VIOLENCE AGAINST WOMEN: ITS CAUSES AND CONSEQUENCES

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ABSTRACT

Violence against women is partly a result of gender relations that assumes men to be superior to women. Given the subordinate status of women, much of gender violence is considered normal and enjoys social sanction. Manifestations of violence include physical aggression, such as blows of varying intensity, burns, attempted hanging, sexual abuse and rape, psychological violence through insults, humiliation, coercion, blackmail, economic or emotional threats, and control over speech and actions. Cultural and social factors are interlinked with the development and propagation of violent behaviour. Deaths of women is extreme outcome of ill treatment, psychological abuse, or physical violence suffered by women. On the other hand domestic violence suffered by women on a regular basis in the form of psychological or physical abuse goes unreported. Very rarely do women themselves file police cases against the ill treatment meted out to them. These expressions of violence take place in a man-woman relationship within the family, state and society. Worldwide governments and organizations actively work to combat violence against women through a variety of programs.

Keywords: Violence; Psychological Abuse; Man-Woman Relationship; Society

INTRODUCTION

The United Nations defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.' Intimate partner violence refers to behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, Psychological abuse and controlling behaviours.

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

With different processes of socialisation that men and women undergo, men take up stereotyped gender roles of domination and control, whereas women take up that of submission, dependence and respect for authority. A female child grows up with a constant sense of being weak and in need of protection, whether physical social or economic. This helplessness has led to her exploitation at almost every stage of life.

Coomaraswamy (1992) points out that women are vulnerable to various forms of violent treatment for several reasons, all based on gender.
1. Because of being female, a woman is subject to rape, female circumcision/genital mutilation, female infanticide and sex related crimes. This reason relates to society’s construction of female sexuality and its role in social hierarchy.

2. Because of her relationship to a man, a woman is vulnerable to domestic violence, dowry murder, and sati. This reason relates to society’s concept of a woman as a property and dependent of the male protector, father, husband, son, etc.

3. Because of the social group to which she belongs, in times of war, riots. Or ethnic, caste, or class violence, a woman may be raped and brutalised as a means of humiliating the community to which she belongs. This also relates to male perception of female sexuality and women as the property of men.

Combining these types of abuse with the concept of hierarchical gender relations, a useful way to view gender violence is by identifying where the violence towards women occurs.

Essentially, violence happens in three contexts - the family, the community and the state and at each point key social institutions fulfil critical and interactive functions in defining legitimating and maintaining the violence.

1. The family socialises its members to accept hierarchical relations expressed in unequal division of labour between the sexes and power over the allocation of resources.

2. The community (i.e., social, economic, religious, and cultural institutions) provides the mechanisms for perpetuating male control over women’s sexuality, mobility and labour.

3. The state legitimises the proprietary rights of men over women, providing a legal basis to the family and the community to perpetuate these relations. The state does this through the enactment of discriminatory application of the law.

Margaret Schuler has divided gender violence into four major categories;

1. Overt physical abuse (battering sexual assault, at home and in the work place)

2. Psychological abuse (confinement, forced marriage)

3. Deprivation of resources for physical and psychological well being (health/nutritionEducation, means of livelihood)

4. Commodification of women (trafficking, prostitution)

OBJECTIVES

1. To focus on violence against women and its reasons

2. To enact legislation and develop policies that protect women

3. To awareness to the States must be ready to address new forms of violence against women as they appear and are identified

Violence against Women

Violence against women remains a prevailing social problem in contemporary Bangladesh. Brutal attacks on women have become commonplace and widespread across the country. Daily news reports are filled with atrocities including physical and psychological torture, sexual harassment, sexual assault, rape, dowry related violence, trafficking, forced prostitution, coerced suicide and murder. The rate of reported violent acts against women has risen consistently and at an alarming rate, especially since the early 1990’s. The following data has been taken from 22 police stations in the capital city over the last three years.
Table 1. Reported incidents of violence against women in police stations

<table>
<thead>
<tr>
<th>Year</th>
<th>Rape</th>
<th>Sexual Harassment</th>
<th>Abduction</th>
<th>Dowry</th>
<th>Child Trafficking</th>
<th>Women Trafficking</th>
<th>Acid Throwing</th>
<th>Burn</th>
<th>Ransom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>228</td>
<td>74</td>
<td>362</td>
<td>174</td>
<td>25</td>
<td>13</td>
<td>25</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>2002-03</td>
<td>281</td>
<td>87</td>
<td>380</td>
<td>381</td>
<td>29</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2003-04</td>
<td>291</td>
<td>136</td>
<td>425</td>
<td>451</td>
<td>57</td>
<td>9</td>
<td>22</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>800</td>
<td>297</td>
<td>1067</td>
<td>1106</td>
<td>121</td>
<td>37</td>
<td>58</td>
<td>107</td>
<td></td>
</tr>
</tbody>
</table>

Source: Annual report on Violence against Women in Bangladesh, 2002

Table 2. Reports of Domestic Violence in 9 Daily Newspapers 2001 ~ 2004

<table>
<thead>
<tr>
<th>Year of Reporting</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases of Domestic Violence Reported</td>
<td>530</td>
<td>540</td>
<td>587</td>
<td>1164</td>
</tr>
</tbody>
</table>

Source: Resource Center, BNWLA, Report from 9 leading dailies.

Profile of Women

Women are principal providers of care and support to families. Yet every social indicator shows a fundamental social bias and inequality. The latest Census (2001) data showing six point increase in sex ratio (number of females per 1,000 males) between the Census year 1991 and 2001 have come under cloud and doubts have been expressed whether women were under-enumerated in 1991 or they were over-enumerated in 2001. During the 10 year period between the two Census, considerable progress has been made in the domain of literacy. During the period under review overall literacy increased by 34.46 percentage points – that of males and females by 30.46 and 40.60 percentage points, respectively. Similarly progress has been made with respect to indicators like health and nutrition, female workforce participation, female life expectancy, female infant mortality and maternal infant mortality.

Table 3. Female Mean Age of Marriage in Districts of India

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Number of Districts</th>
<th>% to Total Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 to 16</td>
<td>8</td>
<td>1.66</td>
</tr>
<tr>
<td>16 to 17</td>
<td>50</td>
<td>10.35</td>
</tr>
<tr>
<td>17 to 18</td>
<td>123</td>
<td>25.47</td>
</tr>
<tr>
<td>18 to 19</td>
<td>136</td>
<td>28.16</td>
</tr>
<tr>
<td>19 to 20</td>
<td>90</td>
<td>18.63</td>
</tr>
<tr>
<td>20 to 21</td>
<td>58</td>
<td>12.01</td>
</tr>
<tr>
<td>Data Not Available</td>
<td>18</td>
<td>3.73</td>
</tr>
</tbody>
</table>

Source: Census of India, 1991.
Scope of the Problem

Population-level surveys based on reports from victims provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence in non-conflict settings. The WHO Multi-country study on women’s health and domestic violence against women in 10 mainly developing countries found that, among women aged 15 to 49 years:

- Between 15% of women in Japan and 70% of women in Ethiopia and Peru reported physical and/or sexual violence by an intimate partner;
- Between 0.3–11.5% of women reported experiencing sexual violence by a non-partner;

The first sexual experience for many women was reported as forced – 24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa.

Intimate partner and sexual violence are mostly perpetrated by men against girls and women. However, sexual violence against boys is also common. International studies reveal that approximately 20% of women and 5–10% of men report being victims of sexual violence as children.

Population-based studies of relationship violence among young people (or dating violence) suggest that this affects a substantial proportion of the youth population. For instance, in South Africa a study of people aged 13-23 years found that 42% of females and 38% of males reported being a victim of physical dating violence.

Building a Vulnerability Model

It is common among social scientists to apply logistic regression when the objective is to determine which predictors or risk factors are associated with the binary (‘yes’ and ‘no’) outcome of the response variable. However, for this study logistic regression produces the following problems. First, logistic regression results could be used to characterize the data on hand but turning the results into prediction requires additional work. Second, there is no way to effectively incorporate ‘misclassification costs’ directly into logistic regression despite the fact that they are essential. Third, if one ignores costs and proceeds with logistic regression anyway, the findings could be very misleading.

When we conducted logistic regression model using the most appropriate set of risk factors, only 16 true cases of domestic violence incidents were identified correctly. Figure 3 shows a histogram of the predicted probabilities from the logistic regression model used to classify women into categories of ‘yes’ and ‘no’ experience of domestic violence. The graph shows that only a few of these probabilities are greater than 0.5. The 0.5 threshold is important because women with probabilities greater than 0.5 would be classified as vulnerable to experience domestic violence incidents. The most important finding is that only for these few women does the statistical model imply that chances are better than 50-50 of a new woman to experience violence. Thus about 98 percent (970/986) of the true cases are incorrectly determined to have not occurred. Clearly, this is unsatisfactory.

Table 4. Classification Table for the Logistic Regression Model

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted as No</th>
<th>Predicted as Yes</th>
<th>Proportion Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>3971</td>
<td>10</td>
<td>0.99</td>
</tr>
<tr>
<td>Yes</td>
<td>970</td>
<td>16</td>
<td>0.02</td>
</tr>
</tbody>
</table>
Causes

In India, the problem of violence against women is a result of a long standing power imbalance between men and women. Men have control over access to property and resources. There is also a sexual division of labour in India that results in female exploitation—physically, mentally, and commercially.

Oppression in India

Women in India are subject to all forms of violence. Female infanticide is quite common in Haryana and Punjab because there is a preference for sons because male children carry on the family lineage. The education of sons is also considered much more important. In these two states, the sex ratio is lower than the national average.

Discrimination within the household

Within the household, there exists gender discrimination which determines intra-household distribution of food. Because women and girls are given less food than men, malnutrition among adolescent girls and women is quite prevalent in India.

Lack of opportunity to work

Due to lower educational levels, a woman has a much lower capacity to earn. Women from upper castes are seldom allowed to work outside the home. However, work participation rate among low caste women is better compared to that of upper caste women.

Honour Killings

Honour killings are quite common in Haryana and Tamil Nadu when young girls marry somebody outside their caste and clan against her family’s wishes.

Women as Property

Dowry is demanded from the husband’s side (in-laws) when younger women get married. Newly married women become subject to verbal and physical abuse. In many cases, young brides are burnt to death by her in-laws if the parents fail to meet the requisite dowry demanded. Women are also viewed in terms of their virginity, as chastity is considered as a great virtue.

In terms of family planning, women have been used as the subjects of experiments. Governments promote contraceptives to lower fertility among women, at the behest of multinational corporations.
and the corporate sector, without thinking about their consequences. Population control and family planning is considered a way to control women’s sexuality.

Consequences of Violence against Women

Health consequences: higher risk for poor physical, reproductive and mental health; social and sexual dysfunction; alcohol and drug abuse; suicide attempts; etc.

Intimate partner and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for victims and for their children, and lead to high social and economic costs. Health effects can include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health. In some cases, both fatal and non-fatal injuries can result.

- Intimate partner violence and sexual violence can lead to unintended pregnancies, gynaecological problems, induced abortions and sexually transmitted infections, including HIV. Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight.
- These forms of violence can lead to depression, post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress and suicide attempts.
- Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).
- A 2003 study revealed that Australian indigenous women were 28 times more likely than nonindigenous women to be admitted to hospital with assault injuries.
- Half of women with disabilities have experienced physical abuse.
- A study in India estimated that prenatal sex selective abortion and infanticide have resulted in half a million missing girls per year.
- According to the National Fertility and Family Health Survey in the Republic of Korea, among pregnancies that have had sex identification tests, 90 per cent of those with male foetuses led to normal births, whereas 30 per cent with female foetuses were terminated.
- In South Asia, more than 30 per cent of girls between the ages of 15 and 19 are married; early marriage can jeopardize girls’ health, education and economic autonomy, including through raising the risk of HIV infection.
- Social and inter-generational impacts: women prevented from full social, economic and political participation; loss of education; stigmatization; transmission of violence to future generations.

Economic Costs of Violence against Women

Direct cost of services: actual expenditure by individuals, Governments and businesses on goods, services and facilities; services to treat/support victims and to bring perpetrators to justice

- Indirect cost of lost employment and productivity: lost earnings for women, lost output for business, lost tax revenue for the State.
- Human pain and suffering: intangible cost for women and children.

Impact on Children

- Children who grow up in families where there is intimate partner violence may suffer a range of behavioural and emotional disturbances that can be associated with the perpetration or experiencing of violence later in life.
Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).

**Social and Economic Costs**

The social and economic costs are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children.

**Risk Factors**

Factors found to be associated with intimate partner and sexual violence – or risk factors – occurs within individuals, families and communities and wider society. Some factors are associated with perpetrators of violence, some are associated with the victims of violence and some are associated with both.

Risk factors for both intimate partner and sexual violence include:

- lower levels of education (perpetrators and victims);
- exposure to child maltreatment (perpetrators and victims);
- witnessing parental violence (perpetrators and victims);
- antisocial personality disorder (perpetrators);
- harmful use of alcohol (perpetrators and victims);
- males who have multiple partners or are suspected by their partners of infidelity (perpetrators); and
- Attitudes that are accepting of violence (perpetrators and victims).

Risk factors specific to intimate partner violence include:

- past history of violence as a perpetrator or victim;
- Marital discord and dissatisfaction (perpetrators and victims).

Risk factors specific to sexual violence perpetration include:

- beliefs in family honour and sexual purity;
- ideologies of male sexual entitlement; and
- Weak legal sanctions for sexual violence.

The unequal position of women relative to men and the normative use of violence to resolve conflicts are strongly associated with both intimate partner violence and sexual violence by any perpetrator.

From figure 5, we can also see that eight risk factors were selected to substantially classify individual women into “yes” and “no” classes of domestic violence experiences. These eight risk factors are: women’s household standard of living index, husband’s education level, marital duration, age of women, women’s status of work, educational level, number of children ever born, and husband’s work status. The tree structure indicates how these risk factors could be used to identify sub groups of women vulnerable to domestic violence in the future.
Prevention

Currently, there are few interventions whose effectiveness has been scientifically proven. More resources are needed to strengthen the primary prevention of intimate partner and sexual violence – i.e. stopping it from happening in the first place.

The primary prevention strategy with the best evidence for effectiveness for intimate partner violence is school-based programmes for adolescents to prevent violence within dating relationships. These, however, remain to be assessed for use in resource-poor settings. Evidence is emerging for the effectiveness of several other primary prevention strategies: those that combine microfinance with gender equality training; that promote communication and relationship skills within communities; that reduce access to, and the harmful use of alcohol; and that change cultural gender norms.

To achieve lasting change, it is important to enact legislation and develop policies that protect women; address discrimination against women and promote gender equality; and help to move the culture away from violence.

An appropriate response from the health sector can contribute in important ways to preventing the recurrence of violence and mitigating its consequences (secondary and tertiary prevention). Sensitization and education of health and other service providers is therefore another important strategy. To address fully the consequences of violence and the needs of victims/survivors requires a multi-sectoral response.

CONCLUSION

The study confirmed that:

- Violence against women is a widespread and serious problem.
- Violence against women is a violation of human rights, rooted in historically unequal power relation between men and women.
Violence against women takes many forms, both in the public and private spheres, and constitutes a continuum across women’s lifespan.

Forms of violence against women are exacerbated by the intersection of gender with other factors such as race, ethnicity, class, age, sexual orientation, etc.

**FUTURE ASPECTS**

- There remains an unacceptable gap between international standards on violence against women and national implementation.
- Partnership with non-governmental organizations provides important advantages in addressing violence against women.
- States must be ready to address new forms of violence against women as they appear and are identified.
- With political will and resources dedicated, violence against women can be seriously reduced.
- To end violence against women, the issue must be a local, national, regional and global priority.

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