Domestic violence has emerged as a central concern because it not only impedes women’s economic and social development and capacity for self-determination but also has serious impact on their physical and mental health. It is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. Its continued existence is morally indefensible. Its cost to individuals, to health systems and to society is enormous. Yet no other major problem of public health has been so widely ignored and so little understood.

**What is Domestic Violence?**

Domestic violence, also known as domestic abuse, spousal abuse, family violence, and intimate partner violence (IPV), has been broadly defined as a pattern of abusive behaviours by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation. It can be described as the power misused by one adult in a relationship to control another. It is the establishment of control and fear in a relationship through violence and other forms of abuse.

According to “The Protection of Women from Domestic Violence Act, 2005” any act, conduct, omission or commission that harms or injures or has the potential to harm or injure will be considered domestic violence by the law. It can take many forms, including physical abuse, sexual abuse, emotional, economic, and psychological abuse.

Physical abuse means any act or conduct which may cause bodily pain, harm, or danger to life, limb, or health or impairs the health or development of the aggrieved person and includes assault, criminal intimidation and force. Sexual abuse includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of woman.

Psychological and emotional abuse includes insults, ridicule, humiliation, name calling and insults or ridicule specially with regard to not having a child or a male child; and repeated threats to cause physical pain to any person in whom the aggrieved person is interested.

Economic abuse includes deprivation of all or any economic or financial resources, disposal of household effects, prohibition or restriction to continued access to resources or facilities to which the aggrieved person is entitled to use or enjoy by virtue of the domestic relationship including access to the shared household. The law covers children and live-in relationships also.

Domestic violence is perpetrated by, and on, both men and women. However, most commonly, the victims are women, especially in our country. Thus, domestic violence in Indian context mostly refers to domestic violence against women. The frequency of the violence can be on and off, occasional or chronic. Lenore Walker presented the model of a Cycle of abuse which consists of three basic phases i.e. the tension building phase, the violent episode phase and the honeymoon phase characterised by poor communication and tension, violent and abusive incidents, and affection and apology respectively.

**Magnitude of Domestic Violence**

Domestic violence is the most prevalent yet relatively hidden and ignored form of violence against women. Globally 20 to 50 percent women continue to suffer from domestic violence. A World Health Organization (WHO) multi-country study reported that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15 to 71 percent with the majority between 29 and 62 percent.

In India, the third National Family Health Survey (NFHS-3) shows that at least 37.2 percent ever-married women have ever experienced spousal violence. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59 percent. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%) (Kaur & Garg, 2008). The few studies available in India reveal high physical abuse of Indian women ranging from 18 to 70 percent.

“The authors are: 1. Lecturer and 2. Principal, College of Nursing, All India Institute of Medical Sciences, New Delhi.
Evidence on psychological and sexual violence is very limited. A multi-site study in India revealed that 15 percent of the women were subjected to one or more incidents of forced sex (ICRW, 2000). Because psychological violence is harder to capture in quantitative studies, a full picture of the deeper and more insidious levels of violence defies quantification.

A United Nation Population Fund report also revealed that around two-thirds of married women in India were victims of domestic violence. Violence in India kills and disables as many women between the ages of 15 and 44 years as cancer and its toll on women’s health surpasses that of traffic accidents and malaria combined.

Most of the data available on violence against women are believed to be not only conservative, but unreliable. Domestic violence is a crime that is under-recorded and under-reported.

What Causes Domestic Violence?
Domestic violence against women is an age-old phenomenon. As a result of deep-rooted patriarchal values it is viewed as a private matter. There is no single factor to account for violence perpetrated against women. Many institutional, social and cultural factors have kept women particularly vulnerable to the violence directed at them (Table 1).

Other factors such as observing violence between one’s parents while growing up, absence or rejecting father, and delinquent peer associations also play an important role.

Consequences of Domestic violence
Social consequences: The broader social costs are profound but difficult to quantify. Violence against women is likely to constrain poverty reduction efforts by reducing women’s participation in productive employment. It also undermines efforts to improve women’s access to education, with violence and the fear of violence contributing to lower school enrolment for girls. Domestic violence has also been shown to affect the welfare and education of children in the family.

Health consequences: Domestic violence is a major contributor to the women’s ill health. Domestic violence against women leads to far-reaching physical and psychological consequences, some with fatal outcomes.

Women suffer violent deaths directly through homicide or indirectly through suicide, maternal causes and AIDS. Violence is also an important cause of morbidity from multiple mental, physical, sexual and reproductive health outcomes. It is linked with known risk factors for poor health, such as alcohol and drug use, smoking and unsafe sex. This may contribute to increased risk of sexually transmitted infections including HIV.

In the WHO multi-country study, women who were in physically or sexually abusive relationships were more likely to report that their partner had multiple sexual partners and had refused to use a condom than women in non-violent relationships. Women who reported physical or sexual violence by a partner were also more likely to report having had at least one induced abortion or miscarriage than those who did not report violence (WHO, 2007). A study in the Indian states of Tamil Nadu and Uttar Pradesh also found that women who had been beaten were significantly more likely than non-abused women to have had an infant death or pregnancy loss from abortion, miscarriage, or stillbirth.

Domestic violence is closely related to suicide. Suicide is 12 times as likely to have been attempted by a woman who has been abused than by one who has not (UNICEF, 2006). In a community-based study in India, of the 40 percent women who reported experiencing any violence during their marriage, 56 percent indicated to

<table>
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<tr>
<th>Table 1 - Factors That Perpetuate Domestic Violence</th>
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<tbody>
<tr>
<td>Cultural</td>
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<tr>
<td>• Gender-specific socialization</td>
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<tr>
<td>• Cultural definitions of appropriate sex roles, expectations of roles within relationships</td>
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<td>• Belief in the inherent superiority of males</td>
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<td>• Values that give men proprietary rights over women and girls</td>
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<td>• Notion of the family as the private sphere and under male control</td>
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<td>• Customs of marriage (bride price/dowry)</td>
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<td>• Acceptability of violence as a means to resolve conflict</td>
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<tr>
<td>Economic</td>
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<tr>
<td>• Women’s economic dependence on men</td>
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<tr>
<td>• Discriminatory laws regarding inheritance, property rights, and maintenance after divorce or widowhood</td>
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<tr>
<td>• Limited access to employment, education and training for women</td>
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<tr>
<td>Legal</td>
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<tr>
<td>• Lesser legal status of women either by written law and/or by practice</td>
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<tr>
<td>• Laws regarding divorce, child custody, maintenance and inheritance</td>
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<tr>
<td>• Legal definitions of rape and domestic abuse</td>
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<tr>
<td>• Low levels of legal literacy among women</td>
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<td>• Insensitive treatment of women and girls by police and judiciary</td>
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<tr>
<td>Political</td>
</tr>
<tr>
<td>• Under-representation of women in power, politics, the media and in the legal and medical professions</td>
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<tr>
<td>• Domestic violence not taken seriously</td>
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<td>• Notions of family being private and beyond control of the state</td>
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<td>• Risk of challenge to status quo/religious laws</td>
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<td>• Limited organization of women as a political force</td>
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<td>• Limited participation of women in organized political system</td>
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(Source: Heise, 1994)
have poor mental health (Kumar et al, 2005).

In yet another study on coping by nurses experiencing domestic violence by their marital partners in New Delhi, we found over half the study subjects who experienced violence ever in life reported that violence affected their physical and mental health and caused inability to concentrate.

In India, one incident of violence translates into the women losing seven working days. In the United States, total loss adds up to 12.6 billion dollars annually and Australia loses 6.3 billion dollars per year.

**Impact on children:** Children, who have witnessed domestic violence or have themselves been abused, exhibit health and behaviour problems related to their weight, eating and their sleep.

They are more likely to: Have difficulty at school; Find it hard to develop close and positive friendships; Try to run away; Display suicidal tendencies; Become adults who engage in violent behaviour both inside and outside the home and Accept violence as the norm in a marriage.

**Why do women stay in abusive relationships?**

The reasons victims stay in abusive relationships are varied (Melrose Alliance, 2011). Fear – Victims fear the physical harm that might come if they attempt to leave; Love – Truly having deep feelings for the abusive partner; Promises – Promises that this abuse will never happen again; Confusion between being loved and being controlled by their partner; Guilt – Being made to think that the abuse is their fault; Not Being Believed – A strong fear that nobody will believe them if they speak out against the abuse; Thinking They Can Change Them – The belief that over time the victim can change the abusive partner; Low Self-Esteem – Feeling that they can do no better than their current relationship; Being Alone – Fear of losing mutual friends, relatives and others associated with the relationship; Financial – Money, children and no place to go.

Our study on domestic violence among nurses in India found that almost one quarter of the study subjects stayed with marital partner inspite of domestic violence for the sake of family/children (26.7%), not wanting to leave children (23.3%) or considered the violence normal (23.3%).

**Addressing Domestic Violence**

The growing understanding of the impact of violence needs to be translated into investment in primary, secondary and tertiary level prevention including both services that respond to the needs of women living with or who have experienced violence and interventions to prevent violence (WHO, 2007).

**Role of the society:** A multi-layered strategy to address the structural causes of violence against women while providing immediate services to victim-survivors ensures sustainability. When planning interventions, all stakeholders should be kept in mind. They operate at several levels i.e. family level, community level, within the society, state level, and at international level. Five underlying principles should guide all strategies and interventions attempting to address domestic violence: prevention, protection, early intervention, accountability and rebuilding the lives of victim-survivors.

Violence against women is both a consequence and a cause of gender inequality. The Millennium Development Goal regarding girls’ education, gender equality and the empowerment of women reflects the international community’s recognition that health, development, and gender equality issues are closely interconnected.

**Role of health care providers:** The health sector can play a vital role in preventing violence, helping to identify abuse early, providing victims with the necessary treatment, and referring women to appropriate care. It has potential to deal with violence against women, particularly through reproductive health services. However, this potential is far from being realised partly because stigma and fear make many women reluctant to disclose their suffering. Also few doctors, nurses or other health personnel have the awareness and the training to identify violence as the underlying cause of women’s health problems.

Experience, primarily in industrialized countries, has shown that public health approaches to violence can make a difference. The public health experts have a potential to train personnel specialized to address the needs of victims of domestic violence and conduct studies on the ideological and cultural aspects of domestic violence.

**Role of nursing personnel:** A nurse-midwife may be one of the first professionals domestic abuse victims talk to about the abuse. They have a special opportunity to identify, intervene, and support victims of domestic violence.

Nursing being largely a women workforce, nurses are well placed to enable women make their fertility related decisions. Nurses can help women in general and the victims of domestic violence in particular by:

- Generating awareness on the issue by developing and disseminating materials and messages
- Negotiating and lobbying for network of health, nutrition and welfare services for women
- Promoting and monitoring growth and development of girl child
- Advocating for healthy parenting and child rearing practices that involves a healthy and caring attitude towards women
- Encouraging men participation in activities related to women’s health
and wellbeing
- Encouraging women in informed decision making and involving her family/ friends if so desired
- Working proactively in preventing all acts detrimental to the health and autonomy of women like nonparticipation in sex selective abortions
- Identification of cases of domestic violence against women by appropriate screening,
- Providing requisite care
- Doing safety assessment and safety planning
- Maintaining medical/ nursing records keeping in mind the medicolegal issues
- Referring victims to appropriate community resources
- Maintaining patient privacy and confidentiality
- Avoiding the judgmental and victim – blaming behaviour
- Participating in/ conducting research on various facets of domestic violence

Mainstreaming a gender perspective in nursing care would greatly improve access to safe and quality health care for women. Nurses need to adopt holistic approach in planning and provision of care to women rather than focusing only on reproductive health. They must work with all other stakeholders including survivors of domestic violence, educational, legal, judicial and social sectors.

Being predominantly females nurses themselves may be the victims of domestic violence often. This may undermine their self esteem and influence their attitude and potential for managing women experiencing domestic violence. For effective role performance, capacity building is necessary to empower nurses. In India the issue of domestic violence is almost negligible in the nursing curricula. Being a public health problem, it should be integrated in the curricula of all nursing programmes with special focus on role of nurses in managing victims of domestic violence. Training for nurses is necessary to guide them on the early screening and identification of women who are suffering domestic violence. Also there should be protocols that guide to implement standards.

**Conclusion**

Despite all legislations and policy commitments and planning, women remain a vulnerable group. In January 2005, India implemented its first law aimed at tackling domestic violence (The Protection of Women from Domestic Violence Act, 2005) to protect the rights of women who are victims of violence of any kind occurring within the family and to provide for matters connected thereto or incidental thereto. The big challenge now is to enforce it in true sense. Merely a bill in place will not prevent domestic violence; it requires a constant monitoring and review as well as a change in mindsets.

Domestic violence against women is a health, legal, economic, educational, development and above all a human rights issue. It needs to be examined thoroughly, and best strategies are to be identified and applied. Gender concerns have to be mainstreamed in all aspects of public expenditure and policy as women are equal citizens in the country. All forms of domestic violence against women need to be eliminated with integrated efforts of all sectors including the health care system.

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