

Domestic Violence in India

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ABSTRACT

Globally, the victims of domestic violence are formidably women and crimes against whom are on a rise in India. One of the most widespread human rights violations include crimes such as physical, sexual, psychological and economic abuse. These crimes against women include dowry demands, kidnapping and abduction, rape, honor killings, domestic violence, cruelty by spouse and in laws, cases of molestation, sexual harassment, human trafficking which represent tip of an iceberg. Approximately 1,000 young people in India are done to death every year owing to honor killings linked to forced marriages. Women have suffered on account of violence be it psychological, emotional, economical, educational and sexual from security forces and terrorists as well and on every front. The country is now witnessing increased crime and violence in terms of domestic violence, dowry, offences such as drug addiction etc which is an alarming trend. This review paper is an attempt to enumerate the occurrences, causes and consequences of domestic violence in India based on secondary data with a focus on the preventive measures that could be beneficial to bring the rising domestic violence against women down leading to societal transformation. An attempt has also been made to understand the theoretical framework underlying acts of violence against women, which links domestic violence to inequality and discrimination based on gender.

Key words: domestic violence, women, conflict, human rights, development, social transformation

1. INTRODUCTION

An advancement in international law is in itself the evolving concept of state responsibility for individual acts of violence and recognition of domestic violence as a violation of human rights. The Convention on the Elimination of Discrimination Against Women (CEDAW) in 1979 was adopted by the United Nations General Assembly and presaged as the “international bill of rights for women,” containing provisions meant to resolve domestic violence. Although it was a landmark treaty, CEDAW did not explicitly address the issue of violence against women (CEDAW, supra note 18). It was not until several years later that international bodies began to acknowledge the connection between violence against women and discrimination. Domestic violence grew more prominent as an issue of international concern in the mid-1980s. Statements and resolutions on violence in the family were issued by the U.N. Economic and Social Council, the U.N. General Assembly, and a U.N. Expert Group Meeting on Violence in the Family held in 1986 which drew attention to the international character of the problem, asked states to develop action plans to address domestic violence, and led to further studies.

In 1989, the U.N. released a report on Violence against Women in the Family which argued that domestic violence is not random, but cognate with inequality between women and men. An additional General Assembly resolution called for nations to work together to develop strategies to prevent violence and protect victims (Meyerfeldt supra note 14) [1]. In 1992, thirteen years after CEDAW’s adoption, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) incorporated violence against women into its reading of CEDAW by adopting General Recommendation 19. This recommendation established a definition resilient of violence against women and mandated that “full implementation of the Convention required states to take positive measures to banish violence against women in all forms.” Notably, the document also discerned the ‘due diligence’ standard for determining whether states have fulfilled the objectives of the recommendation. This yardstick, new to international law, suggested that CEDAW’s member states had particular obligations to ensure the obliteration of violence against women.

United Nations studies report that the most prevalent form of violence experienced by women around the world is physical violence inflicted by an intimate partner. As a global average, at least one in three women is beaten, forced into sex, or otherwise abused by an intimate partner in the course of her lifetime (UN dep’t. Public Information, 2008)[2]. Domestic violence is defined by the U.S. Department of Justice as a pattern of abusive behavior in any relationship that is used by one

partner to gain or maintain power and control over another intimate partner. It can consist of physical, sexual, emotional, economic, or psychological acts that serve to intimidate, manipulate, humiliate, isolate, coerce, threaten, or hurt someone. It has a dramatically disproportionate impact on women worldwide, but only recently has it been acknowledged as a statutory human rights violation. This report observed that domestic violence is in most cases violence perpetrated by men against women and violence by women against men accounts for a small percentage of domestic violence. Some relevant statistics include: 29% of women in Canada (representative sample of 12,300 women nationally) reported being physically assaulted by a current or former partner since the age of 16; 25% of women in the U.K. (a random sample of women from a single district) had been punched or slapped by a partner or ex-partner in their lifetime; up to 45% of married men in India acknowledged physically abusing their wives, according to a 1996 survey of 6,902 men; 35% of women in Egypt (a nationally representative sample of women) reported being beaten by their husband at some point in their marriage; 41% of women in Uganda reported being beaten or physically harmed by a partner; 41% of men reported beating their partner (representative sample of women and their partners in two districts); 19% of 6,097 women surveyed in Colombia have been physically assaulted by their partner in their lifetime; 29% of women in Estonia aged 18-24 fear domestic violence, and the share mounts with age, affecting 52% of women 65 or older, according to a 1994 survey of 2,315 women.

According to past literature and statistical data, domestic violence is not restricted culturally or regionally (UNICEF, supra note 5) [3]. Instead, domestic violence exists in countries with varying social, political, economic, and cultural structures, and its predominance signifies that the problem does not originate with the pathology of an individual person (Subrata, 1999) [4]. However, despite the widespread nature of the problem, it has long been considered a private matter best dealt with in the home, not an issue of public policy. Categorized as such, domestic violence went largely unaddressed within traditional international human rights colloquy.

2. OBJECTIVES OF THE STUDY

The following objectives have been laid down for the present study:

- to study the prevalence of domestic violence in India
- to examine the causes of domestic violence based on secondary data and analyze the steps taken by legislation in the study area
- to suggest areas of improvement aimed at reducing the rising menace of domestic violence in the study area.

3. THEORETICAL FRAME WORK OF DOMESTIC VIOLENCE

3.1 Feministic Perspective

The forewarning words to sex distinction by Simone De Beauvoir mentioned by Pashley (1984) [5] as, 'one is not born but becomes a woman', declares a wave of oppression against women taken in the context of feminist movement, which eventually corroborated the experience of injustice by women. Such philosophy proclaims for woman equality while advocating both the sexes being sexually different. She argues for using sexual difference as an argument for women's subordination. Further Beauvoir as a phenomenologist is obliged to examine women's unique experiences of their bodies and to determine how these experiences are so determined by the attitude towards women. Cultural assumptions contestably frame women's experience of their bodies and alienate them from their body's possibilities-eventually tagging women as being the weaker sex. She eyes on goal of liberation for mutual recognition of each other as free.

She argues that women's exploitation is factually historical and acquiescent to change. It is the women who are responsible for changing it. It is not a matter of appealing to men to give women their freedom, but the matter concerns discovering the pleasures of freedom by women to break the shackles of the norms of masculinity as the humanistic standard. Feministic critique aimed at international human rights treatise have underscored that the main stream understanding of rights surfaced a biased discernment which is individualistic, fragmented and based on the male model in human understanding (Integration of the Human Rights of Women and the Gender Perspective, 2006). Eventually, a focus on classical human rights violations occurring in the public domain consistently deprives women as they are conventionally restricted to family/home (Beate & Andrea, 2007)[6]. It is this division of concern (public/private) that led to separate roles of women and men. The roles granted on men by the society based on gender differences like working outside home, participating in government, serving in military, are the ones that actually make violations committed against men more visible rather than violations by men against women since women have been put to a restricted zone for instance violence within the family, denial of education, and lack of economic freedom. Governments may deny instances of gender bias in

justice mechanisms, the public/private framework often influences the very structure of the system (Bonita, 2008) [7] gender oriented perspective is also relevant when discussing about the negative and positive rights, as conventionally civil and political rights like freedom of speech place limits on the government's ability to intervene with the individual's enjoyment of these rights though international jurisprudence now recognizes that positive obligations can flow from a pronounced status of negative rights.

These feministic theories of the origins and dynamics of domestic violence and socio structural theories have been particularly influential in revealing the magnitude of the issue and ignite a need for societal transformation through practical action sprouting from the patriarchal attitudes, institutions and gender discrimination that have brought forth instances of inequality and a sense of male impunity. Violent behaviour operates as a path to achieving and maintaining male domination, power and control (Eisikovits & Edleson 1989 [8], Hamberger & Hastings 1993[9], Cunningham et al 1998[10], Healey et al 1998[11], Mauricio & Gormley 2001[12]).

As per the studies of WHO (2002 [13], 2013[14]) and Heise (1998) [15] it clearly underpins that domestic violence against women is more endemic in cultures where men dominate decision making and assign fixed roles to women. Further it occurs across all the social strata, yet some of the theories point towards the lower socioeconomic status of men. Socio-structural theories also explain a stress reaction to masculine identity crisis in situations of distress. These feminist and socio-structural theories include global changes to social structures and norms, driven by policy and law and adopting a proactive systematic strategy at universal levels. Safety and security of women takes a primary concern here and at the same time ensuring men's accountability. Public expenditure should not prioritize perpetrator rehabilitation over victim services and safety. Resources should only be expended on efforts to change perpetrators if they can be shown to re-socialize and re-educate men to accept responsibility for their violence and to reduce all forms of abusive behaviours (Ibid [9], Mullender 1996 [16], Ibid [10], Ibid [12]).

3.2 Individualistic Perspective

Individual theories explain violence against women particularly spouse by men to various interrelated factors such as, disrupted parenting, early abuse, trauma, insecure or disorganized attachment styles, personality disorders, anger, depression, emotional difficulties, substance misuse problems or low self-esteem (Ibid [16], Dutton 1995d [17], Ibid [10], Ibid [12], Ibid [15], George & West 1999 [18], Ibid [12], Sonkin & Dutton 2003 [19]). Generally research reveals that abusive men do have more pathology and behavioural problems than non-abusive men (Dutton 1995c [20] & Dutton 1995 [21], ibid [15], Ibid [10], ibid [12]). Individual theories fail to explain why domestic violence is largely perpetrated by men against women, why some men without obvious pathology abuse women, why most men abused as children do not go on to abuse their partners, and why some abusive men are not violent in other relationships exhibiting diverse behavioural patterns (Tolman & Bennett 1990[22], ibid [16], ibid [10], ibid [11], ibid [12]).

3.3 Interpersonal Perspective

Interpersonal theories advocate the causes of domestic violence to poor communication between couples/ within family, ineffective conflict resolution that reinforce and perpetuate problem behaviours. Therefore all the family members/partners are considered to make a contribution towards domestic violence. (ibid [12], ibid [10], ibid [11], ibid [8], Jewkes 2002 [23]). Significantly family systems theories and interventions are criticized for ignoring the power dynamics in relationships, blaming victims and requiring them to change their behaviour so as not to resort to violence, increasing the risk of further abuse, and for failing to hold abusive men accountable for their behaviour ibid [16], ibid [10], ibid [11], ibid [8], ibid [12], Saunders 2001 [24]). Interventions propounded by family systems perspective are gender-neutral relationship or family counseling involving both partners, focused on improving inter-personal, communication and negotiating skills (ibid 10, ibid 11, ibid 24). Couple and family based therapies, which include domestic violence couples groups, have also raised concerns that victims will be inhibited from speaking honestly, or will face reprisals if they do, and factually encouraging women to change their behaviour, denies their autonomy, discourages separation as a solution, and deviates attention from the perpetrator's choices (ibid [9], ibid [11]).

A study based on Kashmir undertaken by Dabla (2009) [25] states that women in general tolerate all practices of violence against them. His study reveals that women suffer not only at the hands of men but at the hands of women too uncovering a multi sex phenomenon behind the occurrence of domestic violence.

3.4 Social and learning Perspective

Social oriented theories focus on an individual's social context such as social norms and individual attitudes to violence. Theories of learning regard violence as learned through imitation or by trial and error. The individual observes the functional value of violence for achieving desired outcomes, this also points towards the already social framework that is in

place for all (ibid [8], ibid [9], ibid [10]). Evidence of intergenerational transmission of violence comes from longitudinal and ethnographic research that observes the relationships between childhood influences and later adult behaviour (ibid [24], Ehrensaft et al 2003 [26]). Witnessing domestic violence at a very tender age emerges as one of the strongest predictors of later perpetration (Hotelling & Sugarman 1986 [27], Saunders 1993 [28], Cunningham et al 1998 ibid 10). However, social learning theory cannot explain why most children exposed to adverse influences do not go onto perpetrate violence, or why a substantial proportion of abusers report no exposure to family violence (ibid [16], ibid [10], Dutton 1999c [21]). Interventions suggested by models of social learning and social cognition include action to prevent children's exposure to violence, and for perpetrators, group learning using cognitive-behavioural methods, which identifies faulty thinking leading to negative emotion, and replaces abusive thinking and behaviour patterns with new modeled skills and behaviours such as assertiveness and 'self-talk' analysis (ibid [9], ibid [10], ibid [24]).

3.5 Integrated Perspective

The integrated perspective and interventions are known to better account for and address domestic violence dating (ibid [10], ibid [15], ibid [12]). No single theory provides a necessary or sufficient account of domestic violence and no intervention programme based on any one of these dimensions has been effective (ibid [10], ibid [11]). Models which incorporate multiple theoretical frames of reference, particularly feminist and social learning standpoints have been developed and used by the majority of practitioners, although research studies which combine these different paradigms are somewhat limited (ibid [12]). A search has also begun for specially tailored interventions which acknowledge the diversity of perpetrators and which match the type of offender and his level of risk and motivation to change, to the type of intervention (ibid [11], ibid [24]). An ecological outlook is consistent with both feminist and social learning stance and provides a useful integrating framework for understanding and addressing domestic violence, which is viewed as the result of interacting variables at various levels of social systems (ibid [8], ibid [24]). The ontogenic/individual level includes child socialization history, past experiences, personal characteristics and perceptions which individuals bring into their social context. The micro-system/family level represents the interpersonal context, in which the abuse occurs. The exo-system/community level refers to the social systems and structures impinging on the individual and family. The macro-system/culture level involves the larger background influence of social norms, values and history (ibid [17], ibid [15], Dasgupta 2002 [29]). Within this model, effective domestic violence interventions should be multidimensional, grounded in an understanding of how each level/system interacts with the other, and aimed at achieving change in all systems and levels (ibid [17], ibid [29]).

4. PREVALENCE IN INDIA

As per NFHS 3 [30], in India violence against women is a serious problem. An estimated one third of women age 15-49 have experienced physical violence and one in ten has experienced sexual violence owing to 35 percent of women in total having experienced physical or sexual violence. The data further reveals:

- Married women are more likely to experience physical or sexual violence by husbands than by anyone else. Statistically, 37% of married women have experienced some form of physical or sexual violence by their husband.
- Slapping is the most common act of physical violence by husbands. 34% of married women say that their husbands have slapped them.
- One in 10 married women has experienced sexual violence at the hands of their husband.
- Physical and sexual violence causes injuries such as cuts, bruises or aches, eye injuries, sprains, dislocations or burns, wounds, broken bones, broken teeth or other serious injuries. The prevalence of spousal physical or sexual violence is much higher among women in the poorest households than women in the wealthier households.
- Nearly half of women whose husbands have no education have experienced spousal violence.
- Women's own education reduces their likelihood of experiencing spousal violence more than their husband's education. 46 % of married women with no education have experienced spousal violence, similarly 47 % of women whose husbands have no education have experienced spousal violence.
- The cycle of domestic violence is repeated across generations. Women whose mothers were beaten by their fathers are twice as likely to experience violence as women whose mothers were not beaten by their fathers: 60% percent compared with 30 percent.
- Habits like drinking tend to be the causes of domestic violence however it is not the only factor accounting to domestic violence against women as 30 % of women whose husbands do not drink have experienced spousal violence.
- The prevalence of physical or sexual violence in Jammu and Kashmir is 13 percent, while as lower as 6 percent in Himachal Pradesh and 46 percent in Madhya Pradesh and Rajasthan and 59 percent in Bihar. Tripura, Manipur,

Uttar Pradesh, Tamil Nadu, West Bengal and Assam are the other states with physical or sexual violence above 40 percent.

- Factually proven that only one in four abused women have ever sought help to try to end the violence they have experienced. Two out of three women have not only never sought help, but also never told anyone about violence.
- Abused women most often seek help from their families.
- Few abused women seek help from any institutional source such as police, medical institutions, or social service organizations. Only 2 percent of abused women have ever sought help from the police. Arguably this also means there is lesser reliance on police owing to inaction.
- Higher education and wealth consistently lower women’s risk of spousal violence; and husbands’ consumption of alcohol and having a mother who was beaten by her spouse significantly increase the risk . Table A throws light on the consequences of domestic violence.

Table A: Consequences of Domestic Violence

| Physical Health Consequences* | | Source |
|--------------------------------------|---|--|
| Death- | Homicides, suicides death due to ill health as a consequence of domestic violence, miscarriages, foetal deaths | Department of Health 1999 [31], Campbell 2002 [32], Websdale 2003[33], WHO 2002 [13] & 2013[14] |
| Injuries | Victims of domestic violence are more likely to receive head, face, neck, thorax, abdominal injuries, chronic pain, permanent disability, neurological symptoms such as seizures (which may be a consequence of head injury or partial strangulation, gastrointestinal problems (e.g eating disorders, irritable bowel syndrome) and ocular damage. | WHO 2002 [13] & 2013 [14], Campbell 2002 [32], Walby and Allen, 2004 [34], Rodgers, 1994 [35], Coid 2000 [36], Mirrlees-Black 1999 [37], Bergin 1995 [38], Melton 2000[39] |
| Gynaecological Problems | Pelvic inflammatory diseases, Urinary tract infections,, Sexually transmitted disease, Aids | Schei 1997 [40], WHO 2002 [13], 2013 [14], Bergen 1999 [41],Department of Health 1999 [31] ¹ , Mezey & Bewley 1997[42] |
| Harmful Effects in Pregnancy | Fetal injury including stab wounds, broken bones, fetal and maternal death, premature birth, late entry into prenatal care,, stillbirth, | Schei 1997 [40], Mezey & Bewley 1997 [42], Department of Health 1999 [31] ² , Mezey et al 2000 [43], WHO 2002 [13], Coid 2000 [36],Campbell 2002 [32] |
| Mental Health Consequences | | Source |
| Depression | Around 18 studies show average prevalence rates for clinical depression amongst women were 48%, highest among refugees. Severity or duration of violence was associated with prevalence or severity of depression. | Riggs et al 2000 [44], Golding 1999[45], Campbell 2002 [32], Deborah et al. 2003 [46], Bergen 1999 [41], Romkens 1997 [47],Sackett & Saunders 1999 [48],Dutton et al 199 [49]9,Humphreys & Thiara 2003[50], Budd & Mattinson 2000 [51], O’ Leary & Daniel 1999 [52], Jones et al 2001[53] |
| Post Traumatic Stress | It involves re-experiencing traumatic events through nightmares, flashbacks, intrusive thoughts, avoidance of trauma related stimuli, emotional numbing, restlessness, irritability, hyper vigilance and sleeplessness | Jones et al 2001 [53], Golding 1999 [45], Campbell 2002 [32] , Riggs et al 2000 [44], WHO 2002 [13], Humphreys & Thiara 2003 [50], James et al 2002[54] |
| Risk of Suicide | This is stronger in case of PTSD (post traumatic stress disorder) symptoms, victims either tend to self harm or commit suicide. | Romkens 1997 [47], WHO 2002 [13] & 2013 [14], Campbell 2002 [32], Golding 1999 [45], Jones et al 2005 [31], Humphreys & Thiara 2003 [50] |
| Drug Abuse or dependence | Alcohol abuse is common with victims of violence than women in general, with higher levels of drug addiction in case of refugees. PTSD may also be associated with increased substance misuse. | Rodgers 1994, Campbell 2002, Jones et al 2001, Golding 1999 |
| Other Psychological | These include cognitive difficulties (e.g. perception and memory problems), anxiety | Dutton 1995, Jones et al 2001, WHO 2002 & 2013, Rodgers 1994, Campbell & Soeken 1999 [55], |

| | | |
|-----------------|---|--|
| Problems | disorders, intense fear, somatisation, phobias, panic attacks, sleep disorders and obsessive compulsive behaviour | |
|-----------------|---|--|

*All these factors are related to one another, for instance a stressed mental health condition may lead to severe depression which may in turn cause greater vulnerability to any of the related ailments and suicidal tendencies.

5. PREVENTION OF DOMESTIC VIOLENCE

5.1 Domestic Violence Legislation

Domestic violence was recognized as a specific offence by the introduction of section 498-A in to the Indian Penal Code (IPC), which deals with cruelty by a husband or his family towards a married woman. There are four types of cruelty under this law which includes:

- Conduct that is likely to drive a woman to suicide,
- Conduct which is likely to cause grave injury to the life, limb or health of the woman,
- Harassment with the purpose of forcing the woman or her relatives to give some property or harassment due to the inability of the woman or her relatives to fulfill the demands for more money or demand of property.
- The punishment is up to 3 years and a fine under IPC. The complaint against cruelty need not to be filed by the victim herself, any person can report domestic violence on the victims' behalf (Manushi, 2003) [56].

Further, The Protection of Women from Domestic Violence Act 2005 (PWDVA, The Gazette of India, 2005 [57] was enforced by the Indian government from October 26, 2006; it has five chapters which have 37 sections. As per the section 3, domestic violence is defined as any act, omission or commission or conduct of the respondent that

- A) Harms or injures or endangers the health safety, life, limb or well being, whether mental or physical, of the aggrieved person or tends to do so and includes causing sexual abuse physical abuse, , emotional and verbal abuse and economic abuse or
- B) B) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
- C) has the effect of threatening the aggrieved person.

It is enumerated in the act that physical abuse means any act or conduct which causes bodily pain, harm, or danger to life, limb, or health or impair the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force. Sexual abuse includes any act of sexual nature that humiliates abuses, degrades or otherwise violates the dignity of woman.

Verbal and emotional abuse includes

- A) Insults ridicule humiliation, name calling and insults or ridicule specially in case of a childless couple or woman having given birth to a girl child.
- B) B) repeated threats to cause physical pain

Economic Abuse: includes deprivation of all or any economic or financial resources including stri-dhan or prohibition or restriction to continued access to resources or facilities.

The procedure of filing a complaint under PWDVA is that the complaint against domestic violence can be lodged by any other person if not the victim itself at the police station/service provider, who then informs the protection officer who is responsible for the liaison between aggrieved person, police and the service providers (Sec 5, Rule 5, Form I). The protection officer then prepares a Domestic Incident Report (DIP) and a safety plan to prevent any further occurrence of domestic violence incidents to the person aggrieved.

It is the duty of the protection officer to arrange for legal, medical, transport facilities including shelter home and list of all these service providers accessible.

The DIR so prepared is sent to the Magistrate. The aggrieved person or any other person on behalf of aggrieved person can forward an application directly to the magistrate (Sec. 12). Then the first date of hearing is fixed by the Magistrate within a time period of three days and the respondent is served with a notice of the date of hearing. The Magistrate can advice counseling after hearing both sides. The magistrate can pass orders within a time period of 60 days, an appeal against which can be filed by either party within 30 days from the date of issuance of first order from the magistrate. Any violation of order passed by the magistrate is liable to one year imprisonment or fine which may extend to Rs. 20,000/- or both.

In India the Integrated Rural Development Programme comprises sub-schemes for poverty alleviation namely Integrated rural development programme (IRDP), training of rural youth for self employment (TRYSEM) and

development of women and child in rural areas (DWCRA). Intervention centres such as Angala in Bengaluru, Aasra-online centre, Women's Rights unit of lawyers collective, Lawyers Collective, The Nirbhaya Centres, International Centre for Research on women (ICRW), Bharatiya Grameen Mahila Sangh, Azad foundation, All India Democratic women's association, All India Federation of women Lawyers, Women's Commission are some of the organisations where women can seek help in case of trauma or any such incident or further refuge post violence.

CONCLUSION

Domestic Violence in India is still on rise due to prevailing factors embedded in the existing social construct. The harm done to women by domestic violence is manifold. It uncovers physical health consequences such as deaths, injuries, gynaecological problems, negative effects in pregnancy, mental health consequences such as depression, post traumatic stress, risk of suicide, substance abuse and other psychological problems. It is pertinent to mention that domestic violence be understood in the context of global phenomenology and recognized as a social evil that imbeds in the social framework ruining it. Domestic violence affects the children as well creating a conducive environment to both physical and sexual abuse of children as well. It is high time for societal transformation starting from the individual level and leading to creation of a global change. This calls for intervention from all the spheres of the society for its upliftment from growing instances of domestic violence.

SUGGESTIONS

The following suggestions have been made keeping in view the prevalence of domestic violence in India:

- Family support is important to the women who have suffered domestic violence so that psychological support can strengthen them to cope up with the peril.
- Civil Society has a pivotal role to play by awareness generation created at the grass root level. A worthwhile strategy against domestic violence is advocating government intervention.
- Law enforcing agencies must ensure that the perpetrators are dealt with lawfully and the victims are provided security from further violence.
- Counselling could be resorted to in case there is any chance of bridging the gaps peacefully. Pre and post marriage counselling sessions can also help in maintaining a peaceful spousal relationship.
- Education Institute can organize awareness camps and programmes at various levels on the rights of women and how domestic violence damages the social fabric of the society.
- Similarly, awareness about legal literacy is significant in realizing that the perpetrators proven of domestic violence are dealt with legally. Several instances go unreported either due to the victims being unaware of the legal system against domestic violence or a wilful decision not to report owing to pressure from the family or in-laws or by the woman itself to save a relationship.
- Research and development is another integral tool that should be encouraged at the university level so that the actual situation owing to prevalence and magnitude of domestic violence is revealed.

DIRECTIONS FOR FUTURE

- Success rate of local Interventions and policy interventions at the national and state level need to be examined.
- Level of Women awareness about law and government interventions/ NGOs for women could be measured especially women from remote areas and uneducated women to understand the overall scenario and come up with future strategies that could be helpful for bringing in awareness.

REFERENCES

- [1] Meyersfeld, supra note 14, at 82 .
- [2] United Nations Dep't. Public Information, UN Secretary, U.N. Secretary General's Campaign, United to End Violence against women, Factsheet, DPI/2498, Feb 2008, available at <http://www.un.org/en/women/endviolence/pdf/VAW.pdf>.
- [3] UNICEF, supra note 5, at 4-5.

- [4] Subrata. Paul, (1999) "Combatting Domestic Violence Through Positive International Action in the International Community and in the Uni O'Leary, D. K. Psychological abuse: a variable deserving of critical attention". *Violence and Victims*.14.(1).3-23.
- [5] Pashley, H.M., (1984) "The Second Sex", translated by Harmondsworth: Penguin.
- [6] Beate Rudolf & Andrea Eriksson, (2007) "Women's Rights Under International Human Rights Treaties: Issues of Rape, Domestic Slavery, Abortion, and Domestic Violence", 5 INT'L J. CONST. L. 507, 522-523.
- [7] Bonita Meyersfeld, (2008) "Domestic Violence, Health, and International Law", 22 EMORY INT'L L. REV. 61, 66.
- [8] Eisikovits, Z. C. & Edleson, J. L. (1989) "Intervening with men who batter: a critical review of the literature". *Social Service Review*. 63.
- [9] Hamberger, L. K. & Hastings, J. E. (1993) "Court-mandated treatment of men who assault their partner: issues, controversies, and outcomes". *Legal responses to wife assault: current trends and evaluation*. Newbury Park: Sage.
- [10] Cunningham, A; Jaffe, P. G; Baker, L; Dick, T; Malla, S; Mazaheri, N. & Poisson, S. (1998) "Theory-derived explanations of male violence against female partners: literature update and related implications for treatment and evaluation". *Family Court Clinic Ontario*: London.
- [11] NS Tung, V Kamboj, B Singh, A Bhardwaj, *Switch Mode Power Supply An Introductory approach*, Switch Mode Power Supply An Introductory approach, May 2012.
- [12] Healey N.Z. Hilton (ed.), K; Smith, C. & O'Sullivan, C. (1998) "Batterer intervention: program approaches and criminal justice strategies". National Institute of Justice. US Department of Justice.
- [13] Mauricio, A. M. & Gormley, B. (2001) "Male perpetration of physical violence against female partners". *Journal of Interpersonal Violence*. 16 (10). 1066-1081.
- [14] World Health Organization WHO (2002) "World report on violence and health". www.who.int
- [15] WHO, (2005), "Violence against women", www.who.int/medicentre/factsheets/fs239/en
- [16] Heise, L. L. (1998) "Violence against women: an integrated, ecological framework". *Violence Against Women*. 4 (3). 262-290.
- [17] Mullender, A. (1996) "Rethinking domestic violence: the social work and probation response". London: Routledge.
- [18] Dutton, D. G. (1995) "The domestic assault of women: psychological and criminal justice perspectives". Canada: UBC Press.
- [19] George, C., West, M. (1999). "Development vs. social personality models of adult attachment and mental ill health". *British Journal of Medical Psychology*, 72, 285-303.
- [20] Sonkin, D. & Dutton, D. (2003). "Treating assaultive men from an attachment perspective". In D. Dutton & D. Sonkin (eds). *Intimate violence: Contemporary treatment innovations*. New York: Haworth Press.
- [21] Dutton, D. G. (1995) "Male abusiveness in intimate relationships". *Clinical Psychology Review*. 15 (6). 567-581.
- [22] Dutton, D. G. (1995) "Intimate abusiveness". *Clinical Psychology: Science and Practice*. 2 (3). 207-224.
- [23] Tolman, R. M & Bennett, L. W. (1990) . "A review of quantitative research on men who batter". *Journal of Interpersonal Violence*. 5 (1). 87-118.
- [24] Jewkes, R. (2002) "Intimate partner violence: causes and prevention". *Lancet*.38097. 1423-1429 responses to wife assault: current trends and evaluation. Newbury Park: Sage.
- [25] Saunders, D. G. (2001). "Developing guidelines for domestic offender programs: what can we learn from related fields and current research". *Journal of Aggression, Maltreatment & Trauma*. 5 (2). 235-248.
- [26] Dabla, B.A. 2009, "Domestic Violence in the Kashmir Valley" First Edition, Jay Kay Books. pp 72-91.
- [27] Ehrensaft, M. K; Cohen, P; Brown, J; Smailes, E; Chen, H. & Johnson, J. G. (2003) "Intergenerational transmission of partner violence: a 20 year prospective study". *Journal of Consulting and Clinical Psychology*. 71 (4). 741-753.
- [28] Hotaling, G.T., & Sugarman, D.B. (1986) . An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims*, 101-124. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/3154143>.
- [29] Saunders, D. G. (1993) "Husbands who assault: multiple profiles requiring multiple responses". In N.Z. Hilton (ed). *Legal*.
- [30] Bhardwaj, A., Tung, N. S., Shukla, V. K., & Kamboj, V. K. (2012). The important impacts of unit commitment constraints in power system planning. *International Journal of Emerging Trends in Engineering and Development*, 5(2), 301-306.
- [31] Dasgupta, S. D. (2002) "Framework for understanding women's use of nonlethal violence in intimate heterosexual relationships". *Violence Against Women*. 8 (11). 1364-1389.
- [32] National Family Health Survey 3, Chapter 15, rchiips.org>nfhs.
- [33] ¹Department of Health. (1999) "Why mothers die: report on confidential enquiries into maternal deaths in the United Kingdom". London: HMSO.
- [34] ²Department of Health. (1999) "Why Dutton, D. G. (1999) Traumatic origins of intimate rage". *Aggression and Violent Behaviour*. 4 (4). 431-448.
- [35] Campbell, J. C. (2002) "Health consequences of intimate partner violence". London: Home Office Research, Development and Statistics Directorate *Lancet*. 38090. 1331-1336 Study 276.
- [36] Websdale, N. (2003) "Reviewing domestic violence deaths". National Institute of Justice *Journal*.250.
- [37] Walby, S. & Allen, J. (2004). "Domestic violence, sexual assault and stalking: Findings from the British Crime Survey". Home Office Research
- [38] Rodgers, K. (1994) "Wife assault: the findings of a National survey". Ontario: Statistics Canada.
- [39] Coid, J. (2000) "A survey of women's experience of domestic violence attending primary care in East London". In Conference report: Domestic violence a health response: working in a wider partnership. London: Department of Health.
- [40] Mirrlees-Black, C. (1999) "Domestic violence: findings from a new British Crime Survey self-completion questionnaire". Home Office.
- [41] Bergen, R. K. (1995) "Surviving wife rape: how women define and cope with violence". *Violence Against Women*. 1 (2). 117-138.
- [42] Melton, H. C. (2000) "Stalking: a review of the literature and direction for the future". *Criminal Justice Review*. 25 (2). 246.

- [43] Schei, B. (1997). "The reproductive health consequences of violence. In European strategies to combat violence against women". Report of the first technical meeting. Copenhagen: World Health Organization Regional Office for Europe.
- [44] Bergen, R.K. (1999) marital rape. www.vawnet.org.
- [45] Mezey, G. C. & Bewley, S. (1997) "Domestic violence and pregnancy". *British Medical Journal*. 314. 1295.
- [46] Mezey, G; Bewley, S; Bacchus, L. & Haworth, A. (2000). An exploration of the prevalence, nature and effects of domestic violence in pregnancy. ESRC Violence research programme findings.
- [47] Riggs, D. S; Caulfield, M. B. & Street, A. E. (2000) . "Risk for domestic violence: factors associated with perpetration and victimization." *Journal of Clinical Psychology*. 56 (10). 1289-1316.
- [48] Golding, J. M. (1999) "Intimate partner violence as a risk factor for mental disorders: a meta-analysis". *Journal of Family Violence*. 14(2). 99-106.
- [49] Deborah, K; Anderson, Daniel, G; Saunders, Mieke, Yoshihama; Deborah I. Bybee & Cris M. (2003) " Long term Trends in depression among women separated from abusive partners". *Violence Against Women*, Vol. 9 No. X, . 1-31.
- [50] Romkens, R (1997) "Prevalence of wife abuse in the Netherlands: combining quantitative and qualitative methods in survey research". *Journal of Interpersonal Violence*. 12 (1). 99-125.
- [51] Sackett, I.a. 7 Saunders, D. G. (1999). "The impact of different forms of psychological abuse on battered women". *Violence and Victims*, 14, 105-117.
- [52] Dutton, D. G. (1999) "Traumatic origins of intimate rage". *Aggression and Violent Behaviour*. 4 (4). 431-448.
- [53] Humphreys, C & Thiara, R. (2002) "Routes to safety: protection issues facing abused women and children and the role of outreach services". Summary of findings. Women's Aid Federation of England. www.womensaid.org.uk
- [54] Budd, T. & Mattinson, J. (2000) "The extent and nature of stalking: findings from the 1998 British Crime Survey". Home Office research study 210. London[41] Bergen, R. K. 1999) "Marital rape". www.vawnet.org.: Home Office Research, Development and Statistics Directorate.
- [55] O' Leary & Daniel, K. (1999). "Psychological abuse: A variable deserving critical attention in domestic violence. *Violence & Victims*, 14(1),3-23(21).
- [56] Jones, L; Hughes, M. & Unterstaller, U.(2001) "Post-traumatic stress disorder (PTSD) in victims of domestic violence: a review of research. *Trauma*", *Violence & Abuse*. 2 (2). 99-115.
- [57] James. K; Seddon, B. & Brown, J. (2002) " Using it or ;losing it: men's constructions of their violence towards female partners". Research paper. Australian Domestic & Family Violence Clearinghouse.
- [58] Campbell, J. C. & Soeken, K. L. (1999) "Forced sex and intimate partner violence: effects on women's risk and women's health". *Violence against Women*. 5 (9). 1017-1035.
- [59] Manushi,(1986). "A Journal about women & society; Laws against domestic violence and abuse". <http://www.indiatogether.org/manushi/issue137/laws.htm>.
- [60] The Gazette of India (2005) Registered No. dl-(N) 04/0007/2003-05. "The Protection of Women from Domestic Violence Act 2005" (43 of 2005).