

# Intimate Partner Violence

Evidence in the World Report on Violence and Health reinforces that one of the most common forms of violence against women is that perpetrated by a husband or an intimate male partner. Intimate partners, often in the context of an abusive relationship, commit 40-70% of homicides of women worldwide; whereas men are most likely to be attacked by another male or an outsider.

Intimate partner abuse is generally part of a pattern of abusive behaviour also known as “wife-beating”, “battering”, or “domestic violence”. Women face the threat of violence in various forms throughout their lives (Table 1). Apart from physical assault, intimate partner abuse includes psychological abuse, such as constant belittling, intimidation, humiliation and coercive sex. This form of abuse is also present in controlling behaviours such as isolating a woman from family and friends, monitoring her movements and restricting her access to resources and services (including healthcare services).

Prenatal	Sex-selective abortion, battering during pregnancy, coerced pregnancy
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care for girl infants
Childhood	Child marriage, genital mutilation, sexual abuse by family members and strangers, differential access to food and medical care, child prostitution, trafficking in women.
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the work place, rape sexual harassment, forced sex
Reproductive	Abuse of women by intimate male partners; marital rape, dowry abuse and murder; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities
Old Age	Abuse of widows, abuse of elderly (affects women more than men)

## Extent of the problem

- Intimate partner violence is a major health concern in South-East Asia.
- Upto 50% women reported physical violence by their husbands or partners in SEAR.<sup>2</sup>
- Some studies in Nepal have reported higher rates of violence - 82% victims reported knowing about beating and 66% reported knowledge of assaults.<sup>3</sup>

- Violence-related injuries were the fifth most common cause of maternal deaths in rural Bangladesh.<sup>4</sup>
- 1 842 women aged between 15-39 years from two districts in Uttar Pradesh in North India and Tamil Nadu in South India reported 42-48% and 36-38% prevalence of violence respectively.<sup>5</sup>
- Effects of such violence on victims range from relatively minor cuts and bruises to permanent disabilities and death.
- Most victims of physical aggression are subjected to multiple acts of violence over an extended period of time.
- Physical violence in intimate relationships is often accompanied by psychological abuse, and in a third to over a half of the cases by sexual violence.
- Partner violence accounts for 40-70% murders, where women are killed by their husband or boyfriend, often during ongoing abusive relationships.<sup>6</sup>
- Treatment for injuries or trauma has emerged as a need for women that is almost on par with reproductive healthcare.
- Psychological and emotional trauma caused by violence remain issues for further exploration.

## Forms of intimate partner violence

**Death due to burns.** According to UNIFEM more than 12 women die every day as a result of dowry disputes, mostly in kitchen fires designed to look like accidents.<sup>7</sup> Stove-burning - a phenomenon that is common in India - could in some cases be linked to dowry demands. A study conducted in Chandigarh (India) found that married women comprised 78% of total female burn fatalities. 55% of these fatalities were aged between 21-30 years.<sup>8</sup>

**Acid Attack.** In Bangladesh, acid is thrown on a girl or a woman to punish or penalise her for rejecting a suitor. There were 117 cases of acid throwing in Bangladesh during January to December 1997. This is a cause of concern in the country.<sup>9</sup>

**Battering during pregnancy.** In South-East Asia, as elsewhere, physical or sexual abuse of pregnant women and its effects on unborn children is insufficiently documented - particularly when it occurs in the family.

### Governments are responding...

In some countries domestic violence is so prevalent that it is even accepted by some as a sign of manliness. In a recent family health survey, carried out in India, (1998-99) almost three out of five women (50%) believed that wife beating is justified for at least one of six reasons, including going out without informing the husband. However, it is now becoming increasingly recognized that violence against women is a human rights violation. Though progress has been slow, countries have now enacted legislation to prevent violence against women. Thus, Bangladesh has the Dowry Prohibition Act Ordinance and the Cruelty to Women (deterrent punishment) Ordinance. India has recognized a new criminal offence (dowry deaths) in the Indian Penal Code. Many nongovernmental organizations in the countries are active in providing legal assistance and counselling to women who are victims of gender violence. Strict law enforcement measures are being undertaken by the Government of Myanmar to prevent violence and its adverse health consequences.<sup>10</sup>

**Rape.** In India, 16 496 cases of rape were reported in 2000.<sup>11</sup> In Thailand in 1995, 31% of 139 women who were raped were also killed by the perpetrator - 72 victims were girls under 15 years of age.<sup>12</sup>

**Physical abuse and sexual abuse.** A multi-site household survey in India in 2000 found physical, mental harassment and forced sex mentioned in the context of physical violence. Sexual control was also another area of conflict mentioned by the women in the study.<sup>13</sup> Sexual abuse including forced intercourse during marriage and refusal to use condoms puts women at risk of unwanted pregnancies, HIV/AIDS and STIs and also damages women's mental health.<sup>14</sup>

A study from Myanmar (2000) shows that a majority of women respondents seek help from parents and also community elders, neighbours and relatives in case of domestic violence. The largest percentage of respondents do not seek help from anyone because they feel it is their personal affair.<sup>15</sup>

A brief report from Maldives mention divorce and harassment in public places (specifically eve-teasing) as common phenomena. Eve-teasing in particular leads to feeling of insecurity and disempowerment among women.<sup>16</sup>

## Violence increases the health burden

The **psychological consequences** of abuse are often as grave as physical violence. The experience of abuse often erodes women's self-esteem and increases their vulnerability to a variety of mental health problems, including depression and anxiety, chronic fatigue, nightmares, eating disorders, post-traumatic stress disorder, suicide, alcohol and drug abuse. Abuse may lead these women to take their own lives.

Studies have shown that 16% of maternal deaths in Maharashtra (India) during 1993 – 1995 and 14 % deaths in Bangladesh from 1982-1990 were caused by domestic violence.<sup>17</sup> Violence against a pregnant woman may also result in miscarriage or perinatal death.<sup>18</sup>

**Unwanted pregnancies.** These are often the result of rape or inability to access and negotiate contraceptive use - which is a form of psychological abuse.

**Unsafe abortions.** These are common following rape, incestuous relationships and unwanted pregnancies and may be life threatening.<sup>19</sup> Illegal abortions in Bangladesh account for 10 per cent of maternal mortality.<sup>20</sup>

**HIV/AIDS transmission.** Coercive sex with minors and young girls is common due to the belief that HIV/AIDS is either less likely to occur or can be cured by sex with a virgin.

Documenting the prevalence or incidence of gender-based violence is an extremely difficult and sensitive task that poses many ethical dilemmas to the researcher. The task is rendered particularly difficult owing to the reluctance of women affected to report violence or abuse. However, some progress has been made in recent years.<sup>21</sup>

### One-stop crisis centres in Thailand

In order to serve women who had been physically or sexually assaulted and approached hospitals for services, the Government of Thailand has established several one-stop crisis centres in some public hospitals. Abused women usually receive medical care without further probing of the cause of injury, in order to minimize victimization.

Several studies of violence against women have been reported in the WHO/SEARO publication titled, 'Women of South-East Asia: A Health Profile (2000)'.

## Preventing violence and strengthening care

Resolving violence by intimate partners requires involvement of many sectors working together at community, national and international levels. Prevention campaigns at the national and local levels involving small-scale media for awareness generation, introducing programmes on

gender (through Life Skills Education) in schools, conducting research and documentation of various strategies and interventions for combating intimate partner violence need to be explored by SEAR countries.

The World Health Organization is preparing *Guidelines for Improving Health Sector Response to Sexual Violence*. Following a consultation in June 2001, guidelines are being prepared for country-level actions to strengthen policies for health and medico-legal services for victims of sexual violence.<sup>22</sup>

### What physicians can do...

The All Women's Wing of the Indian Medical Association featured the topic of "violence against women – what physicians can do to stop it" at their 1997 annual meeting. This is an example of what the health sector can do for violence prevention.

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- 17 Ganatra, BR; Coyaji, KJ; Rao, VN. *Community cum hospital based case-control study on maternal mortality: a final report*. Pune: KEM Hospital Research Centre; 1996.
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- 22 World Health Organization. *Guide to United Nations resources and activities for the prevention of interpersonal violence*. Geneva; 2002.