Dowry-related violence:** Even though India has legally abolished the institution of dowry, dowry-related violence is actually on the rise. More than 5,000 women are killed annually by their husbands and inlaws, who burn them in “accidental” kitchen fires if their ongoing demands for dowry before and after marriage are not met. An average of five women a day are burned, and many more cases go unreported.

Deaths by kitchen fires are also on the rise, for example, in certain regions of Pakistan. The Human Rights Commission of Pakistan reports that at least four women are burned to death daily by husbands and family members as a result of domestic disputes.

**Acid attacks:** Sulphuric acid has emerged as a cheap and easily accessible weapon to disfigure and sometimes kill women and girls for reasons as
varied as family feuds, inability to meet dowry demands, and rejection of marriage proposals. In Bangladesh, it is estimated that there are over 200 acid attacks each year.

**Killing in the name of honour:** In several countries in the world including, but not limited to, Bangladesh, Egypt, Jordan, Lebanon, Pakistan, and Turkey, women are killed in order to uphold the “honour” of the family. Any reason – alleged adultery, premarital relationships (with or without sexual relations), rape, falling in love with a person of whom the family disapproves – are all reason enough for a male member of the family to kill the woman concerned. In 1997, more than 300 women were victims of these so-called “honour” crimes in just one province of Pakistan. In Jordan, the official toll is rising and in reality the numbers are higher because many such murders are recorded as suicides or accidents. Victim-survivors of attempted murders are forced to remain in protective custody, knowing that leaving custody would result in death at the hands of the family. The penal codes in Jordan that govern crimes of honour also sanction killing by making the penalty disproportionately lenient, particularly if the crime is committed by boys under 18 years of age.

**Early marriages:** Early marriage, with or without the consent of the girl, constitutes a form of violence as it undermines the health and autonomy
of millions of young girls. The legal minimum age of marriage is usually lower for females than for males. In many countries, the minimum legal age for marriage with parental consent is considerably lower than without it; more than 50 countries allow marriage at 16 or below with parental consent. Early marriage leads to childhood/teenage pregnancy, and can expose the girl to HIV/AIDS and other sexually transmitted diseases. It is also associated with adverse health effects for her children, such as low birthweight. Furthermore, it has an adverse effect on the education and employment opportunities of girls.25

**Harmful traditional practices**

Female infanticide and prenatal sex selection, early marriage, dowry-related violence, female genital mutilation/cutting, crimes against women committed in the name of “honour”, and maltreatment of widows, including inciting widows to commit suicide, are forms of violence against women that are considered harmful traditional practices, and may involve both family and community. While data has been gathered on some of these forms, this is not a comprehensive list of such practices. Others have been highlighted by States (for example in their reports to human rights treaty bodies and in follow-up reports on implementation of the Beijing Platform for Action), by the Special Rapporteur on violence against women, its causes and consequences and by the Special
Rapporteur on harmful traditional practices. They include the dedication of young girls to temples, restrictions on a second daughter’s right to marry, dietary restrictions for pregnant women, forced feeding and nutritional taboos, marriage to a deceased husband’s brother and witch hunts.

The most extensive body of research concerns female genital mutilation/cutting. It is estimated that more than 130 million girls and women alive today have undergone female genital mutilation/cutting, mainly in Africa and some countries in the Middle East. The practice is also prevalent among immigrant communities in Europe, North America and Australia. Surveys revealed significant geographic variations in the prevalence rates in 19 countries: 99 per cent in Guinea, 97 per cent in Egypt, 80 per cent in Ethiopia, 17 per cent in Benin, and 5 per cent in Ghana and Niger. They also show that the practice may be slowly declining even in high prevalence countries because of increasing opposition from women’s groups. Higher female educational levels, female access to and control over economic resources, ethnicity and women’s own female genital mutilation/cutting status have been found to be significantly associated with their support for or opposition to female genital mutilation/cutting.

Practices of son preference, expressed in manifestations such as
female infanticide, prenatal sex selection and systematic neglect of girls, have resulted in adverse female-male sex ratios and high rates of female infant mortality in South and East Asia, North Africa, and the Middle East. A study in India estimated that prenatal sex selection and infanticide have accounted for half a million missing girls per year for the past two decades. In the Republic of Korea, among pregnancies having sex-identification tests, more than 90 per cent of pregnancies with male foetuses resulted in normal births, whereas more than 30 per cent of those with female foetuses were terminated, according to the National Fertility and Family Health Survey. Early marriages involve the marriage of a child, i.e. a person below the age of 18.

Minor girls have not achieved full maturity and capacity to act and lack ability to control their sexuality. When they marry and have children, their health can be adversely affected, their education impeded and economic autonomy restricted. Early marriage also increases the risk of HIV infection. Such marriages take place all over the world, but are most common in sub-Saharan Africa and South Asia, where more than 30 per cent of girls aged 15 to 19 are married. In Ethiopia, it was found that 19 per cent of girls were married by the age of 15 and in some regions such as Amhara, the proportion was as high as 50 per cent. In Nepal, 7 per cent of girls were married before the age of 10 and 40 per cent by the age of
15. A UNICEF global assessment found that in Latin America and the Caribbean, 29 per cent of women aged 15 to 24 were married before the age of 18.

A forced marriage is one lacking the free and valid consent of at least one of the parties. In its most extreme form, forced marriage can involve threatening behaviour, abduction, imprisonment, physical violence, rape and, in some cases, murder. There has been little research on this form of violence. A recent European study confirmed the lack of quantitative surveys in Council of Europe countries. One study of 1,322 marriages across six villages in Kyrgyzstan found that one half of ethnic Kyrgyz marriages were the result of kidnappings, and that as many as two thirds of these marriages were non-consensual. In the United Kingdom of Great Britain and Northern Ireland, a Forced Marriage Unit established by the Government intervenes in 300 cases of forced marriage a year.

Violence related to demands for dowry — which is the payment of cash or goods by the bride’s family to the groom’s family — may lead to women being killed in dowry-related femicide. According to official crime statistics in India, approximately 6,822 women were killed in 2002 as a result of such violence. Small community studies have also indicated that dowry demands have played an important role in women being burned to death and in deaths of women labelled as suicides.
Crimes against women committed in the name of “honour” may occur within the family or within the community. These crimes are receiving increased attention, but remain underreported and under-documented. The most severe manifestation is murder — so-called “honour killings”. UNFPA estimated that 5,000 women are murdered by family members each year in “honour killings” around the world. A government report noted that “karo-kari” (“honour killings”) claimed the lives of 4,000 men and women between 1998 and 2003 in Pakistan, and that the number of women killed was more than double the number of men.

Older women, including in particular widows, are subject to harmful practices in a number of countries, which can involve both the family and the community. A study conducted in Ghana, based on data collected from news reports and interviews, found that many poor, often elderly women were accused of witchcraft. Some were murdered by male relatives and those who survived were subjected to a range of physical, sexual and economic abuses. Violence directed against widows, including sexual abuse and harassment and property-related violence at the hands of relatives, mainly in-laws, has been reported from a number of countries including India, but information remains scarce.26
Common Forms of Violence against Girls and Women in India

The commonalities of women's vulnerability to violence across countries and cultures are striking, with sexual assault being its most visible and least condemned expression. Other forms of violence faced by girls and women in India are female infanticide, child sexual abuse, domestic violence, dowry harassment or death.

Female Foeticide and Infanticide A major gain from the women’s movement has been the emergence of a rich storehouse of information and data on women at every stage of the life cycle, exposure of foeticide and infanticide being a case in point. While both these methods of dealing with unwanted babies go back in historical time, of recent origin is the misuse of medical tests for female foeticide and the incidence if infanticide in parts of the country where it was unknown. Apart from the medical issues involved, there are important ethical questions being raised: if abortions are legal, why are different standards applied to sex determination tests which may or may not be used to influence sex-selective abortions? How to combat the logic of those who argue that it is better to avoid the suffering imposed on unwanted girl babies by not allowing them to be born? In a democratic society, why should the state interfere in the right of couples to decide whether they want girls or not?
This is particularly so in India where abortion (Medical Termination of Pregnancy or MTP) is a form of birth control actively encouraged by the medical establishment. In a well argued article where she places the Indian debates around abortion and female foeticide in a wider context of rights discourse, Nivedita Menon (1996) points out:

there is a profound philosophical incoherence involved in arguing for abortion in terms of the rights of women to control their bodies and at the same time demanding that women be restricted by law from choosing specifically to abort female foetuses. It is essential that feminist should avoid being forced to counterpose the rights of (future) women to be born against the rights of (present) women to control over their bodies.

In other words, feminist and other concerned citizens have to acknowledge that in asking for women to have the right to control over their bodies, they have also to accept the caveat that women themselves may work against the future generations of their own gender. However, those who want to make a distinction between a gender neutral abortion and those induced following sex-selective tests argue that the latter actively work against equality and the right to life for girls. It is argued that now women control their bodies and attitudes of their daughters which is a manifestation of a dominant ideology which valorises the male
child. While some studies have seen this discrimination validated by economic functions for an analysis of region wise differences in son and daughter preferences in the context of their productive roles in the family, ethnographic studies point to a far more deep-seated yearning for the male child, who among other things, facilitates the passage of a Hindu to the next world.

Female foeticide has become popular with the spread of amniocentesis, a medical technique evolved to discover birth defects. A part of the test involves establishing the sex of the foetus. Introduced in 1974 at a leading government run hospital in New Delhi, the new technology was quickly appropriated by medical entrepreneurs. A spate of sex-selective abortions followed. Though a series of government circulars from 1977 onwards have banned the tests, “the privatisation and commercialisation of the technology” was well under way within a few years of its introduction.

A case study from a hospital in a city in western India conducted from June 1976 to June 1977 reveals that of the 700 women who sought pre-natal sex determination, 250 were found to have male foetuses and 450 female. While all the male foetuses were kept to term, 430 out of 450 female foetuses were aborted. According to Kuntal Aggarwal, the amniocentesis test and female foeticide have been prevalent since 1977
but have become popular (only) since 1982 and thereafter small towns and cities are also experiencing their effect. A field study conducted by Sanjeev Kulkarni (1986) of the Foundation for Research in Community Health brought to light the fact that in 1980’s, 5,000 amniocentesis tests were carried out annually in Bombay for determining the foetal sex. Eighty four per cent of the gynaecologist contacted by him admitted to having performed the amniocentesis tests for sex-determination. Of these 74 per cent had started performing the tests only since 1982 and only a few cases of genetic defects were detected. The overwhelming majority of ‘patients’, most of whom were of middle or upper class status, came merely to obtain information about the sex of the foetus.

Many women who came for the test already had at least two daughters. Several clinics were run under the guise of maternity homes, clinical laboratories and family health centres and costs ranged from Rs. 70 to Rs. 600. Thirty percent of the doctors believed that their patients came to them under some pressure. At the same time, there is also evidence that women often took the decision on their own. It is a moot point whether mothers-to-be genuinely believed that girls were burdensome or they were socialised into such a world view. Today, there are clinics throughout the country and “Gujrat tops the list with SD clinics spreading even in small towns”( Ravindra 1993). Despite the
efforts of women’s organisations, voluntary groups and the media to the
country, sex-determination (SD) tests are becoming increasingly
common.

A far more pernicious manifestation of an ideology which
devalues girl children is the recent resurgence of female infanticide. In
1870, the British government in India outlawed infanticide but over a
century later, there are alarming reports of baby girls being murdered in
areas where the custom did not previously exist. In a study in the late
1970s, based on a study of historical records, Barbara Miller(1981) had
noted that “female infanticide in 19th century India was practised
primarily in the higher social groups of the north, though this point is
debatable.” The author relates this practice to the control and distribution
of property and variations in the tradition of dowry. Further, fieldwork
and analysis of census data led her to conclude that there was a distinct
son-preference in the north, related to inheritance patterns as well as to
sex-related work roles. Today, the growing number of incidents of female
infanticide from the south fly in the face of well argued research results
of social scientists who have been concerned over these issues. What has
happened in the years between?

The obvious answer preferred is the all pervading menace of dowry
and the concomitant negative attitudes towards girl children. What is
particularly disquieting is the spread of dowry among communities which practiced bride price or bride wealth and where historically women has a high status, such as, for instance, among the Mizos and the Kallars of Tamil Nadu. The obsessive hold of Sanskritisation is evident among the prosperous sections of the Kallar community which is seen to “claim comparability with upper caste culture.” Social sanction and legitimisation of infanticide are surely important in communities where the poor fear dowry and the rich, fragmentation of property.

In a study of 12 villages of K V Kuppan Block, North Arcot, Ambedkar district of Tamil Nadu state which began in September 1986 and continued for 4 years, it was found that of a population of 13,000 there were a total of 773 births recorded, involving 759 live births of which 378 were male and 381 female. Further, among the cohort of live born infants, 56 died in the period of two and a half years and of these there were 23 males and 33 females. Of these deaths, 19 were confirmed infanticide (which were all female infanticides).” The research further indicted that the villages in which “female infanticide occurred are less ‘developed’ in terms of urban linkages, services and education than the non-infanticide villages.”

A recent study done by the Community Service Guild of Madras in collaboration with Adithi, Patna based organisation for development of
rural women with a branch in Madras shows that in Salem district of Tamil Nadu, female infanticide is rampant. Though the study covered Christians, Hindus and Muslims, the practice of female infanticide was found only among the Hindus. Of the 1250 families in the sample – most of whom were gounders and a few naikers, vanniars and chettiars-covered by the study, 606 had only one girl child and 111 admitted that they had done away with the unwanted girl child. Equally alarming is the fact that 476 respondents said that “they would have to commit female infanticide when more than one female child was born to them”. Most said that they had killed their babies under pressure from their husbands: “women said that sometimes the men would beat them up insisting on the murder of new born daughters”.

A detailed study of the juvenile sex ratios and data from primary health centres in Tamil Nadu Chunkath and Athreya (1997) established two additional facts: analysis of juvenile sex ratios may lead to surprising conclusions as well as provide the data for longitudinal assessment of the prevalence of female infanticide. For, instance for the 1991 census, the three districts of Dharmapuri, Salem and Madurai accounted for 41 out of the 46 blocks in Tamil Nadu with a juvenile sex ratio of less than 900 to a 1000. Further, as is evident from a study of earlier census reports, this sharp decline is of fairly recent origin. The authors concluded that “this
would be true of female infanticide as well” (WS-22). Analysis of PHC data also corroborated this observation.

Poverty, alcoholism among men, ignorance of family planning and the cost of dowry are the possible causes of this practice and there is scattered evidence to suggest that it is more prevalent in other parts of India than is readily acknowledged. At the same time, while instances of infanticide are indicative of negative attitudes towards girls, a certain caution needs to be exercised before extrapolating on the likely spread of this social malaise; it is also useful to keep in mind Chunkath and Athreya’s observations that birth order also determines the fate of a girl child: analysis of household data where female infanticides had occurred in 1995 showed that “the first female infant is, in a majority of cases not a victim of female infanticide,” the second girl child would often escape and it was the third girl who was invariably the victim.

Infanticide is not uncommon in Indian society, and is still prevalent in certain parts of the country. With the advancement of modern technology its practice, however, has taken a different shape. Now it is possible to detect the sex of the baby when it is still in the womb of the mother. This has made it possible to abort the female foetus, if it is unwanted. The most commonly used sex determination test is amniocentesis. Discovered primarily for the detection of foetal
malformations, it has, over the years, been used to determine the sex of the foetus. In India, since 1978, the test is being used as a sex determination or sex preselection test. Since then, the test has become extremely popular and has led to a mushrooming of private clinics, which perform the test, all over the country. The seriousness and social implications of this practice were realised only in 1986.

**Abuse of children** An area in which there is little available research is that of child abuse within the home. This includes sexual aggression, beatings as well as extracting hours of labour from children who should be in school or at play. Nonetheless, nearly all available studies have shown that children are victims of substantial abuse of physical, psychological and emotional nature (MARG 1996). In part this abuse is caused by the life situation of families, where for instance, children become part of the labour force due to poverty; recent studies have shown that, in absolute terms, child labour is on the increase, particularly for those who work as marginal workers. For girls the expansion has been dramatic in both rural as well as urban areas (Chaudhuri 1996) Neera Burra (1994) has divided child labour into four categories – those who work in factories, workshops and mines, those who are bonded, street children and children who form part of the familial labour force. Working in inhuman conditions often for pittance, children are abused at work and
within homes where their earnings become the property of their parents.
Not unexpectedly, the, child labour has become an emotive issue resulting in a sense of moral outrage in the international community and the concomitant boycott of products using this form of labour; however, banning child labour is a simplistic response to a much deeper problem, which lies embedded in structures of power, availability of alternatives and schooling as well as the overall immiseration of at least a third of the population. For those children who do not work for a wage but contribute to the family workforce, leisure, education and anything remotely regarded as the rights of the child need to be defined keeping in mind the cultural specificities of notions of childhood, play, learning and consequently exploitation and abuse.

Apart from the physical burden of working before the body is ready for it, children are often subjected to beatings and lashings in a range of situations. Amarjit Mahajan and Madhurima (1995) have argued that punishment per se does not constitute violence; however, when an act of punishment involves substantial injury, it is no longer legitimate punishment but violence against a defenceless child. In a study carried out in a village in Haryana, 200 children in the age group of 7-14 years were interviewed. The majority came from landless families, and 97 per cent of fathers in this category said that they punished their children as
against 83 percent of the landowners; interestingly, both sets of fathers preferred physical punishment. However, the reasons for punishment were different: while 72 per cent of the landowners punished their children for non-compliance with family norms and standards of discipline, for the landless, the major concern was with unwillingness to work – for “when the child shirked work, he was given severe punishment”. It was also this category of children who were injured more often in the course of punishment. Most parents, irrespective of their background, felt that there were positive consequences associated with beating. On the other hand, the study found that routinely abused children started hating their parents, became more obstinate and a few even ran away from home.

In a 1980 study of 1000 victims of child abuse, A B Dave et al found that 81 percent could be classified as victims of physical abuse, 7 per cent of what the authors call physical neglect, 9.3 per cent of sexual abuse and 2.7 per cent of emotional abuse (Dave 1982). None of these categories can be treated as exclusive and it is important to note that studies of this kind are extremely difficult to undertake. This particularly so in the area of sexual relations where the overall attitude of secrecy and suppression which governs any discussion or reference to sex makes it difficult to come to any definite conclusions on the extent of sexual abuse.
of children. Yet of the available figures, of almost 10,000 reported rapes in 1990, an alarming 25 per cent are of girl children below the age of 16, and about a fifth are of those under 10. A recent analysis done by the Crimes Against Women’s cell, Delhi Police, points out that of the 143 rape cases registered between January and June 1992, 107 or almost 75 per cent were in the age range 7-18 years. Forty of the rapist were immediate neighbours and seven were relatives. Conversations with those in charge of the cell indicate that such cases are on the increase (personal communication 1997).

Such alarming figures are indicative not only of the sexual vulnerability of the girl child in and around her home but also of a social climate which encourages her violation. In an interesting presentation on child rape at a seminar on child rape organised by the National Commission for Women in New Delhi in October 1992, Sobha Srinath from NIMHANS, Bangalore pointed to an important, though perhaps little thought about fact: a young child below ten need not always be aware that her sexual violation is in fact qualitatively different from thrashing and abuse: it only with the onset of puberty that she becomes aware of her sexuality. Infact, in an environment where physical contact, both affectionate and abusive, by relatives of both sexes is not uncommon, child rape needs to be viewed a little differently from the
rape of a post-pubertal girl. Not unexpectedly, families rarely talk about the rape of their young daughters; when the rapist is a father or a brother, the chances of reporting is even lower. Members of voluntary organisations said that a mother would often suppress and wish away the event, not only because of a sense of shame and outrage, but also out of fear of reprisals from her husband, son or other relatives (NCW October 1992). Interestingly, in 1992-93, there were eight cases of rape and molestation reported by mothers to the Crime Against Women’s Cell in Delhi; officials at the cell pointed out that this was a significant development as hardly any such instances were reported earlier. At the same time, wives expected the police to merely caution their husbands; filing a case against them would be unheard of (Wadhwa 1993). If there is a silence around the sexual violation of the girl child in the family, this is equally true of cases of sodomy and abuse of the male child.  

remains the most under-reported crime in the country. Child abuse is a crime that cuts across caste and class divides, and results in lifelong physical and psychological damage to the child. In the majority of cases, the offender is a member of the child’s family or someone known to the child. Since the abuser has relatively easy access to the child, abuse can be continual and can range from fondling and molestation to rape over a long period of time. In most cases, families are extremely reluctant to
report the offence, since it involves "family honour". When they do gather the courage and resolve to take up the case, the child is exposed to a humiliating and traumatic process with no guarantee of justice at the end of it.

**Domestic violence** refers to violence, perpetrated within the home and the family. Far from being a haven of safety and security, the family can be a 'cradle of violence'. Much of the violence within a home is directed against female members. One form of domestic violence is 'wife battering' - here, violence, is inflicted by the husband on the wife. Domestic violence is generally associated with very obvious physical, sexual and psychological abuse and torture of the woman. However, the scope of domestic violence extends further. It includes all such acts of intimidation and cruelty which force women to seek the help of outside agencies, other than the family or kin group.

**Wife beating** - or in more extreme cases, wife battering - is the most common form of abuse worldwide irrespective of class, religion, community and in the case of India, caste backgrounds (Abraham 1995; Boggard 1998; Chen 1992, Cheung ans law 1990; Dong Xing 1995, Finklehor 1983; Gelles 1980; Gelles and Loseke 1993; Hoff 1990; Jahan 1994; KWDI 1990; Straus 1980; Walker 1983 for extended discussion on the issue in other parts of the world). In India, studies have correlated
childhood abuse, alcoholism, unemployment and poverty with the growth of this malaise. (Ahuja 1987; Kaushik 1990; Mahajan and Madhurima 1995; Sinha 1998; Sood 1990). It has also been argued that it is not only a woman’s dependence which makes her particularly vulnerable: a wife in a high-status job may be beaten more than her unemployed neighbour (Pawar 1988). Battered women are presented as lacking in self-esteem and self-confidence and are apathetic and nervous (Kaushik 1990).

In an interesting study of the impact of wife-beating on the women themselves as well as on other members of the family, Vijayendra Rao (1995) found that in three multi-caste villages in the southern state of Karnataka, only 22 per cent women claimed to have been abused by their husbands. In fact, during field work, two women were hit by their husbands, but, in response to a question, the very same women did not say that they had been abused. The researcher concluded that it was only if the beatings were very severe did women perceive of themselves as being abused; the odd slap or blow was regarded as routine husband-like behaviour. There was wide social tolerance for wife-abuse, which was even considered justifiable under certain circumstances; “disputes over dowries, a wife’s sexual infidelities, her neglect of household duties, and her disobedience of her husband’s dictates are all considered legitimate cause for wife beating” (ibid:11). Observations during field work for the
project on domestic violence also confirmed a high degree of acceptance of male violence; it was only when the torture became unbearable or death appeared imminent that most women appeared willing to speak out (Karlekar et al 1995, forthcoming (b)).

In a detailed discussion of wife abuse, Flavia Agnes has rebutted convincingly the popular myths which surround the phenomenon of wife beating in India such as middle class women do not get beaten, the victim of violence is a small, fragile, helpless woman belonging to the working class, the wife-beater is a man who is frustrated in his job, an alcoholic, or a paranoid person, aggressive in his relationships. Nor was it true that so-called loving husbands did not beat their wives or that women provoke men to beat them. Yet, many of these myths seem to pervade the analysis of wife-beating and feminine expectations in Indian society.

For instance, based on an analysis of cases which had come to the Delhi based women’s organisation, Saheli it was evident that wife beating was common among all social classes as it “is a reflection of the power relationship between a husband and wife”, which mirrors a woman’s secondary social status (Saheli 1998:1). However, the pattern of violence differs from one class to another, with the whole neighbourhood being witness when a slum-dweller beats his wife to extremely private nature of a middle class professional’s physical oppression of his spouse.
Marital rape Like child rape within family, another area about which universally little is known and hardly discussed, is that of marital rape; in India, despite some thinking along these lines by feminists and legal experts, there has as yet been no amendment in law to include rape within marriage. The only exception is if the wife is below 16 years of age. Though figures on marital rape as well as other sexually demeaning and violent acts are difficult to obtain discussions with counsellors working with abused women indicated that a very large percentage of their clients were tortured with forced sexual intercourse.

Feminine socialisation with stresses docility, compliance and shame predisposes a wife to accept a range of physical behaviour from her spouse, where, without doubt, her sexual satisfaction is of little consequence. On the basis of her field work among upper middle class and middle class women in Delhi, all of whom had so-called ‘love’ marriages, Meenakshi Thapan concludes that notions of the perfect female body and of femininity were imbued by the women; consequently, women were often complicit in the mechanisms of oppression, particularly with those aspects which dealt with physical and sexual attractiveness (Thapan 1997). However, that such psychological and physical oppression which leads to this ‘false consciousness’ (Agarwal 1997) can equally develop into a site for resistance – a point which id not
addressed by Thepan – is discussed later. It would not be too extreme to hypothesise that much male physical violence in marriage is related to sexual activity; detailed interviews and discussions at the women’s shelter of battered women quite often led to admission of sexual excesses; when a woman resisted, she was beaten. Or is she did not satisfy her husband’s demands (which could quite often be perverse in nature) the outcome was physical abuse. It is indeed ironical that for long, the family viewed as an individual’s ballast against the world becomes the arena for legitimate physical and mental oppression of women; while the legal and police systems have, after 1975 become more receptive to certain excesses, yet much remains unstated, invisible and repressed.30

**Sexual harassment** was defined as "unwelcome sexually-determined behaviour (whether directly or by implication) including physical contact or advances, demands or requests for sexual favours, sexually coloured remarks, showing of pornography, and any other unwelcome physical, verbal or non-verbal conduct of a sexual nature."

**Dowry** has often been defined as the 'money, goods or estate that a woman brings to her husband at marriage'. It is also known as the 'property, which a woman brings to her husband at marriage'.31

An important part of the power relationship between spouses and indeed their families relates to dowry and its ramifications. In the Indian
context the preference for structural asymmetry between the two families and the consequent burden of gift-giving on the bride’s family strengthens inequality. Anthropological studies, particularly of north Indian marriages and kinship patterns indicate that hypergamous unions establish a permanent asymmetry in gift-giving and presentations. Here the notion of property in marriage acquires another meaning: not only is the in-marrying girl viewed as the property of her husband if not of the conjugal family, but also the event marks the unequal flow of goods and even property between the two kin groups (Dumont 1975; Goody and Tambiah 1973; Madan 1989 (1965); Patnaik ans Sadual 1998; Ranjana Kumari 1989;; Ubeeroi 1995, Vatuk 1975; Verghese 1980). Based on her field work in north India, Ursula Sharma has argued persuasively that dowry, or what the bride’s family gives to the groom’s family at the time of hypergamous marriages is “a concrete form of property in which members of the household, both men and women, have different kinds of interest and over which they have different kinds of control” (Sharma 1984:62). Important for later analysis is the communal aspect of dowry. Nor is it a one time transaction: ritual occasions, festivals and indeed any minor pretext result in more demands being made on the daughter-in-law’s family.

In India, there is a tendency to club most marital violence under the
overall heads of ‘dowry’, ‘dowry deaths’ and ‘dowry violence’. This categorisation glosses over the other causes of violence which pervade the familial context. However, to argue that dowry is not always the cause behind marital discord in not to ignore the fact that it is one of the major factors responsible for domestic violence. While keeping this fact in mind it is necessary to work towards a fuller understanding of the institution of dowry and its impact on inter-family relationships, Madhu Kishwar feels that oppression of wives for bringing inadequate dowry is only another excuse for using violence against them: in other words—and in fact evidence from other countries has indicated as much— even without the additional ‘attraction’ of dowry, interspousal violence is endemic. She has also pointed out that dowry payments in themselves do not transform girls into burdens but rather “dowry makes daughters ‘burdensome’ only because daughters are unwanted to begin with” (Kishwar 1986) For instance, middle class parents who save to pay lakhs as capitation fees for sons in medical or engineering colleges do not view them as burdensome; but similar sums set aside for daughter’s marriage are regarded differently.

Though it is difficult to be categorical on the background of those either harassed or killed for dowry, it is clearly a phenomenon on the increase among all social categories. In a study of dowry victims in Delhi,
Ranjana Kumari commented that “dowry has become inseparably interlinked with the general status of women in our society”. Her study shows that in a sample of 150 dowry victims, one-fourth were murdered or driven to commit suicide, and more than half, i.e. 61.3 per cent were thrown out of their husband’s house after a long drawn period of harassment and torture. Dowry related killings followed two patterns. First, the young brides were either murdered or forced to commit suicide (18.4 per cent) when their parents refused to concede to continuing demands for dowry. Second, the murders were committed also on the pretext of ‘complex family relations’. Extra-marital relationships were alleged in 52.6 per cent cases of death. It was also discovered that the conflicts intensified because of the refusal by young brides to yield to overtures made by father-in-law, uncle-in-law or brother-in-law. There were also cases where wives alleged that the husband was impotent.

In 69.3 per cent cases, parents sent their daughters back to the husbands while being fully aware of the torment they were undergoing. Of these, 77.9 per cent returned only to be deserted and 11.5 per cent to be murdered. In 72 per cent of cases, “parents were more willing to put thousands of rupees in the hands of a man who tortured their daughters than to spend even a fraction (10 per cent) of the dowry to train the girl to survive independently”, because they did not consider independent
survival of women as respectable. Ranjana Kumari also found dowry giving and taking to be universal across caste, religion, and income groups. However, she observed that ‘while desertion and harassment cases are more among higher income groups, middle income groups show higher dowry death rates’. She also found that only 5 per cent of marriages were love marriages while 11 per cent were inter-caste. The rest had married according to the prevailing social norms of ‘arranged’ matches (Ranjana Kumari 1989, 88-91); see also Mahajan and Madhurima 1995; Sinha 1989).

There is no satisfactory explanation of why the system of dowry is growing and indeed spreading to communities where it did not exist. Nonetheless, its role in perpetuating violence within the home is substantial. Of particular relevance is the fact that dissatisfaction over dowry payments and subsequent prestations result in abuse of the wife not only by her husband but by other affines as well. Dissatisfaction over dowry is not the only reason for ill-treatment of married women. Apart from ill-health and stress, a violent home environment can lead to a total psychological remoulding such as the internalisation of deception, manipulative techniques and feigning. It can also lead to anticipation and provocation, a macabre expectation of the inevitable (see Flavia Agnes 1988 and Kakar 1990 for perceptive interpretations of inter-spousal
violence). Thus, wife abuse, a practice shared with many other cultures, acquires a different connotation in Indian society due to the institution of dowry. Here the term ‘abuse’ includes physical as well as non-physical acts. There is enough evidence to suggest that it often receives enough wider familial sanction. It is institutionalised in various forms which range from inhumanly long hours of labour, often within and outside the home, food denial, neglect of ailments, verbal abuse by affines to physical violence by the husband and sometimes other family members. In this context, it is interesting to note the growing number of cases being registered under section 498 A of the Indian Penal Code (IPC 1993) which indicts a husband or relative of the husband for cruelty against a wife. For instance, all-India police data under this head which is available from 1989 onwards records a steady increase from 11,803 cases registered in 1989 it went up to 15,949 or by 37.5 per cent in 1992. As entire families and indeed the state became involved in the ramifications of inter-spousal disputes, the incidence of these events continue to spiral upwards, occasionally with macabre outcomes: personal communications with police officials indicated that the unnatural deaths of wives was on the increase each year. 32

Official statistics show a clear trend over the last decade - there has been a dramatic increase in the number of reported crimes against women
- 164% more cases were reported in 1994 than in 1980. The National Crime Records Bureau reported in 1998 that the growth rate of crimes against women would be higher than the population growth rate by 2010. This is sometimes interpreted as a positive indicator, showing that more and more women are "breaking the silence" and an increasingly gender-sensitive police force is recording their complaints with sympathy and efficiency.

The Government of India along with women's groups have initiated efforts to sensitize people on gender issues. They undertake various gender training programmes, issue based campaigns and formulate legislations to address the root cause. We have The Dowry Prohibition Act, 1961, certain injunctions under the Code of Civil Procedure, the Specific Relief Act and Common Law for Domestic Violence, Sexual Harrassment at Workplace Bill and others.  

II. SCOPE OF THE PROBLEM

The family is often equated with sanctuary- a place where individuals seek love, safety, security and shelter. But the evidence shows that it is also a place that imperils lives, and breeds some of the most drastic forms of violence perpetrated against women.

Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power-
husbands, boyfriends, fathers, father-in-laws, stepfathers, brothers, uncles, sons and other relatives. Domestic violence is in most cases violence perpetrated by men against women. Women can also be violent, but their actions account for a small percentage of domestic violence.

Violence against women is often a cycle of abuse that manifests itself in many forms throughout their lives (see table 1 of the original study). Even at the very beginning of her life, a girl may be the target of sex selective abortion or female infanticide in cultures where son preference is prevalent. During childhood, violence against girls may include enforced malnutrition, lack of access to medical care and education, incest, female genital mutilation, early marriage and forced prostitution or bonded labour.

Some go on to suffer throughout their adult lives—battered, raped and even murdered at the hands of intimate partners. Other crimes of violence against women include forced pregnancy, abortion or sterilization, and harmful traditional practices such as dowry-related violence, sati (the burning of a widow on the funeral pyre of her husband) and killings in the name of honour. And in later life, widows and elderly women may also experience abuse.

While the impact of physical abuse may be more ‘visible’ than psychological scarring, repeated humiliation and insults, forced isolation,
limitations on social mobility, constant threats of violence and injury, and
denial of economic resources are more subtle and insidious forms of
violence. The intangible nature of psychological abuse makes it harder to
define and report, leaving the woman in a situation where she is often
made to feel mentally destabilized and powerless.

Jurists and human rights experts and activists have argued that the
physical, sexual and psychological abuse, sometimes with fatal outcomes,
inflicted on women is comparable to torture in both its nature and
severity. It can be perpetrated intentionally, and committed for the
specific purposes of punishment, intimidation and control of the woman’s
identity and behaviour. It takes place in situations where a woman may
seem free to leave, but is held prisoner by fear of further violence against
herself and her children, or by lack of resources, family, legal or
community support.34

1 Domestic Violence Against Women and Girls, Innocenti Digest No. 6-June 2000, UNICEF,
Innocenti Research Centre, Florence, Italy Pg. 4
2 From Wikipedia, the free encyclopedia
3 Source: Mid-Valley Women’s Crisis Service
4 Domestic Violence and Abuse Warning Signs and Symptoms of Abusive Relationships
5 In-depth study on all forms of violence against women: Report of the Secretary-General, General
Assembly, United Nations. Sixty-first session, Item 60 (a) of the preliminary list, Advancement
of women: advancement of women, 6 July 2006, Pg. 36-37.
6 WHO Multi-Country Study on Women’s Health and Domestic Violence against Women Initial
results on prevalence, health outcomes and women’s responses by Claudia García-Moreno,
Henrica A.F.M. Jansen, Mary Ellsberg, Lori Heise and Charlotte Watts, Published in Switzerland
7 Ibid Pg. 83.
8 Domestic Violence Against Women and Girls, Innocenti Digest No. 6-June 2000, UNICEF,
Innocenti Research Centre, Florence, Italy.
9 Ibid, Pg. 4

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Ibid, Pg. 6-7.

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Ibid Pg. 1744-1745.

Ibid Pg.1747.

Ibid Pg.1747-1748.

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