# Domestic Violence in India in Delhi on the rise: Aavam Home is no a Engineers, doctors rank high haven for wom on cruelty-to-wives list: Bisw ocities ainst Rajestian unen on the rise: Report Violence against women still perva sband murders 'sterile fe, sets body ablaze Child gets justice for dead mother Domestic abuse can't be brushed off as a private affair: Report Majority of women face some form of marital violence, abuse' Husband slits wife's re special women's cells felt

A Summary Report of a Multi-Site Household Survey





# Domestic Violence in India

# A Summary Report of a Multi-Site Household Survey

on cruelty-to-wives list: Biswas

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The International Center for Research on Women (ICRW), in collaboration with Indian researchers, is pleased to present the third in a series summarizing the research studies being undertaken in India on domestic violence against women. The summary report presented here has been prepared by the ICRW team—comprised of Barbara Burton, Nata Duvvury, and Nisha Varia—in consultation with the individual research teams. ICRW takes full responsibility for any errors or omissions. The interpretations of findings in the full report do not necessarily reflect the opinions of the individual research teams.

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Nata Duvvury Project Director



Introduction	1
Methodology	6
Results	8
Nagpur Case Study	22
Conclusion and Recommendations	27
Appendices	29
Peferences	79



The International Center for Research on Women (ICRW) has conducted a three-year research program on domestic violence in India in partnership with researchers from a range of Indian academic and activist organizations. A National Advisory Council, representing the various constituencies in India that address the issue, provided guidance for the program. The box on page 2 summarizes the individual studies supported through the research program. The goal of the program, begun in 1997, was to provide reliable and sound information with which to identify, replicate, expand, and advocate for effective responses to domestic violence.

The program had three components:

- Assessing patterns and trends of domestic violence by identifying and analyzing existing data sets;
- Conducting population-based surveys to estimate prevalence and to increase the understanding of determinants and outcomes of domestic violence; and
- Distilling lessons learned from an analysis of ongoing programmatic and policy interventions.

This volume summarizes the large multi-site house-hold survey conducted by the International Clinical Epidemiologists Network (INCLEN) to estimate domestic violence prevalence in India and to increase understanding of domestic violence correlates and outcomes.

Although many homes provide the socially assumed family characteristics of love, support, and bonding, it has become evident that families frequently are also the scenes of violent human relationships both between the couple and among parents and their offspring. Women are unequivocally the primary victims of family violence, and the tradition of household privacy has kept this violence against women hidden from scrutiny.

Within the last few decades, gradual improvements in women's status due to women's activism in various parts of the world has helped slowly to increase the visibility of domestic violence as a social problem. Despite this, violence against women within the family home, until very recently, has received little attention as either a social or a public health issue. The sensitivities and stigma associated with domestic violence, the perception that it is primarily a judicial and legal issue, and the lack of data on the dimensions of abuse, have hampered understanding and the development of appropriate interventions (Heise et al. 1994). Research to address these obstacles has begun to make a difference.

# **Definition and Theoretical Framework**

A number of explanatory models have been postulated to explain violence within the family. Initially, intra-personal models focused on theories of violence originating in the psychological abnormalities of the

#### **Program Descriptions**

#### An Analysis of Primary Survey Data from Gujarat

Leela Visaria, Gujarat Institute of Development Studies, Ahmedabad.

This population-based study presents a picture of domestic violence as reported by 346 married women in rural Gujarat. Through both quantitative and qualitative methods, this project explores the magnitude and correlates of violence; forms and reasons given for violence; and women's options for support.

#### An Analysis of Hospital Records in Thane District, Maharashtra

Surinder Jaswal, Tata Institute of Social Sciences (TISS), Mumbai.

This study examines the records of hospitals and community health outposts in Thane District. The project studies the construction of the definition of violence by both the community and the providers of care as well as reconstructing specific incidents of violence through in-depth interviews.

# An Analysis of Records of Special Cell for Women and Children Located in the Police Commissioner's Office in Mumbai

Anjali Dave and Gopika Solanki, Tata Institute of Social Sciences (TISS), Mumbai.

This study analyzes the records of Mumbai's Special Cell, a collaboration between the police and the Tata Institute of Social Science. The project addresses how the language used in recording cases influences the investigative process and the final resolution of the case.

#### An Analysis of Records of NGOs in Bangalore

Sandhya Rao, Hengasara Hakkina Sangha, Bangalore.

Using the records of non-governmental organizations in Bangalore, this study explores domestic violence as a human rights issue. Included in the sample are a feminist organization working on violence issues for the last twenty years and a shelter which was established in the 1920s.

#### **An Analysis of Court Records in Bangalore District**

V.S. Elizabeth, National Law School, University of India, Bangalore.

This study examines the records of a family court in Bangalore, three district level courts, and the High Court. The project examines cases to understand the judicial interpretation of existing laws that have an impact on domestic violence and to identify the gaps in investigative procedures that result in non-conviction.

#### **A Population-Based Survey of Domestic Violence**

International Clinical Epidemiologists Network (INCLEN).

This multi-site study is being conducted by local researchers in seven sites: Lucknow, Bhopal, Delhi, Nagpur, Chennai, Vellore, and Thiruvanathapuram. The project explores the magnitude of violence, risk and protective factors, and health and economic outcomes. The methodology addresses ethical, safety, and training issues involving survey respondents and interviewers.

#### Responses to Domestic Violence in the States of Gujarat and Karnataka

Divya Pandey and Veena Poonachana, SNDT Women's University, Mumbai.

This study examines state, collaborative, NGO, and community-based initiatives addressing domestic violence in Gujarat and Karnataka.

#### Responses to Domestic Violence in the States of Maharashtra and Madhya Pradesh

Nishi Mitra, Tata Institute of Social Sciences (TISS), Mumbai.

This study examines state, collaborative, NGO, and community-based initiatives addressing domestic violence in Maharashtra and Madhya Pradesh.

perpetrator, frustration because expectations about family members are not met, or the result of dysfunctional familial relationships. In contrast, sociocultural models emphasize social structure, norms, and values as causal variables in the emergence of family violence. For example, the socio-learning approach to violence emphasizes the influence of such variables as occupational status and parent modeling. In particular, gender-sensitive approaches emphasize gender roles and expectations and the devaluation of women's work inside and outside the home as crucial to understanding family violence.

The ecological model combines these various elements in a systematic manner. This model is based on the understanding that domestic violence is the result of a combination of social and individual factors, and can best be visualized as four concentric circles. The innermost circle represents the biological and personal history that each individual brings to relationships. The second circle represents the immediate context in which abuse takes place, the family and/or intimate relationship. The third circle represents the formal and informal institutions and social structures in which relationships are embedded neighborhoods, workplaces, social networks, and peer groups. The fourth and outermost circle is the economic and social environment, including cultural norms. These last two circles combine to include such things as socioeconomic status and education level. In the ecological model, violence is usually associated with more than one factor and is not narrowly characterized by specific behaviors but encompasses the range of physical, emotional, and psychological behaviors that can harm an individual in the home. This model is therefore amenable to an understanding of domestic violence used in the INCLEN research as any act of verbal or physical force, coercion, or life-threatening deprivation directed at an individual woman or girl by a family member that causes physical or psychological harm, humiliation, or arbitrary violation of liberty and that perpetuates female subordination.<sup>1</sup>

Within the public health literature, epidemiological studies have largely focused on estimating the prevalence of physical violence. In spite of a recognized tendency to minimize and underreport incidents of abuse, prevalence data indicate that domestic violence is quite pervasive throughout the world. In a 1986 study, nearly 30 percent of couples in the United States reported experiencing at least one violent episode in their marriages (Strauss and Gelles 1986). In a 1990 family planning survey in Kenya, 42 percent of women said their husbands had beaten them.<sup>2</sup> In China, Xu (1997) found conclusive evidence of wife beating; about 57 percent of the wives in his sample reported being abused by their husbands at some time during the course of their marriages. However, few studies have attempted to study prevalence of both physical and psychological abuse. A part of the problem has been that psychological violence is less amenable to quantification, difficult to standardize and may have different meanings across cultures. Yet, both aspects of violence are interrelated and are critical to understand if appropriate interventions are to be designed.

Research studies focus not only on prevalence but also on identifying the social and economic costs of domestic violence, as evidenced by health effects, lost worker earnings and productivity, impact on children, and costs associated with the criminal justice system. For example, a Canadian study showed that the total cost to abused women and to governments due to domestic violence was more than \$3.2 billion in 1993 (Greaves, Hankivsky, and Kingston-Riechers 1995). Studies in Chile and Nicaragua have shown that all types of domestic violence reduced women's earnings by US\$1.56 billion in Chile (more than 2 percent of the 1996 GDP) and by US\$29.5 million in Nicaragua, about 1.6 percent of the 1996 GDP (Morrison and Orlando 1999).

It is important not only to quantify the macroeconomic costs of domestic violence, but also to recog-

<sup>&</sup>lt;sup>1</sup> For further elaboration of the ecological model, see Heise 1998.

<sup>&</sup>lt;sup>2</sup> These statistics included in *The Human Rights Watch Global Report on Women's Human Rights* (1995), pp. 348-404.

nize the economic impact of domestic violence upon individual household economies. These include the loss of family earnings due to repeated physical injuries or psychological abuse, and the health costs and resulting impacts upon children and education due to violence within the home.

In India, comprehensive household data on the prevalence and costs of domestic violence are lacking. The multi-site study by the International Clinical Epidemiologists Network (INCLEN) is a pioneering effort to estimate comparable rates of violence within and across five countries: India, Chile, Brazil, Egypt and Philippines.<sup>3</sup> A common protocol to measure behavioral outcomes was implemented in all countries, with standardized methods and uniform training. The study attempted to address the measurement of physical and psychological violence by focusing on commonly understood behaviors. In India the study also attempted to calculate socioeconomic costs of domestic violence at the household level. This report summarizes the results of the study undertaken in seven diverse regional and cultural sites in India.

## Violence against Women in India: A Brief Review

The phenomenon of violence against women within the family in India is complex and deeply embedded. Women are subject to violence not only from husbands but also from members of both the natal and the marital home. Girls and women in India are usually less privileged than boys in terms of their position in the family and society and in terms of access to material resources. Marriage continues to be regarded as essential for a girl; control over a woman's sexuality and its safe transfer into the hands of husbands who are assumed to "own" their wives is of primary importance. Systematic discrimination and neglect toward female children is evident in a declining sex ratio of 929 women to 1000 males (1991 census). Nevertheless, there are regional and com-

munity variations. Women in the north have relatively less autonomy than their counterparts in the south, and experience fewer opportunities for control over economic resources (Karve 1965). A small segment of urban upper class women enjoy some of the benefits of education, careers, and economic independence.

Despite regional differences in women's status, there is much less variation in rates of domestic violence. Overall, domestic violence is prevalent in all settings, regions, and religious groups. Although there are some differences in reporting by region—women in the south report fewer beatings than their counterparts in the north—in-depth qualitative studies have found considerable under-reporting in the data (Rao 1997). For example, it appears that only the most severely beaten women consider their problem worthy of mentioning in an interview or survey; others accept forms of beating and abuse as commonplace and do not report them. Research into the determining factors underlying the existence of domestic violence remains meager but points repeatedly to a lack of women's autonomy as key. Spousal disparity in educational attainment level or marital age, lack of autonomy within the home, dowry pressure, childhood abuse, unemployment, alcoholism, and poverty are all linked to high rates of domestic violence in India (Jejeebhoy 1998; Ahuja 1987; Mahajan and Madhurima 1995).

The existence of dowry and the role it plays in the abuse of women adds an additional complexity to domestic violence in India.<sup>4</sup> Many studies of wife beating in India point to the significance of dowry in reinforcing the role of woman as property and in determining the power dynamics between families and women. In particular, wives are abused by both husbands and in-laws over dissatisfaction with dowry payments, and a high level of cruelty against women is socially ignored. Despite the Dowry Prohibition Act

<sup>&</sup>lt;sup>3</sup> The initiative is called WorldSAFE – World Studies of Abuse in the Family Environment. The study in India is referred to as IndiaSafe.

<sup>&</sup>lt;sup>4</sup> Dowry is a traditional practice of offering payment in cash and goods from the bride's family to the family of the groom at the time of marriage. Families receiving dowry may demand more and more payment or goods and may harass or abuse the new bride in order to coerce her family into paying more. In some cases, tragically, the family may kill her by staging so-called kitchen accidents and fake suicides to disguise their crime. This then frees the family to find another daughter-in-law and extort more dowry. The tradition of dowry is formally prohibited throughout India but the prohibition is difficult to enforce and dowry has actually increased in practice with the accelerating shift in modern economic and material conditions and disparities of wealth.

of 1961, research indicates there was a 169.7 percent increase in dowry-related deaths from the year 1987 to 1991 as well as a 37.5 percent increase in acts of cruelty by husband and relatives during this same period (National Crimes Record Bureau 1995).

Although reporting of dowry-related abuse has grown, it remains underreported due to fear of social stigma and women's lack of confidence that recourse is available (National Crimes Record Bureau 1995). Violence within the martial home continues to be a complex problem that has to be comprehensively addressed if women are to realize their rights. The IndiaSAFE multi-study takes an important step in this direction by exploring the contours of violence experienced in a systematic and rigorous fashion.

## **Research Objectives**

The study addressed the following research questions:

- What is the magnitude of family violence against women in India? Specifically in the seven sites, what is the prevalence of physical and psychological maltreatment against adult women in the family?
- What community, family, and individual factors are associated with family violence against women in India?
- How does family violence against women differ among rural and urban families in India?

The major study hypotheses are related to the ecological model of family (see discussion on page 4), as they assert the impact of social and economic structures and the larger environment upon individual and family behaviors.

## Hypothesis 1

Physical family violence against women will be more prevalent among the lower socioeconomic classes and among families in which women are socially isolated (low social support). Psychological family violence against women will be more prevalent among the middle and higher socioeconomic classes.

## Hypothesis 2

Family violence against women (physical and psychological violence) is more prevalent among families in which the husband uses alcohol or other substances.

## Hypothesis 3

Family violence against women is more prevalent among women who witnessed their father beat their mothers during their childhood, than among women who did not witness this parental behavior.



n India, the study was undertaken between 1997 and 1999 at seven sites: Bhopal, Chennai, Delhi, Lucknow, Nagpur, Thiruvanthapuram, and Vellore. Research teams from medical colleges from these respective cities implemented the study (see Appendix A for a list of the research teams). The sites selected represent the different regions of India geographically and culturally. The study had a total sample of 9,938 households from three strata - rural, urban slum, and urban non-slum - to ensure that different socioeconomic classes were represented. The rural stratum included a range of households from different socioeconomic; these households were generally involved with agricultural activities and wage labor and had lower levels of education. The urban slum stratum was characterized by households in poverty; household members had lower levels of education and engaged in both regular and irregular work. Finally, the urban non-slum stratum was the highest socioeconomic status, with the most regular employment and the highest education levels.

## **The Study Instrument**

Each site included samples from two of the three strata (Appendix B shows the distribution of the study sample by strata across the sites). The criterion to establish family eligibility to participate was that the family contain at least one woman (15-49 years of age) who has at least one child (<18 years of age) living in the household. The unit of analysis was the woman respondent, who was selected randomly from all eligible females within the household, whether that

female was currently married or not. A total of 9,938 women were surveyed across the three strata and over the seven sites. The participation rate ranged around 90 percent in the rural stratum, 76 percent in the urban slums, and 67 percent in the urban non-slums (see Appendix C for details).

Because it was a multi-site study, considerable attention was paid to developing a uniform sampling strategy, central coordination of data management to ensure quality, uniform training of investigators, and adherence to ethical guidelines. The principal investigators from each site together constituted the Steering Committee; they developed the research design instrument and analysis plan, supervised the implementation of the instrument, and provided a forum for addressing difficulties experienced at the field level.

The study instrument in the IndiaSAFE project had two components:

- the core instrument implemented in all five countries, and comprised of two modules—one on child disciplinary practices and the other on spousal violence; and
- an additional set of questions developed by the Steering Committee to address issues of concern to the India research team.

In addition, the Indian instrument included a separate module on the mother-in-law because researchers considered this to be particularly important to

<sup>&</sup>lt;sup>5</sup> See Appendix D for details on data management and ethical guidelines.

understanding the dynamics of family violence in India. This module was implemented only to the mothers-in-law of women respondents who gave their permission—approximately 20 percent of the sample.

The study is based primarily on quantitative data. It has attempted to get empirically reliable and statistically valid estimates of prevalence of physical and psychological violence at each site for the strata studied. Qualitative methodologies were used to help interpret the information gathered. Focus groups of women in the target group and of mothers-in-law were utilized to refine the instrument. Field investigators were trained to maintain diaries and enter their perceptions of specific interviews that were particularly complex. This information was useful in verifying the information entered in questionnaires and eliminating doubts that arose in the course of data entry.

## **Study Limitations**

The study results should be interpreted in light of the following considerations:

- The magnitude or prevalence of family violence against women is likely to be underestimated for the following reasons:
  - The WorldSAFE eligibility criteria restrict childless women from participating – yet these women may be vulnerable to family violence.
     This criterion may also bias the sample away from younger, newly married women.
  - The sensitivity and stigma associated with violence, as well as fear of reprisal, may lead to underreporting of violence.
  - Family violence against women is usually associated with social isolation and control of the woman's environment. It is thus likely that some eligible women did not participate in the survey, particularly in urban non-slum areas.

▶ The data is based on self-reporting, which relies on perceptions and is vulnerable to criticisms of validity. To compensate, researchers focused on behaviors, restricted the use of value laden terms such as "abuse," and utilized multiple reliability assessments to cross verify answers by the women.



The project results can be summarized in six categories: socio-demographic profile, women's experience of physical and psychological violence, prevalence of violence across sites, reasons for violence, help-seeking behavior, and health care needs for injuries and disabilities.

## Socio-Demographic Profile

The eligibility criterion that a family have at least one women between the ages of 15 and 49 with at least one child is likely to have resulted in an under sampling of women in the age group 15-24. This is a serious limitation of the study, since other studies based on community surveys and institutional records have highlighted that young women experience violence in the early years of marriage even prior to child-birth. The eligibility criteria likely contributed to the average age of women respondents being fairly high—31 years—and the duration of marriage long, an average of 12 years (see table 1 for a summary of socio-demographic characteristics).

In terms of education and employment, the data are consistent with patterns confirmed by other studies. Rural women have the highest proportion of women with no education. At the other end, 60 percent of women in urban non-slum stratum have more than ten years of education.

A majority of the women (74 percent) do not engage in outside employment. Nearly one-third of the women in rural areas are employed compared to about one-fifth of women in the urban slum and non-

slum areas. When employed, rural women are more likely to be engaged in seasonal and irregular employment than employed urban women, of whom 60 percent or more have regular employment. Men have more education and are more likely to be employed (approximately 97 percent) across all three strata. Nearly two-thirds of husbands had regular employment, especially in the urban areas. Men in rural areas are likely to have seasonal and irregular employment.

Marriage was predominantly arranged. Women reported agreement in about half of the marriages. With respect to dowry, nearly one-fifth of all women reported that dowry was demanded by their in-laws at the time of the marriage. Women living in urban non-slum areas reported dowry strikingly more often than women living in rural or urban slum areas. Similarly, new dowry demands since the time of marriage were reported more frequently by women living in urban non-slum areas than their counterparts living in rural or urban slum areas.

## Women's Experience of Physical and Psychological Violence

The investigation created two principal measures for husband's violence against the woman respondent: *any physical violence* and *any psychological violence*. These behavior-based outcomes measured both lifetime prevalence (violence which occurred at least once in the woman's married life) and current prevalence (violence which occurred within the last twelve months). For lifetime-of-marriage prevalence, four

Table 1
Socio-Demographic Characteristics of Sample (age, education, employment)

	Total N=9938	Rural N=3611	Urban Slum N=3155	Urban Non-Slum N=3172
Age (years)				
Woman Respondent	31.0	30.9	29.8	32.5
Husband	39.1	36.8	35.1	38.1
Education (%)				
Woman Respondent				
Illiterate	29.0	40.0	32.0	13.0
Primary (1-5)	16.0	19.0	19.0	9.0
Secondary (6-12)	44.0	40.0	47.0	46.0
> 12	11.0	1.0	2.0	31.0
Husband				
Illiterate	15.0	20.0	18.0	8.0
Primary (1-5)	15.0	21.0	17.0	8.0
Secondary (6-12)	52.0	54.0	62.0	47.0
> 12	15.0	4.0	4.0	38.0
Employment (%)				
Woman Respondent				
Unemployed	74.0	68.0	77.0	79.0
Employed (total)	26.0	32.0	23.0	21.0
of which:				
Regular	48.0	30.0	65.0	60.0
Seasonal	22.0	30.0	6.0	25.0
Irregular	30.0	40.0	30.0	14.0
Husband				
Unemployed	3.0	3.0	3.0	2.0
Employed (total)	97.0	97.0	97.0	98.0
of which:				
Regular	65.0	48.0	66.0	83.0
Seasonal	12.0	23.0	5.0	8.0
Irregular	23.0	30.0	29.0	9.0

physical behaviors were considered: slaps, hits, kicks and beatings. Current prevalence of physical violence was assessed on the basis of six behaviors: slaps, hits, kicks, beatings, threats or use of a weapon, and forced sex.

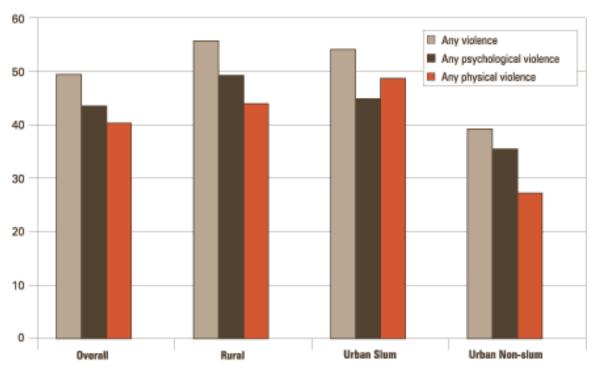
Lifetime of marriage and current prevalence of psychological violence were measured with seven behaviors: insults, belittlement or demeaning, threats to the woman respondent, threats to someone the woman respondent cares about, threats of abandonment, and husband's unfaithfulness. Each behavior is described in the analysis and four behaviors were

selected for hypothesis testing (demeaning, threats to the woman, threats of abandonment and husband's unfaithfulness); researchers considered these to be the most representative of the psychological violence exhibited by husbands toward their wives.

Overall, about 50 percent of women reported experiencing at least one of the behaviors outlined above at least once in their married life; 43.5 percent reported at least one psychologically abusive behavior and 40.3 percent reported experiencing at least one form of violent physical behavior.

Figure 1

Overall Prevalence of Violence
(percent of women reporting violence)



The reporting of any violence was highest by rural women followed by women in urban slum areas. Similar proportions of women (approximately 45-50 percent) in rural and urban slum areas reported physical violence. Significantly fewer urban non-slum women reported either psychological or physical violence than rural or urban slum women (figure 1).

Women reported that they experienced violent behaviors in combination. Of the total sample, 15 percent (1,462 respondent women) reported at least two different types of physical abuse in the last twelve months. Of the 2,593 women who reported being hit, kicked, or beaten in their marriages, three out of every four (1,905 women, or 73 percent) experienced at least two of these behaviors and nearly half (1,259, or 49 percent) suffered from all three behaviors. A similar pattern occurs with psychological abusive behaviors, especially with demeaning and threatening behaviors. Of the 4,229 women experiencing these two behaviors, nearly 60 percent experienced both (2,447 women).

In addition to multiple forms, women also reported that they experienced violence not once but several times in their life (see tables 2 and 3). Consistently across all behaviors and strata, more women reported that the violent behavior occurred more than three times than reported that it occurred once or twice. Of the 4,005 women reporting physical violence, 63 percent (2,521 women) reported a frequency of three or more times, and of the 4,322 women reporting psychological violence, 68 percent (2,946 women) reported a frequency of three or more times. Although the difference in reporting between rural and urban slum areas was minimal, women in urban non-slum areas reported lower rates of being kicked, hit, beaten, or slapped three or more times than other women.

Not only is physical violence against women frequent, it occurs at a startling rate during pregnancy as well. Of the women who reported physical violence, some 50 percent reported that they experience the violence during pregnancy. This rate is only marginally lower among urban non-slum women (table 4).

Table 2
Lifetime Marital Physical Violence (percent)

Behaviors of husband toward woman respondent: *	Total N=9938	Rural N=3611	Urban Slum N=3155	Urban NS N=3172
Hit you				
None	80	77	74	88
1-2	8	9	10	4
≥3	12	14	16	7
Kicked you				
None	83	80	77	90
1-2	6	8	8	4
≥3	11	12	15	6
Beat you				
None	80	74	78	87
1-2	8	10	9	4
≥3	12	16	13	9
Slapped you				
None	60	56	52	73
1-2	16	16	19	11
≥3	24	27	29	15

<sup>\*</sup>Statistical significance – All four behaviors of physical violence are statistically significant at P < 0.001 for stratum differences.

Of the 9,938 women in the survey, approximately one out of every four (2,596 women or 26 percent) had experienced slapping, kicking, hitting, beating, threat or use of a weapon, or forced sex in the last 12 months (see table 5 for prevalence rates of current physical violence). Women living in rural and urban slum areas reported similar rates that were higher than for women living in urban nonslum areas. Nearly 15 percent of the total sample of women reported one or more incidents of forced sex during the previous 12 months, and this rate was consistent across the three strata. The rates of psychological violence experienced in the last 12 months are summarized in table 6.

#### **Prevalence of Violence across Sites**

An important objective of the study was to explore the variability in prevalence rates of physical and psychological violence across the seven geographically diverse sites within India. Figures 2 through 4 show prevalence rates of physical and psychological violence in the seven regions according to strata (rural, urban slum, urban non-slum). The data were consistent with the hypothesis: there was variability across the strata (just as in the total study sample), as well

as some variability by study site. Although it is possible that the variability reflects true differences among regions, alternative explanations are also considered.

## Physical Violence

Urban slum sites. Four sites assessed physical violence in the urban slum stratum. Prevalence of physical violence at these sites ranged from a low of 35.3 percent in Bhopal to a high of 65.1 percent in Nagpur (see figure 2). The higher prevalence in Nagpur may be related, in part, to the experience of the field interviewers, for many of whom this study was the fourth survey. It is reasonable to consider the likely effect of experienced field interviewers yielding higher rates of disclosure compared to other sites with less experienced interviewers.

**Urban non-slum sites.** Five sites assessed physical violence in the urban non-slum stratum. Prevalence of physical violence at urban non-slum sites ranged from a low of 12.8 percent in Delhi to a high of 43.1 percent in Thiruvanthapuram (figure 3). Interestingly, the two largest cities—Delhi and Chennai—had essentially comparable prevalence of physical violence.

Table 3
Lifetime Marital Psychological Violence (percent)

Behaviors of husband toward woman respondent*	Total N=9938 %	Rural N=3611 %	Urban Slum N=3155 %	Urban NS N=3172 %
Insulted you				
0	55	49	54	63
1-2	15	19	16	11
≥ 3	30	32	30	26
Demeaned you				
0	59	53	59	67
1-2	13	16	14	9
≥3	28	31	28	24
Threatened you				
0	74	69	72	80
1-2	9	10	9	6
≥ 3	18	21	19	14
Threatened someone else				
0	87	85	86	91
1-2	4	5	4	2
≥ 3	9	10	10	7
Made you feel afraid				
0	78	77	76	82
1-2	6	7	8	4
≥ 3	16	16	16	14
Abandoned you				
0	94	93	93	95
1-2	3	4	3	3
≥ 3	3	3	4	3
Was unfaithful				
0	90	88	92	92
1-2	4	5	3	3
≥ 3	6	8	5	5

<sup>\*</sup>Statistical significance – Differences across strata are significant at the .001 level for all seven components of psychological violence.

These two sites also had significantly lower participation rates in this stratum than the other three sites. The remaining three study sites that assessed physical violence in urban non-slums (i.e., Lucknow, Thiruvanthapuram, and Vellore) were similar in their prevalence estimates.

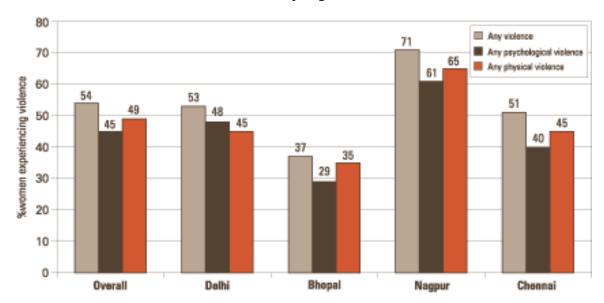
Rural sites. Five sites assessed physical violence in the rural stratum. The rural picture is less consistent, with prevalence rates ranging from 27.9 percent in Bhopal to 57.2 percent in Nagpur (figure 4). With the exception of Bhopal, the level of physical violence ranges from 40 to 57 percent.

## **Psychological Violence**

The prevalence of psychological violence was higher across all strata and across all regions than for physical violence. There was, however, greater variability across regions.

**Urban slum sites**. The prevalence estimates of psychological violence in the urban slum sites range from 28.9 percent in Bhopal to 61.0 percent in Nagpur (figure 2). In general, Bhopal had lower prevalence rates in all violent behaviors than the other sites in both the strata sampled (i.e., urban slum and rural).

Figure 2
Prevalence of Violence in Urban Slum Sites, by Region



Urban non-slum sites. For urban non-slums, prevalence estimates range from a low of 15.8 percent in Chennai to 61.6 percent in Thiruvanthapuram (figure 3). Thiruvanthapuram's higher overall prevalence estimate is likely due, in part, to the higher reported rates of husband infidelity – much higher than all other study sites. Excluding Thiruvanthapuram, the prevalence rates for urban non-slum range from 15.8 percent to 39.3 percent, which is, as expected, lower than the prevalence estimates for urban slums.

Rural sites. The prevalence estimates for psychological violence in rural areas range from 22.4 percent in Bhopal to 68.6 percent in Thiruvanthapuram (see fig-

ure 4). As in the urban slum results, Bhopal's rural areas have lower prevalence estimates of psychological violence than the other rural study sites. If Bhopal is excluded, the prevalence estimate for psychological violent behavior ranges from 38.8 percent to 68.6 percent, comparable to the estimate for the urban slum stratum.

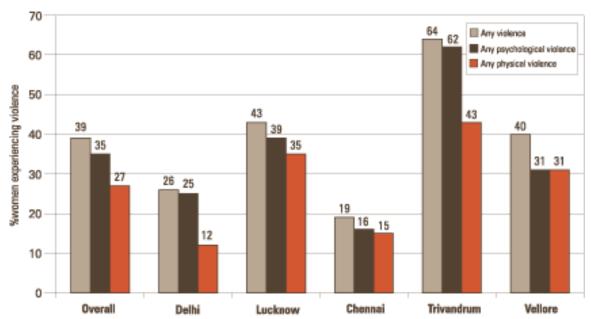
What is striking about the prevalence rates at the different sites is that there is no clear north-south divide. One cannot argue, for example, that women in the southern sites consistently report lower incidence of violence. In fact, the data indicate that more in-depth exploration is needed of four sites: Lucknow,

Table 4
Severe Physical Violence during Pregnancy (percent and number)

Characteristic	Total % (N)	Rural % (N)	Urban Slum % (N)	Urban Non-Slum % (N)
Hit	48	49	50	44
	(970/2004)	(409/839)	(398/796)	(163/369)
Kick	52	51	55	48
	(894/1709)	(356/697)	(399/722)	(139/290)
Beat	50	50	52	47
	(1012/2014)	(469/931)	(353/677)	(190/406)

*Note:* N shows the number of women experiencing a specific abuse (e.g., hit) during pregnancy / total number of women experiencing the specific abuse during their married life

Figure 3
Prevalence of Violence in Urban Non-Slum Sites, by Region



Nagpur, Thiruvanthapuram. and Vellore, all of which had fairly high rates. These four sites have similar ranges of prevalence rates for physical and psychological violence in rural areas. With respect to urban slums, the rates between the two metropolitan cities (Delhi and Chennai) for physical and psychological violence are very close. In terms of the urban nonslum, the two metropolitan cities have close prevalence rates for physical violence while there seems to be similarity in reporting at Lucknow and Vellore. Thiruvanthapuram is similar to Lucknow and Vellore in terms of physical violence but is sharply different

in terms of psychological violence experienced by women. This is in line with some of the recent literature on Kerala that has highlighted the severe stress faced by women in Kerala and the fairly high suicide rate in the state.

The findings of lifetime and current prevalence of physical and psychological violence point to a serious problem faced by women within marriage. This study explores both the magnitude of violence as well as the possible risk and protective factors for violence.

Figure 4
Prevalence of Violence in Rural Sites, by Region

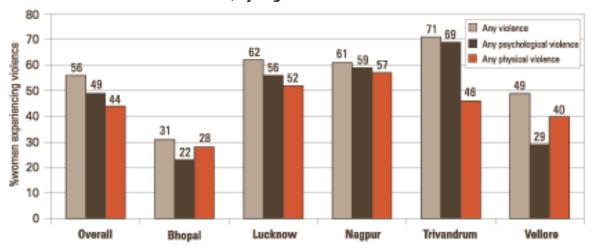


Table 5
Current Physical Violence (percent)

Behaviors of husband toward woman respondent*	Total N=9426 %	Rural N=3400 %	Urban Slum N=2990 %	Urban NS N=3036 %
Hit you	70	70	70	70
None	55	49	54	63
1-2	15	19	16	11
≥3	30	32	30	26
Kicked you				
None	59	53	59	67
1-2	13	16	14	9
≥3	28	31	28	24
Beat you				
None	74	69	72	80
1-2	9	10	9	6
≥3	18	21	19	14
Slapped you				
None	87	85	86	91
1-2	4	5	4	2
≥3	9	10	10	7
Used or threatened				
to use a weapon				
None	78	77	76	82
1-2	6	7	8	4
<u>≥</u> 3	16	16	16	14
Forced Sex				
None	94	93	93	95
1-2	3	4	3	3
≥3	3	3	4	3

Note: Current physical violence is violence occurring in the last 12 months. This table does not include 383 women from the larger sample who are widowed, single, or divorced, as well as 129 for whom 12-month data are not available.

## **Reasons for Violence**

One month after the marriage, he said 'If you want to leave me, don't even think about it, because I will kill you before you leave me.

-Woman respondent, Chennai, 1999

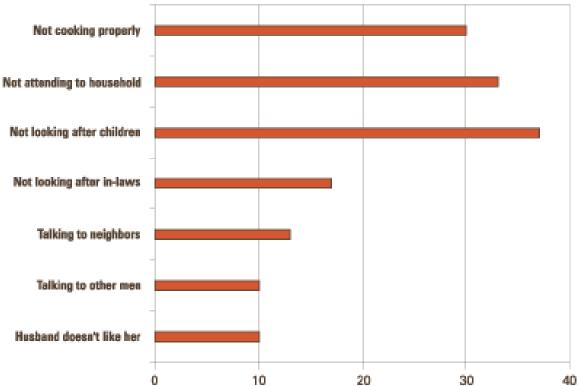
The study tried to determine what women consider to be the precipitating factors for the violence. Women identified lapses in fulfilling their responsibilities (cooking, attending to household, looking after children and in-laws) as key factors influencing the occurrence of violence (figure 5). These findings reit-

erate that violence is a mechanism for enforcing the gender roles and expectations within the family. Interestingly, mothers-in-law reported these same factors as precipitating violence in their own marriages.

Sexual control is also another area of conflict cited by women. Not infrequently, women attributed violence due to infidelity. Seventeen percent reported their husbands had been sexually involved with other women and 14 percent reported their husbands accused them of being "unfaithful." Among the first group of women (N=884), 82 percent reported their husband's infidelity as the reason they quarreled. Seventy percent reported that their husbands "hit or

<sup>\*</sup>Statistical significance – Differences across strata are significant at the .001 level for all seven components of psychological violence.

Figure 5
Reasons for Violence as Identified by Women (percent of women citing reasons)



beat" them because of the wife's suspicion that the husband was "unfaithful." Among women reporting that their husbands accused them of being "unfaithful" (N=711), 94 percent reported this as a reason for quarrelling and 80 percent reported this as a reason for their husband hitting or beating them.

Another area of conflict explored was the satisfaction or dissatisfaction with amounts of dowry. Women who reported having had an arranged marriage were asked about their lifetime experience of harassment due to dowry. Such harassment was reported by 12 percent of women in the total sample; those living in urban non-slum and rural areas reported higher rates than women living in urban slums (14, 13, and 10 percent, respectively). Some of the highest rates of dowry dissatisfaction and the reporting of new demands were recorded in Thiruvanthapuram. Women who reported being harassed because of in-law dissatisfaction reported being beaten and threatened

Table 6
Current Psychological Violence (percent and number)

# of times occurred in past 12 months	Demeaned % (N)	Threatened % (N)	Abandoned % (N)	Unfaithful % (N)
None	71	84	98	95
	(6722)	(7867)	(9241)	(8971)
Once or Twice	12	6	1	2
	(1116)	(585)	(103)	(195)
Three or more	17	10	1	3
	(1587)	(973)	(82)	(259)

Note: Current psychological violence is violence occurring in the last twelve months. Based on 9,451 currently married women.

(43 percent), sent back to their natal home (over a third), and "treated as a servant" (over half).

The family member who most frequently harassed women because of dissatisfaction with dowry was the mother-in-law (cited by 81 percent of women reporting harassment), followed by husband (47 percent), sister-in-law (38 percent), father-in-law (27 percent) and brother-in-law (13 percent).

## Help-Seeking Behavior

Women reported seeking help from a wide range of people and institutions. Besides the source of help, they also gave responses upon the quality of the help (i.e., was it "helpful,", "not helpful," or "made things worse"). Women predominantly sought help from members of their natal family and 91 percent considered this source "helpful." Women also sought help from members of their husband's family; nearly two-thirds of women who sought help reported receiving help from a member of their husband's family (however, a third reported their husband's family was "not helpful" or "harmful"). Members of the husband's family were the most frequently reported "harmful" source.

Seeking help from institutions such as a women's organization, the police, a health care setting, mental health center, or local official was rarely reported by women (<2 percent of the sample). Of the 62 women who reported seeking help from a women's organization, 16 reported they received help, 44 reported they received "no help," and 2 reported these sources of help "made things worse." Of the 184 women who reported seeking help from the police department, the majority reported receiving help (N=134, 73 percent); three women (2 percent) reported the police "made things worse." Of the 187 women who reported seeking help at a health care center, the majority reported receiving help (N=156, 83 percent); one woman reported that seeking help at this source "made things worse."

Women most frequently reported that members of their family (58 percent) and members of their husband's family (58 percent) knew about the violence. Second to family members, neighbors were the next group most frequently aware of the violence (41 percent). One fifth of women reported that "no one" knew about the violence (21 percent).

Women who reported physical violence were also asked the reasons they stayed with or left their husbands. Few women left their husbands; 693 women (14 percent) left their husbands due to the violence incidents. The number of times women reported leaving their husbands because of these incidents was as follows: once (46 percent), twice (16 percent), three times (11 percent), 4-6 times (14 percent) and 7 or more times (11 percent). Most women stayed at the homes of relatives of their natal family. The vast majority of women returned to their husbands, although 16 percent did not. Of the 582 women who returned to their husbands, the two most common reasons for returning were that her husband asked her to return (59 percent) and her family convinced her to return (39 percent).

The most common reason women reported for staying with their husbands was the perception that violent behavior is "normal" in a marital relationship (58 percent). Economics and family honor were also fairly common reasons for not leaving.

# Health Care Needs for Injuries and Disabilities

Of the women in the survey, 4,502 (45.3 percent) reported needing health care due to the violence they experienced. Of these women, only half received the necessary health care. Among women who reported needing health care but not obtaining it, the top three reasons were: feeling ashamed (30 percent), caring for their injuries at home (30 percent), and lack of economic health care access (30 percent) ["I couldn't afford it"]. The lack of freedom to seek care was reported by 20 percent of women ["My husband or family wouldn't allow me to go"]. Family reputation, fear of reprisals, and access to health care (other than economic access) were rarely reported as reasons for not seeking health care. Of the women needing health care due to violence, 1,059 (23.5 percent) needed health care more than five separate times.

Occasionally, women reported being hospitalized for injuries sustained from violence (N=187). Half of these women reported being hospitalized once; the other half reported being hospitalized more than once (overall mean = 2.2, range 1-12). Women also reported that they could not do their usual household chores (N=737) or could not work for income (N=236) as a consequence of injuries sustained from violence. Women reported that, on average, they were unable to do their household chores due to these injuries for at least 4.5 days and unable to do their "usual work for income" for at least 5.0 days. [Note: These averages are under-estimations as the maximum number of days recorded was 7.]

## **Analysis of Findings**

Researchers explored bivariate relationships between the lifetime experience of physical and psychological violence among women and some of the household and personal characteristics that are strongly associated with such experiences. These factors include: socioeconomic status, spousal difference in education and resources, husband's risk behavior, level of social support available to a woman, childhood exposure to violence, and a woman's overall health status.

#### Socioeconomic Status

For socioeconomic status, rather than relying on income levels, which are notoriously problematic in developing-country settings, researchers explored the use of several indicators of household consumption. These included the type of housing and the type and number of appliances owned. Preliminary analyses with most of these measures suggest that there is a negative relationship between socioeconomic status and reported lifetime experience of physical and psychological violence among women.

The strongest association found was with the number of consumption goods owned. Women coming from families with fewer appliances are more likely to report being hit, kicked, and beaten. With respect to psychological violence, women who come from households with: a) lower levels of education, b) fewer household appliances, c) higher levels of hus-

band unemployment, and d) higher levels of index women unemployment are more likely to report being demeaned, threatened, abandoned, and that their husbands are unfaithful. Researchers are in the process of further refining indicators of socioeconomic status—possibly through an index measure—and also testing it in multivariate analyses to see if such a relationship holds when other closely related measures, such as educational levels, are accounted for. Also, an unresolved interpretation issue is whether women among higher socioeconomic levels actually experience lower levels of violence or simply report it at lower levels.

# Gender Gap in Education and Employment

In the bivariate analysis a strong association was found between physical and psychological violence reported by women and the unemployment status of both the husband and wife. More surprising was the strong and positive association between regular employment of husband and wife and the reporting of physical violence. Psychological violence was also strongly associated with regular employment of the husband. The results seemed paradoxical. If violence is an expression of gender power dynamics within the household, it is possible that a gender gap in employment status may be the critical variable. In line with this reasoning, gender gap in both employment and education will be explored in future research for associations with reporting of violence.

Both education and employment were significant for physical and psychological violence. The direction of association was that violence (physical and psychological) was more frequent when the woman respondent was more educated (>2 years) and had a better type of employment (p<.001 for both) than her husband.

## **Social Support**

I do not have a single soul in this world to whom I could show the wounds of my heart.

-Woman respondent, Lucknow, 1999

As discussed in the introduction, social support is important for women's ability to negotiate conflict in marriage. The overall social support level measure utilized is a composite of four, equally weighted potential sources: the woman's natal family, people living in her neighborhood, her husband, and others (friends or co-workers). A majority of women reported some degree of social support, primarily from their natal family and their husband; 403 women reported no social support from any source.

High levels of social support from natal family members were reported by 44 percent of women, especially those living in urban non-slum areas (60 percent). Women reported similar rates of social support from neighbors—approximately one third reported either low, medium, or high levels of social support. Women living in rural, urban slum, and urban non-slum areas all reported similar levels of social support from neighbors. More than three-quarters of the women reported their husbands as sources of social support (e.g., someone they could talk to about their problems). Few women reported having friends to talk to (12 percent). Even fewer women reported co-workers as a source of social support (7 percent among women currently employed).

Women who reported higher levels of social support were also significantly less likely to report physical and psychological violence. For example, 34 percent of women with high levels of social support reported some form of physical or psychological violence compared to 53 percent of women with no social support. A similar, but less powerful association can be seen with incidence of psychological violence: 21-38 percent of women with high levels of support reported being demeaned or threatened compared to 39-47 percent of women with no social support.

#### **Alcohol Consumption of Husband**

In terms of husband risk behaviors, most women reported that their husbands were tee-totallers (60 percent) or at least not drinking to excess (9 percent) Nearly one third of the women reported their husbands drank to excess over the past year and an-

other 16 percent reported their husbands drank occasionally. Surprisingly, there was no reporting of substance abuse by husbands (1 percent). An association was found between husband's risk behavior (i.e., alcohol consumption) and reporting of violence. More than half of the women who reported their husbands got drunk once a week reported their husbands hit, kicked, or beat them. In addition, more than half also reported being threatened by the husband (56 percent).

#### Women's Health

Women's health was explored using two indicators – a self-assessment of overall health status and the SRQ, a Self-Reporting Questionnaire widely used as a screening instrument for assessing mental health status. Women who reported poor health or had a positive screening test on the SRQ were more likely to report both physical and psychological violence (being hit, kicked, beaten, demeaned, threatened, abandoned, and unfaithfulness of husband) compared to women reporting their health status as average or excellent. The converse was also true – women who reported no physical or psychological violence were more than twice as likely to score "normal" on the SRQ mental health screening instrument.

# Woman's Childhood Experience of Family Violence

More than one quarter of women reported witnessing their fathers beating their mothers during their childhood. Women living in rural and urban slum areas reported witnessing this parental behavior more frequently than women living in urban non-slum areas. Harsh physical discipline during childhood was reported by 44 percent of the women. Similar to the pattern seen with witnessing fathers beating mothers, women living in rural and urban slum areas reported experiencing harsh childhood punishment more commonly than women living in urban non-slum areas.

Women who reported receiving harsh physical discipline as a child were more likely to report physical violence than those who did not by about 7-10 percentage points. Of women who were physically disciplined as a child, similar levels (21-26 percent) reported being hit, kicked, or beaten by their husbands, and a much higher proportion (48.5 percent) reported slaps. Similarly, women who reported witnessing their fathers beat their mothers were twice as likely to report being hit, kicked, and beaten themselves. This relationship is essentially identical in direction and magnitude for these three behaviors (p<0.001).

## Results of Hypothesis Testing

The results substantiate most of the initial study hypotheses related to the woman respondent. The exception is the hypothesis that violence is associated with husbands' abuse of illicit substances; this could not be confidently elucidated due to inadequate numbers. The study provides evidence for the remaining hypotheses – both in terms of high statistical association (almost entirely at p<0.001) as well as meaningful differences. The consistency of results implies that they deserve a high degree of confidence.

#### Hypothesis 1

**Physical** family violence against women **is** more prevalent among the lower socioeconomic classes and among women with lower levels of social support. **Psychological** family violence against women is **not** more prevalent among the middle and higher socioeconomic classes.

#### **Hypothesis 2**

Family violence against women **is** more prevalent among families in which the husband uses alcohol. The study did not prove or disprove the related substance abuse hypothesis due to infrequent reporting of husbands who abuse illicit substances.

#### **Hypothesis 3**

Family violence against women **is** more prevalent among women who witnessed their father beat their mothers during their childhood than among women who did not witness this parental behavior.

## Relative Risks: Multivariate Analysis

In order to identify the strongest associations between violence and the correlates discussed above, the values for the main outcome variables were dichotomized to allow for the use of Logistic Regression Modeling. Women who reported experiencing violent behaviors once or twice were combined with those who reported violent behaviors three of more times. The main independent variables considered were two representing socioeconomic status (household crowding and number of appliances); three variables representing gender gaps in employment, education, and age<sup>6</sup>; one variable representing husband's risk behavior (drunkenness); one for dowry harassment; and finally, one variable for the level of social support.

Logistic Regression Modeling of the two main outcome measures – any severe violent physical behavior (hit, kick, beat, forced sex) and any violent psychological behavior – revealed similar predictors (see table 7). The top three predictors were dowry harassment, husband's drunkenness, and employment gap (difference in husband and wife's level of employment). The remaining predictors were similar, but of less magnitude (explaining less of the variance). All predictors behaved in the direction hypothesized: for example, higher levels of alcohol abuse and dowry harassment and lower levels of social support independently predicted physical violence. The predictors for psychological violence were similar, with the exception of social support.

Interestingly, gap in education was not statistically significant for severe violent physical behavior, although it was significant for psychological behavior. The findings regarding the roles of employment and education gaps extend current understandings of the relationship between gender dynamics of power and violence within households. A more refined analysis could explore whether the reporting of violence shifts as the gap between a husband and wife's status (as

<sup>&</sup>lt;sup>6</sup> Gender gap is defined here as a woman having a higher level than her husband.

Table 7
Logistic Regression of Adjusted Relative Risks and Associated p-Values

Variable	Any Physical Violence	Any Psychological Violence
Number of cases	1854 Exp ß	3151 Exp ß
	p	p
Household crowding	1.05 .0041	0.96 .0183
Number of appliances	0.83 <.0001	0.89 <.0001
Gap in employment	1.22 .0002	1.12 .0202
Gap in education	0.92 .2659	0.80 .0010
Difference in age	0.98 .0734	0.98 .0019
Drunkenness	1.72 < .0001	1.73 < .0001
Harassment	3.61 < .0001	5.55 < .0001
Social Support	0.84 < .0001	0.97 .2630

Exp ß – exponential of the Beta coefficient, refers to the odds ratio, which is an estimation of the adjusted relative risk. A number higher that one represents risk factor and less than one a protective factor.

measured by employment and education levels) moves from the woman having a status lower than, equal to, or greater than that of her husband. Such an analysis would contribute more in-depth insights both into how violence unfolds toward women of different social-economic status and into the relation-

ship between violence and power inequalities. It would also deepen understanding of the extent to which differences in reporting of women from diverse socioeconomic backgrounds are related to absolute education and employment levels and to the gender gaps in these variables.



#### The Economic Cost of Violence

In the current research and debate on domestic violence, there has been growing interest in exploring the linkages between the economy and domestic violence against women (for example, the International Development Bank (IDB) and UNIFEM-sponsored end-violence discussion on the Internet). Two central issues arise: first the implication of domestic violence on household and macro economies; and second, the relationship between women's economic involvement and their experience of violence. The Nagpur site study attempted to examine these linkages as well as to estimate the economic cost of domestic violence to the household economy.

#### The Direct and Indirect Costs of Violence

Domestic violence is a pressing human rights issue that prevents women from fully realizing their rights to social equality, good health, and economic opportunities. Because social norms often condone or turn a blind eye to domestic violence, it has taken and continues to take great efforts for researchers and activists to help the public acknowledge violence as a social problem with substantial economic, health, and human rights implications.

Domestic violence against women is a deeply entrenched problem requiring substantial commitment by the public and private sectors for investments in prevention and intervention. Credible information about the number of individuals affected and the economic cost to victims, institutions, households, and

taxpayers will be useful in generating support for those investments. Without the awareness this information provides about the extent and consequences of the problems, policymakers, foundations, private firms, taxpayers and the medical, criminal justice, and social service establishments may be less likely to allocate scarce resources to address this problem.

There are two levels at which the economic cost of domestic violence can be estimated: the society-wide (macro) level, and the household/individual (micro) level. Estimating the cost is a complex task given the dearth of information on identifying the various components that should be included, the problem of under-reporting of domestic violence, and the relatively few studies available.

Of the studies available most have focused on generating estimates of cost at the macro level. For example, studies in the United States have estimated the annual cost of domestic violence to be anywhere from US\$5-10 billion (Meyer 1992) to \$67 billion (Miller, Cohen, and Wiersema 1995). These numbers are based on estimating direct and indirect costs. The Institute for Women's Policy Research (IWPR) made a pioneering attempt in 1996 to indicate how to map out direct and indirect societal costs of domestic violence. Some examples include:

Direct costs: loss of income, productivity loss, health care costs, housing costs, and costs of social services. Indirect costs: impact on child well-being, female and child mortality, inter- generational social and psychological costs.

The impact of violence on the production and reproduction of the household economy is also important to understand and estimate. Violence affects not only the individual woman, but also the very survival of the household through loss of productivity, loss of income, and increased costs (e.g., for health care). Information is needed not only on the correlates of violence but also on the economic consequences for the family to better attune response and prevention efforts to the needs of women and their households.

The authors are not aware of any national studies in India to determine the direct cost of domestic violence against women, or of any studies to determine the costs to employers, households, and communities. In the Nagpur site study, data was collected on the:

- Loss of workdays (including housework) for the woman;
- Loss of workdays for the husband;
- ▶ Consequent fall in total income; and
- ▶ Healthcare expenditure due to violence-related injuries and symptoms.

#### **Case Study Methodology**

Apart from the core instrument, a site-specific instrument was developed to address the economic questions outlined above. A pilot study was conducted in a slum of Nagpur for 100 households using this site-specific instrument. The instrument was later modified at various stages according to the findings of the pilot study. The finalized site-specific instrument for economic cost of domestic violence was used along with the main IndiaSAFE survey in rural and slum areas. The other methodologies used in Nagpur are the same as at the other study sites in the IndiaSAFE project.

The interviewers faced some difficulties in getting responses to the economic questions. For example, income was reported with hesitation and, in particular, women engaged in construction work and vegetable vending gave only approximate estimates of their wages. There was also a margin of error introduced by using the recall method, as women had to remember and report incidents that happened over the past year.

## **Site Study Results**

The women in the Nagpur sample have poor access to resources, as evidenced by their lack of ownership of land or house-site. Although a third of the families owned land, only two percent of the women possessed land in their name. Similarly, only 4.4 percent of the women respondents reported having a house in their name. However, women have some access to social capital, as reflected in the 8-10 percent of women reporting that they can go to others in times of financial need.

Of the 1,431 women respondents, 499 women (or 35 percent) worked for income in addition to their household responsibilities. With the exception of 15 women who worked in factories, the majority of women worked in the informal sector including agricultural labor, craft production, construction, petty trade, and domestic service. The category of other work includes *anganwadi sevikas*, mat weaving, and tailoring. The wages for these casual jobs ranged from Rs 20 to Rs 50 per day.

Regarding autonomy, most of these working women felt they had control over both their time and earnings. The majority (386 working women, or 77 percent) decide for themselves the time spent on incomegenerating activities and how to spend the money earned. More than two-thirds of the women retain their earnings with them. However, of the remaining one-third, nearly three-quarters retain only a portion of their earnings and hand over the rest to their husbands. In the majority of cases, the husband contributes only some or none of his earnings to the family.

#### **Prevalence of Violence**

The data indicate that nearly 62 percent of women in the Nagpur site experienced some form of violence at least once. Reporting of psychological violence was greater than that of physical violence (60.2

Table 8
Lifetime Physical and Psychological Violence Experienced by Women in Nagpur (number and percent)

	Total 1431 N%	Urban Slum 905 N%	Rural 526 N%
Physically violent hehavio	or of husband toward woman		1170
Hit	or or musband toward woman	respondent	
None	032(65.2)	566(62.5)	367(69.8)
1-2	933(65.2) 160(11.2)	101(11.2)	59(11.2)
1-2 ≥3	338(23.6)	238(26.3)	100(19.0)
	338(23.6)	230(20.3)	100(19.0)
Kicked	1020(72.0)	(42/71.0)	207/72 ()
None	1030(72.0)	643(71.0)	387(73.6)
1-2	118(8.2)	66(7.3)	52(9.9)
≥3	283(19.8)	196(21.7)	87(16.5)
Beat	1001(70.0)	(44/67.5)	200(7.4.4)
None	1001(70.0)	611(67.5)	390(74.1)
1-2	145(10.1)	97(10.7)	48(9.1)
≥3	285(19.9)	197(21.8)	88(16.7)
Psychologically abusive b	ehaviors of husband toward	woman respondent	
Insult			
0	485(33.9)	283(31.3)	202(38.4)
1-2	311(21.7)	205(22.7)	106(20.2)
≥3	635(44.4)	417(46.1)	218(41.4)
Demean			
0	596(41.6)	367(40.6)	229(43.5)
1-2	254(17.7)	155(17.1)	99(18.8)
≥3	581(40.6)	383(42.3)	198(37.6)
Threaten you			
0	915(63.9)	581(64.2)	334(63.5)
1-2	122(8.5)	69(7.6)	54(10.1)
≥3	394(27.5)	255(28.2)	139(26.4)
Threaten someone else			
0	1148(80.2)	721(79.7)	427(81.2)
1-2	59(4.1)	38(4.2)	21(4.0)
≥3	224(15.7)	146(16.1)	78(14.8)
Made you feel afraid			
0	1014(70.9)	608(67.8)	406(77.2)
1-2	81(5.7)	55(6.1)	26(4.9)
≥3	336(23.5)	242(26.7)	94(17.9)
Abandoned you			
0	1322(92.4)	842(93.0)	480(91.3)
1-2	39(2.7)	25(2.8)	14(2.7)
≥3	70(4.6)	38(4.2)	32(6.1)
Was unfaithful	<u> </u>		
0	1275(89.1)	820(90.6)	455(86.5)
1-2	47(3.3)	24(2.7)	23(4.4)
≥3	109(7.6)	61(6.7)	48(9.1)

percent compared to 37.9 percent). These findings are consistent with the findings of the overall INCLEN data across all the sites. It is safe to conclude that the level of violence is quite high and in line with reported estimates from other community-based surveys (Visaria 1999; Jejeebhoy 1998).

Though the INCLEN survey did not focus specifically on obtaining a rigorous estimate of sexual violence, the data reveal a disturbing level of sexual violence – 14.5 percent of the women reporting violence reported that they had experienced forced sex in the last 12 months. A more in-depth and sensitive questioning may have revealed a much higher estimate. But clearly it is important to explore the problem of sexual violence in marriage more explicitly.

With severe physical violence defined as "being hit, kicked, or beaten more than three times," 1.5 percent (165 women) of the total Nagpur sample have experienced severe physical violence. While it is not an automatic correlation, it is reasonable to hypothesize that women experiencing severe physical violence are more likely to have injuries and to require health care. The study probed whether women felt that they had injuries that required care even though they may not have actually received care. Of the total respondents, 15 percent said that they needed health care at least one or more times.

#### **Estimated Cost of Domestic Violence**

In the Nagpur site survey, specific questions were asked about whether women were injured so that they could not undertake either household work, or work for income or both. About116 women (8.9 percent) reported injuries due to violence in the last

Table 9
Distribution of Women Reporting Incidents

# of incidents	# of women	% of women
1	54	59.3
2	22	24.2
3	6	6.6
4	2	2.2
5	7	7.7
	91	100

year. In order to get an idea of the types of violence causing these injuries, some examples included were: being hit or beaten with sticks, iron rods, and utensils; being assaulted with knives; being beaten unconscious; being banged against walls. All of these women reported that they were unable to either work for income, undertake household work, or both.

To estimate the cost of such injuries women were asked to recall in detail the number of days they were unable to work after each incident. Of the 116 women, 91 were able to recall in detail the days they could not undertake housework. These 91 women reported a total of 159 incidents that resulted in injury. The frequency distribution of women reporting by the number of incidents is given in table 9 below. Nearly 17 percent reported 3 or more incidents.

The number of days missed are detailed in table 10. A small group reported that they only missed paid work. Of the women who worked, the majority reported missing paid work (7.61 days) as well as the inability to do housework (5.34 days). Women who reported missing housework reported an average of 7.61 missed days.

Table 10
Average Number of Days Missed

Category	No. of Women Reporting	Average of days missed/incident	
		Work	Housework
Missed work only	8	4.44	-
Missed work & household	27	7.61	5.34
Missed household work only	56	-	7.61
	91	6.88	6.87

Overall, the mean number of days women were unable to work for income was 6.88 days and the mean number of days they were unable to do housework was 6.87 days.

In addition to the loss of workdays by women, violence also had an impact on the husband's ability to work. In fact, 42 percent of the women who reported injury also reported that their husbands missed work after an incident of violence. The mean days for missing work was 9.84 days and the mean number of days the husband left home was 7.58 days.

To calculate the loss of income, women respondents were also asked about wages. Of the 499 working women, 261 women reported an average wage of Rs 31.7 per day.<sup>7</sup> Taking into account only the loss of income from waged work, the average cost per household was Rs 759.30 per incident, a fairly significant proportion of monthly income for laborer households in the slum and rural communities. If cost of women being unable to complete housework is added (critical for the family's well-being), the loss per incident comes to Rs 974.10.

Once health care costs are factored in, the economic cost per incident rises substantially. Fifty-seven women reported health care costs due to violence-related injuries. The average cost per incident was Rs 1084.50, with a range of Rs 10-20,000 for medical care. The mean days spent on treatment was 19.5 days with a range of 1.0-250 days. Overall, the income loss could be as high as Rs 2000 if expenditure on health care is included. If there are multiple incidents, the impact of violence becomes a recur-

ring drain on the family's economic resources. Four of the women reporting high expenditures were interviewed in-depth to better understand the larger impact of violence on them and their families.

In the four cases examined, several common threads emerged. All the women recount a litany of continued abuse-verbal abuse, beatings, harassment, threats, and forced sex. All four women experienced severe physical violence during pregnancy, with two admitted to the hospital as a result. Interestingly, the health expenses were met primarily by the natal family. Only one mentioned that her husband's family paid for part of the expenses. In the case of one woman, the expenditure of Rs 20,000 has pushed her parents into severe economic debt. All of the women reported ongoing physical ailments such as headaches, pelvic pain, difficulties in menstruation, and mental exhaustion. Overall, the women reported a loss of enthusiasm resulting in irregular work patterns. These testimonies underline two critical dimensions of the impact of violence: 1) the economic impact extends to the natal family and must be included in any measurement of cost, and 2) the impact of violence on the household economy is long term.

While this data is preliminary, it does highlight the significant cost that violence has on the household economy. A serious incident of violence can push a poor household into a severe economic crisis, since loss of income may require the family to get loans for both the health care required and basic consumption needs given the loss of income. A more detailed and precise estimate should be developed to show communities the dramatic cost of violence on their families.

<sup>&</sup>lt;sup>7</sup> In calculating wages for men, researchers used the average notified wage for casual laborers: approximately Rs 55 per day.



he IndiaSAFE study underlines that the situation of Indian women is quite severe in terms of the violence they experience in the marital home. Women are subject to frequent and multiple forms of violence in their lifetime. While dowry harassment has been the focus of attention as an important precipitating factor for violence within the marital home, the survey highlights that conflicts center around various aspects of gender roles and expectations. For example, women's nonfulfillment of household responsibilities and men's desire to control women's sexuality were two of the major reasons cited by women as precipitating factors. This was especially apparent in the severity and consistency across strata of violence during pregnancy and of forced sex. The study offers a more complex understanding of the dynamics of gender power relations in the marriage and the link to violence. For example, an important finding is that the gender gap in employment status is a significant risk factor for violence.

Another important dimension of the study highlights the economic cost of violence to the household economy by estimating income loss from missed days of work and expenditures on health care due to violence-related injuries. For economically insecure households, an average loss of Rs 974 for one incident of violence can push the household into an economic crisis.

The study confirms that domestic violence experienced in the marital home in the Indian context is not a matter completely hidden between four walls. More disturbingly, the presence of violence is often well-known and accepted. More than half of the women reporting violence (58 percent) said that members of their immediate family (both natal and marital) were aware of the violence. In addition, 41 percent of the women reported that neighbors also knew of the violence.

Fewer than 10 percent of the women reported that they left their husbands. Of these women, the vast majority returned either because their husbands asked them to or because their natal family convinced them to do so. More than 55 percent of the women reported that they perceive violence as a normal part of marriage.

## Recommendations

Several key recommendations emerge from these studies:

Responses to domestic violence need to address the issue of acceptability of violence as a feature of gender relations in the marital home. Unless the norms of acceptability of violence are broken, women will continue to experience physical and psychological violence.

- Greater access to economic resources and education are important preconditions for women to have greater options in negotiating conflict within the marriage.
- ▶ The site of first response to violence which includes members of the natal family, the marital family, neighbors, co-workers, and social and community groups—must be strengthened. These are
- the community members who can make a difference by not condoning violence with their silence and by responding positively to a woman's effort to seek help.
- Lastly, it is critical that community responses are grounded in a human rights framework to ensure every woman's freedom from violence.

# Appendix A

List of Research Teams			
Bhopal:	Dr. S.S. Bhambal and Dr. A.K. Upadhaya		
	Gandhi Medical College		
Chennai:	Dr. Saradha Suresh and Ms. Shuba Kumar		
	Chennai Medical College		
Delhi:	Dr. R. M. Pandey and Dr. M. Lakshman		
	All India Institute of Medical Sciences		
Lucknow:	Dr. M.K. Mitra and Dr. R.C. Ahuja		
	King's Medical College		
Nagpur:	Dr. Dipty Jain		
	Government Medical College		
Thiruvanthapuram:	Dr. M.K.C. Nair and Dr. Rajmohan Pillai		
	Government Medical College		
Vellore:	Dr. L. Jeyaseelan and Dr. Abraham Peedicayal		
	Christian Medical College		

## Appendix B

## Distribution of Households by Study Site and Strata

Center	Rural	Urban Slum	Urban Non-Slum	Total
Bhopal	700	700	-	1400
Chennai	-	1000	400	1400
Delhi	-	550	850	1400
Lucknow	906	-	506	1412
Nagpur	526	905	-	1431
Thiruvanthapuram	765	-	700	1465
Vellore	714	-	716	1430
Total	3611	3155	3172	9938

## Appendix C

## **Participation Rate by Site** (numbers and percent)

Rural					
	Bhopal	Lucknow	Nagpur	Thiruvanthapuram	Vellore
HH screened	835	1048	716	1320	1167
Eligible IW	773	1009	569	840	831
IW interviewed	700	906	529	788	714
Participation rate	91%	90%	93%	94%	86%

Urban Slum					
	Bhopal	Chennai	Delhi	Nagpur	
HH screened	726	2784	849	1286	
Eligible IW	708	1784	687	992	
IW interviewed	700	1003	549	905	
Participation rate	99%	56%	80%	91%	

Urban Non-Slum							
	Chennai	Delhi	Lucknow	Thiruvanthapuram	Vellore		
HH screened	2000	2743	699	1201	1053		
Eligible IW	1030	1526	624	840	792		
IW interviewed	401	851	512	766	716		
Participation rate	39%	56%	82%	91%	90%		

## **Appendix D**

#### **Data Management and Ethical Guidelines**

## Data Management

In order to standardize the data and to ensure high and uniform quality across field sites, several methods were employed. Data entry management and procedures were developed and centralized at the Statistical Coordinating Center (SCC), Vellore. All data entry operators underwent a standardized training at Vellore. The center introduced a data entry system in Visual FoxPro for double data entry. Data entry was first performed at local sites and then again at the SCC. Data entry discrepancies were monitored throughout the study and remained less than 0.5 percent.

In addition, a range of other procedures were used to ensure quality assurance including:

- 1) Rigorous standardized training of study personnel,
- 2) Standardized protocol, training, and operational manuals,
- 3) Extensive pre-testing procedures with centralized review of all seven sites,
- Close supervision of interviewers with daily or weekly review of all instruments by field supervisor,
- 5) Rigorous translation and back translation procedures,
- Assessment of interviewer reliability for outcome and key factor variables,
- Regular steering committee meetings for investigators (five times during study period), and
- 8) Site visits by quality control coordinators during critical implementation stages.

The study had high participation rates across the sites and among the strata ranging from 80 to 92 percent. The lowest participation was among urban non-slum women in the metropolitan cities of Delhi and Chennai.

#### **Ethical Considerations**

A survey on a sensitive issue like domestic violence involves many potential risks to both study participants and field workers. For example, if others learned the content of the interviews, it is possible that a participating woman could face reprisals from her husband and family, or social stigma from the community. Another issue is the emotional or physical trauma a woman may be experiencing, and the responsibility of the interviewer to implement the questionnaire sensitively and provide referrals if necessary. Special care was taken to design a methodology that would ensure confidentiality and safety for all involved. The precautions incorporated by IndiaSAFE include:

- 1) The interviewer elicited consent from the index women and the mother-in-law separately.
- 2) The interview was conducted in conditions maintaining privacy. Safeguards (for example, dummy questions) were available and implemented if interruptions occurred. Interviews were postponed if necessary to maintain privacy and safety.
- 3) All participants were advised that they did not have to answer any question(s) that made them uncomfortable.
- Individuals participating in the focus group discussions were not identified in documentation of discussion.
- All study participants were assured that the information obtained is confidential and would not be divulged to any individual or organization under any circumstances.
- 6) All data is stored in locked files.
- 7) Each study site was reviewed at its institutional setting and underwent the appropriate local ethical review procedures and approval.
- 8) Psychiatric care was available for crisis management of study participants or interviewers.

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