

Domestic Violence - The 'Hidden' Iceberg!

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Violence against women has been considered as a 'hidden' health burden. Domestic violence can be considered as endemic part of social structure with domestic violence being perpetrated as a 'stress response' to problems in families, relationships or certain intolerable circumstances. It is not a mere expression of male superiority but it is a learned behaviour which passes through phases of quiescence, violent outbursts and repetitive abusive behaviour. From the historical age to the twenty first century, subordinate status of women combined with socio cultural norms that are inclined towards patriarchy and male preference can be considered to be important factors precipitating and validating the domestic violence.

Domestic violence also shows iceberg phenomenon similar to many of the health problems but the concern is whether its a 'hidden' iceberg? The complete iceberg is hidden and the one eighth part which we tend to see is only after rigorous exploration and taking the subjects in confidence to speak the 'truth'. Making the women realize that they are prey to this social evil is a hard nut to crack because either they consider it normal phenomenon or the extreme 'tolerance' which has been inculcated in them since childhood. Below the water line lies those women who deny being the victims of violence even after several attempts of confidence building but in reality they are the 'silent' tolerant females who fear reporting to anyone. The very base of this evil iceberg is the assumptions of patriarchal social order in our society which has created this iceberg and has also sustained it till date. The important issue to be addressed here is that in solving problems the greatest leverage is in changing the structure of the society which thrusts its deep currents on the iceberg to change the events at the tip of iceberg. Melting this iceberg can be a long term herculean job but at present we are worried about the hidden nature of this iceberg and it has been well proclaimed by the experts that it is the underwater part of the iceberg which is more dangerous and accident prone. So at present we all will be contended if we can shift the iceberg above the waterline if not melt it completely as of now.

While doing a small research to screen women for domestic violence in a community, a pregnant woman with multiple cut marks (most likely of blade) on her throat claimed that those were scratch marks of her child's nails and that she was living in harmony with her husband which was questionable and hard to believe in the context presented. We can neither criticise her for being so ignorant about her wellbeing nor applaud her for the excessive tolerance which she has. Women reported being denied by the family members to get them registered for antenatal check-ups and to go for regular check ups. There was an instance when a woman reported being beaten up by her husband simply because she wanted to seek medical advice.

The United Nations define domestic violence against women as "any act of gender based violence that results in or is likely to result in physical, sexual or mental harm or

suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".¹ Going by this definition many acts like denying a woman to visit her parental house, abusing her for dowry related issues and depriving her of the liberty to plan her family by herself qualify as domestic violence. Forcing her to be silent is the worst evil which the society enforces upon her. Domestic violence has been recognised as an important public health problem since ages. During the vulnerable times of a woman's life such as pregnancy it threatens the life of both the expectant mother and her child in the womb. Serious consequences like miscarriage, stillbirth, preterm labour, birth injury and death, low birth weight baby as well as increased risk of child mortality has been associated with domestic violence and it puts the health and safety of two potential victims at risk.

Prevalence of domestic violence in India has been reported to be 37% with a variation across states due to the difference in the overall socio economic development and women's status in the respective societies.² According to WHO among women of reproductive age, gender violence accounts for more deaths and disability than malaria, fever, traffic injuries and war put together. The proportion of women who have ever experienced physical or sexual violence or both by an intimate partner in their lifetime, ranges from 15% to 75%, while we anticipate that a vast number of women are lying in the underwater part of the iceberg.³

A pilot study done in Delhi on 200 females at a tertiary care hospital using WHO Domestic violence Screening Questionnaire showed that over 107 had experienced emotional abuse, 80 had experienced physical violence and 14 were subjected to sexual violence.⁴ None of the females presented with DV and only a few considered it a problem.⁴ A study from India reported that moderate to severe spousal physical violence during pregnancy to be 13% whereas another review study of Indian states showed the prevalence of DV during pregnancy to be ranging from 21-28%.⁵ Co-occurrence of perinatal depressive symptoms, domestic violence and substance abuse were found among women seeking community based perinatal services.⁶ Alcohol misuse by the male partner has been shown to be associated with poor mental health and spousal violence among married women in India.⁷

For the hidden nature of this iceberg physicians/health care givers are also to be blamed partially who often overlook domestic violence as they are haunted by the fear of invading the privacy of women, fear of losing control of the situation, shackled by time constraints and fear of offending the patients. A good rapport and multiple contacts are necessary to take the woman in confidence before they come out and speak freely about it. Do we have appropriate scales to quantify domestic violence especially in Indian scenario? Moreover there are definitely many socio cultural bits beyond it which the scales cannot measure. A study done in

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Norway showed that women reporting partner violence were significantly more likely to report their current health as "poor" even after adjustment for age, education, unemployment, low economic status and relationship break-up.⁸

Women fear disclosing about the issue of domestic violence because of the fear that if they report such events it would lead to marital disharmony and broken homes. Despite ensuring confidentiality and conducting interviews in isolation, the fear of marital discord and spoiling their relationship with the in-laws if they disclose about domestic violence was inevitable. Most of the time females report physical abuse and their submissive nature holds them back from reporting psychological violence and they keep on tolerating it. Disclosure of violence especially physical and sexual violence is inhibited by fears of escalating abuse, feelings of shame and embarrassment, concern about confidentiality, fear of police involvement and denial. A study also shows that as domestic violence decreased at time of pregnancy, women tried to protect themselves by getting pregnant repeatedly, knowingly protecting herself from domestic violence but unknowingly risking her life by the dangers associated with repeated pregnancy.

In an Indian household many a times husbands are in good harmonious relation with their wives but the in-laws are the perpetrators of violence and their rules and principles of life plays a major role by forming the surrounding water in which lies this iceberg of domestic violence. The woman's educational status protects her from violence appears less realistic in light of the fact that it is the husband and the in-laws educational status which plays an equally important role. Education alone cannot be a protective factor for the woman as various other social norms of marriage and family values play more crucial role in determining woman's respect in her family.

Quantitative enquiry is inadequate to measure the burden of domestic violence as none of it can measure the vast volume of the ocean currents of social rules which keep on thrusting upon this iceberg. A qualitative study will be a good approximation of these ocean currents and at least it can identify those large currents which play a major role in determining the events occurring in the ice berg. All levels of health care functionaries need to be sensitized about this issue so that they can be good counsellors apart from being mere care providers. Laws should be implemented efficiently against perpetrators of domestic violence and more importantly females should be made aware of such laws. They should be motivated to report it to the legal authorities and not to take up violence for granted. The deep submerged iceberg needs a major transformation in the socio cultural milieu to curb it. Women empowerment can facilitate appropriate responses to domestic violence and can be a good measure to at least bring out this iceberg above the water line if it fails to be competent enough to melt the iceberg completely as of now.

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