Intimate Partner Violence and its Perceptions in India

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ABSTRACT

Intimate partner violence refers to abusive behaviour patterns towards the partner or among them. IPV has been a plague in our society ever since it can be recalled. In theoretical terms, intimate partner violence is behavior that aims to gain control and power over one’s partner. This involves physical, psychological, sexual or financial abuse and threats that aim to harm or control another person. There is less awareness about intimate partner violence or domestic violence in India which makes it a bigger problem as it leads to the normalization of violence against women in the community. Hence, it becomes important to understand the perceptions of Individuals about IPV in India, where rates of gender inequality, income imbalance and IPV are extremely high. The following review sheds light on intimate partner violence in India and the perceptions about it.

Keywords: Intimate Partner Violence, Violence Against Women, Perceptions About Violence

INTRODUCTION

Intimate Partner Violence in India-

About 30% of women worldwide have been subjected to physical or sexual intimate partner violence in their lifetime and this violence is seen as a major health problem and a violation of women’s rights (World Health Organization, 2021). Intimate partner violence has major consequences for women, in terms of physical, psychological, social and sexual trauma that they experience, and while IPV is bidirectional, IPV can impact women more negatively.
In developing countries, IPV is a major problem that sometimes goes unnoticed and unreported due to a lack of awareness, a culture of normalization of violence and rigid patriarchal norms. A study by Peterman et al (2015), analysed global trends among women experiencing victimization in 30 developing countries. They found that around 29% of women who were studied report experiencing (ever) lifetime sexual or physical intimate partner victimization. According to this study in developing countries like India and Nepal, among (ever married or in a union woman) the percentage of women who ever experienced physical or sexual IPV were 37.1% and 28.2% and among women who (were married once) the percentage of women who ever experienced physical or sexual IPV 36.9% and 27%. These statistics indicate that there is not a big difference in the IPV rates between married, widowed or divorced women.

A report by World Health Organization specifies that the estimates of lifetime domestic violence range to a whopping 33% in the WHO South-East Asia region, the maximum among all the regions. Domestic violence in India particularly is deeply rooted in the patriarchal structures of the society.

Unemployment and poverty are other causal elements that lead to a rise to IPV cases. Some supplementary causes of domestic violence also include a rise in alcohol consumption, women who work against the wishes of their families, early marriage and less preference for female education top the list.

Many theoretical frameworks such as Psychological, social learning and sociocultural explain the prevalence of DV and the idea behind it.

1.A. Objects Relations Theory: The underlying theme of this theory is that it is a need for humans to have significant relationships with others since childhood. Others are referred to as objects in this theory. The kind of relationship that we form with others during our childhood also develops our self-concept, how we view others and the kind of relationship we had ultimately influences interpersonal relationships. Having strong, secure and nurturing bonds in the starting years of our lives is very important as that shapes our development. Individuals who don’t get proper nurturing during childhood usually suffer as adults. Evidence claims that some men who are involved in DV or IPV(Intimate Partner Violence) did not get sufficient nurturing in the starting years of their life. Dutton et al postulate that the culprits of DV usually have a history of family violence and face parental rejection.

1.B. Social Learning Theory: This theory suggests that we observe and copy others as means of learning social behavior. It is believed that even aggressive tendencies are acquired by the process of rewards and punishment. This theory talks about the awareness of the intergenerational transmission of violence, wherein feedback on their good or bad behaviour makes them develop standards for deciphering their behaviour and the possibility of repeating it in the future. Researchers have found out that men who caught on their fathers being abusive to their
mothers in their childhood, were at a greater risk for indulging in domestic violence in their own lives. (Hyde-Nolan, 2012)

1.C. Feminist theory-
Feminist theory tries to understand gender inequality in the patriarchal setup (Bell, 2000) The theoretical perspective mainly holds the idea that DV is because of subduing women in the male dominated system wherein men are the perpetrators and women are the victims. (Dobash, R et al., 1979) or men having control over women and then abusing them is another facet that this theory tries to unravel. The underlying theme is that faulty conditioning of men or in other words, the patriarchal conditioning where they are taught that they are better and women are less than them is what leads to DV in the first place.

1.D. Resource Theory-
This theory puts light on the association of wealth and violence, wherein force and violence are mostly used to resolve conflicts. Wealthy men who have access to more resources assert themselves through various methods (controlling is a prominent characteristic of DV). On the other hand, men with very little or no wealth may use force and violence to control their wives. This theory can very well be explained in the context of India, where the DV among the wealthy usually involves controlling their spouses through different sources, like limiting their interaction with others, constricting them to housework or threatening or intimidating one through their social standing in the society, whereas, the unemployed or poverty struck part of the society might use force or physical violence as final means for establishing control over their spouses.

Perceptions about IPV can determine the amount of awareness people have about it. Due to the high rates of gender inequality and income imbalance in India, it is extremely important to understand the kind of perceptions that individuals hold about intimate partner violence in India.

Perceptions of IPV by third-party observers can be influenced by various factors. These perceptions can form the basis for how people look at the perpetrator and victim of the situation of partner violence and these perceptions ultimately influence how one attributes responsibility for violence to the perpetrator or victim.

Perceptions of Intimate Partner Violence-

Data from waves of the National Family Health Survey (NFHS)-2,3,4 and 5 show that attitudes of men and women towards justification of wife beating have shown a slight decrease in recent years from the earlier years which shows increased awareness about IPV in India. While this is just half the picture, more empirical research into understanding perceptions of IPV can give an insight into the amount of awareness there is among Individuals in India.
Perceptions of IPV by third-party observers can be influenced by various factors of the situation, the people involved in the situation and their own characteristics. These perceptions can form the basis for how people look at the perpetrator and victim of the situation of partner violence and these perceptions are likely to influence how one attributes responsibility of violence to the perpetrator or victim. Various factors that might influence these perceptions include- substance use, victim provocation, perpetrator and victim aggression, and different types of violence.

Gender plays a big role in who is assigned the label of ‘victim’ and ‘perpetrator’. A well-perpetrated stereotype is that men are always the perpetrators and women the victims of abuse. This might be true for most IPV situations, due to gender inequality and the patriarchal structure of our society. However, this also influences how the victim of the abuse is perceived and how much blame is placed on them.

Literature has shown that in terms of perpetrator gender, men are blamed more than women and in terms of victim gender, women are blamed more than men.

There is a general view that females are seen as being less violent than males, and this stereotype can influence attributions for their responsibility in violent acts. This leads to observers using those biases to understand partner violence situations. (Stewart et al., 2012). In their study Stewart, C. et al., (2012) looked at how perpetrator sex, victim confrontation, observer sex and observer attitudes influence attributions of blame in intimate partner violence. They found that both males and females attribute more blame to male perpetrators than female perpetrators and that attitudes towards women were important in determining different attributions.

The responsibility for the violence is also influenced by the observer’s sex. Various studies have shown that men blame the victims of intimate partner violence more than women and hold men less responsible for their violent acts. On the other hand, females are likely to assign more responsibility or blame to male perpetrators of violence and see it as being more harmful. Studies by Finn (1986), Kristiansen & Guilietti (1990) and others have shown that men have more negative views about females, and they blame female victims more and hold perpetrators who are males less responsible for their violent acts.

While a lot of research has been done with WEIRD populations to understand the perceptions of IPV, there are no studies to our knowledge that look at these perceptions in the Indian context. This review provides detailed information about IPV and perceptions related to it. Future studies can focus on doing empirical research on these questions in the Indian context for a better understanding of the awareness of intimate partner violence in India for the development of suitable interventions for survivors.
REFERENCES


