INTRODUCTION

Alcohol consumption has been part of human history since antiquity. It gets a special place in society because of its particular intoxicant effect. As civilizations progressed, norms and patterns in alcohol consumption emerged. The nature and severity of problems related to its use depend on the drinking customs prevalent in a particular society. Differences exist in the alcohol level present in the beverage consumed, the place of consumption and the condition of the consumer after consumption. Moderate consumption of alcohol is considered to be a pleasure. The world consensus is that moderate drinking does no particular harm whereas those who drink excessively get ill (Block, 1965).

1.1 Alcoholism

The origin of alcoholic beverages is unknown. Almost all historians agree that fermented alcoholic beverages existed before distilled alcoholic beverages. Among the fermented brews, wine is recorded as the earliest; and the existence of mead and beer is also mentioned (Roueche, 1963). Thus, in the ancient world, alcohol meant naturally fermented juice of grapes or some other fruits, grains and occasionally, even flowers (Lucia, 1963).

The early civilizations used alcoholic drinks not only for intoxication, but also in religious ceremonies. As wines and beers were offered to gods they became imbued with religious significance. Alcohol was known to the Egyptians, the ancient
Hebrews, Greeks and Romans In fact, both alcohol consumption and drunkenness are recurring themes in Greek and Roman mythologies. They even had a god of wine, Dionysus, whose object was to make people happy (Henry, 1978)

The term "alcoholism” has endured usage for a long time since it was coined in 1847 by the Swedish doctor Magnum Huss. Keller (1962) defines Alcoholism as a chronic illness, psychic, somatic or psychosomatic, which manifests itself as a disorder of behavior. It is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinker's health or the social or economic functioning.

The term "alcoholic" is widely used in Western culture and is often considered pejorative. People who are addicted to alcohol drink to excess and continue to drink even though it harms their mental or physical health of those around them. People who are addicted to alcohol can't control the amount they drink and are physically and psychologically dependant on alcohol. Not all alcoholics show the same signs of being addicted to alcohol. It differs from person to person.

The World Health Organization's (1952) defines that alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health.

The word alcohol comes from the Arabic term 'al-kul' meaning essence. Distillation was discovered about 800 A.D in Arabia. But in India forms of alcohol
beverage has been known and wildly used for at least 4000 years. The point that intoxication and drug use have never been alien to Indian culture is highlighted by Charles Simmond in his book "Alcohol, its production, properties and applications", where he mentions that distilled alcoholic beverages have been known in India since 800 BC.

In India, during the Vedic age the use of liquor was widespread because it formed a part of the ceremonial and sacrificial rites. Two kinds of liquors - Soma and Sura have been mentioned in the Rig veda. 'Sura' was an intoxicating drink from grain used by the masses on ordinary occasions (Luniya, 1975). Its use was condemned in the later ages and the priestly class was not even allowed to touch it as it intoxicated the people and made them quarrel among themselves (Tuteja and Varma, 1971). 'Soma' was terrestrial deity, the libation of which was regarded as especially sacred. The drink was extracted from the juice of plants that grows on the 'Mujavat' peak of the Himalayas and its use was restricted to religious ceremonies. The importance of 'Soma' can be realized from the fact that the entire chapter IX of the Rig-Veda has been dedicated to it (Majumdar et al 1986).

The widely acclaimed Tamil literary masterpiece of the Sangam era, the "Thirukural" highlights the evils of intoxication in several verses. It holds that "Intoxication makes one mean enough even in the eyes of one's own mother" (Verse 923) and that "It is crass foolishness that one should thus purchase unconsciousness" (Verse 925).

The consumption was accelerated by the abolition of pot still distillation and the starting of commercial production for revenue purposes. It was under the
influence of Mahatma Gandhi in 1937, that the Indian National Congress at its Madras session adopted prohibition as a part of its programme. Later prohibition became an integral part of the Bill of Rights at the Karachi session and after Independence, as incorporated into the constitution as a Directive Principle of State Policy. Mahatma Gandhi's birth centenary in 1965 was fixed as the deadline for imposing total prohibition throughout the country, but passed with precious little being done on the subject.

India is known to be 'Dry Culture'. However alcohol in some form has always existed in the country throughout the ages. Due to the significant ethnic diversity in the country, the understanding of alcoholic problems, concepts, criteria and cultural acceptance are different from the western world and vary in different parts within the country.

1.2 Alcoholism in Indian scenario

India is one of the largest democratic and a secular country in South Asia occupying almost 3% of the world's land area but supporting 866 million people (16.2% of the world's population). The society is multilingual, multi-religious and multiethnic. India’s economy is mostly agrarian. There are 18 official languages in India, besides numerous local dialects in different states. The majority of Indian people live in rural areas (74%), about 52% are illiterate and 38% live below the poverty line. India has an annual per capita income of US $330 and belongs to the low income economies of the world (World Bank Report, 1993).
General population studies conducted in different parts of the country suggest prevalence rates of use of alcoholic beverages ranging between 23% and 74% among males. Women constitute over 90% of abstainers, though among tribal groups and tea plantation workers, there is a substantial number of an alcohol user in women, with prevalence rates ranging between 28% and 48%. India is likely to face a heavy burden of medical and social problems due to increased alcohol consumption.

In both rural and urban settings in India, among folks or the elite, no significant normative patterns of drinking have yet emerged that could be held valid at national level. There is nevertheless a visible change in the pattern of drinking, as it has changed from ritualistic and occasional to a part of routine social interaction and entertainment. In general, alcohol is used only rarely for convivial purposes or in the evenings before dinner. The basic purpose of drinking alcohol is to get drunk as quickly as possible and to stay drunk for as long as possible. This motivation is reflected among those between 25 and 40 years of age seeking treatment. In the Western and Southern parts of India, public bars and pubs have emerged and norms are thus only beginning to evolve (World Health Organization, 2000).

In 2014, the World Health Organization released its Global Status report on Alcohol and Health. According to the report, about 38.3 percent of the world’s population is reported to consume alcohol regularly. On an average an individual consumption amounts to 6.2 litres of alcohol each year. The report only considers individuals over 15 years of age.

The report says that about 30 percent of India’s population, just less than a third of the country’s populace – consumed alcohol regularly (as of 2010). Some 11
percent are moderate to heavy drinkers. The average Indian consumes about 4.3 liters of alcohol per annum, says the report. The rural average is much higher at about 11.4 liters a year.

According to an Organization for Economic Cooperation and Development (OECD) report released in May 2015, alcoholism increased by about 55 percent between 1992 and 2012. It is a quickly rising concern among the youth of the country. Dadra & Nagar Haveli, Arunachal Pradesh, Andaman & Nicobar Islands, Andhra Pradesh, Daman & Diu, Sikkim, and, Puducherry are clearly among the highest consumers of alcohol and spirits in the country.

Alcohol related deaths and deaths caused by diseases due to alcoholism are a major cause for concern in the country. In 2012 alone about 3.3 million deaths in India were attributed to alcohol consumption. This amounts to some 5.9 percent of the global deaths that year.

Most doctors and health agencies have repeatedly warned Indians of the disastrous health effects of alcohol consumption. Alcoholism is one of the leading causes of liver cirrhosis and failure. About 10 percent of strokes, tuberculosis, hypertension, and epilepsy are caused by excess alcohol consumption.

Apart from the health concerns, chronic alcoholism is one of the greatest causes for poverty in the country. According to various studies, men – primary bread earners – are 10 times more likely to report alcohol abuse in the country. The regular consumption of alcohol is also inversely proportional to the family income. This means that consumption increases significantly with diminishing income.
Consumption of local brews and toddy is a major health risk for Indians, especially those from the lower economic groups. Manufacture, sale, and intake of toxic homemade liquor brewed with dangerous ingredients takes a number of lives each year. In 2009, in Gujarat about 136 lives were lost in one single incident. The state then came up with the death penalty for selling such ‘country liquor’. Earlier this year, in January 2015, about 94 people lost their lives due to consumption of toxic liquor in Maharashtra.

Consumption of alcohol is a social taboo in most parts of India. While Islam as a religion does prohibit the consumption of alcohol, and Hinduism mentions it as one of the moral evils, alcoholism in India is linked more with the economic and family circumstances than with religious dictates. Changing social norms, urbanization, increased availability, high-intensity mass marketing and relaxation of overseas trade rules, along with the poor level of awareness, have contributed to increased alcohol consumption (World Health Organization, 2002).

Although alcohol is freely available in most part of India, some states and Union Territories in the country have various forms of alcohol bans in force. Alcohol prohibition is currently in force in Gujarat, Kerala, Lakshadweep, Manipur, and Nagaland.

Most Indian states and Union Territories observe Dry Days – days when the sale of alcohol is banned. Consumption of alcohol in public restaurants and eateries is prohibited while people may drink in the privacy of their homes. Republic Day (January 26), Independence Day (August 15), and Gandhi Jayanti (October 2) are commonly observed Dry Days across the country. Apart from these, major festival
days of the state are usually Dry Days. A number of states also observe regular Dry Days such as the first day of the month etc. The days preceding or following the state/national election are also usually Dry Days.

1.3 Alcohol consumption in Tamil Nadu

About 27% of the revenue generated by Tamil Nadu in 2012-13 came from the sale of alcohol. It includes an excise revenue of Rs 12,125.31 crore and sales tax of Rs 9,555.36 crore. On an average, more than 70 lakhs people consume liquor every day across over 6,000 outlets in the State. On an average, it sees liquor sales of Rs. 50-60 crore on week days and Rs. 80-90 crore on weekends (The Hindu, 2016).

The Tamil Nadu State Marketing Corporation (TASMAC) is a company owned by the Government of Tamil Nadu, which has a monopoly over wholesale and retail vending of alcoholic beverages in the Indian state of Tamil Nadu. It controls the Indian Made Foreign Liquor (IMFL) trade in the state. It has become the wholesale monopoly for alcohol as well as the sole retail vendor of alcohol in the state. Today in parlance of the public discourse, TASMAC means liquor shop.

The state government, for years has been adding a huge amount of money to its exchequer by licensing and selling the liquor through its 2500 government controlled TASMAC shops. Every year during the New Year and Pongal festival, Deepavali TASMAC is making around Rs. 500 crore selling liquor in wholesale and retail market.
1.4 Factors Perpetuating Drinking Behavior

Many factors are found to be perpetuating drinking behavior among the people. According to Lawton et al (1983) the causes include a wide variety of factors relating to macro and micro levels. Some of the factors more frequently dealt with are, role of multinational corporations, authoritarian structures leading to conflict in roles, dominance of the elite and extreme poverty of the majority, exploitation of the working class (land lords give alcohol to the workers to lull them/or in lieu of salary thus leading to addiction), involvement of politicians in sale and trade of alcohol, economics of supply and demand of alcohol and drugs, sudden affluence, tourism industries, lack of adequate recreation and unemployment and underemployment. In addition personal problems also influence the drinking behavior. They are loneliness, alienation, migration, frustration, marital disharmony, low self-image inadequacy, inhuman relations, and inadequacy in facing situations, grief, curiosity and peer group pressure.

It is not uncommon for alcohol to be used as remuneration or gift. The Sunderban’s study (Chowdhury et al 2006) reported that alcohol can be used as remuneration to an agricultural worker, as payment to a skilled traditional healer, as an accompaniment to monetary wages, particularly weekly wages. Increased disposable income has also led to an increase in drinking (Gulati & Gulati, 1999; Nagpal, 1999). In the Indian army, alcohol is available at a highly subsidized through army canteen store departments whose ‘onerous responsibility is to provide goods and liquors at a cheaper rate than the prevailing market rates to the troops’ (Wikipedia, 2012).
Use of alcohol with certain risky occupations or unpleasant nature of work is also well recognized. The divers of Benares who went under water to salvage coins thrown into the river by pilgrims said they drank to keep their bodies warm under water and to improve their power and courage (Doron, 2010). In clinical practice, it is not uncommon to encounter an electrician who reports that alcohol gives him the courage to climb an electricity pole unprotected to carry out repairs or a corporation worker who reports that he is unable to clear the sewage without the use of alcohol.

Drinking to intoxication is yet another established pattern of drinking among many Indian males (Mohan et al 1995). In many communities, drinking quantities are rarely measured in standard drinks or pegs, rather, they are calculated in quarters (about 180 ml), and many young men matter-of-factly report drinking one or two quarters. Under socialized drinking is an important feature of drinking among the young in India (Benegal et al 2005). However, with respect to drinking venues, nearly two thirds consumed alcohol in liquor-shops, restaurants, bars and pubs (Girish et al 2010). Drinking venues like wine shops in contemporary India are venues where serious drinking occurs- labourers and generally blue-collar workers of various backgrounds drop in on the way home from work, do their couple of quarters of drinking and head home.

A study from Rajasthan indicates that by the 1980s, alcohol consumption had become an acceptable leisure activity for married men living in small families in rural areas (Dorschner, 1983). Drinking venues in some states like Punjab are brightly illuminated and very inviting to a wide variety of clientele.

Ayurvedic tonics and energisers available in homeopathic medicine shops are often either prescribed by local health care providers as medicinal tonics or taken by
people on their own. In the Sunderbans study (Chowdhury et al 2006), a substantial number of persons were found to be addicted to such tonics.

1.5 Theories on Alcoholism

1.5.1 Tension Reduction

The idea that alcoholics are tense originated from psychoanalysis, which asserted that alcoholics have high levels of tension and anxiety stemming from their oral frustrations and dependency conflicts which they attempt to reduce by drinking alcohol. This view was supported by cross-cultural studies which found that the degree to which a society fostered dependency conflict was correlated, with the frequency of drunkenness in that society (Bacon, 1974).

1.5.2 Socio-Cultural Theory

The use of alcohol, attitudes towards its use, mores regulating drinking patterns and environmental support for drinking are largely determined by cultural factors. Children are socialized into culturally prescribed beliefs, attitudes and practices regarding the use and consumption of alcohol.

Familial patterns of alcohol consumption may provide faculty role models for children to imitate. Situational crisis such as loss of job, death of spouse and marital instability may precipitate heavy drinking when an individual's normal coping mechanism fails to deal with the accompanying stress. Heavy alcohol consumption may occur in response to changes in one's social environment that creates aversive
stress, this excessive drinking in turn is further deterioration of social adjustment, creating even greater stress and perpetuating the alcoholism process.

1.6 Problems of Alcoholism

‘Consumption of illicit liquor is a social disease’ which ‘has to be eradicated’—this is how Mamata Banerjee, the Chief Minister of the state of West Bengal in India, reacted to the death of over 140 people in 2011 caused by drinking contaminated home-made spirits in the South 24 Parganas district of West Bengal (The Guardian, 2011). The 32nd World Health Assembly declared that ‘problems related to alcohol and particularly to its excessive consumption rank among the world's major public health problems and constitute serious hazards for human health, welfare and life’ (World Health Organization, 2007). Chronic diseases, such as cancer of the mouth, esophagus and larynx, liver cirrhosis and pancreatitis; social consequences such as road-traffic accidents, workplace-related problems, family and domestic problems and interpersonal violence, have been receiving more attention in recent years (World Health Organization, 2014).

According to National Crime Records Bureau, 85% crimes against women were due to alcoholism and 2,026 girls and women in 2014 were sexually exploited, 1,423 were kidnapped, 1,286 were raped, and 11,206 faced several forms of violence and crime (The Indian Express, December 1, 2017). Gender-based violence rooted in norms, socialization practices, structural factors, and policies that underlie men's abusive practices against married women in India, is exacerbated by alcohol. The 2004 Global Burden of Disease project estimated that alcohol-attributable violence accounted for 248,000 deaths annually worldwide. Studies have generally found that
the more serious the crime or injuries, the more likely alcohol was involved. For example, the study showed that drinking offenders committed 15 percent of robberies, 26 percent of aggravated and simple assaults, and 37 percent of rapes and sexual assaults (Greenfeld 1998). Moreover, as noted previously, homicides are more likely to involve alcohol than are less serious crimes.

Alcoholism is also known as a family disease. An alcoholic can totally disrupt family life and cause harmful effects that can last a lifetime. The study clearly established that drinking can severely impair the individual’s functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the drinker’s partner as well as the children. Maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children, and parental drinking is correlated with child abuse and impacts a child’s environment in many social, psychological and economic ways (Gupta et al 2003).

Drinking can impair performance as a parent, as a spouse or partner, and as a contributor to household functioning. There are also other aspects of drinking which may impair functioning as a family member. In many societies, drinking may be carried out primarily outside the family and the home. In this circumstance, time spent while drinking often competes with the time needed to carry on family life. Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence (Room, 1998; Room et al 2002). The effects of men's drinking on other members of the family is often particularly on women in their roles as mothers
or wives of drinkers. The risks include violence, HIV infection, and an increased burden in their role of economic providers.

The economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans.

Developing countries like India experience more alcohol related problems than developed countries. Although alcoholism is primarily a problem of the individual, studies have explored the dynamics of family interaction and alcoholism. There has been much speculation about the effects of the family on alcoholism.

Alcoholism within a family is a problem that destroys the growth and development of the family life. That means people who drink can blow through the family budget, causes fight, ignore children, and otherwise impair the health and happiness of the people they love. Alcoholism is also known as a family disease because the actions of an alcoholic can completely disrupt family life, destroying relationships with spouses, children as well as other relatives and friends, these harmful effects may last a lifetime. Effects of heavy drinking upon families can include arguments, disharmony, divorce, domestic violence and inadequate role performance by various family members.

The problem of alcoholism though defined in context of an individual affects the family as a whole. When one member of the family abuses alcohol, it causes
disruption and disharmony within the family and thus, every member suffers. The impact of alcoholism on the family is so marked that it leads to the absolute breakdown of family as an entity. The family members of alcoholics often report various negative emotional states ranging from guilt, shame, anger, fear, grief, and isolation. Among all members, the wives of alcoholics are most adversely affected. The wives of alcoholics undergo intense trauma and stress in their domestic environment which brings about major psychological problems in them. Domestic violence, emotional violence, and financial violence are some of the frequently occurring and well-recognized problem faced by wives of alcoholics.

Heavy drinking can be linked to a range of negative effects on children and families including family arguments, injury, neglect, abuse and violence. Children were also verbally abused, left in an unsupervised or unsafe situation, physically hurt or exposed to domestic violence. The research revealed that children of substance-using parents felt ashamed, that they had missed out on their childhood, had normalized negative situations that a child should not have to deal with, and had felt anxious about their own safety. In addition, children reported being concerned for their parents in relation to the effects of their drinking. They were upset by their parents’ quarrelling and violence when they drank, and felt that their families did not function as they should (Adamson et al 2012; Raitasalo 2011).

1.7 Domestic Violence

Globally, violence within the home is universal across culture, religion, class, and ethnicity. Despite this widespread prevalence, however, such violence is not
customarily acknowledged and has remained invisible—a problem thought unworthy of legal or political attention. The social construction of the divide between public and private underlies the hidden nature of domestic violence against women. Legal jurisprudence has historically considered the domain of the house to be within the control and unquestionable authority of the male head of household. Thus, acts of violence against members of the household, whether wife or child, were perceived as discipline, essential for maintaining the rule of authority within the family. (Domestic Violence in India: A Summary Report of a Multi-Site Household Survey, 2000)

Most common forms of domestic violence prevalent throughout the world are women and girls being battered, raped and even murdered. Violence also includes forced pregnancy, forced abortion; sterilization, dowry related violence and killing in the name of honor. Even the older and widowed women are not spared from this abuse. In India the issue of domestic violence came into sharp focus in the 1980’s following the growing incidence of torture of brides, of dowry deaths and of localized popular protests (Mitra, 2000). Parliament had enacted the Dowry Prohibition Act in 1961, which was amended in 1984 and 1986. The insertion of sections 498A and 304B in the Indian Penal Code and the consequential amendments in the criminal procedure code sought to strengthen the existing laws to curb the evil of dowry (Desai, 2001). However these provisions were not sufficiently sensitive to violence faced by a woman within the family something that has been restricted to the private domain. The Protection of Women from Domestic Violence Act, 2005 that came into effect from Oct 2006 is a path breaking legislation seeking to provide
women with the much needed protection in cases of violence within the home. This act has broadened the understanding of what domestic violence is and defines domestic violence in terms of physical, verbal or emotional, sexual, economic abuse. However, like other crimes, domestic violence has little chances of being wiped out from the social fabric of the country unless a proper understanding of the social, economic and cultural causes that lead to the perpetration of such forms of torture on the women.

Violence against women by their husband is a pervasive public health and human rights problem. In India, 34 per cent of women of reproductive age group have ever experienced physical domestic violence. Globally, the negative impact of violence on health of women has been recognized. Domestic violence increases the incidence of unintended pregnancies and abortions and reduces the contraceptive use. Domestic violence during pregnancy increases the risk of infant and child mortality. Women experiencing domestic violence during pregnancy are less likely to get antenatal care.

Not only physical but mental health of the women is also affected due to domestic violence. In India, the latest NCRB data for the year 2016 shows that while overall crimes against women have risen by just about 3%, incidents of rape have gone up by 12%. While 2015 saw the registration of 34,651 cases of rape, this increased to 38,947 in 2016. Conversely, overall crimes against women rose from 3,29,243 in 2015 to 3,38,954 in 2016. The majority of cases categorized as crimes against women were reported under ‘Cruelty by husband or his relatives’ (32.6%), followed by ‘Assault on woman with intent to outrage her modesty’ (25%),
Kidnapping and abduction of women’ (19%) and ‘Rape’ (11.5%). West Bengal (19,302), Rajasthan (13,811) and Uttar Pradesh (11,156) have reported the highest number of incidents of ‘cruelty by husband (The Indian Express, December 1, 2017).

Various studies have identified factors associated with domestic violence among women. Some important factors of domestic violence are the failure to perform duties and responsibilities, economic stress, hierarchical gender relations, lower household income, illiteracy, belonging to lower caste, not having male child, age at marriage, number of living children, women employment and dowry etc. but husband’s drinking behavior is considered as a major cause for domestic violence. In a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband’s alcohol use was a significant risk factor for domestic violence (Halasyamani, Davis & Battacharjee, 1997). The role of alcohol in domestic violence is also cited in another Indian study which found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication (AIIMS, 1997).

1.8 Definition of Domestic Violence

Domestic violence is any act of physical, sexual or psychological abuse, or the threat of such abuse, inflicted against women by a person intimately connected to her through marriage, family relation, or acquaintanceship. It is universal and has its root in the socio cultural set up of the society (Heise et al 1999).
Violence is a multifaceted problem with biological, psychological, social and environmental roots combining individual, relationship, social, cultural and environmental factors (World Health Organisation, 2002; Ministry of Justice, 2004).

Based on social and cultural aspect of Indian society, we can define domestic violence as all acts of gender-based physical, psychological and abuse by family members against women in the family, ranging from single assault to aggravated physical battery, threats, intimidation, coercion, humiliating, verbal use, sexual violence, marital rape, dowry or related violence, violence against household workers and attempts to commit such acts shall be termed as domestic violence.

1.9 Forms of Domestic Violence:

Domestic violence has many forms including physical violence, sexual violence, emotional abuse, intimidation, economic deprivation or threats of violence. There are a number of dimensions of domestic violence:

- **Mode** – Physical, psychological, sexual and/or social.
- **Frequency** – One off, occasional, chronic.
- **Severity** – In terms of both psychological or physical harm and the need for Treatment – transitory or permanent injury – mild, moderate, severe up to homicide.

1.9.1 Physical Violence

Physical violence is the intentional use of physical force with the potential for causing injury, harm disability, or death, for example, hitting, shoving, biting, restraint, kicking or use of a weapon. Physical abuse is abuse involving contact
intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm. Physical abuse includes hitting, slapping, punching, choking, pushing, burning and other types of contact that result in physical injury to the victim. Physical abuse can also include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live, or forcing the victim to engage in drug/alcohol use against his/her will. If a person is suffering from any physical harm then they are experiencing physical abuse.

The Domestic Violence Act, 2005 has defined physical abuses as any act or conduct which is of such a nature as to causes bodily pain, harm or danger of life, limb or health or impair of the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force

1.9.2 Psychological Violence

Psychological or emotional abuse can include, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. Psychological violence takes different forms: (i) Curbing the freedom to associate with the natal family, neighbors, and friends; (ii) Curtailment of right to self-expression; (iii) Promiscuity of the husband; (iv) Accusing the women in the household of unchaste behaviour; (v) Irresponsible behaviour and alcoholism of the husband; (vi) Humiliating and victimising women; (vii) Fleecing women and their parents of their money and assets by compulsion, coercion, threat and squandering of money for non-household purposes.
According to Domestic Violence Act, 2005, verbal and emotional abuse includes:

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

(ii) Repeated threats to cause physical pain to any person in whom the aggrieved person in interested.

1.9.3 Sexual Violence

Sexual violence and incest are divided into three categories: (i) use of physical force to compel a person to engage in a sexual act against her will, whether or not the act is completed; (ii) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, unable to decline participation, or unable to communicate unwillingness to engage in the sexual act, e.g., because of underage immaturity, illness, disability, or the influence of alcohol or other drugs, because of intimidation or pressure, or because of seduction and submission (as in female forms of sexual aggression); and (iii) abusive sexual contact.

The Domestic Violence Act, 2005 has defined sexual abuse as any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of women.

1.9.4 Economic Abuse

Economic abuse is when the abuser has complete control over the victims’ money and other economic resources. Usually, this involves putting the victim on a
strict ‘allowance’, withholding money at will and forcing the victim to beg for the money until the abuser gives them some money. It is common for the victim to receive less money as the abuse continues.

The Domestic Violence Act, 2005 explains economic abuse in detail as:

(i) Deprivation of all or any economic or financial resources to which the aggrieved person is entitled under any law or custom whether payable under an order of a court or otherwise or which the aggrieved person requires out of necessities for the aggrieved person and her children, if any stridhan, property, jointly or separately owned by the aggrieved person, payment of rental related to the shared household and maintenances;

(ii) Disposal of household effects, any alienation of assets whether movable or immovable, valuables, shares, securities, bonds and the like other property in which the aggrieved person has an interest or is entitled to use by virtue of the domestic relationship or which may be reasonably required by the aggrieved person; and

(iii) Prohibition or restriction to continued access to resources of facilities which the aggrieved person is entitled to use or enjoy by virtue of the domestic relationship including access to the shared household.
1.10 Violence against women in Tamil Nadu

The categories of violence against women reported in Tamil Nadu crime statistics are rape, dowry death, molestation, abduction, sexual harassment, and physical abuse by husband and his relatives (Tamil Nadu Police Crime Report 2007, p. vii). An analysis by the government of Tamil Nadu states that a major underlying cause of violence against women is the perception that married women are the property of their husbands. Within this cultural context, suspicions of infidelity, alcoholism, antagonism over dowries, a couple's infertility, and instigation by a man's relatives can lead to episodes of violence against women. Violence in films and media portrayals of women as sex objects are also cited as contributing to violence against women (Tamil Nadu Government Report 2003, P.101).

Violence in films and media portrayals of women as sex objects are also cited as contributing to violence against women. In Tamil Nadu's patriarchal society, women sometimes have been punished by men for not producing a male heir (Sigal et al 2013). Alcohol use is a major cause of rape and other forms of violence against women in Tamil Nadu (The Hindu, Feb, 2013). As per the Home Department of Tamil Nadu, out of 1,747 women homicides committed in the state in 2011, 440 were accounted to family quarrels, 325 to wordy quarrel, 421 to personal enmity and 347 to love and sexual causes (India 2013 Crime and Safety Report: Chennai). The number of cases involving domestic violence was the maximum in Tamil Nadu in 2013 with 3,983 registered cases, out of the total 9,431 registered cases. Gujarat and West Bengal were next to Tamil Nadu with 3,266 and 1,661 registered cases. (The Times of India, 2013).
1.11 Steps taken against Violence in Tamil Nadu

Tamil Nadu is the first Indian state to set up "all women police stations" to deal with crimes against women. After the 2012, Delhi gang rape case in 2013, in which a girl was gang-raped in a moving bus, leading to her death, the Tamil Nadu government unveiled a 13-point action plan including installation of closed-circuit television (CCTV) in all public buildings and booking offenders in Goondas Act of 1982, that gives non-bailable retention up to 1 year.

The Government of Tamil Nadu has been taking intensive efforts to prevent and reduce the incidence of violence and crimes against women. Special facilities like All Women Police Stations, Helpline, Child line and Mobile Counseling Centers have been set up in different parts of the State. A greater awareness and willingness to prefer complaints has been created in the minds of the public in general, and women in particular.

1.12 Theories on Domestic violence

The existing theories can be used to know the causes of violence against women. Each theory provides a different glance through which we can examine different aspect of violent behavior. An overview of various theories that have been put forwarded is as follows:

1.12.1 Feminist Theory

The theoretical perspective of feminist emerged during the vibrant political movement for women back in the 1970s. The fundamental goal of feminist perspective is to understand the women's oppression in term of race, gender, class
and sexual preference and how to change it. Advocates of this theoretical explanation argue that domestic violence is broadly defined as male coercion and oppression of women within the four walls of the home. Rape, sexual assault, female infanticide, dowry related cruelty etc, are other form of violence against women in addition to domestic violence. The common elements in all these types of violence against women are gender and power.

Feminist theorists believe in the feminism which means a movement for complete equality between men and women in every way. Feminism has always meant independence of mind and spirit and body. Feminist efforts to end patriarchal domination and insists on the eradication of exploitation and oppression of women in the family context and in all other intimate relationships. At the core of feminist explanations is the view that all violence is a reflection of unequal power relationships and specifically domestic violence reflects the unequal power of men and women in society or within their personal relationships.

To depict more accurately the phenomenon of violence against women, feminist theorists used the terms such as "wife beating", "domestic violence", "battered women" and "women abuse" because they believe that the terms such as "family violence", "spouse abuse", "marital violence", and "conjugal violence" shift the focus away from the concept of male coercion or oppression and away from the women. Feminists have pointed out that it is necessary to define and conceptualize domestic violence in this manner to raise the awareness of violence against women in intimate relationship and to integrate various violent behaviours into main stream debates on crime.
1.12.2 Family System Theory

According to the family system theory the family and the social situation play an important role in determining the violent behavior. In addition to these, the causes of violence have been broadly classified under biological determinants including hormonal factors; intra-psychic determinants that include personality characteristics of both the victim and the batterer; behaviouristic position that take into account social conditioning; and cognitive processes that focus on factors such as accepting others anger, faulty processing of social information and so on."

From a theoretical perspective, family conflict due to misunderstandings, disobedience, high expectations and financial stress emerged as the most important determinant of behaviours that are interpreted as violence. It is followed by individual traits such as aggressive tendencies, jealous, immaturity or suspicious nature of both the victim and the oppressor. All these instigators of domestic violence against women are rooted in the internal structure of family system." The family structure with its underlying basis of hierarchical structure and sexual division of labour is a fertile ground where violence is used as a tool against women to maintain the structure of family system and to ensure the continuation of the assigned role.

1.12.3 Frustration-Aggression Theory

In 1939 Dollard proposed the Frustration-Aggression Theory of violence. This theory derived many of its basic postulates from Freudian theory (1930). It explains the process by which frustration is linked to aggression. Aggression
includes both physical and verbal behaviour which intended to hurt someone. It is closely related to increased tension and restless movements or feelings of anger that may lead to destructiveness and hostile attacks.

People became frustrated, when they are unable to reach their goal, when frustrated; they tend to strike out at others, in ways that range from tongue lashing to overt violence. They consider verbs like destroy, damage, and torment, retaliate, hurt, humiliate, insult, threaten and intimidate as action of an aggressive nature. Aggression was thus regarded as a response of frustration, directed towards the infliction of injury. The injury may be mental as well as of physical nature and the target of aggression may be animate or inanimate. In other words, aggression is the dominate response in the hierarchy of responses to frustration and this dominant position of aggression is probably the result of learning rather than of innate factor.

1.12.4 Socio-Cultural Theories

The sociological or socio-cultural model provides a macro level analysis of family violence. Socio cultural theories generally rely on factors outside the family as causing family violence. These include socially structured inequalities and cultural norms and attitudes, surrounding violence, abuse and family relations. Socio cultural factors have three dimensions that pertain to the domestic violence. First is the social system which is a major structural source of stress for individuals; secondly there are numerous factor which contribute to family and social conflict; thirdly several social cultural situations provide opportunities for learning to become violent and for maintain violent behavior.
Besides the two well known theories viz., the Structural Functional Theory and the Theory of the Subculture of Violence, the Learning Theory, the Exchange Theory, the Anomie Theory and the Resource Theory also come under a socio-cultural analysis of violence.

1.12.5 Structural Theory

This theory gives more prominence to the socio-structural factors as causes of domestic violence. This theory focuses on series of factors that create and transmit stress to the individuals and families including culture and climate that engenders, transmits and provides support for the acceptance and practice of violence. It observed that violence is a direct response to certain structural and situational stimuli. For violence to occur, two conditions are exist, firstly, structural or situational stress and secondly, the potential batterer have been socialized to view violence as an appropriate response to certain situation, such as frustration. Within the social-structural theory the assumption is made that less educated, lower income, lower occupational status families are more likely to encounter both structural and situational stress and individuals in different socio-economic group are socialized differently in their acceptance of violence.

1.12.6 Social Learning Theory

Social Learning Theory provides a behavioral approach to explain the perspective of domestic violence. This theory asserts that human model behaviour, that they have been exposed to as children or by observing others behaviour in the society. This social learning theory is based on the work of Bandura (1973) that
looks at a person's behaviour as a result of his or her cognitive processes. This approach of human behaviour considers learning instead of inherent qualities, stimulating the nature versus nurture debate. Bandura states that "Violence is learned, either directly or indirectly and reinforced in childhood continued into adulthood as a coping response to stress or as a method of conflict resolution".

1.12.7 Patriarchy Theory

Patriarchy is generally understood to be a system of social relations and institutions that give men dominating power of control and advantages that are withheld from women. Like all social systems patriarchy consists of economic, legal, political relations and of ideas, values, beliefs and norms. Patriarchal societies grant privileges to men and permit or encourage their domination, oppression, and exploitation over females. Patriarchy means 'rule by the father' within the family and consequent subordination of both his wife and children, a broader concept of patriarchy characterizes a society dominated by men, both within the family and outside it.

Many theories have been developed to know why some men use violence against women specifically in domestic relationship. All these theories may be associated with domestic violence against women, but to know the problem one has to understand the family which manifests crimes in different forms against different age groups women, depending upon its societal culture. There are many myths about the cause of violence against women. As far as domestic violence against women in India is concerned, it is a manifestation of gender inequality within the family system, cultural beliefs, patriarchal social norms, superstitions, poor law and order
situation and the extreme low valuation of female life. Poverty, alcoholism, unemployment, frustration may also be the causing factor of violent behavior.

### 1.13 Coping mechanisms in domestic violence.

Coping is “constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person (Sabina & Tindale, 2008). Women use various coping skills and mechanisms when they experience domestic violence. Women who experience domestic violence tend to ignore what’s going on, and this might be because they are afraid of being stigmatized in their society. They might feel like failures and show feelings of guilt and shame. They also fear to take action and visit services which might help them, so they suffer silently (Crawford et al 2000).

The survivors of domestic violence are found to be at high risk of developing psychological disorders such as depression, post-traumatic stress disorder (PTSD), insomnia, alcohol abuse, somatic complaints, and anxiety; and these negative psychological effects are long-lasting. If a victim of domestic violence does not have enough coping mechanisms to deal with it, he/she may consider committing suicide (Rodriguez, 2011).

Folkman and Lazarus identified eight ways of coping namely: confrontive coping, distancing, self-controlling, and seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal. Planful problem-solving and accepting responsibilities are ways of coping categorized as problem-focused while the rest are emotion focused types.
Confrontive coping describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking. Distancing describes cognitive efforts to detach one self and to minimize the significance of the situation. Self-controlling describes efforts to regulate one’s feelings and actions. Seeking social support describes efforts to seek informational support, tangible support, and emotional support. Accepting responsibility means acknowledging one’s role in the problem with a concomitant theme of trying to put things right. Escape-avoidance describes wishful thinking and behavioral efforts to escape or avoid problem. Planful problem solving describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem. Positive reappraisal describes efforts to create positive meaning by focusing on personal growth and it has a religious dimension.

These coping processes refer to the specific efforts, both behavioral and psychological, that individuals employ to reduce/minimize stressful events. The predominance of one type of strategy over another is determined, in part, by personal style and also by the type of stressful event.

Avila (1998) study indicates that some victims of domestic violence do not report it because of psychological pressure. They tend to cope with it by keeping it to themselves. Some women cope with it by sharing their experiences with their friends rather than their families. Victims of domestic violence need support from their families and peers. They also require professional help to feel comfortable about sharing their experiences without any anxiety at being judged by others (Bergen et al 2005).
Research previously demonstrated that the experience of domestic violence varied between urban and rural settings, however, because of the difference in available resources, regional norms and attitudes surrounding the violence, and the increased isolation experienced by women in rural areas (Murty et al. 2003, Goekerman, et al 1994) Further, research hypothesized and demonstrated that cultural characteristics and demographic variables influence and determine the use of various coping strategies (Wood et al 2000).

Understanding the coping strategies and the related patterns and helpfulness of these strategies used by women in violent relationships is important to develop effective interventions and services for victims of domestic violence (Goodman et al 2003). Coping skills and support of the victims vary from areas and countries. Research is needed to understand how community and cultural factors influence the women coping skills. So that adequate resources to help victims of domestic violence can be developed, building on women's strengths and assessed strategies of coping. Fear and financial dependence of women on their partner are the main reasons that police reports are not made.

It is obvious that alcoholism is considered as the major root cause for domestic violence which has been explained in detail in this chapter. Alcoholism is not a new threat for our society but it is indirectly mingled with our socio cultural life. Husband’s drinking habit not only affects him but also affects all the family members and spoils the whole family life. Women and children are the primary victims of the consequence of alcoholism.