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Intimate Partner Violence against Women: Perception and Experiences of Women in Aizawl

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Abstract

Intimate Partner Violence (IPV) is a pattern of behavior which involves the abuse by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family. Even while Domestic violence is a huge issue that is not receiving its due attention through legislation and law enforcement agencies, Intimate Partner Violence is further disregarded. For women in a patriarchal society, it is not uncommon yet is unfortunately overlooked and often goes unreported because it takes place within the gamut of family. The number of cases that have been filed at the service provider agencies representing women is reflective of this trend. Violence results in many forms. Victims of IPV are often faced with psychological health problems and often suffer silently. The highest percentage of effects of violence reported by respondents was depression while some also report health issues. The paper throws light on the findings of a survey conducted among 40 women in Aizawl city with regard to their perceptions and their experiences of intimate partner violence.

Keywords: Violence, Women, Intimate, Partner, Aizawl.

Introduction

This paper explores women's perceptions & experiences of Intimate Partner Violence against women in Aizawl city. Violence is defined as the intentional use of physical force or power, threatened or actual, against oneself, another person or a group or community that either results in or has a high likelihood of injury, death, psychological harm, maldevelopment or deprivation (Mercy, J. A., Butchart, A., Rosenberg ,L. R., Dahlberg, L. & Harvey, H, 2008). Violence is often deployed as a tactic in relationship conflict as well as being an expression of frustration or anger (Jewkes R, 2002). The United Nations Declaration

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on the Elimination of Violence against Women (1994) defines violence against women as "any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

The Sustainable Development Goals 5 addresses gender equality and the empowerment of women and girls. Target 5.2 seeks to eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (García & Avni, 2016). The attempts to achieve gender equality and empower all women and girls highlight structural issues at the root of gender inequality, such as discrimination, unfair social norms and attitudes, low levels of political participation and decision-making on sexual and reproductive issues. Data from 106 countries show that 18 percent of ever-partnered women and girls aged 15 to 49 have experienced physical and/or sexual partner violence in the previous 12 months. In 51 countries, only 57 percent of married women or in a relationship make their own decisions about their sexual and reproductive health (Source: Report of the Secretary-General, Special edition: progress towards the Sustainable Development Goals).

Intimate partner violence (IPV) is defined as any behavior within an intimate relationship (married, unmarried, and live-in) that causes physical, psychological, or sexual harm to those in that relationship. This definition encompasses physical, sexual, and psychological aggression/abuse or controlling behavior of any kind (WHO).

IPV refers to "Pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner". Intimate Partner Violence 'can happen to anyone regardless of race, age, sexual orientation, religion or gender', and it can take many forms including physical abuse, sexual abuse, emotional, economic, and psychological abuse. According CDC (2018), "intimate partner violence" describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Factors that Perpetuate Intimate Partner Violence (World Bank; Innocenti Digest, 2000)

Cultural Factors: Religious traditions in the past have sanctioned the chastising and beating of wives particularly under the notion of entitlement and ownership of women which, in turn, legitimizes control over women's sexuality. In many societies, a woman's sexuality is linked to family honor. Adverse childhood experiences, particularly witnessing domestic violence and experiencing physical and sexual abuse, have been identified as factors that put children at risk. Excessive consumption of alcohol and other drugs has also been noted as a consistent factor incident of IPV.

Economic Factors: The link between violence and lack of economic resources and dependence is very evident. Risk and threat of violence prevent women from seeking

jobs, and because of lack of financial independence, they are stuck in an abusive relationship.

Legal Factors: Law enforcement agencies frequently reinforce the batterers' attempts to control and demean their victims. In many cases, despite the legislation in place, the perpetrators of IPV are dealt with more leniently compared to perpetrators of similar violence with strangers.

Political Factors: There is a false notion of family being private and beyond control of the state. The problem is compounded by the underrepresentation of women in power, politics, the media, and in the legal system.

IPV and Mental Health

Depression and post-traumatic stress disorder, which have substantial comorbidity, are the most prevalent mental-health sequel of intimate partner violence. Depression in battered women has also been associated with other life stressors that often accompany domestic violence, such as childhood abuse, daily stressors, many children, changes in residence, forced sex with an intimate partner, marital separations, negative life events, and child behavior problems. Some battered women might have chronic depression that is exacerbated by the stress of a violent relationship, but there is also evidence that first episodes of depression can be triggered by such violence, and longitudinal evidence of depression lessening with decreasing intimate partner violence. Even so, the relations between violent experiences and mental-health problems needs further study (Campbell, J. 2002).

In addition to physical health effects, victims of IPV frequently suffer chronic mental illness. Although mental health consequences are seen whether abuse is physical, sexual, or psychological, some data suggest that mental health outcomes are the worst for individuals who experience sexual IPV. Individuals who experience IPV are at increased risk for depression, an effect seen with physical, sexual, and emotional IPV. They also are at increased risk for suicidal thoughts and attempts. Alcohol abuse and illicit drug use also are more common among individuals who experience IPV. Posttraumatic stress disorder (PTSD) is prevalent, occurring in 31% to 84% of women exposed to IPV. Symptoms of PTSD, including emotional detachment, sleep disturbances, flashbacks, and mentally replaying episodes of assault, may persist long after the violence is no longer present in a woman's life (Zolotor J A, Amy C. Denham, Amy Weil nd).

IPV: Global Scenario

Global estimates published by WHO (2016) indicate that about 1 in 3 women worldwide have experienced either physical and/or sexual intimate partner violence. Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV. Men are more likely to perpetrate violence if they have low education, a history of mistreatment as a child, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including socio-cultural attitudes accepting violence, and a sense of entitlement over women. Women are more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abused in childhood, social attitudes accepting violence, male privilege, and women's subordinate status.

Factors specifically associated with intimate partner violence have been found to include past history of violence, marital discord and dissatisfaction, difficulties in communicating between partners, male controlling behaviors towards their partners. Gender inequality and norms on the acceptability of violence against women are a root cause of violence against women. The Human Development Report 2000 finds that between 10% and 47% of women (in nine countries studied) report being physically assaulted by an intimate partner (Nussbaum, M.C. 2005).

National Scenario

It was found that in India, one in every three women had faced spousal violence where Sikkim reported the lowest percentage (3.5%). The highest percentage of spousal violence was reported from Manipur (54.7%). Ever-married women who have experienced spousal violence in their lifetime in India is 37.2 % which is 22.1% for Mizoram (NFHS-4).

Women in India experience violence in various forms throughout their lives, and it cuts across boundaries of caste, class, religion, and region. Statistics from the National Crime Records Bureau (2016) show majority of cases under crimes against women were reported under 'Cruelty by husband or his Relatives' (32.6%) followed by 'Assault on Women with Intent to Outrage her Modesty' (25.0%) where Uttar Pradesh reported the highest number of cases of crime against women followed by West Bengal during 2016.

Statement of the Problem

Intimate Partner Violence is a silent crisis affecting many women even in Mizoram yet it has not received its due attention because it takes place within the gamut of family system, socially acceptable relationships as well as in relationships that society does not sanction. Women's experiences are often unvoiced and unnoticed. Most often, women are lauded for their ability to endure their hardships and therefore are socially obligated to suffer silently for the sake of family honour. However, Violence in any form especially from an intimate partner has several repercussions that affect the physical and mental health of women. The study brings to light the perceptions and experiences of Intimate partner Violence by women in Aizawl city.

Objectives of the Study

- 1. To understand women's perceptions of IPV against women in Aizawl.
- 2. To examine women's experiences of Intimate Partner Violence in Aizawl city.
- 3. To suggest possible measures for rehabilitation of IPV victims.

Methodology

This paper employs exploratory design and it is cross sectional in nature. Primary data was collected from two urban communities (One Peripheral and one Core) through surveys employing semi-structured interview schedules. A pre-tested structured interview schedule was administered to collect data from women respondents on their perceptions related to violence against women, and their experience of Intimate Partner Violence.

Multi stage sampling was used. At the first stage, Aizawl District was selected using purposive sampling. At the second stage, One core and One peripheral area in Aizawl city was selected based on objective criteria. At the third stage, a list of all households was drawn using systematic random sampling.

In the final stage, one woman from each of the selected households was drawn as respondent based on the following inclusion criteria:

- i) Female between the ages of 18 to 40 years.
- ii) Who has been currently involved in an intimate relationship for a minimum period of two years.
- iii) Literate
- iv) Willing to give informed consent both on perceptions and experiences if any on Intimate Partner Violence.

Experiences of Violence

More than half of the respondents (52.2%) were in the age group of 31-40 years while the remaining 47.5% were between 18-30 years of age. Out of them, 65% reported having experienced some form of violence in their relationship.

Among those having experienced violence, almost half (42.5%) have stayed in their relationship for a period of 0-2 years. Little more than a tenth of these respondents report relationship duration of more than four years. A small number (5%) of the respondents were in a relationship that was violent for 2-3 years while 15% had lived in such a relationship for more than 4 years.

On the effects of violence experience, almost one fourth of respondents report that they became depressed as a result while 15.5% report health problems as an effect. A small number (7.5%) reports lack of confidence while few respondents feel ashamed of their violence experience. Of all the respondents who experienced violence in their relationship, emotional abuse was the highest (20%) followed by physical and economic abuse (6.2% each). Rarely does one form of domestic violence occur in isolation (Barnett & LaViolette, 1993; Barnett et. al., 1997) and emotional abuse typically occurs more frequently than physical abuse (Walker, 1979).

The highest percentage of effects of violence reported by respondents was depression where more than a tenth (12.5%) of respondents report that they are depressed because of the

violence they experience. Some respondents (8.8%) also report health issues as an effect of violence.

More than a third of the respondents experience stress related to family. These include problems like disturbed relationships, poor communication, rivalries etc. Less than a quarter of the respondents experienced stress related to personal issues. Such issues were likely to be ones where they had to deal with by themselves and were problems related to uncertainty about the future.

More than one-third of the women report having experienced violence in their relationships. A small number of respondents feel that it is shameful to look for help, while an even smaller number (3.8%) say that it is not helpful to seek help from others. A small percentage each feel it is a personal issue therefore it is not necessary to seek help.

More than one fourth (27.5%) of the respondents shared their violence experience with friends while 17.5% kept it to themselves. A little more than tenth (12.5%)) admitted *displacing their feelings onto others* and respondents who use crying as a coping mechanism are very few (5%). Only one respondent admitted to harming herself as a response. Almost half (40%) of the victims seek help in times of experiencing violence. One fourth (25%) do not look for help related to violence experience.

Perceptions on IPV

Almost two-third (62.5%) of the respondents agreed that violence is a result of stress faced in the various fronts across home and work. Studies reveal that there is a relation between increase in levels of women's education and decrease in levels of intimate partner violence. This was perceived by two-third (63.7%) of the respondent women. A large majority (95%) perceived that violence is used as a means to conflict in relationships. More than a third (35%) believed violence arises out of poverty and economic inequalities between partners. Almost half (47.5%) of the respondents stated that blackmailing and guilting was used by their partners. More than half (57.5%) agreed that verbal abuse tends to result in physical violence.

More than half (57.5%) of the respondents perceived that witnessing violence in childhood leads to the likelihood of perpetuating violence in their adulthood. The belief that violence experienced in childhood teaches young children that it is 'normal' to be abused in later life, was shared by two-fifths (40%) of the respondents.

Another reason loosely attributed to violence is that of patterns of patriarchy in society. Almost half (45%) of the respondents believed that being male is associated with having more power. It was also found that almost half (42.5%) accepted violence if the head of the family is the perpetrator as it was considered 'normal' for the head to use violence. It was also found that almost half of the respondents (47.5%) in the study perceive violence as rooted in Mizo culture which is patriarchal by nature.

Conclusion

The respondents were interviewed with their consent regarding experience of violence in intimate relationships. As intimate partner violence is often regarded as an extremely personal experience and since there is a lot of shame and guilt surrounding the issue, most victims of violence do not seek help or talk about it. Women experiencing intimate partner violence are often accused of having provoked the violence by the way they behave, failure as a wife, or infidelity. Attitudinal change in society is required and the suggestion is to begin this change by intervention in educational institutions as well as in communities.

Women's unequal status in society makes them vulnerable to violence and intimate partner violence is often used to demonstrate a man's position in the relationship. Patriarchal norms dictate society wherein the "head" of the household can use his power to control his partner even to the extent of violence. Patriarchal attitudes and fatalistic views also affect women where they tend to pass judgement on their own womankind with remarks like '*She asked for it*' or 'A man's world, this is the fate of women'. Attitudinal change in both men and women through appropriate interventions may be enhanced by the Church and civil society.

Community level interventions are required so that people realize the need to be involved and that they can make a difference in supporting women and reducing violence. The general perception that their involvement is 'interference' in the intimate, personal affairs of an individual or family have to be changed. Mahila Police Volunteers in the community level need to be better equipped to identify and help IPV victims.

Needs related to mental health particularly anxiety and depression, low self confidence and the suffering of victims require to be addressed. Social-emotional support through training of counselors at community level as well as introduction of social support groups that are peer-led would be helpful. The study suggests that women need to be made aware of the provision of protection guaranteed under the law and tertiary support for those women who do not have primary or secondary support needs to be assured. People need to be specifically aware of available NGOs, FBOs, and CBOs that provide help to women who experience violence.

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