

Gender-Based Violence is a growing problem in India

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Abstract

This paper studies Gender-Based Violence (GBV): husband's domestic violence, to control wife/partner, using Indian household surveys and crime data. Different types of violence are examined separately, using 2005-6 Demographic and Health Surveys, & other surveys from 1992 to 2017. Much domestic violence seems to be husbands attempting to control wives. India's 2005 'Protection of Women from Domestic Violence Act' appears partially successful in reducing GBV; but there is evidence of a long-term increase in GBV risk. Some possible explanations are investigated.

Keywords

Gender-Based Violence; India; household survey; crime

1 Introduction

This paper investigates physical domestic violence against women, in India. It excludes sexual violence such as marital rape, and psychological violence such as humiliation (threats to use weapons are included, because some surveys combine this with weapon use). Many household surveys report prevalence of specific violent acts such as punches & kicks.

This paper focuses on Gender-Based Violence (GBV): a man using domestic violence against his female partner, to control her. GBV is global – perhaps afflicting 30% of women; prevalence varies between countries (Palermo et al., 2014: 602). Violence against women is “an expression of power asymmetry between men and women” (Himabindu et al., 2014).

This paper studies India, where increasing violence against women is reported. In 2005, India enacted the 'Protection of Women from Domestic Violence Act'; this paper considers whether or not it reduced GBV.

2 Literature review

India is an import case study. India was one of the first countries with a woman Prime Minister (Indira Gandhi, from 1966) and woman President (Pratibha Patil, from 2007). Despite such achievements, India has a huge and growing GBV problem (Himabindu et al., 2014; NCRB, 2016; Verma et al., 2017). The Indian government created the 2005 'Protection of Women from Domestic Violence Act' (PWDVA) (Babu & Kar, 2009; Peirotti, 2013: 244).

Many factors affect GBV; this paper cannot examine them all. Influences include wife's job; family income; and urbanisation (Babu & Kar, 2009; Peirotti, 2013: 255). Rigid gender roles in India may cause GBV (Martin et al., 2002: 561). A man is more likely to use GBV, if (as a child) he saw violence between his parents (Martin et al., 2002: 569). Alcohol consumption by husbands increases GBV risk (Coast et al., 2012). GBV risk is lower for educated women (Babu & Kar, 2009; Peirotti, 2013: 255); education may improve gender equality (Himabindu et al., 2014).

We might expect GBV prevalence to rise, if women reject traditional ideas: "conflict is likely to increase as their freedom increases" (Mittal, 2008). "According to the theory of patriarchal control, husbands develop standards of gratification for completely dominating their wives and children. When this domination is threatened they feel deprived, suffer psychic distress and in their uncontrollable rage they beat their wives for domestic domination" (Mathur, 1996: 48). "Violence as a punishment for women's actions is closely linked to men's sense of entitlement to certain masculine privileges. [...] For example, domestic violence related to women not cooking food properly is linked to men's sense of entitlement to food cooked by his wife in the time and manner that he wants. When women do not perform their tasks properly men feel that it is appropriate and right to punish them" (Satish Kumar et al., 2002: 14). Some writers claim women's employment challenges patriarchy, provoking violence: but "employment may be an effect rather than a cause, a means of survival rather than a manifestation of empowerment. A woman may be more likely to seek work if her family is poor, her home environment unstable, and her husband drinks or is having extramarital sex" (Das et al., 2013: 9). A similar view is 'Gender deviance neutralization' (GDN), summarised in Simister (2013); "women and men take part in gender deviance neutralizing behavior; that is, they exaggerate behaviors that contradict a deviant economic identity (e.g., breadwinner wife and supported husband)" (Evertsson & Neramo, 2004: 1273).

This paper uses the 2005-6 'Demographic and Health Survey' (DHS), based on 'Conflict and Tactics Scale' (CTS); Alhabib et al. (2010: 372) report CTS is the most widely-used approach, worldwide. This paper separates data on specific acts, such as slap: CTS assumes "certain acts (such as a slap) are understood as violence in all languages and places" (Piedalue, 2015: 68). CTS has been criticised: Merry (2016: 77) wrote "in the absence of considerations of frequency or fear, it indicates that men and women are relatively equal in their acts of violence, since it equates a single slap with a pattern of ongoing and injurious

hits [...] It is in the acts of aggregation and categorization that power comes into play. Once decisions about categorization and aggregation are made, the categories may come to seem objective and natural” (Merry, 2016: 85). Merry’s criticisms of CTS (and by implication, DHS) seem unpersuasive: DHS do report how often GBV occurs; and DHS survey collectors IIPS & Macro International (2007, Volume 1: 493) state “because women bear the brunt of domestic violence, they disproportionately bear the health and psychological burdens”. Nevertheless, CTS isn’t perfect: “All women would probably agree what constitutes a slap, but what constitutes a violent act or what is understood as violence may vary among women and across cultures” (Kishor & Johnson, 2004: 5-6). DeKeseredy & Schwartz (1998) criticise CTS: “A push out of the way is different than a push down a flight of stairs”. Piedalue (2015: 83) claims DHS/CTS “is an insufficient measurement tool for documenting or understanding a complex issue like domestic violence”. Future researchers could collate more qualitative and quantitative evidence, such as focus groups & interviews: Rathod et al. (2011) found much higher GBV prevalence in face-to-face interviews, than in questionnaire-based surveys. Meanwhile, what can we learn from surveys such as DHS, which are based on CTS or similar approaches?

3 Data and methods

This paper builds on evidence collated by Ellsberg & Heise (2005: 1-2), and Kalokhe et al. (2017), and the author’s internet searches. This paper reports all Indian GBV prevalence rates known to the author which they report specific violent acts such as ‘slap’, except unrepresentative samples. Solomon et al. (2009: 767) found high domestic violence prevalence in slum areas; samples only including slum-dwellers are excluded from this paper. Samples taken in health clinics (apart from surveys of women seeking pregnancy care) are excluded, because they may over-state GBV prevalence (women might attend because they were GBV victims). Surveys not reporting year of fieldwork are excluded. A separate spreadsheet is available showing data-processing by the author (for example, Khosla et al. (2005) found 10 women experienced kicking and/or biting; the author assumed half of them were kicked). Many other surveys may exist (e.g. this paper only reports English-language publications).

Surveys tend to underestimate the problem of GBV (Palermo et al., 2014: 602). Crime data also understates GBV prevalence: only a small fraction of domestic violence is reported to the police (Gupta, 2014); India’s GBV crime-rate may be around 44 times the number of crimes reported by the police (Palermo et al., 2014: 609). Some women may not report GBV because they feel it makes no difference: there are barriers to prosecution for GBV in India (Martin et al., 2002: 570).

Bhattacharyya, Bedi & Chhachhi (2011: 1686) “tried to collect information on (i) whether there has ever been an incidence of spousal physical violence and (ii) whether there has been any spousal violence in the 12 months preceding the survey. However, it was difficult for respondents to distinguish between these two questions and the survey question essentially became (i)”. This paper reports data on GBV in the 12 months preceding interviews; if a survey only reports ‘ever experienced’ GBV, the ‘last 12-months’ prevalence rate is assumed to be half of the ‘ever experienced’ rate (an assumption based on the author’s research).

The largest samples for studying GBV are DHS; at the time of writing, only limited results are available for DHS India 2015-6. This paper focuses largely on DHS 2005-6: female respondents age 15-49, considering the seven types of GBV in DHS 2005-6 (IIPS & Macro International, 2007 Volume 2: 128): “(Does/did) your (last) husband ever do any of the following things to you:

- a. Slap you?
- b. Twist your arm or pull your hair?
- c. Push you, shake you, or throw something at you?
- d. Punch you with his fist or with something that could hurt you?
- e. Kick you, drag you or beat you up?
- f. Try to choke you or burn you on purpose?
- g. Threaten or attack you with a knife, gun, or any other weapon?”

CTS is not the only approach used for surveys included in Chart 2. For example, IndiaSAFE assessed four types of physical violence: “slap (open hand)”; “hit or punch (closed hand)”; “kick”; and “beat (repeated hitting)” (Jeyaseelan et al., 2004). The modified ‘Abuse Assessment Screen’ (AAS) define slap as “use of the assailant’s hand on the victim’s face” (Varghese et al., 2013: 143).

This paper also uses ‘Work, Attitudes and Spending’ surveys (Simister, 2013), carried out in urban areas since 1992 by Indian Market Research Bureau, using clustered sampling of households. Married men & women of all adult ages were included. Sample details are shown in Appendix Table 2; questionnaires are at www.was-survey.org WAS surveys don’t ask about specific acts such as slap or punch, so they are excluded from Chart 2. WAS surveys since 2007 ask women and men:

Have you ever used violence against your partner? (yes/no)

Has your partner ever used violence against you? (yes/no)

Combined with respondent’s gender, this provides an estimate of GBV prevalence.

4 Results

In India, acceptance of GBV fell from DHS 1998 to 2006 (Peirotti, 2013: 252); this suggests GBV prevalence will fall, but Chart 1 suggests the opposite. Chart 1 shows the number of women seeking counselling from SNEHA (Mumbai), reported by Daruwalla et al. (2015: 27-8, Figures 1 & 3). Chart 1 also shows rates of domestic violence crime: 'Cruelty by husband or other relatives'; the rate may have been increased by the 2005 PWDVA (IIPS & Macro International, 2007: Volume 1: 493).

Chart 1: evidence of increasing GBV in India

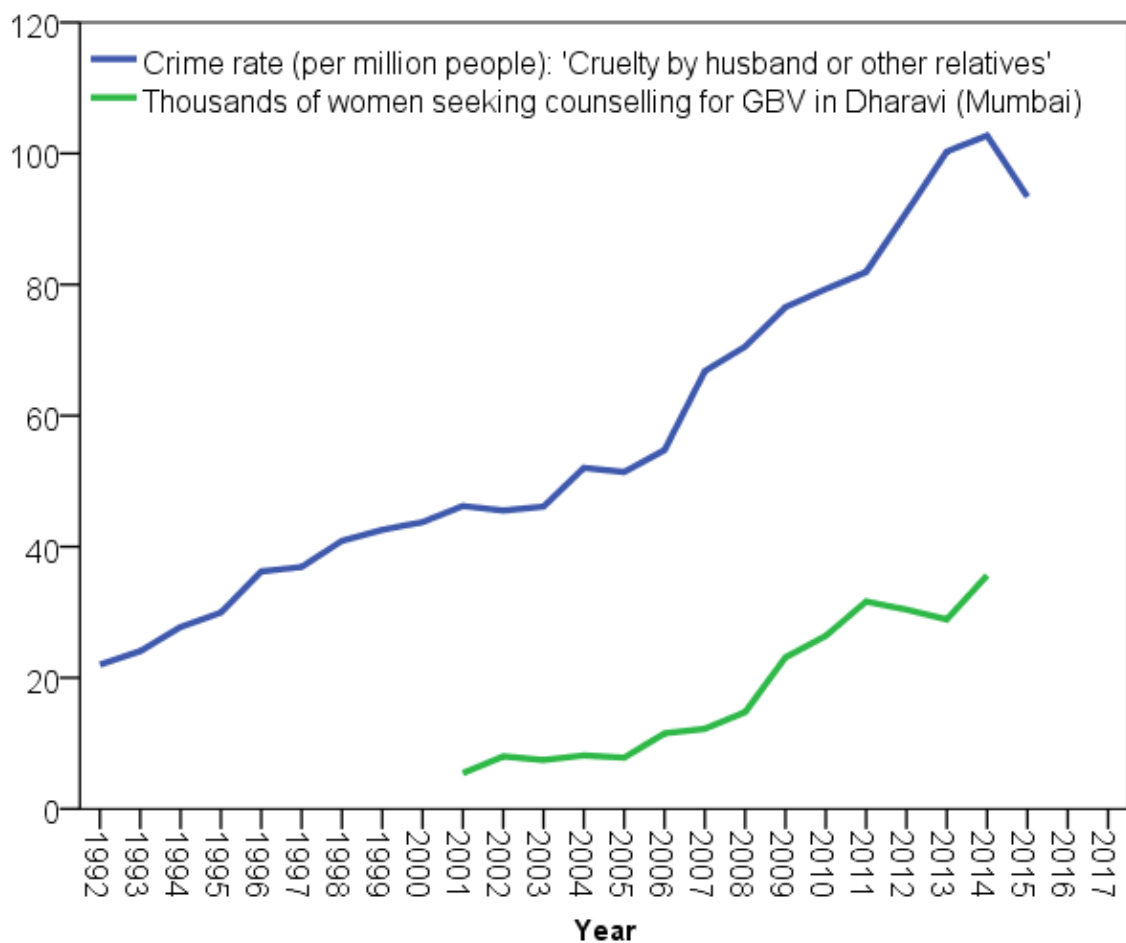


Chart 2 shows GBV prevalence for specific violent acts; if two or more surveys were carried out in the same year, prevalence rates are combined (using weighted averages, with sample-sizes as weights). Many factors influence GBV risk, such as geographical area. Appendix Table 1 reports surveys used; it is hard to assess how much survey results are affected by (for example) age-range of each sample.

Chart 2: trends in seven types of GBV

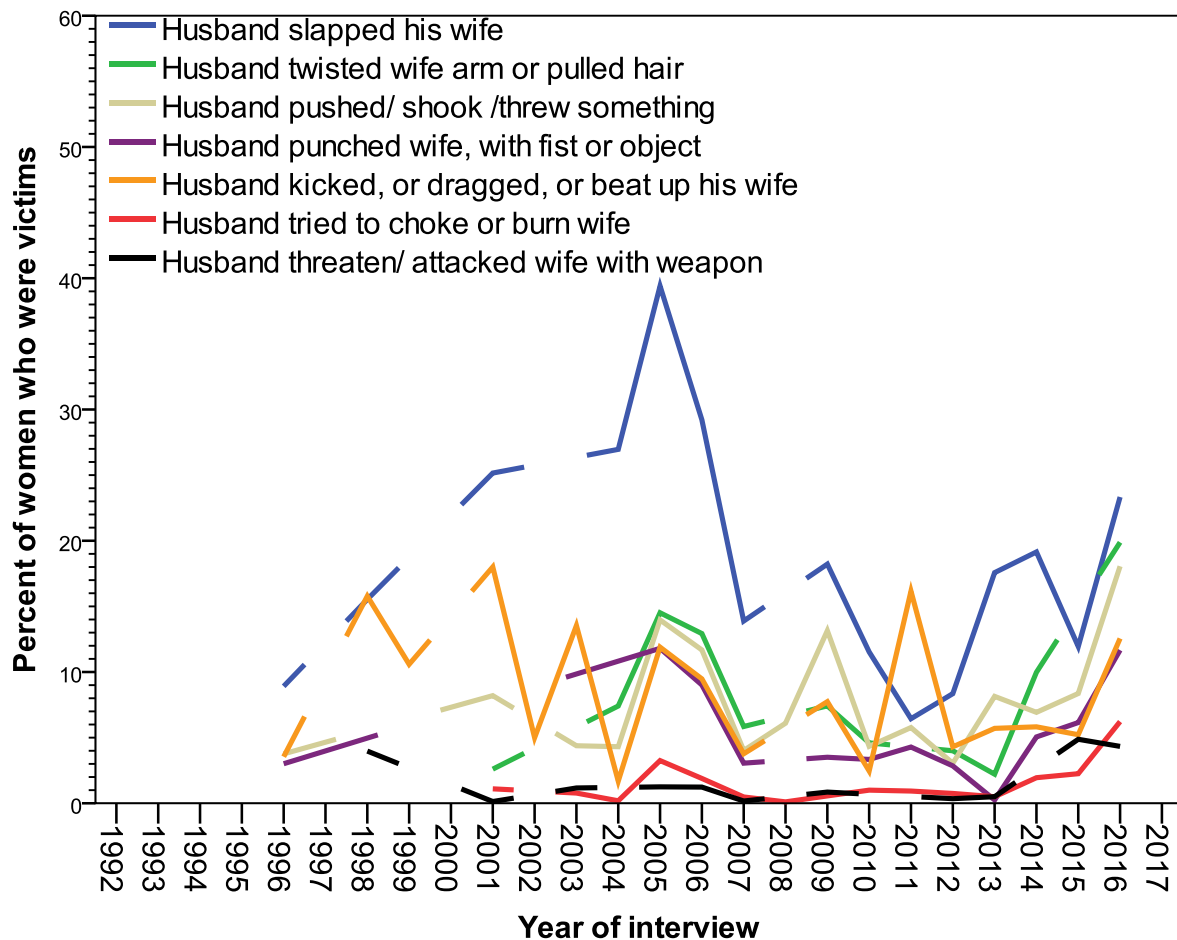


Chart 2 seems N-shaped: GBV prevalence generally rose from 1996 to 2005, fell to 2007, then increased again. Chart 2 suggests the 2005 PWDVA reduced the risk of a woman experiencing some GBV acts (such as being slapped); but for other acts (such as threatened /attacked with a weapon), PWDVA had less apparent effect – there seems to be an upward trend. Hence, apart from the fall around 2005 to 2007, Chart 2 is broadly consistent with evidence in Chart 1 of increasing GBV since 1992. WAS surveys from 2007 assess GBV differently (see ‘Data and Methods’ section), but confirm the upward trend in Chart 2: in WAS surveys, the fraction of women experiencing ‘violence’ rose from 7% in 2007, to 12% in 2012, and 13% in 2017. The rest of this paper attempts to explain the apparent rise in GBV prevalence.

The following Tables use DHS 2015-6 data, to assess the possibility that GBV risk increased because men feel threatened by ‘modern’ attitudes (see literature review). Is male violence an attempt to assert control over his wife? One approach is examining how women’s earnings affect GBV risk. Table 1 uses wife’s response to “Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?” (IIPS & Macro International, 2007: Volume 2: 119), and data on employment of spouses.

Table 1: GBV prevalence rates, by wife's earnings.

<i>Wife's earnings: fraction of (wife + husband earnings)</i>	Husband slapped his wife	Husband twisted wife arm or pulled hair	Husband pushed/shook /threw object	Husband kicked, dragged, or beat up wife	Husband punched wife, with fist or object	Husband tried to choke or burn wife	Husband threaten/ attacked wife with weapon
<i>Zero</i>	27	11	10	8	8	2	1
<i>under half</i>	36	16	15	12	11	2	2
<i>about half</i>	32	15	12	10	9	2	1
<i>over half</i>	38	20	17	17	13	3	3
<i>All</i>	42	25	22	19	19	6	4

Source: DHS 2005-6

The lower rows of Table 1 show that in 2005-6, GBV was more common where women was the main earner (columns relate to lines in Chart 2). For example, 8% of women with no job were kicked/dragged/beaten; this was 10% if husband & wife earned similar amounts, and 19% if she was the only earner in the marriage. Hence, Table 1 suggests women's earnings may cause GBV; this is discussed below.

Table 1 is consistent with GDN, but other theories may be more persuasive explanations. For example, "Women who controlled an income were more likely to report violence [...] Women who did not hand over their earnings to their husbands as well as those who reported being responsible for meeting household expenses were more likely to report marital violence" (Krishnan, 2005: 97).

Table 2: apparent effects of different types of GBV on women

<i>Effect on wife</i>	slap	twist arm or pull hair	push /shook /threw object	kick, drag or beat up wife	punch, with fist or object	tried to choke or burn	threaten/ attacked wife with weapon
<i>bruised</i>	36%	55%	57%	64%	66%	79%	75%
<i>burnt, dismembered, or disabled</i>	2%	4%	5%	5%	5%	14%	15%
<i>injured</i>	10%	19%	20%	24%	25%	45%	44%
<i>wounded, or bone/tooth broken</i>	7%	14%	16%	19%	20%	37%	40%

Source: DHS 2005-6

In Table 2, all seven types of GBV seem harmful; but a man may use more than one type of violence, so it's unclear which type of GBV is most harmful. Table uses DHS 2005-6 classifications (in d106 and d107 variable labels) of 'severe' and 'less severe'. To simplify seven columns in Table 2 into three columns in Table 3, women choked/burned or threatened/attacked with weapons are treated as a 'severe' GBV victim. Women are considered 'less severe' GBV victims if they experienced one or more of: slap; twist arm/pull hair; push/shook/threw object; kick/drag/beat up wife; punch. Some DHS respondents experienced GBV other than the seven CTS types.

Table 3: effects of 'severe' and 'less severe' GBV

<i>Effect on wife:</i>	Neither severe or 'less severe' GBV	'less severe' GBV	'severe' GBV
<i>Bruised</i>	4 %	21 %	64 %
<i>Burnt, dismembered or disabled</i>	0 %	1 %	5 %
<i>Injured</i>	0.4%	3 %	24 %
<i>Wounded, or bone/tooth broken</i>	0.2%	2 %	19 %

Source: DHS 2005-6

Table 3 shows 'severe' GBV is responsible for most injuries. This clarifies Charts 1 and 2: the two 'severe' GBV lines at the bottom of Chart 2 are more associated with prosecution (and the increasing crime-rate in Chart 1); whereas five 'less severe' GBV types in Chart 2 are very unlikely to lead to prosecution.

Another indicator of balance-of-power is household financial management. DHS 2005-6 asked women: "Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else? [...] Decisions about making major household purchases?" Table 4 shows a cross-tabulation of this variable, with injuries.

Table 4: associations between household decisions and domestic violence

<i>Who makes decisions on major household purchases?</i>	ever bruised by husband?	ever burnt/dismembered /disabled by husband?	ever injured by husband?	ever had wound or broken bone/tooth by husband?
<i>husband has final say</i>	34 %	2 %	9 %	6 %
<i>husband & wife decide</i>	29 %	1 %	7 %	5 %
<i>other household members</i>	34 %	2 %	7 %	5 %
<i>wife has final say</i>	38 %	3 %	14 %	11 %

Source: DHS 2005-6

Table 4 shows a much larger risk of GBV in the bottom row, where wives make family decisions. Table 4 cannot explain all the complexities of family decision-making; but it is consistent with the GDN approach, which claims many men prefer traditional values and male dominance.

Similar to the DHS question in Table 4, is this question in WAS surveys: “Who makes the important financial decisions in your household like children’s schooling, family outing, purchase of durable goods like fridge, TV etc.?” Respondents chose one answer from: Husband; Wife; Husband and wife together; Parents; Other. Results, in Chart 3, reveal large changes since 1992 (the fraction stating ‘Parents’ and ‘Other’ are not shown in Chart 3).

Chart 3: trends in husband's financial control

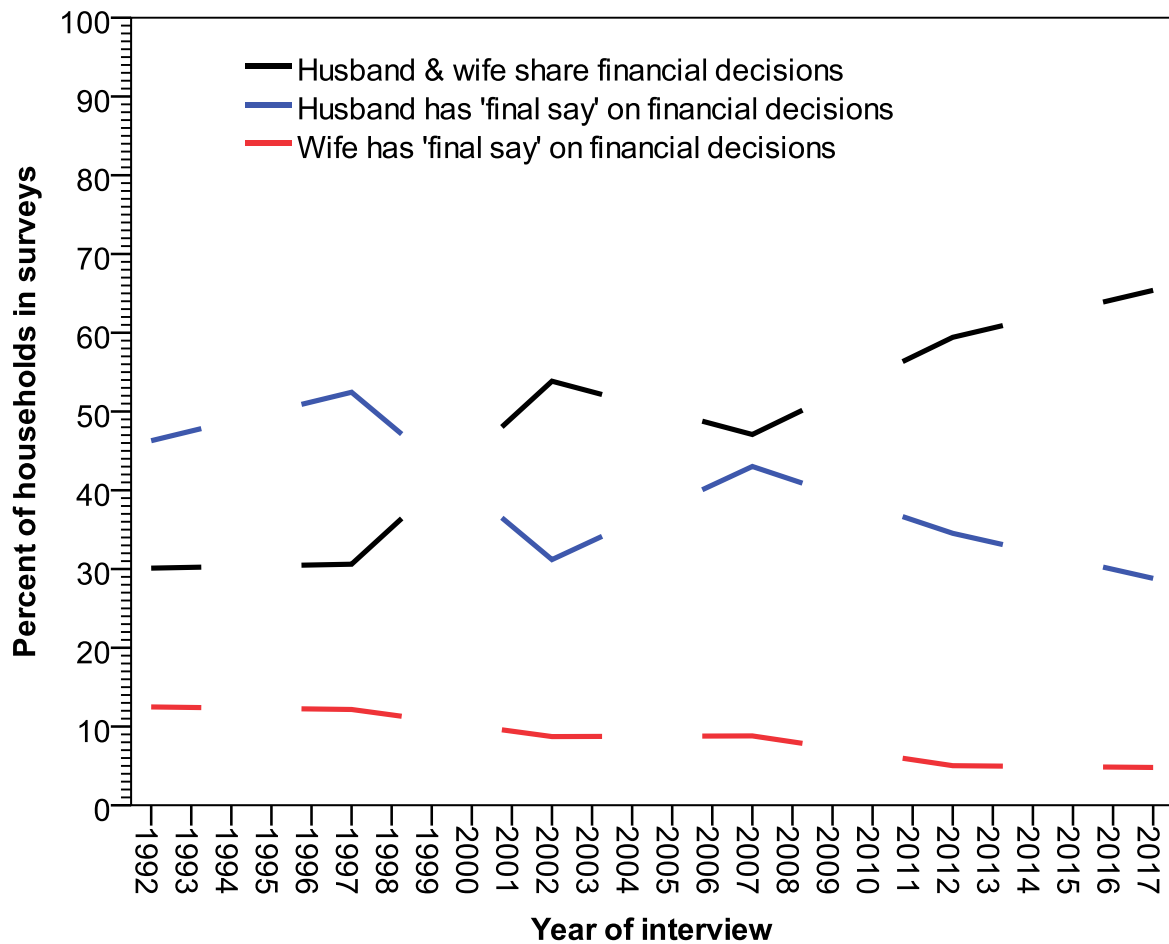
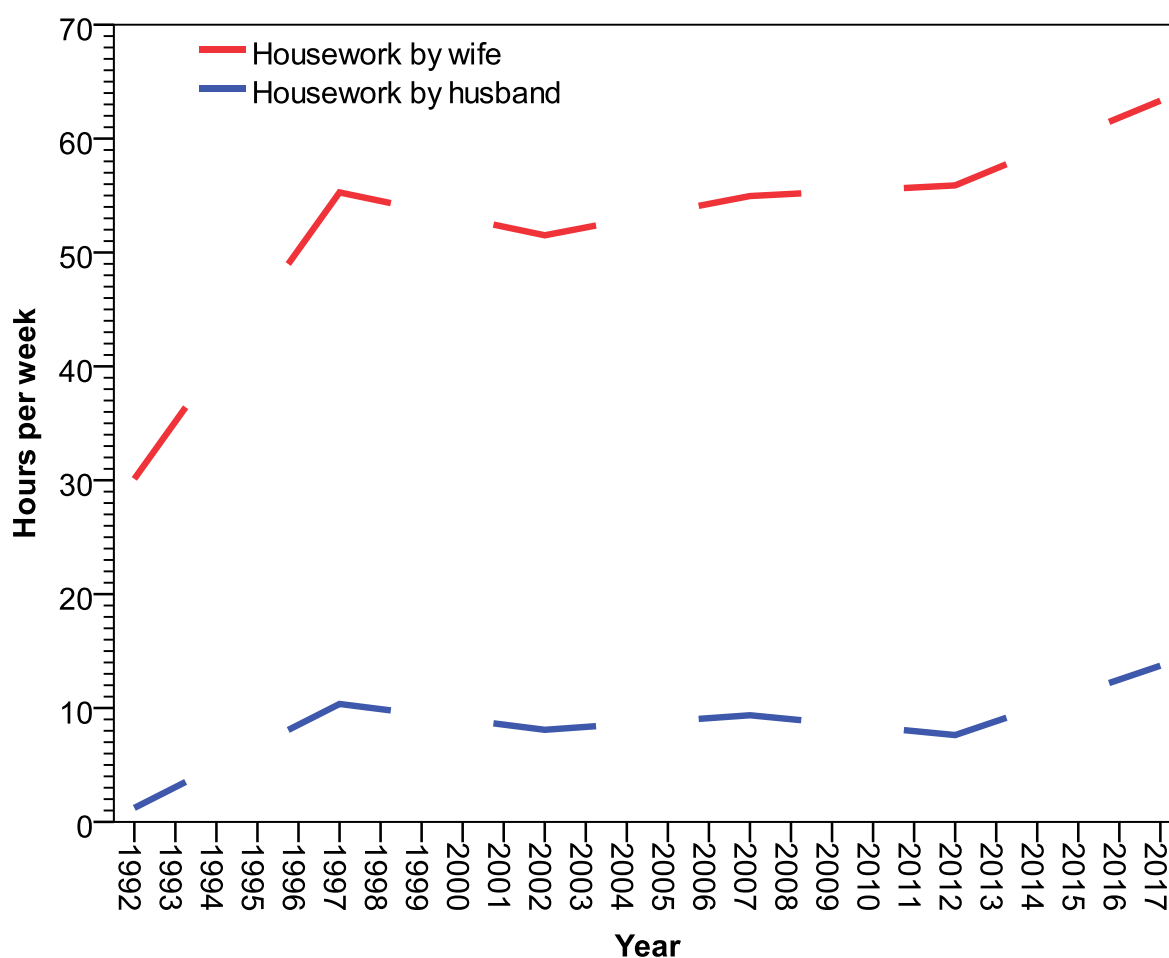


Chart 3 (from WAS surveys) suggests male control generally fell between 1992 and 2017. The term 'GBV' implies domestic violence is related to male control. Hence, GDN could explain increasing violence in Chart 1. Due to the complexity of household behaviour, it is difficult to see how such ideas can be tested scientifically; but more research may improve understanding.

Chart 4, using WAS data, shows husbands doing more housework since 1992 (albeit far less than women). GDN claims many men prefer a "traditional" division of labour, in which husbands earn while women do housework; women wanting gender equality are 'deviant'. Increasing men's housework in Chart 4 could explain male reactions, including GBV.

Chart 4: trends in housework by husbands & wives



5 Conclusions

GBV harms women, often causing long-term medical and psychological problems for victims (Babu & Kar, 2009; Martin et al., 2002: 560). GBV also harms other household members, e.g. denying adequate nutrition to children (Sethuraman et al., 2006).

This paper compares DHS 2005-6, the biggest GBV data-source in any country, with other Indian surveys. Some academics criticise quantitative data such as “Are you a victim of domestic violence?” Piedad (2015: 71) wrote “absence of context surrounding the use of a ‘kick’ or ‘slap’ by an intimate partner creates substantial ambiguity about the significance of that action, and whether or not it constitutes ‘domestic violence’”. The Indian government disagreed: PWDVA defined physical abuse as “any act or conduct which is of such a nature as to cause bodily pain, harm, or danger to life, limb, or health” (Government of India, 2005: 3d(i)). UN Women (2016) report “women’s economic empowerment, ending violence

against women and the need for urgent and adequate investment [...] are of high importance to the Government of India”. Chart 2 in this paper suggests PWDVA was partly successful – but India’s government could do more (e.g. supporting refuges for GBV victims): “Governments and donors need to provide dedicated funding and emphasize feasible, yet rigorous, evaluation to identify and scale up promising approaches” (Solotaroff & Pande, 2014: xxxiv).

India can be an example for other countries to follow: most academics reported in this paper seem supportive of the Indian government’s PWDVA, but feel more government action is needed. Priya et al. (2014: 73) recommend teaching gender equality in schools, “to promote better awareness of and internalization of more equitable gender norms at early ages”. School-teachers could teach boys & girls to reject GBV (Visaria, 1999: 16). Ellsberg et al. (2015: 8) advocate empowering schoolgirls; and (Solomon et al., 2009) recommend “education focused on transforming social attitudes and beliefs surrounding domestic violence”. Following apparent initial success of ‘Gender Equity Movement in Schools’ (GEMS), “GEMS is currently being scaled up to over 250 schools in Mumbai and has been adapted for implementation in other parts of India” (Solotaroff & Pande, 2014: 171-2). Child socialisation can improve, at the same time as adult socialisation. Chakraborty et al. (2016: 527) recommend “a wide-scale program targeting men to alter gender norms in a culture which encourages domestic abuse”.

More qualitative research can improve understanding of GBV, e.g. why some men are violent. Sethuraman et al. (2006: 134) report focus-groups: “In the rural communities, domestic violence was perceived as a normal daily occurrence that women felt they had to accept, and they felt that no one would become involved to stop the violence”.

This paper makes three claims. First, GBV increased since 1992. Second, to improve comparability over time, it is appropriate for researchers to study a specific *type* of violence, so apparent changes are less affected by changing questions. Thirdly, this paper supports feminist claims that domestic violence is caused by men seeking to control his wife: for some men, he tends to be more violent if his wife appears to challenge his dominance. Much work needs to be done by governments, researchers, and teachers.

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Appendix Table 1: surveys included in Chart 2.

Location	year	urb	pop	organisation	ages	num	reference
Uttar Pradesh	1996	both	VII	PERFORM	15-65	4520	Martin et al. (1999)
Gujarat: 5 villages	1996	rural	II	ICRW	15-45	346	Visaria (2000)
six states	1998	both	I	IndiaSafe	15-49	9938	Ahuja et al. (2000)
Thiruvananthapuram	2001	both	III	INCLN	15-49	502	Panda (2004)
Punjab, Rajasthan, TN	2001	both	VII	ICRW		967	Satish Kumar et al. (2002)
Kerala: 3 locations	2003	both	I	SAKHI	17-70	900	SAKHI (2004)
AP, Chatt, Guj, MP, Mah	2003	both	III		18-61+	1250	Yugantar Educ Soc (2003)
Bihar and Jharkhand	2004	both	II	ICRW		998	ICRW (2006)
Chandigarh	2004	urban	IV		18+	991	Khosla et al. (2005)
E.India: Orissa, WB, Jha	2004	both	II		20-45	1718	Babu & Kar (2009)
Mah: Mangalwarpeth	2004	urban	II		15-45	135	Ruikar & Pratinidhi (2008)
W.Bengal: SW Kolkata	2005	urban	II		15-45	751	Pandey et al. (2009)
National	2006	both	III	DHS*	15-49	69436	IIPS & Macro Internatl (2007)
West Bengal: Dearah	2006	rural	I		10+	141	Sarkar (2010)
five cities	2007	urban	VIII		13-24	2363	Coast et al. (2012)
Bih, Jha, Raj, Mah, AP, TN	2007	both	VIII	*	15-24	21361	IIPS & Pop Council (2010)
Mumbai	2008	urban	IV	*	15-35	1038	Wagman et al. (2016)
West Bengal: Siliguri	2008	urban	I	*	16-49	284	Ray et al (2012)
Mumbai: 48 slum areas	2009	urban	IV	SNEHA*	<20-30+	2139	Das et al. (2013)
Mumbai: Nanded	2009	urban	II		15-49	265	Aswar et al. (2013)
UP: 12 regions	2009	rural	VII	*	20-64	2274	Ahmad et al. (2016)
Pondicherry	2010	rural	II		15-50+	718	Vasudevan et al. (2013)
Maharashtra: Asudgaon	2010	rural	II			250	Parikh & Anjenaya (2013)
W.Bengal: Alamgunje	2011	both	II		15-49	260	Bhattacharya et al. (2013)
Mumbai: urban slums	2012	urban	II	*	18-39	1137	Begum et al. (2015)
Karnataka: Davangere	2013	rural	II		21-60	150	Rashmi et al. (2014)
Maharashtra: Sawangi	2013	rural	II		15-40	389	Khapre et al. (2014)
Maharashtra: Pune	2013	urban	II			630	Kalokhe et al. (2016)
Bihar	2014	rural	IV	ANANYA	15-30+	11151	Mathematica Pol Res (2014)
Delhi	2014	urban	IV		15-45	401	Mundhra et al. (2016)
2 Mumbai communities	2014	urban	II	*	15-25	150	Brault (2015)
Maharashtra: Nerpinglai	2015	both	II		20-40+	400	Jawarkar et al. (2016)
Mumbai: Shivaji Nagar	2015	urban	I	Apnalaya	9-48	6316	Kumar et al. (2017)
Orissa: Bhubaneswar	2016	urban	III	*	15-49	100	Mohapatra & Mistry (2017)
Tirunelveli	2016	rural	II	*	21-50	200	Vijayalakshmi&Sunitha(2016)

Appendix Table 2: WAS surveys.

Location	year	Urb	pop	organisation	ages	Num	reference
Mumbai and Chennai	1992	Urban	VIII	WAS	18+	2654	www.was-survey.org
Mumbai, Chennai, Delhi and Kolkata	1997	Urban	VIII	WAS	18+	1003	www.was-survey.org
Mumbai Chennai, Delhi Kolkata, Patna, Kochi	2002	Urban	VIII	WAS	18+	1651	www.was-survey.org
Mumbai, Chennai, Delhi, Kolkata, Patna, Kochi, Vijawada, Ahmedabad, Bhubhneshwar Ludhiana and Lucknow	2007	Urban	VIII	WAS	18+	2475	www.was-survey.org
	2012	Urban	VIII	WAS	18+	2459	www.was-survey.org
	2017	Urban	VIII	WAS	18+	2510	www.was-survey.org

In all WAS combined, 19 respondents reported ages under 18; the oldest respondent was 90.

In both Appendix Tables, the ‘Urb’ column shows if samples were urban/rural; * indicates a survey using CTS. The ‘ages’ column shows ages of respondents; ‘num’ is number of people interviewed. The pop column uses Ellsberg & Heise (2005) codes:

I	<i>all women</i>
II	<i>currently married/partnered</i>
III	<i>ever-married/partnered</i>
IV	<i>women with a pregnancy outcome</i>
V	<i>married women: half pregnant, half not</i>
VI	<i>women who had partner in last 12 months</i>
VII	<i>men reporting their own violence against partners</i>
VIII	<i>women and men</i>