

**How to Cite:**

Singh, R. D., & Kumar, V. (2022). Intimate partner violence: What women can expect and what they really go through. *International Journal of Health Sciences*, 6(S2), 11489–11495. <https://doi.org/10.53730/ijhs.v6nS2.8107>

# **Intimate partner violence: What women can expect and what they really go through**

**Raj Deo Singh\***

Research Scholar, Assistant Professor, Department of Law, KGK (PG) College Moradabad, Uttar Pradesh

\*Corresponding author

**Dr. Vipin Kumar**

Research Guide, Professor, School of Law, Shri Venkateshwara University, Gajraula, Uttar Pradesh

**Abstract**--Domestic abuse is a serious problem for married women in India (IPV). It is vital that women take use of accessible healthcare services if we want to lower the maternal death rate. Indian women's physical encounter with rape is examined in eight Empowered Action Group (EAG) states. For women living in EAG states, the rate of physical IPV is expected to be greater than in non-EAG states. The 2005-2006 India National Family Health Survey includes 65,587 women (NFHS-3). According to a logistic model, living in an EAG state lowers your risk of experiencing physical IPV in the last year. This is not what we expected. The best way to deal with domestic abuse is still up for debate among medical professionals. This article describes a review of qualitative research that aims to address the following two questions: How do women who have experienced domestic violence rate the treatment they get from medical professionals? Second, what do women who have been abused by their spouses seek from their healthcare providers in response to their disclosures? This study will focus on women who have suffered abuse at the hands of their husbands, and it will make recommendations on how to stop this type of violence before it starts.

**Keywords**--women's health, intimate partner violence, household violence, reproductive health violence.

**Introduction**

Women's violence is both a human rights violation and a public health hazard. Globally, the WHO has designated it an epidemic condition. The UN Declaration on the Elimination of Violence Against Women defines physical and mental harm

and suffering inflicted on women as "any act of gender-based violence." Intimate relationship violence is the most common kind of violence against women (IPV). The term "intimate partner violence" refers to incidents of physical aggression, sexual coercion, emotional manipulation, or any combination of these in a love relationship (IPV).<sup>1</sup>

It is a sad fact that domestic violence occurs in nearly every country in the world. All women, regardless of their socio-economic level, religious beliefs, or geographic region, are affected by domestic abuse. In the course of their lives, around one-third of all women (35 percent) will be subjected to some kind of domestic violence. Intimate relationships are the most prevalent cause of violence for women, accounting for 30 percent of all reports of physical or sexual assault. Nearly a quarter of women in India have been physically abused, 13 percent have been emotionally abused, and 6 percent have been sexually abused by their partner.

Abuse against women and girls is a major problem in India, despite the passage of the 'Protection of Women from Domestic Violence Act 2005' (PWDVA) and the prosecution of domestic violence under the 'Indian Penal Code 498-A'. The patriarchal family structure and rigid social and cultural norms that underpin it are well entrenched. Men are frequently positioned at the top of the social hierarchy and family structure in patriarchal societies, and they exercise authority over women in a number of ways. It is widely held that men have the right to govern their wives' behaviour, including the right to beat them to teach or punish them. The victims' exposure to violence has far-reaching consequences. The toxicological consequences on the physical and psychological health of women are vast. There is compelling evidence that women who have been physically and emotionally abused are more prone to experience mental health issues such as post-traumatic stress disorder.<sup>2</sup> The maternal mortality ratio (MMR) in this nation is among the highest in the world, at 122 per 100,000 live births in 2015–2017, despite great progress toward maternal mortality reduction during the previous two decades.

### **Literature review**

A literature review may be required for the writing of a thesis, dissertation, or journal article. Literature reviews are common in both research proposals and grant applications. The article's designated part includes a literature review. There was a lot of reading done for this assignment. In the section preceding this one, you'll find some of the most well-known evaluations.

### **In Radhika's (2001) words**

---

<sup>1</sup> Heise, L. Violence against women: The hidden health burden. *World Health Stat. Q.* 46, 78–85 (1993).

<sup>2</sup> Kimuna, S. R., Djamba, Y. K., Ciciurkaite, G. & Cherukuri, S. Domestic violence in India: Insights from the 2005–2006 National Family Health Survey. *J. Interpers. Violence* 28, 773–807 (2013).

A Research by the UN Special Rapporteur on Violence Against Women\* titled "Combatting Domestic Violence: Obligations of the Governmental" stressed the necessity of state involvement and responsibility in preventing violence against women, according to the author. Both the state's role and its culpability in acts of violence are clearly established. Rights violations are prohibited, and the government is also obligated to prevent and rectify any infringement of those rights.<sup>3</sup>

### **Satvinder Kaur (2014, December)**

It was the author's conclusion in her study, *An Analysis of Lack of Security and Increasing Rape Crime*, that young women have a larger risk of being raped, and she studied prevention measures. Despite the fact that women make up the majority of the world's population, this shows how undervalued they are by society. All forms of human rights breaches are a big social problem in many parts of the world, including rape. This assault on women's self-respect, honour, reputation and virginity causes lasting harm. The level of sexual assault faced by Indian women is intolerable. Their situation is bad because of the rampant gender bias in Indian society.<sup>4</sup>

### **According to Kudakwashe and Bukaliya Richard (2015)**

(PNC). An evaluation was made of these factors based on three major indicators. Pregnant women's ANC is estimated using the number of ANC visits and the date of the first ANC visit.<sup>5</sup> A research on the impact of armed conflict on women was published, which looked at forty different examples from around the globe. Conflicts around the world have disproportionately targeted women as the primary perpetrators of violence. Armed conflict can result from an attempt to control valuable economic resources like oil or metals, diamonds, or disputed territory boundaries. The divide between those who wield power and those who do not has expanded over the globe. As a result of this gap, which is exacerbated by structural inequality inside and across states, regional and worldwide armed conflict have become more severe and bloody than ever. Women took a tremendous toll during the conflict. As a result of their ordeals, many women who have been raped during wartime have been forced to leave their families or become widows.

---

<sup>3</sup> Pallikadavath, S. and Bradley, T., 2019. Dowry, 'dowry autonomy and domestic violence among young married women in India. *Journal of biosocial science*, 51(3), pp.353-373.

<sup>4</sup> Kurian E and Pelto PJ. Joshi A and Dhapola M and Pelto PJ. Matrimonial sex experiences and views among rural Gujarati women. On March 31, 2001, in the *Asia-Pacific Population Journal*, 16(2):177-94,

<sup>5</sup> E. Kurian and P. J. Pelto A. Joshi, M. Dhapola, and P. J. Pelto. Experiences and perspectives on matrimonial sex among rural Gujarati women On March 31, 2001, the *Asia-Pacific Population Journal*, 16(2):177-94, published a study.

## **Research Methodology**

### **The Source of the Information**

An Indian Demographic and Health Survey (DHS) and the National Family Health Survey (NFHS) were used to collect the data. The International Institute for Population Sciences (IIPS) in Mumbai, India, provided help to the NFHS-4 in conducting a nationally representative large sample survey. All 50 states and territories were included in the study, which had a response rate of 97 percent. This research intends to offer up-to-date and reliable data on reproductive health, family planning, maternal and child immunisation and nutrition, breastfeeding practises, child morbidity and mortality, and women's empowerment, among other things.

### **Design and Analysis**

The most recent NFHS data were used for this cross-sectional analysis. According to WHO guidelines, the domestic violence module was only presented to one woman in each family. Study participants aged 15–49 with at least one living child prior to the survey were included. An essential part of maternal healthcare is the provision of antenatal, delivery, and postpartum care.

### **Violence in Personal Relationships**

This includes emotional and psychological abuse, as well as dominating behaviour in an intimate relationship. Intimate relationship violence affects all socioeconomic, religious, and cultural groups<sup>1</sup>. Women worldwide bear the lion's share of the burden of IPV. While women can be violent in relationships with men, usually in self-defense, and violence happens in same-sex partnerships, males are the more common victims of violence. Men are more likely to be attacked by strangers or acquaintances than women are.

Why do women stay in abusive relationships? Rather than being passive victims of violence, most battered women take action to safeguard their own safety and the safety of their children. When a woman does nothing, it may be because she has decided to protect herself and her children, according to Heise and colleagues (1999). (1). There is a lack of support from family and friends, a negative connotation associated with divorce, a sense of loss of control over their children, and a strong desire to see their spouse change.<sup>6</sup>

### **Domestic abuse and stalking: The Justices Act (1959)**

The law's objective is to impose limits on individuals' behaviour and activities in order to dissuade them from committing acts of family, domestic, or personal violence. Restraint orders may be granted under section 106B of the Act if someone has caused or threatened to cause harm to another person or property

---

<sup>6</sup> Tura, H. & Licoze, A. Women's experience of intimate partner violence and uptake of Antenatal Care in Sofala, Mozambique. PLoS ONE 14, e0217407 (2019).

and is likely to do so again or carry out the threat, has acted in a provocative or offensive manner and is likely to do so again, or follows another person. The judicial system must be satisfied that the restrictions imposed are essential or advantageous for preventing future illegal behaviour. Restraint orders may be granted on a temporary or permanent basis. For violation with an order, a penalty of up to ten penalty units or six months in jail may be imposed.<sup>7</sup>

### **The Criminal Code Act of 1924**

Victimization of women by their partners and other forms of gender-based violence are just some of the issues that fall under the category of "reproductive rights." FGM and sexual assault on pregnant women were also banned by the Criminal Code Act of 1924, in addition to forced abortions. A pregnancy can be terminated at any time by anybody other than a medical expert or the pregnant woman herself. Even if the pregnant lady had consented to the termination of her pregnancy, it is still a crime to do it without her permission. Section 184A of the Act states that anyone who unlawfully harms a pregnant woman is breaking the law. Sexual intercourse with another individual without their consent is defined in Section 185 of the Act. The act of a penis into a person's vagina, genitalia, anus, or mouth, or the continuation of such a penetration, is referred to as sexual intercourse. The term "consent" refers to an unrestricted agreement, which does not include, for example, silence. Section 124 of the Act makes having intercourse with a minor a felony punishable by up to five years in prison. Intentionally stalking another person or third party with the intention of inflicting harm, including self-injury or serious humiliation, is defined as stalking under section 192 of the Act.

### **The Violence Against Women Act of 2003**

According to the Combating Domestic Violence Act (the "Act"), all forms of domestic violence, including physical abuse and sexual assault, as well as economic abuse, intimidation and harassment, as well as trespassing into the complainant's private residence without their agreement, are forbidden. Traditional or religious weddings as well as relationships where the parties are not married are mentioned. Protective orders for victims can be issued under the new law, and offenders can face a fine of up to N\$8,000 and two years in prison.

### **Expectations**

Because of a lack of empathy, kindness, trust, and respect, women's emotional well-being was negatively affected. Others reported they felt dehumanised, traumatised, and untouchable as a result of the experience.

- i. Women expected their healthcare providers to be understanding and patient, acknowledging that change takes time.

---

<sup>7</sup> Gashaw, B. T., Magnus, J. H. & Schei, B. Intimate partner violence and late entry into antenatal care in Ethiopia. *Women and Birth* 32, e530–e537 (2019).

- ii. Some of the psychological effects of the abuser's abuse could be mitigated by developing a relationship of trust with the HCP.
- iii. Women emphasised the need of having a trusting relationship with the HCP in order to encourage open communication, along with warmth and empathy.<sup>8</sup>
- iv. A judgemental or accusatory response from the HCP exacerbated the women's already-existing shame over their mistreatment.
- v. It was emphasised how important it is for the HCP to provide women choice and power without making them feel pressured to "correct" their problems. That the HCP's role was to help women make decisions about what to do with their lives rather than to tell them what they should do, was widely accepted by women. Supporting women to make their own decisions is an important role for HCPs to play.
- vi. Frustrated, a lady thought her time spent with the HCP was a waste when HCPs refused to recognise or acknowledge her level of preparation or circumstances.

### **Conclusion**

International academics studying violence against women face a significant challenge in drawing meaningful parallels across different sites. Violent assaults on oneself or others that result in harm or death, as well as psychological harm, mal-development and deprivation, are all examples of intentional use of physical force (WHO 2002). There are many types of violence: self-directed (such as suicidal behaviour), interpersonal (such as abuse in the home or between intimate partners), and collective (such as violence perpetrated by the government or organised groups). Physical, sexual, or emotional violence can occur in a variety of ways, including neglect or deprivation. Intimate partner violence has recently been recognised as a human rights, social and public health problem. "Domestic violence" is currently a term that encompasses a wide variety of behaviours. Since then, the phrase "domestic violence" has been widened to encompass any form of physical abuse committed by members of one's own family. This definition now includes all characteristics of the phenomena, including those that are not physical. "Intimate partner violence" is defined as "any behaviour inside an intimate connection that causes physical, psychological, or sexual harm to partners in the relationship." Domestic violence is the most frequent type of male relationship abuse against women.

A lot of work needs to be done in this area, even though family structure has been demonstrated to influence violence between husband and wife. We need to examine the role of the structural background in the prevalence of domestic violence in greater detail. But despite the fact that it helps us better understand domestic violence in India, this study has its limitations. The focus of the Demographic and Health Surveys is narrow, and it is not intended to analyse violence in particular. Violence against women is a major issue, the researchers found in this study in India. Domestic violence is a serious public health problem.

---

<sup>8</sup> Sample Registration System. Special Bulletin on Maternal Mortality in India 2015–2017. Office of Registrar General, India.

Perhaps we'll be able to discover the best approaches to prevent family violence based on this study's findings? We recommend that the study expand to include male participants as well. Due to the greater likelihood that women have of disclosing their own histories of abuse, participation in studies on violence is more common amongst female researchers. To fully grasp male-on-male violence against women, it is necessary to dig further into the motivations of the perpetrators. Domestic violence rates can be reduced only if a complete profile of the abuser, not only the abuse victim, is obtained.

## References

- E. Kurian and P. J. Pelto A. Joshi, M. Dhapola, and P. J. Pelto. Experiences and perspectives on matrimonial sex among rural Gujarati women On March 31, 2001, the Asia-Pacific Population Journal, 16(2):177-94, published a study.
- Gashaw, B. T., Magnus, J. H. & Schei, B. Intimate partner violence and late entry into antenatal care in Ethiopia. *Women and Birth* 32, e530-e537 (2019).
- Heise, L. Violence against women: The hidden health burden. *World Health Stat. Q.* 46, 78-85 (1993).
- Kimuna, S. R., Djamba, Y. K., Ciciurkaite, G. & Cherukuri, S. Domestic violence in India: Insights from the 2005-2006 National Family Health Survey. *J. Interpers. Violence* 28, 773-807 (2013).
- Kurian E and Pelto PJ. Joshi A and Dhapola M and Pelto PJ. Matrimonial sex experiences and views among rural Gujarati women. On March 31, 2001, in the Asia-Pacific Population Journal, 16(2):177-94,
- Pallikadavath, S. and Bradley, T., 2019. Dowry, 'dowry autonomy and domestic violence among young married women in India. *Journal of biosocial science*, 51(3), pp.353-373.
- Sample Registration System. Special Bulletin on Maternal Mortality in India 2015-2017. Office of Registrar General, India.
- Tura, H. & Licoze, A. Women's experience of intimate partner violence and uptake of Antenatal Care in Sofala, Mozambique. *PLoS ONE* 14, e0217407 (2019).