

FIRST DRAFT

**Violence Against Women: Health Issues  
Review of Selected Works**

**Section for  
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### **Society and Violence Against Women:**

English Common Law tradition, the Rule of Thumb: “it was legal for a man to beat his wife as long as he beat her with a stick no wider than his thumb”.

Napoleonic Code: Women, like walnut trees, should be beaten daily.

Manusmriti: “If a wife, a son, a slave, a menial servant, or a full brother has committed an offense, they may be beaten with a rope or with split bamboo cane, but only on back of the body, and never on the head; anyone who beats them anywhere else will incur the guilt of a thief”. (Laws of Manu, 1991, pp.184) “..... stealing grain, base metals, or livestock; having sex with a woman who drinks wine, killing a woman, servant, commoner, or ruler’ and professing atheism are all minor crimes”. (pp.257) “A woman’s mouth is always unpolluted”. (pp.113) “There is no ritual with vedic verses for women; this is a firmly established point of law. For women who have no virile strength and no vedic verses, are falsehood; this is well established”. (pp.198)

A declaration adopted by the General Assembly of the United Nations in 1993 defines violence against women or gender based abuse as:

“any act of gender-based violence that results in or likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in private or public life.” (Economic and Social Council, 1992)

The great surge of women’s movement in the 1980s brought issue of violence against women on the political agenda of the country.

### **Violence against women as a public health issue:**

Lori Heise, Alanagh Raike, et el (1994), surveyed 18 key studies from a variety of less developed countries and discussed them in relation to findings from studies in the developed countries to show that violence against women is a significant public health issue. In her World Bank Discussion paper, Lori Heise, et el, (1994) have used and analysed the data on DALY (Disability Adjusted Life Years lost) collected by the World Bank and concluded that “at a global level the health burden from gender-based victimisation among women age 15-44 is comparable to that posed by other risk factors and diseases already high on the world agenda,

including the HIV, tuberculosis, sepsis during childbirth, cancer and cardiovascular disease” (pp. 17). According to these estimates, rape and domestic violence account for 5% in the developed countries and 16% in the less developed countries of the healthy life lost to women in reproductive age. This paper also reviews 40 key studies on violence against women from various countries in the world.

Although there is no other comparable independent estimates of prevalence of violence against women in India available, findings of various smaller and methodologically different studies seem to be pointing to high level of health problems due to violence for women. We are interested in knowing both the women’s health problems due to violence and the response of the health professionals while confronted with the victims of violence. We review below some of the studies in order to highlight work done so far and to identify the areas needing attention of health workers, activists and researchers.

### **Review of Indian Studies:**

#### **PREVALENCE OF VIOLENCE:**

In the World Bank Discussion Paper of Lori Heise quoted above, two studies from India are reviewed. One by Mahajan A (1990) and another by Vijayendra Rao and Francis Bloch (1993). We could not get a copy of both the studies for review, however, we had an opportunity to read a book on the subject by Mahajan A and Madhurima (1995) describing the full study. In this book they have given a study of 115 women in the lower caste households in one village at the outskirts of Chandigarh in Punjab. They found that as many as three fourth (87 or 75.7%) women reported physical violence against them by their husbands. Further, of these 87 women, two third (58 or 66.7%) said that they were beaten regularly. In the paper of Mahajan A (1990) quoted by Heise (1994), it was found that 75% of scheduled caste men admit to beating their wives while only 22% of higher caste men admit to beatings. Further, 75% of scheduled caste wives reported being beaten frequently. Rao and Bloch (1993) - as quoted by Heise (1994), studied 170 women by taking 100% sample of potter community in three villages in rural Karnataka. They found that 22% of women report being assaulted by their husbands, while 12% reported being beaten on the average 2.65 times in last one month. From their informal interviews and ethnographic data they concluded that prevalence rates are “vastly under-reported”.

In a study done at the NIMHANS, Department of Psychiatric Social Work, Bangalore, Bhatti (undated), separately both spouses in 120 families drawn from high, middle and low income groups, and these groups were matched for religion and age. The family violence was defined as “an act performed by a family member to achieve the desired conformity which carries negative emotional component”. Five components of violence- physical, verbal, social, emotional and intellectual- were covered. It was found that some form of violence against women was prevalent in families of all income groups. 88% of women in the low, 43% in the middle and 35% in high income families receive physical and verbal violence. However, 65%

of women in high income and 57% in middle income families received social, emotional and intellectual violence. Thus, the “less” violence apparent in the middle and high income families was due to “higher” prevalence of non-physical and non-verbal violence. From the study he concluded that wife battering is culturally determined phenomenon and the form of violence is related to the status of women. He observed that the members of low income families are involved in *complimentary power struggle*, i.e. attack and resist, while the members of middle and low income families are engaged in *symmetrical power struggle*, i.e. attack and counter-attack. From this he suggests that the family dynamic generate some specific patterns of violence. Lastly, he concludes that since family violence is a life style perpetuated by culture, it could be counter-acted only by making fundamental changes in the national policies.

Sathyanarayan Rao and his colleagues (1994) from the Department of Psychiatry in the Medical College at Mysore studied 230 urban middle and upper class women who were married and had stayed at least for a year with the partner, to understand the pattern and causes of psychological violence against women in the family. The main psychological and emotional violence reported by them included ignored feelings (20%), refusal to work (14%), humiliating in public (13%), withholding of affection (12%) criticism/shouting (12%), ridiculing value/beliefs (11%), refusal to socialise (10%), controlling money/decision (10%) etc. Women’s dominant reaction to violence was found as seeking permission to spend money and for socialisation (33%) and watching the mood of husband (31%). The main causes for violence given by women included financial problems (65%), stress at work (43%) and jealousy (40%).

Some data on prevalence of sexual violence against women come from a survey of urban English and Kannada speaking and rural Kannada speaking girls in schools and colleges of Karnataka. Ganesh (undated but apparently prepared in 1994 or 1995) conducted interactive workshops with 348 girls (age group 15 to 17 years) in eleven colleges and schools, provided introductory inputs, had discussion and then canvassed a questionnaire. The study covered eve teasing, molestation/sexual overtures and serious forms of sexual abuses including rape. In each case it inquired into the self blame felt, the time when and to whom the disclosure on the experience made and girls reactions to the abuse. The findings of the study are revealing. It was found that 83% of these girls experienced eve teasing, 13% of them at the age less than 10 years; 47% have been molested or experienced sexual overtures, 15% of them at the age less than 10 years; and 15% of them have experienced serious forms of sexual abuse including rape, 31% of them were less than 10 years old when that occurred. Significantly, the study discovered that the tendency to self-blame increases with the seriousness of the abuse - 20% of those eve teased, 37% of those molested and 50% those seriously abused felt self-blame. Further, the tendency to self-blame increases as one goes down the social ladder and moves from urban to rural representation. On the other hand there was some decrease in the rate of disclosure with the seriousness of abuse - 86% eve teased, 67% molested and 61% seriously abused girls made disclosure to somebody sometime. In both, the molestation and serious sexual abuse cases, more than half (55%) abusers were male family members. And lastly, the study found that the preponderant effects of abuse on the girls were sadness, depression, anger, helplessness and distrust of men.

In Maharashtra, the problems of deserted women were actively taken up by women's movement in the 1980s and early 1990s. In 1987, the Samata Andolan surveyed 55 villages in Sangamner taluka of Ahmednagar district. In these villages they found 621 deserted villages and according to their estimates, there were 2000 deserted women in Sangamner taluka, 20-25 thousand in Ahmednagar district and 600,000 in Maharashtra state. Of the 621 deserted women identified by them, the husbands of 585 had married again without giving legal divorce and any maintenance to these women. (Datar, 1993, pp.154)

### STUDIES OF SURVIVORS

Flavia Agnes (1984) studied 25 middle class and 25 working class battered women. Few papers and case studies from this research have been published and presented in the conferences (e.g. D'Mello, Savara, undated). She found that prevalence of violence cuts across age and socio-economic class barriers (half of them were having jobs). Half of women in their sample were beaten within the six months of their marriage and having children did not decrease the violence. The immediate cause of violence reported was arguments over money, jealousy and suspicion about woman's character, instigation by in-laws, housework, alcohol, woman's desire to work outside home or her high esteem, disputes over children and extra-marital affairs of husband. This study mainly recorded physical and sexual violence against women. However, it provides a record of the kind of injuries suffered, viz. deep cuts requiring stitches, broken bones, miscarriage and nervous break-down. They also noted that most of these women did try to find some assistance, which included, going to parents' home, staying with friends, staying alone, seeking advice of counsellors and religious heads, complaining to police and going to rescue homes.

Using qualitative data of this study, Agnes looks at many aspects related to the problem. She very forcefully explodes several myths related to the battering. The myths exploded are: (1) middle class women do not get beaten; (2) victim of violence is a small, fragile, helpless woman belonging to working class; (3) a man who beats wife is from lower strata, frustrated, alcoholic or a paranoid man, or man who is already aggressive in his relationship with the world beats his wife and wife is only one of the victims; (4) she must have provoked him or she deserves, or must have asked for it, or that good wives do not get beaten, that a long standing battering relationship can change for the better; (5) the husband who beats is not a loving husband; (6) since the woman does not leave the house, she must not mind getting beaten or must be liking it. Agnes' study confirms Lenore Walker's cycle theory of violence, i.e. three stages in the battering - tension building period, the explosion (acute battering) and the calm loving respite. The study also examines behaviour of police towards the battered women, the inadequacy of existing laws and aboveall critiques the functioning of the traditional rescue and shelter homes. It identifies the support (legal aid, shelter/home, job, etc.) needed by the battered women. Although it records injuries suffered by battered women and discusses the "cruelty" as a ground permitted by law for getting divorce, it does not deal with the role played by health services and health professionals. Apparently, in the case studies this aspect was not pursued adequately.

In another similar study, Sheila Rebello (1982) surveyed 50 (30 rural and 20 urban) battered women in South Kanara district of Karnataka. The urban women surveyed were from Mangalore while the rural women were from nine villages in three taluka of the district. In 20 cases, the information was collected through informal talk or the researcher knew about their lives due to close association, while for 15 cases were personal interviews were conducted and for the other 15, information was collected from counsellors. Her findings are also in the similar line, that the existence of wife beating cuts across the class, education, age groups, religion, duration of marriage, number of children, type of marriage (love or arranged), dowry paid in marriage, type of family (joint or nuclear), alcohol intake by husband and the occurrence of extr-marital affairs by any spouse. However, there are certain immediate causes of beating, and they include husband's drunkenness, demand for money from wife, conflict on household expenses, forcing sexual intercourse, suspicion of wife's infidelity, disputes regarding decision making, husband's affairs with another woman etc. Rebello examines roots of the problem. Issues identified are religion and culture which have strictures against women and give them low status, legal system and mass media which are insensitive and pitted against women, the patriarchal family structure, the fristations experienced in the class society and attitude of the family and neighbours towards the wife beating. She also looks into the reasons why battered women continue to live with their husbands and believes that the only hope for removing battering is unity and struggle by all women for their rights.

Using material from interviews conducted with middle class and upper middle class women in Delhi, belonging to different regional and professional backgrounds, Meenakshi Thapan (1995) examines images of body and sexuality in women's oppression - particularly psychological and emotional violence, in nuclear and joint families. In the situation of pschological violence, she concluded that women's femininity get defined largely in terms of their body-shapes, their sexuality, and their inability to conduct themselves within the dictates of a normative femininity. Women too collude with their oppressors by accepting prevailing definitions of femininity and the female body which they translate into their own ideals of femininity so that its oppressive nature remains hidden even to them. Lastly she concluded that women were helped in maintaining and beautifying their bodies and therefore in the perpetuation of their oppression, by an extremely competent system of cultural norms and practices that seem to exist for this purpose. She suggests that there is a need to explore the possibilities of an autonomous perception of femininity which is not geared to the gaze of the other but is an expression of a woman's innermost self.

Seshu and Bhosale (1990) studied 50 judgements delivered between 1987-9 by the Sangli District Court. In this court during the period, 120 cases of dowry deaths and 20 cases of attempted dowry deaths wererecorded. In the former, 68 cases were decided with only 7 (10.3%) convictions, and in the latter, 15 were decided with 3 (20%) convictions. Of the dowry deaths cases, they studied 5 cases of convictions and radomly selected 44 cases of acquittals. Of the attempted dowry deaths cases, they studied 1 case of conviction. In addition to studing theses 50 cases (49 deaths and one survivor of attempted murder), they also did case studies of 2 deserted women, 2 women victims of harassment, and interviewed mother-in-laws, lawyers,

social workers etc. Of the dowry deaths cases, 14% took place within 1st year of marriage, 30% in 2nd years, 42% between 3rd and 5th year and 10% between 6th and 7th years. Thus, 96% of deaths were within 7 years of marriage and yet, the police had registered only 24% of cases under the section 304(B), dowry death, one of the definition for which is death within 7 years of marriage. Further, it was found that harassment of 70% of women victims was started in husband's home in the first two years of marriage. These women had also not taken the harassment completely lying down. 98% of victims had rebelled against the harassment. However, such rebellion, described as "arrogance", "back-answering", "not-obeying-advice", "not-adjusting" etc., had invited more violence followed by desertion or death. There was representation of almost all religions and castes, rural and urban areas, educational level, and economic status; thus indicating that such deaths were common in all strata of society. The women who died were young, 88% of them being from the age group 15 to 25 years. 82% of victims came from joint families, and in 86% of cases the principal accused was husband. However, all or some family members also partook in the violence.

Another important finding was that 58% of victims were childless, another 22% were having only female children and the rest, only 20% had male as well as female children. Interestingly in 58% cases, dowry was not mentioned as a cause of harassment and death. Interestingly, when dowry was mentioned as a cause in 42% cases, the police did not record the nature of harassment or cruelty committed against victims. This omission, perhaps deliberate, led to acquittal as the judge did not accept the prosecution's allegation in the absence of description of the harassment. Of the cases where dowry was not mentioned (29 out of 50 cases), the nature of harassment included physical violence (59%), mental torture (28%), molestation by family members and perversity (10%) and starving (3%). The killing of women in family violence show a definite pattern, 46% of women died of burns and 34% by drowning. Thus fire and water accounted for 80% of deaths in the family violence in this study. Interestingly in none of the deaths studied, the victims had left a suicide note, while 15 women had given dying declaration (DD). Seshu and Bhosale found that the court termed many of the DD "untruthful" as there was no reference to the DD in the FIR, it was not recorded in actual word of the deceased, it was not in a question-answer form, medical certificate was not obtained before taking it, there were two contradicting DDs and so on.

### **EXPERIENCES OF WOMEN'S ORGANISATIONS WITH VICTIMS**

Several women's organisations have been working with battered women. Narrating their experiences with battered women, the women from Saheli (1986), New Delhi, felt that the pattern of violence differs from one class to another. At the *bustee* level, there is nothing private in a husband beating his wife, half the neighbourhood is witness to the act. The sympathies for the wife are according to rules already established. If the husband is an alcoholic or a womaniser, there is always a lot of sympathy for the wife and the neighbour often reach out and help the wife by stopping her husband. But if they perceive the husband as a decent sort of man, with no major vices, the blame is usually laid on the wife, basically because wife beating is considered legitimate. In the upper and middle classes, where privatisation of both emotions and acts is given a very high priority, the situation is very

different. Very often, no one else - even in the house - knows what is happening. The first time when a wife confides in a friend or relative, it is received with stunned silence and disbelief, accompanied with the usual set of questions - "but he is so educated", "so well employed", "not excessive in his habits", "so respectable", etc. One levelling point between all these classes (if the husband is not an alcoholic/womaniser or has no other social vice) is the attitude that the wife must have provoked the husband, it could not be all his fault - which in other words is the overall acceptance of physical violence towards the wife. The experiences at the Saheli made it clear to them that, (1) An odd slap or a kick now and then was not perceived as something major, (2) The connection between the above and regular physical assault was not perceived. (3) A lot of women who suffered physical abuse were willing to continue to suffer provided "he" would change his other habits. (4) No woman perceived it as an act which was to be condemned unequivocally. From this they concluded that women had a very low self-esteem. Yet, paradoxically, somewhere in the subconscious, all women who could talk about being beaten felt more humiliated by this act than any other form of subjugation and which finally broke down their resistance. It became the most painful aspect of their lives to talk about. Yet, because they were convinced that this form of chastisement was natural for a man to use, it had to be accepted.

The women's organisation in Ahmedabad, Gujarat, AWAG (1986), has drawn attention to the familial violence, particularly on the high rate of suicide by women in Gujarat. This paper notes the tradition in Gujarat of child marriages, bride-price, handing over of a woman by her husband to creditor - a practice known as "*chotla-khat*", giving away of daughter in marriage as a gift of charity etc. The social reformers in Gujarat established counselling centres for women as early as in 1934 and in 1937 homes for destitute women were built. Referring to the report of the Suicide Inquiry Committee in 1965, the paper notes that the suicide rate has remained equally high in 1980s, as there were on an average 3 deaths of women per day by burning in 1985. According to AWAG, the violence against women is widespread in rural and urban Gujarat among all castes and classes, but it is perhaps higher in rajputs, brahmins and patels. While working with women they identified five forces which seem to be working against women: (1) The family in which she migrates (husband's family), (2) No response to her cry for help, (3) Hospital setup, (4) The police and (5) The legal machinery. The paper describes the attitude of people in all five situations. They observed that the alleged involvement of mother-in-law is actually a kind of implicit obeying of wishes of husband by his mother. The women normally first turns to her parental home and then to her friends and relatives (through them to women's organisations) for help. However, they found that wife battering is considered normal by the society and so does not attract serious attention while women's organisations are not able to help the women in their hour of need. Describing the attitude of people in hospital when a woman has attempted to burn herself, the paper says that the case is treated as medico-legal, her statement is recorded by the policeman on duty and if her life is found to be in danger, by the magistrate as dying declaration. In the latter situation, she is hardly able to speak audibly and the concerns for her children are uppermost in her mind thus making her not to tell truth. Thus, the first statement made to the police on duty and the dying declaration made to the magistrate are often found to be contradictory. Thus, in the

hospital records, for the most such deaths the cause is put down as accident - caught fire while making tea.

Analysing the causes of violence, the AWAG found the victim woman herself contributes to her own destruction by totally accepting all that happened around her. The worst aspect they found was her total acceptance and submission of woman to the violence by the husband. The paper thus explores how the woman internalises such demaging values from her childhood onwards. They conclude that in such a situation, any strategy of intervention will have to be directed at the family and other social setups as well as at the women themselves.

From her experiences at the Wome's Centre, Mumbai, Lata P.M. (1988) narrates many case studies to analyse patterns and causes of violence against women. She begins her paper with the analysis of sex stereotyping which perpetuates biases against women in general. Tracing the history of protests against gender violence in the 19th century Maharashtra, she describes work done by Mahatma Phule and Savitribai Phule against sati and keshavapan (shaving woman's hair after husband's death), and the role played by periodicals like sudharak, subodh patrika and kesri in campaigning against child marriage and the rape of minor girl-wife in marriage. A century after these protests, the family still remains an institution perpetuating violence against women. Quoting from the cases studies done by the Women's Centre she explains the need to seriously take into account, in addition to physical violence, the mental/psychological violence, emotional violence, neglect and sexual abuse. Their experience suggest that the society ignores the violence under the pretext that it is a punishment for infidelity (75% of cases studied and helped fell into this category), that it takes place only in the poor and uncultured families, that home is the only safe place for women and to say that it is unsafe is ignored and that women actually ask for such violence through their behaviour. In this paper Lata describes experiences of monitoring a burns ward in a big Municaipal hospital in Mumbai. The Women's Centre and four other organisations involved in this work found that most of patients in the burns ward were women - while a male patient was admitted once in a month, female patients were admitted daily. Further, female patients normally came with over 50% burns, a very unusual thing according to doctors as normally victim is helped by somebody in extinguishing fire. This was seen in cases of men as they normally reported very low percentage of burns. In another paper narrating experiences of the Women's Centre, Nayana Mehta (undated), analyses several case studies to explode societal myths on the causes of family violence.

In the Women's Centre's (1985) report on first five years (1981-5) of its existence, the struggles faced in establishing such a pioneering work, the learning process of activists and volunteer women and the gradual increase in the utilisation of the Centre by women are described. Only 10 women dropped in at the Centre in 1982, but the number increased to 30-35 in 1983 and 1984, and reached 125 in 1985. The women who dropped in in 1985, were from different religion, caste, language and class background. While most had marital problems, six of them had problems at work place. Four women had history of prostitution, the husbands of at least 10 women had committed bigamy, in at least four cases the incest or attempted incest were reported. In 1986, the Centre was approached by 66 women with problems while another

25 women used its services such as legal aid, shelter, job, financial help etc. Of the 66, 18 approached with the problems of battering or physical violence, while the rest with other forms of violence and marital problems.

### EXPERIENCES AND GUIDES ON MEDICAL PROCEDURES

Flavia Agnes (1990) prepared a handbook on procedures to be followed in a rape case. Medical evidence and the report of the chemical analysis are important supportive evidence to prove sexual intercourse. Knowing well that the medical evidences could be misused by the defendents in the court trial, while explaining the medical procedure in two pages, cautions the woman about it. First of all, she warns against the delay as delay would wipe out evidence. Similarly she advises her to approach doctor before she washes herself. Second, she records the usual reluctance of private doctor in doing the medical examination and in order not to lose time, advises her to go to a public health institution (hospital or PHC). Third, she instructs her to tell doctor she was raped. Fourth, she says that woman should get herself fully examined, including internal examination, taking of vaginal smear etc. and ensure that all injuries (including bruises and bite marks) are properly recorded. Fifth, she warns against allowing the doctor to do *finger test*, which is often done to record if the girl was a virgin at the time of rape. according to this test, if only one finger could be inserted with difficulty into vagina, the girl is termed virgin, and if two fingers could be inserted easily, she is termed as habituated to sexual intercourse. According to Agnes, this test is often used by the defense lawyer to humiliate her or to discredit her evidence. And lastly, since penetration is essential for bringing charge of rape, she advises the woman to ensure that the doctor mentions it.

### OPINION STUDIES

Geeta Mishra (1988) from Dept. of Psychology, Guwahati University, Guwahati, Assam, surveyed 1000 male and female teachers and students of the Guwahati University, to understand their opinion on the gender violence, causes of such violence and the ways of improving the condition. A high number of respondents said that bride burning, sati, rape and immoral trafficking are very serious crimes against women. However, cases of sati and bride burning were practically unknown to them. Unmarried women teachers and students considered suicide by women as a serious problem. Eve teasing was considered very serious by unmarried women students and by male teachers. The male students felt that provocative dresses of women one relevant cause for violence against them, but that was not rated high as a cause by women respondents. The social factors identified by respondents for causing violence included sexy advertisement, general decline in moral values, frustration in life, lack of standard education, men's brutal nature and pornography. The respondents felt that as a consequence of violence, the women victims lose social prestige, get guilt feeling and insecurity, however, they did not feel that such violence lowers victims prospect of marriage. They also opined that in order to improve the situation, women should be given freedom, economic independence, have better protective laws for women and provide female education. While discussing the findings Mishra contends that in the North-East region, marriages are generally with out dowry and with relatively less parental interference. She says that girls are not seen as curse to their

parents. She suggests that dowry is positively correlated to the bride burning, sati and suicide, and therefore, efforts should be made to stop the dowry.

Sharma and Singh (1988) from the College of Home Science, Punjab Agricultural University, surveyed 40 male and 40 female class four employees of the Punjab Agricultural University, Ludhiana to understand their opinion on the violence against women. Though the study uses small sample of University employed respondents, its findings reveal the attitude of society to women. A very high proportion of men and women respondents felt that not educating women, keeping them in the joint family, early marriage, rape, prostitution, wife beating and ill-treatment of widows were violence against women. On the other hand, very small proportion of respondents of both sexes considered sex selection or desiring a male child, the dowry system, not giving a share in parental property as violence against women. The divergence in responses of male and female respondents came primarily on issues like purdah system (two third of men supported as compared to only one third of women) and allowing women to work outside (58% men opposed as against only 7% women). On disaggregating responses according to the age of the respondents, they found that while those in older age groups tended to accept violence against women, the younger age groups resented it.

### **MEDICO-LEGAL RESPONSE TO VIOLENCE AGAINST WOMEN**

Shally Prasad's (1996) study in Delhi is one of the rare study on medical response to violence against women. After examining the attitude and response of the police and the legal profession to the violence against women, Prasad found the conspiracy of silence on the part of physicians. She found that the private as well as state-employed physicians seldom acknowledged the cause and totality of woman's injuries nor did they make referrals to counselling services or women's organisations. The physicians generally avoid involvement in gender based abuse because of the negative social stigma. Physicians' general attitude of denial is manifested through delayed and often inappropriate medical examinations, denial of the crime and health impact on women, and limited health care assistance beyond immediate trauma. Often physicians deliberately do not ask questions regarding the cause of injuries because they do not want to be involved in a legal case. Her interviews with over 30 survivors of abuse and health care providers showed that long term care, STD screening, counseling and preventive care not generally included in examination of victims of abuse. On the other hand, the case studies of rape survivors showed that physicians often did not conduct thorough and time-sensitive medical examinations, which resulted in the loss of valuable medical evidence. According to her, particularly problematic for proving a case of assault or rape is the lack of routine forensic testing capable of linking sperms or blood samples to particular individuals. Since medical technology for identifying the identity of aggressor is not available for criminal purposes and medical evidence of assault is difficult to retrieve, "consent", or "likelihood of consent" is the basis of the legal argument against an alleged aggressor. On the basis of her findings, she makes recommendations that Medical Association should be motivated to

upgrade rape protocol, implement comprehensive treatment and long term care for survivors, implement similar training and refresher training for medical students and doctors etc. She also makes a pleas for establishment of the central bureau of forensic specialists in public hospitals to coordinate the collection of medical evidence.

### GENERAL:

Kelkar (1985), noted that “investigations have indicated that women burning is prevalent all over the country, it most acute in Delhi, Haryana, Punjab, the Western UP and the Saurashtra region in Gujarat”. According to her, the maximum “dowry deaths” in the Western UP were reported from Thakur and Brahmin caste groups. These caste groups are high caste and have a recorded history of female infanticide. She says that the Gujarat Suicide Enquiry Committee report of 1960s noted that 90% of suicide cases were of women in Gujarat. This report stated that 867 women committed suicide due to “family tension” (as against 302 men) and “particularly in the cases of poorer women, the causes of the tension were often related to dowry”. Analysing the dowry problem, she contends that the dowry witch-hunt in India stems from women’s subordination in the structure of material production, the organisation of marriage and family and the sexual division of labour; these create gender-specific personalities - men tend to value their role as the principal one in the national economy and “bread winners” and supporters of the family, while women are excessively undervalued for their dependence, ignorance of outside world and pre-occupation with children and household chores.

In a sharp critique of the state of Women’s Studies in India, Upendra Baxi (1987), gives a call to prevent WS from becoming yet another oppressive scientific domain. Criticizing the dichotomy between discourse and praxis, he suggests that all institutions pursuing research and other academic work should be involved in activist articulation and intervention. According to him, mainstream social sciences in India have altogether ignored the fact that India is a very violent society. There do not exist even pre-theoretical discourses on violence in India. Compared with the practice of violence in India, there is a total denial of discourse on violence. In other word, we do not have in India even an androcentric discourse on social and political violence. Feminization of social thought and practice must begin, then, with meditations on violence against women as a key to approach towards collective political violence in India. He suggests that every funded institution, scholar and fellow of the ICSSR be required, as a duty, and as a condition of grants to organise public opinion and social action in their area on every major reported incidence of violence against women.

Vibhuti Patel (1985) critique various theories of violence - statism which views it as law and order, Gandhians who view it as a moral and ethical issue, liberals consider it as a violation of the sanctity of an individual and the traditional Marxist attribute it to the institution of private property - and advances a socialist feminist view. Accordingly, the patriarchy must be emphasised as the institutional source of violence against women and contextualised with other

realities of class, caste and race. According to Saguna Pathy (1985), the form of violence on women takes historical dimension, and the violence on women and their subordination are to be traced within the operation of the family structure and the labour process.

**Abstracts: (Original papers/books not scanned)**

TITLE: Violence against women: dynamics of conjugal relations.

AUTHOR: Madhurima

SOURCE: New Delhi, India, Gyan Publishing House, 1996. 264 p.

ABSTRACT: The study of domestic violence in India reported in this book sought to determine the nature, extent, and frequency of wife abuse; to identify the correlates of physical violence directed by husbands against wives; and to reveal the coping mechanisms used by victims. Data were gathered from 200 interviews and 8 case studies conducted among 4 social classes in the city of Chandigarh. The first chapter provides an overview of the problem of wife abuse, including a review of the literature on the incidence of violence, on precipitating factors, and on coping mechanisms. This chapter also describes the research methodology used in the study. Chapter 2 discusses the widespread nature of the incidence of violence. Chapter 3 examines the correlates of physical violence against wives in terms of demographic variables, social variables, and dependency. No single factor is responsible for wife abuse, but younger age at marriage, lower class status, and dependency provide an enabling context for victimization. The analysis of coping behavior relayed in chapter 4 highlights the subjective dependency of married Indian women. Chapter 5 presents 8 case histories of victims who sought help in dealing with abuse. The final chapter summarizes the findings and concludes that conflict starts when wives question their unequal status and traditional power relations. Thus, application of an interactional perspective is a useful explicative tool.

DOCUMENT NUMBER: PIP 120707

TITLE: Networks, support groups, and domestic violence.

AUTHOR: Sen P

SOURCE: DEVELOPMENT IN PRACTICE. 1996 Nov;6(4):364-7.

ABSTRACT: This article discusses recent preliminary research findings on domestic violence against women in Calcutta, India, during 1994-95 and other evidence from around the world. The Beijing Conference on Women affirmed that physical, sexual, and psychological abuse of women occurs regardless of income, class, or culture. The author found from interviews with 47 abused Indian women from a mixture of backgrounds that middle-class women were the most private and difficult to interview. Findings from interviews suggest that women can resist or challenge the abuse by men, and resolution is the end to abuse. The research aimed to identify factors that enhanced resistance and resolution. Over 66% of abused women responded by informing others or crying or offering resistance. Single women and mothers are vulnerable due to stereotyping and economic insecurity. Women's groups recommend formation of shelters for abused women, income generation programs, and training projects, but funding is frequently limited for such activities. Some abused women are unaware of their rights or do not seek help from agencies. Illiteracy interferes with exchanges of pertinent information. Women in the Indian study did not accept violence as part of marriage. 70% of the women stated that

after reporting the violence there was resolution. For sexual violence, resolution did not occur, and Indian law does not treat marital rape as a criminal offense. Most of the abused Indian women had contacts with governmental or other organizations. It appears that outside support is important to resolution and nonviolent relationships. Employment that is home-based isolates women and may not be useful as a resource for achieving resolution. Groups need to focus on capacity-building.

DOCUMENT NUMBER: PIP 118947

TITLE: Till death us do part. Dowries contribute to a rise in violence against Indian women.

AUTHOR: Sarkar J

SOURCE: FAR EASTERN ECONOMIC REVIEW. 1993 Oct 28;:40, 42.

ABSTRACT: Indian dowries can range from Rs. 7000 to 10,000 for an unemployed rural youth with a small farm to Rs. 1 million for the highest ranking government officer. The dowry market and consumerism have changed requirements for the groom from a radio-tape player, a bicycle, and a wrist watch to a portable television and a scooter. Weddings are the major occasion for spending sprees. Dowries were once used as a means of social mobility and were optional. The current practice is now mandatory, and the extent of bargaining and retaliation for dissatisfied grooms or their families can be extreme. Both arranged and love marriages require dowries. Elopement or the kidnapping of the prospective groom for formalizing a wedding are being used as alternatives. Upper caste Hindus began the practice as a religious custom of showering the bride with jewels and presents. Now even Muslims and Christians in India expect dowries. In Orissa state, the Orissa Limitation of Expenditure on Marriage Act of 1993 was passed; penalties were given to those incurring wedding expenses greater than Rs. 25,000 or inviting more than 50 people to a wedding reception. In 1961, the federal Dowry Prohibition Act was passed, but not enforced. The social rule predominated. The complications of maintaining the social rule have included crime and extortion long after the marriage. Estate law treats gender equally, but dowry is used as a means of full and final payment of the daughter's claim. Violence against women and even murder, if dowry is not paid over a period of time, has occurred. Such violence against women has been recorded by government agencies particularly in the states of Madhya Pradesh, Uttar Pradesh, Maharashtra, Andhra Pradesh, and Rajasthan, and the northern union territory of Delhi. 68.3% of violent crimes against women occurred in these states.

DOCUMENT NUMBER: PIP 090873

TITLE: Violence against women: new movements and new theories in India.

AUTHOR: Omvedt G

SOURCE: New Delhi, India, Kali for Women, 1990. [2], 42 p.

ABSTRACT: Domestic violence and violence against women have been issues of the women's liberation movement in India since their rise during 1974-75. This essay focused on the writings of Sharad Patil, Sharad Joshi, and Vandana Shiva, activists who incorporate women's issues into India's anti-caste, farmers', and ecology movements, respectively. The Patna Conference in February 1988 identified social forms of violence against women and economic exploitation. Violence may take different forms among castes, such as the practice of "purdah," the cultural seclusion of women in the home; sati, the ancient practice of coercing widows into

sharing their husbands' funeral pyres; dowry deaths, the burning to death of wives over dowry disputes; female infanticide or selective abortions; and external violence in the threat of rape. Several cultural traditions may provide resources for women's struggle: the tradition of "virangana" or heroic, fighting women, and the cultural depiction of women as sources of power and creativity. India's early feminism, an evolution of Marxism, emphasized patriarchy, production, and exploitation, and tended to ignore the concept of women's power. Western feminism offers a simplistic dichotomy of violent, oppressive men versus nurturing, peaceful women. It is anti-technology to the point of being anti-development. Innovative theories are arising among mass movements of rural poor women. Women's status was challenged by Jotiba Phule, who wrote about the violence of conquest, attacked the "holy writings" of Hinduism, and condemned male domination in the family. His later writings stressed the equality between genders. His work is continued by Sharad Patil's anti-caste activism. Sharad Joshi was one of the founders of Shetkari Sanghatana, a powerful women's and farmer's organization in Maharashtra. Vandana Shiva, aligned with the Chipko movement in environmental resistance to deforestation in the Himalayas, draws on Gandhism. Shiva views toiling women as the basis of power for change. The women's drive for political power has been spearheaded by Shetkari Mahila Aghadi and the 1986 Chandwad Conference Resolutions. Women's groups are struggling with changing the relations between human beings and the methods and process of action.

DOCUMENT NUMBER: PIP 104764

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