International Journal of Scientific Research in Engineering and Management (IJSREM)
Volume: 06 Issue: 08 | August - 2022 Impact Factor: 7.185 ISSN: 2582-3930

Causes and Consequences of Violence against Women in India

SUMER JAUHAR

INTRODUCTION

What we understand from the term "Violence against Women"

Since the 1970s, society has begun to define violence against women as a distinct phenomenon rather than as a means of grouping crimes according to the characteristics of a particular victim. Accompanying this redefinition has been an increase in research into the causes and nature of violence against women. Victim Impact; Role of Criminal Justice, Social Services, and Public Health in Preventing, Intervening, and Mitigating the Impact of Women's Victimization.

As defined by the United Nations, violence against women is any act that harasses or harms women and causes them physical, emotional, psychological or mental distress. This is related to the unequal power balance between men and women resulting from society's misconceptions about gender and sexuality. Preliminary results from the National Demographic and Health Survey (NDHS) show that 1 in 4 (26%) of married women between the ages of 15 and 49 have had a physical injury from their husband or partner. have been subjected to physical, sexual or emotional violence. One in five (20%) women have experienced emotional violence, 14% have experienced physical violence and 5% have been sexually assaulted by a current or former husband or partner.

• Responding to violence against women is the responsibility of many actors in criminal justice, social services and public health, and these practitioners occupy separate niches in the public and private sectors.

• These groups tend to think of women's victimization in terms defined by their own professional values, education and paradigm.

• The fragmentation of the service sector is reflected in programmatic responses and published evaluations of programs and services, with many practitioners and researchers believing that their practices reflect those of others. It limits our understanding of how it interacts with practice. This agency- and program-specific mindset masks a more constructive recognition of shared strategies and goals that can lead to a more coordinated and effective response.

• The channels through which social science knowledge is disseminated are not readily available to most practitioners.

• Many practitioners are proud of the progress achieved in reforming laws and practices and are optimistic about the effectiveness of these reforms. Findings that challenge their hypotheses, or that establish the limitations of interventions, are sometimes misinterpreted as accusations of hard-earned effort rather than actionable information that helps ongoing innovation.

While researchers and practitioners have not reached a complete consensus on what constitutes violence against women, it often includes:

• Behaviour that is or has the potential to be physically or mentally harmful.

• Physical, visual, verbal or sexual conduct perceived as threatening, invasive, abusive, hurtful, or insulting or controlling. American Psychological Association). Legally and historically, these behaviours have been classified as physical violence, sexual assault, and, more recently, stalking. Physical violence includes fatal and non-fatal physical assaults. Consistent with the definition most commonly used by researchers, we define physical violence here as any act of physical aggression intended to harm a partner. These actions include pushing, grabbing, and pushing. kicking, biting, hitting (with fist or object); hitting or choking. Threatening or using knives or weapons.

Who is a decrepit woman?

Feeble and weak

The term suggests an individual not sufficiently able to get through strain, pressure, or exhausting exertion. Feeble applies to lack or mediocrity in strength or force of any kind, while weak recommends outrageous shortcoming welcoming compassion or disdain. The terms recommend feebleness and fragility unfit to oppose harsh circumstances.

Contributing factors

Neither physical or sexual assault is caused by a single factor. There are usually multiple factors involved Individual Risk Factors – Perpetrators Individual risk factors affecting perpetrators have been extensively studied. Age is one of the most well-documented individual risk factors for physical and sexual violence for

both victims and perpetrators, with higher risk at younger ages. Substance abuse, especially alcohol use and abuse, has been found to be associated with both partner violence and sexual assault.33-66% of sexual assaults are reportedly alcohol-related. Many personality traits or characteristics of offenders have been studied as precursors to physical or sexual abuse, but the results have been inconclusive. No single type of man is susceptible to sexual or physical violence. It is clear. Studies show that personality risk markers for male partner abuse are:

- Emotional dependence and anxiety.
- Low self-esteem, empathy, and impulse control.
- Diminished communication and social skills.
- Aggressive, Narcissistic, Antisocial Personality Type.
- Anxiety and depression.

Observing perpetrators

Several studies have attempted to identify different types of perpetrators. These studies concluded that there may be several different types of abusive men. Violent types toward others — may require a different type of intervention. Emotional abuse should also be considered a risk factor, as emotional or psychological abuse usually precedes and accompanies physical abuse. Most studies identify victims only after abuse has occurred, making it difficult to study risk factors for victimization. Therefore, obvious risk factors may actually be the result of victimization. This is especially true for social isolation and substance abuse. There is strong scientific support for the claim that previous victimization, especially physical and sexual abuse during childhood, and witnessing parental violence increase the risk of sexual and intimate partner violence in adulthood. Substance abuse has also been studied as a risk factor for victimization, especially sexual assault. Several studies have documented associations between alcohol or drug abuse and physical discomfort. Kilpatrick and colleagues (1997) concluded in a two-year longitudinal study that drug abuse is both a predictor and a consequence of violent victimization affecting young women. It sought to elucidate substance abuse as cause or effect. especially minority women. Types of alcohol or substance abuse that may stem from childhood harm and the ongoing suffering that accompany it, putting women at greater risk of being victimized and making it more

difficult for them to stop being abused. It seems to be related to their lifestyle and relationships with men. relationship. Social isolation in abused women has been documented by researchers. It can be the result of abuse, but it can also act as a risk factor. Women with more social support were less likely to be physically or sexually assaulted, and thus more likely that social support was protective. Research shows that social isolation occurs before and after intimate partner violence. Research shows that abusive men often try to control their partners by cutting them off from meaningful social contact. In addition, isolated women and families receive less scrutiny from others and are more prone to abuse. Social isolation has not been extensively studied as a risk factor for sexual assault, but it has been found to be a predictor of sexual assault in young adults.

There are usually multiple factors involved, neither physical or sexual assault is caused by a single factor. The following risk factors for violence against women have the strongest research support:

Low income.	Urban residence.
Relationship status (unmarried or separated).	Relationship conflict.
Emotional abuse.	Young age.
Substance abuse.	Childhood abuse.

Although little is known about risk factors for stalking, a history of domestic violence, sexual assault, stalking behaviour, and alcohol abuse can be considered risk factors

Consequences of Violence Against Women

1. The consequences of partner abuse have been well documented in reviews for nurses, physicians, and service providers, so only a brief summary is provided here. Violence against women has serious consequences, including injuries, physical illnesses and conditions, and mental illness. Physical violence has been shown to have a direct impact on trauma-related injuries, numerous health problems, and stress-related psychological consequences, and is considered a risk factor for a variety of physical and emotional disorders. 1. Injuries As the majority of cases of violence against women consist of less serious forms of violence, most women who are victims of these acts do not suffer physical injuries and have access to medical care. No intervention required. A national survey of violence against women found that 36% of rape victims and 42% of physical assault victims reported injuries, of which 28-31% received medical care. The most common injuries are scrapes, bruises, and worms (approximately 72% of rape victims and 76% of physical assault victims were injured). Lacerations and knife wounds (9-15%). Fractures and joint dislocations (6-11%). Substance abuse by criminals is an important predictor

of injury. However, injuries do not appear to be the most common health consequences of violence against women.

2. Physical Signs and Symptoms Abused women generally have worse health and more symptoms than non-abused women. Symptoms commonly associated with physical violence 11 include gastrointestinal disturbances, chronic pain, fatigue or lack of energy, dizziness, anorexia and eating disorders, and gynaecological and urological disorders. Alcohol and drug abuse and other unhealthy behaviours are also sequelae of physical violence. 1996). In addition, violence against women can influence pregnancy outcomes through the effects of health behaviours such as smoking and substance abuse. Similar to victims of physical abuse, victims of sexual assault have a higher incidence of both medically explained and unexplained symptoms than non-explained persons. In general, victims of sexual assault are at increased risk of all symptoms and health consequences associated with physical violence. Gynaecologic symptoms may be even more common in victims of sexual abuse, including sexually transmitted infections, pregnancy, and sexual Increased risk of infection due to problems and dysfunctions. Women who have been assaulted by someone they know are more likely to have sexual problems than women who have been assaulted by a stranger. Although many sexual assault survivors recover within 6 months of her life, at least 20% and as many as 70% of her report long-term problems. Mental Health Effects Physical abuse has consistently been found to be associated with several adverse mental health outcomes, such as depression, suicide and suicide attempts, posttraumatic stress disorder (PTSD), other forms of anxiety, and alcohol and drug abuse and dependency. The negative mental health effects of sexual assault and rape have been extensively documented and substantially overlap with the effects of physical violence. Short-term emotional reactions to sexual assault include “shock, intense fear, numbness, confusion, extreme helplessness, and/or disbelief, in addition to self-blame”. Mental health effects associated with sexual assault include fear, PTSD, anxiety disorders (including phobias and obsessive-compulsive disorder), depression, suicide attempts, sexual dysfunction, reduced self-esteem, relationship problems, and substance abuse. One research review found that symptoms begin to subside for most victims after 3 months, but little spontaneous recovery occurs after 1 year. Thus, a subset of victim’s experience problems such as fear, anxiety, PTSD, depression, suicide attempts, sexual difficulties, and substance abuse on a chronic level.

3. Although it has not been thoroughly researched, emotional abuse also appears to be associated with compromised psychological well-being. Both overt and subtle psychological abuse have been found to influence a range of mental health and well-being outcomes, even when the effects of physical and

sexual abuse are considered. Psychological abuse is regarded by many women and researchers as more distressing and harmful than physical abuse. Emotional abuse is associated with lower self-esteem, depression, somatic problems (such as headaches), and posttraumatic effects. Results from the National Violence Against Women Survey suggest that victims of stalking experience considerable distress, and stalking typically activates a protective or help-seeking response. Almost 33 percent of self-reported stalking victims sought counselling, 25 percent lost time from work, 22 percent took extra precautions, 18 percent sought help from friends or family members, and 17 percent acquired a gun. The more severe, frequent, and long-lasting the abuse is, the more likely it is that the victim will experience symptoms and the more severe those symptoms are likely to be. The harmful effects of abuse may linger significantly beyond the end of the abuse. For example, a rape that occurred 10 or more years ago can be associated with current overall health status. In addition, a history of childhood physical and sexual abuse, common in women abused as adults, exacerbates the effects of current physical violence and has especially deleterious effects on adult victims of sexual assault.

4. Economic Impact Partner abuse has a significant economic impact on victims and families, as well as on society as a whole. This is due in part to its impact on the health care, mental health, and criminal justice systems. Data from the National Crime Victimization Survey between 1992 and 1996 indicate that costs to women who are victims of nonfatal partner violence can be conservatively estimated to be $150 million per year. These costs included medical expenses (40 percent), property losses (44 percent), and lost pay. In addition to victim impact, partner violence creates an enormous burden on and cost to the health care system.

Since the 1970s, violence against women has been redefined as a social and legal problem, Data from the NFHS-4 (2015-2016) for the entire country released in January 2018 said that while 52 per cent of women surveyed believed it was reasonable for a husband to beat his wife, only 42 per cent of men agreed with it.

In the latest survey, of the 18 states, women respondents in 13 — Manipur, Gujarat, Nagaland, Goa, Bihar, Assam, Maharashtra, Karnataka, Telangana, Nagaland, Himachal Pradesh, Kerala and West Bengal — chose ‘disrespect to in-laws’ as the main reason for justifying beating. This is followed by the second option: ‘neglecting house and children’ for accepting spouse violence. ‘Being suspected of being unfaithful’ has got the least number of justifications for beating. Only women (21%) in Mizoram choose it as the main reason for physical abuse over the other two options.

Sharada A L, director of Population First, an NGO working for women rights, said: “This kind of patriarchal mentality is deeply imbibed in the minds of the women who think that serving their family and husband should be their first priority.”

EXPERIMENTAL TECHNIQUES & METHODS

Concluding the interviews with several victims

All survivors were surprised at how much their own experiences resonated with those of others. Changes were made based on survivor's comments to include a greater emphasis on the fact that domestic violence can affect anyone regardless of age, race, socioeconomic status, sexual preference, or gender. They avoided any "victim-blaming" language and to make a stronger parallel between the controlling behaviour of the batterer and of some physicians.

Four themes emerged around what survivors want researchers to understand about domestic violence. First, survivors wanted researchers to know that violence is universal—that is, anyone can become a victim of violence—and that they should discuss it with all their audience. Second, survivors felt that violence was more than just physical assaults. Third, survivors wanted researchers to understand that violence is about power and control. Their batterers used violence as one of many means to establish control. Other ways of establishing control included stalking, social isolation, physical and economic limitations, and the threat of violence. Finally, survivors wanted researchers to understand that violence affects the entire family. Every victim who had children showed great concern for the effects it had on them.

How Survivors can be helped make it clear that violence is a chronic problem and needs to be treated as such. They were frustrated with researchers who thought they could "fix" the situation immediately. What they wanted people to do depended on where they were in their lives and relationships, either because of their own readiness or because of obstacles imposed upon them by their partners. Many survivors felt there was a time they could not yet recognize the abuse as violence, be it due to their own stereotypes of victims or abuse, the complexities of relationships, or the fact they were in love with their perpetrator. Survivors described a time where they were not able or ready to disclose the abuse to those who could help, be it due to a lack of privacy, shame, embarrassment, or a feeling that doctors don't want to know about it. Survivors suggested that physicians interview the patient alone, display compassion, express interest, and openly discuss their clinical suspicion. Many survivors also described a time where they recognized the abuse, but still chose to remain in the relationship. Reasons included a commitment to the relationship, belief in excuses or apologies, erosion of self-esteem, lack of options, or the danger associated with leaving an abusive relationship.

What expectations are held when help is sought

The survivors suggest that physicians should

1) use care not to blame the victim,
2) tell the patient he or she does not deserve to be abused,

3) offer resources and referrals, and
4) leave the ultimate decision to the patient.

"Yes, there's something that you cannot fix. But as long as you're there, and you can give the help, or let them know that there is help out there, you've done your job. Because you're not completely powerless in the fact that you have given them options. And that's the most amazing thing, to be given a choice." Many who had presented to a health care setting as a result of an acute physical attack felt that interactions with the health care system often added to the emotional trauma, they had experienced. Finally, many survivors described a period of time in which they had left the abusive situation but had not yet healed. They wanted to remind people that it takes a long time to heal, and that they should not replicate the controlling behaviour of the batterer.

RESULTS AND DISCUSSIONS

Since the 1970s, violence against women has been redefined as a social and legal problem, so communities, criminal justice agencies, and public health organizations have been encouraged to take greater responsibility for intervening in and preventing its occurrence. Contemporary discussions about how to respond to violence most effectively are characterized by differences of opinion on the gravity and urgency of the problem as well as what to do and how to do it. Across diverse fields, practitioners disagree about the causes of violence, the goals of interventions, and the potential for effecting positive change. Even people in the same professions hold different views about effective practices and strategies. Because emerging strategies for intervention and prevention call for collaboration across these groups, there is a compelling need to understand and respect these differences in perspective and to recognize that effective solutions will require transcending these differences and reaching common understandings. In part, these different points of view stem from the fact that most practitioners encounter violence against women as only a part of their work. Often, the protocols, practices, and assumptions built into their work are of limited applicability to situations involving violence against women. This begins with the issue of defining, recognizing, and counting victimizations. Whereas health workers may define violence victims as patients who seek attention for injuries, police define them as a subset of 911 calls. Victim advocates attend to shelter residents and women who seek services, educators concern themselves with teens who prefer not to discuss it, and mental health professionals work with clients in distress. Probation officers are most likely to encounter victims as partners of men they are supervising on other criminal charges. Most practitioners generalize from their own experiences, which are often based on different subsets of the victim and offender populations. Furthermore, practitioners often must choose between adapting their responses

to violence against women to their agencies' general structure and devising new strategies that may challenge the assumptions built into those structures. For example, an adversarial criminal process that assumes victims will be proactive, cooperative, and retributive (and therefore make good witnesses for the prosecution) may have to be modified to accommodate the ambivalence experienced by many female victims who are in close relationships with offenders. Criminal justice practitioners' frustration with reluctant victims is matched by advocates' frustration with an unwieldy, often hostile criminal process. Practitioners also differ over priorities, especially when resources are scarce. Resources invested in batterer treatment may be seen by some as resources lost to victim services or prevention. These differences of opinion reflect not only competition for resources, but also more basic disagreement about what causes violence and what might be effective in reducing, ending, or preventing it. For example, policies aimed at deterring violence through arrest or punishment may not look promising to practitioners who attribute violence to mental health problems or deeply entrenched socialization patterns. As practitioners and policymakers experiment with collaborative responses to violence against women, they face the dual challenges of coming to terms with these differences in perspective and increasing their knowledge about the causes, consequences, and effectiveness of interventions. Practitioners and policymakers seem to agree that coordinating efforts across agency lines will prove more effective than traditional responses to violence, but researchers have only begun the challenging task of evaluating the impacts of these coordination efforts. Increasingly, practitioners will be obliged to learn what does and does not work, not only in their own domains, but also in those of others with whom they share responsibility for victims and offenders. Their knowledge is often based more on their own experiences than on an understanding of the broader picture that research can provide. It is obvious that there are potential benefits to acquiring more knowledge about other fields—for instance, victim advocates' opinions of batterers' programs would ideally be influenced by information on what kinds of programs have been found effective and ineffective and with what populations; accessing research-based knowledge is time-consuming, however. Furthermore, most reports of research are not written with practitioners in mind. This project represents an attempt to remedy that deficiency toward the dual objectives of increasing practitioners' understandings of each other's work and contributing to a more informed dialogue about responding to violence against women.

Nirbhaya Case History and Present

On the dark and cold night of December 16, 2012, a 23-year-old woman was brutally assaulted and gang-raped inside a moving bus in South Delhi. On December 16, 2012, while out with her friend Awilda Pratap Pandey in

Munirka, her 23-year-old physiotherapy intern Jyoti Singh, who was a medical student, was beaten, raped and tortured. received. Case history and facts

According to The Bus Driver, the victim and her friend returned home after watching the movie "Life of Pi" on the night of December 16, 2012. The bus, marked with yellow and green lines/stripes and her YADAV lettering, was headed for Dwarka-Palam Road, but the bus began to move off-route and a man closed the vehicle door. rice field. Suspecting something wrong, when the friend of the victim raised an obligation, he was shouted down and a confused fight broke out as the drunk men started molesting the victim. Victim`s friend was knocked down with an Iron Rod and the men dragged the victim to the back of the bus & repeatedly gang-raped the victim over an hour. As the victim fought back, one of the juvenile attackers inserted an Iron Rod into the private parts of the victim while pulling & ripping her intestines apart. While this was happening the bus-driver drove the bus all-over Delhi after the attack, both of them were thrown out of the bus to die at the side of the road. The victim & his friend were found half-dead by the road by a passer-by person who informed the Delhi Police. As soon as the police arrived, the victim was taken to Safdarjung Hospital, where doctors discovered that only 5% of her intestines remained. The victim, unable to resist her injuries, died at Mount Her Elizabeth Hospital in Singapore on December 29, 2012 from a cause of death of sepsis with multiple organ failure after multiple injuries. In an account of her death, the victim said she wanted justice for her six attackers: Ram Singh, Mukesh Singh, Akshay Thakur, Pawan Gupta, Vinay Sharma and a young man.

What happened to the attacker? All six of his men, including the boy, were convicted in court in Nirbhaya's rape case. Bus driver Ram Singh committed suicide during his trial in Tihar Prison on 11 March 2013. Minors were tried separately in juvenile courts and sentenced to up to three years in correctional facilities. In September 2013, the court of first instance sentenced Mukesh, Akshay, Pawan and Vinay to death. Subsequently, three of his inmates, excluding Akshay, applied for retrials of their sentences, but were further denied. On December 18, 2019, the Supreme Court denied Akshay's retrial order.

The 4 convicts, who got the Death Penalty for the gang rape & murder of a 23-year-old medical student in Delhi named Nirbhaya by the media more than 7 years ago, will be hanged on 3 March 2020 at 6 a.m. This is the 3rd Death Warrant issued by the court. The 2 earlier Death Warrants could not be carried out as the convicts took it in turn to use every legal option available to them. This Death Warrant was issued after the Tihar Jail Authorities informed the Trial Court that 3 of the 4 convicts have exhausted all legal options and none of them have any correspondence pending at the moment which still leaves one convict namely Akshay Singh who has not filed a Curative Petition or Mercy Plea to the President which later the President refused. They have also exhausted the 1 week allowed by the High Court to exercise all their legal option & will need to go to the top court for the extension.

The Supreme Court on 19 March 2020 upheld the Delhi High Courts sentence verdict on the 4 Nirbhaya Rape Case saying that it is a " rarest of the rare" crime which shook the conscience of a Nation and the Supreme Court rejected the Mercy Plea of 4 convicts and upheld the Death sentence of the 4 convicts on 20 March 2020 at 6 am. After the Nirbhaya Rape Case, where a woman was brutally raped solely because she was out late at night and was enjoying her life and freedom our government has although taken steps to improve the condition but it has not helped the woman much but still, the Nirbhaya Rape Case known to be the most horrific case of a crime against women in the history of India has a lasting impact on the Nation.

SUMMARY & CONCLUSIONS

Violence has a major impact on the general health and wellbeing of individuals. It is because it causes physical injury, anxiety, depression. Moreover, it also impairs social skills and increases the likelihood that they will participate in practices harmful to their health, like self-harm or substance abuse. The effect of women in terms of ill health. It causes serious consequences on their mental and physical health which includes reproductive and sexual health. It also includes injuries, gynaecological problems, depression, suicide and more.

REFERENCES

- https://www.toppr.com/guides/essays/essay-on-domestic-violence/
- https://www.ojp.gov/pdffiles1/nij/grants/199577.pdf
- https://edubirdie.com/examples/research-essay-case-study-on-domestic-violence-against-women/
- https://web.cvent.com/event/0dd37ee9-ec04-46fc-a57d-c55ed5ee2adf/summary
- https://web.cvent.com/event/0dd37ee9-ec04-46fc-a57d-c55ed5ee2adf/summary