

CHAPTER - II

REVIEW OF LITERATURE

The review of the related literature is of great importance for the researcher, as it guides the investigator to know about the extent of work done in the discipline in which the investigator conducts the research. It also directs the researcher to tackle the problem chosen for study and avoids the risk of delicacy in research. It also provided a background for the research product in creating awareness on the status of the issue concerned.

The review of literature for the current study is discussed under the following heads:

- ✚ Conceptualization of Domestic Violence
- ✚ Theoretical Perspective on Domestic Violence
- ✚ Nature and Causes of Domestic Violence
- ✚ Domestic Violence and Women Empowerment
- ✚ Related Studies

I. Conceptualization of Domestic Violence

Any scientific research related to violence must first begin by defining violence to facilitate its scientific measurement. However, defining violence against women is difficult because of varying cultural and sub-cultural views on what constitutes violence, acceptable and unacceptable behaviours, and what constitutes harm. These notions/views related to violence are culturally influenced and constantly reviewed as values and social norms evolving in societies from time to time. The terms 'family violence', 'intimate violence', 'marital violence', 'gender violence', 'spousal abuse', 'wife abuse', 'wife battering', 'wife beating', 'wife assault' or 'domestic abuse' are often used for domestic violence. Each of these terms gives a new meaning to the concept of domestic violence by including various forms of violence in its preview. Different researchers have defined domestic violence differently.

In classic works, violence has often been defined in relation to the intentional use of force to injure or kill (e.g., Dewey, 1916). While this

understanding of abuse is pragmatically correct, it overlooks the myriad other forms of injury (e.g., psychological, economic, and social) that may be inflicted, the fact that violence may not be associated with a clear actor, and the impact of violations of one's rights, as opposed to the active infliction of injury, on a person's well-being (Bufacchi, 2005). In 1969 Johann Galtung published one of the most influential examinations of forms of violence, which challenged such a narrow conception of violence. His work looked towards violence as a broad manifestation that included physical and non-physical forms and could occur on personal and structural levels. Galtung (1969) defined violence as 'the cause of the difference between the potential and the actual, between what could have been and what is. Violence is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance' and further clarifies that 'violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations'. He distinguishes between physical violence and psychological violence, that is, between 'violence that works on the body, and violence that works on the soul; where the latter would include lies, brainwashing, indoctrination of various kinds, threats, etc. that serve to decrease mental potentialities' and does not prioritize the impact of one form over the other.

In addition to recognizing multiple forms of violence, be they physical or psychological, Galtung also recognized structural violence's impact. While interpersonal violence has a clear perpetrator and victim, structural violence, in contrast, is 'built into the structure and shows up as unequal power and consequently as unequal life chances' (Galtung, 1969). By 1990, Galtung had further expanded on his typology of violence presented in 1969, to include cultural violence as a third element in the personal-structural-cultural nexus. Cultural violence he identified as being largely a legitimator of other forms of violence. He argued that cultural violence 'preaches, teaches, admonishes, eggs on, and dulls us into seeing exploitation and/or repression as normal and natural, or into not seeing them (particularly -not exploitation) at all' (Galtung, 1990).

Gelles and Straus (1979) defined violence as "any act carried out with the intention of, or perceived intention of, causing physical pain or injury to another person." Similarly, the National Research Council (NRC) Report Understanding and Preventing Violence (Reiss and Roth, 1993) limited its definition to "behavior by persons against persons that intentionally threatens, attempts, or actually inflicts physical harm." The 1993 NRC study deliberately excluded behavior that inflicts harm unintentionally, while the Gelles and Straus definition includes behaviours that may be unintentional but are perceived by the victim to be intentional. The 1993 NRC study also specifically excluded from its definition of violence, such as verbal abuse, harassment, or humiliation, in which psychological trauma is the sole harm to the victim. However, in its consideration of family violence and sexual assault, the report did include the psychological consequences of threatened physical injury.

According to the Encyclopedia of Crime and Justice (1983), "violence is a general term referring to all types of behavior either threatened or actual that result in the damage or destruction of property or the injury or death of an individual"(as cited by Mishra, 2007).

The term 'family violence' used by many researchers in relation to domestic violence has different cross-cultural and historical meanings. It covers a wide range of behaviours and includes domestic violence, child abuse, and the elderly's abuse. The concept consists of all acts of violence carried out by any family member against other family members (Agnes, 1984; Desai and Krishnaraj, 1987). Family violence is also defined as "day to day patterned and recurrent use of physical violence like pushing, slapping, punching, knifing, shooting and throwing objects by one member of the family at another" (Gelles, 1997). Or as "any act of commission or omission by family members and any condition resulting from such acts and inaction which deprive other family members of equal rights and liberties and/or interfere with their optimal development and freedom of choice" (Pagelow, 1984 as cited in Madhurima, 1996).

Researchers in fields such as psychology, mental health, and social work frequently consider "violence" to cover a wider range of behaviors. The Committee on Family Violence of the National Institute of Mental Health (1992) included in its definition of violence "acts that are physically and emotionally harmful or that carry the potential to cause physical harm ... [and] may also include sexual coercion or assaults, physical intimidation, threats to kill or to harm, restraint of normal activities or freedom, and denial of access to resources." The Task Force on Male Violence Against Women of the American Psychological Association defined violence as "physical, visual, verbal, or sexual acts that are experienced by a woman or a girl as a threat, invasion, or assault and that have the effect of hurting her or degrading her and/or taking away her ability to control contact (intimate or otherwise) with another individual" (Chester et al., 1994). Those who argue for these broader definitions suggest they represent victims' experiences more accurately, who often say they find verbal and psychological abuse more harmful than actual physical abuse (Walker, 1979; Follingstad et al., 1990; Herman, 1995).

The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Jilani, and Ahmed, 2004). This definition refers to the gender-based roots of violence, recognizing that "violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." It broadens the definition of violence by including physical and psychological harm done towards women, including acts in private and public life. The Declaration defines violence against women as encompassing, but not limited to, three areas: violence occurring in the family, within the general community, and violence perpetrated or condoned by the State.

Violence against women includes all verbal, physical, and sexual assaults which violate a woman's physical body, sense of self, and sense of trust, regardless of age, race, ethnicity, or country (Campbell, 1995).

The term "intimate partner violence" (IPV) is often used synonymously with domestic abuse /domestic violence. Babcock et al. (1993) define Intimate Partner Violence (IPV) as occurring where a partner engages in six or more minor acts (i.e., pushing or hitting with something), two or more moderately violent acts (i.e., slapping), or at least one life-threatening violent act (i.e., beating up or threatening with a knife or gun).

Some human rights activists have defined violence against women very broadly, including "structural violence" such as poverty and unequal access to health and education. But others have preferred to describe it narrowly not to lose the actual descriptive power of the term (Heise et al., 1994).

The Fourth Conference of Women, 1995, has defined violence against women as "a physical act of aggression of one individual or group against another or others. Violence against women is any act of gender-based violence which results in physical, sexual or arbitrary deprivation of liberty in public or private life and violation of human rights of women in situation of armed conflicts".

The APA Task Force on Violence and the Family(1996) defined domestic violence as a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority.

Heise et al. (1999), discussing domestic violence, observe that domestic violence is any act of physical, sexual, or psychological abuse, or the threat of such abuse, inflicted against a woman by a person intimately connected to her marriage, family relation, or acquaintanceship. It is universal and has its root in the socio-cultural set up of society.

Ravindran (1999) defines domestic violence as "anything that is experienced as fearful, controlling and threatening, when used by those with power (invariably men) against those without power".

The Innocenti Digest UNICEF (2000) defines the term "domestic violence" includes violence against women and girls by an intimate partner,

including a cohabiting partner and by other family members, whether this violence occurs within or beyond the confines of the home". While recognizing that other forms of violence are equally worthy of attention, the Digest does not cover the violence inflicted on women by strangers outside the home – in public places such as streets, workplaces, or custody, or situations of civil conflict or war. It does not look at the issue of violence against domestic workers, as this is perpetrated by individuals who are not related. In other words, the term "domestic" here refers to the types of relationships involved rather than the place where the violent act occurs.

In a study carried out in Bangalore, India, family violence was defined as "an act performed by a family member to achieve the desired conformity which carries negative emotional component" (Bhatti and George, 2001).

SVAW (2003) observed that forms of domestic violence could include physical violence, sexual violence, economic control, psychological assault (including threats of violence and physical harm, attacks against property or pets and other acts of intimidation, emotional abuse, isolation, and use of the children as a means of control), and emotional abuse. Physical violence involves physical force against another, including hitting, shoving, grabbing, biting, restraining, shaking, choking, burning, forcing drug/alcohol use, and assault with a weapon. Physical violence may or may not result in an injury that requires medical attention. Sexual violence involves the violation of an individual's body integrity (sexual assault), including coercing sexual contact, rape, and prostitution, as well as any unwelcome sexual behavior (sexual harassment), including treating someone in a sexually demeaning manner or any other conduct of a sexual nature, whether physical, verbal, or non-verbal. Sexual abuse also includes behavior that limits reproductive rights, such as preventing contraceptive methods and forcing abortion. Psychological abuse is often characterized as intimidation, threats of harm, and isolation. Examples include instilling fear in an intimate partner through threatening behavior, such as damaging property or abusing pets, constant supervision, or controlling what the victim does and who they talk to. Spiritual abuse may be included as a type of psychological abuse. It involves the misuse of spiritual or religious beliefs to

manipulate or exert power and control over an intimate partner (i.e., using scripture to justify abuse or rearing the children in faith or religious practice the partner has not agreed to). Emotional abuse involves undermining an individual's sense of self-worth. Examples of emotional abuse include constant criticism, name-calling, embarrassing, mocking, humiliating, and treating servants. Economic abuse involves making or attempting to make the victim financially dependent on the abuser. Examples of economic abuse include preventing or forbidding an intimate partner from working or gaining the education, controlling the financial resources, and withholding access to economic resources.

The World Health Organization (WHO) defines intimate partner violence as: "... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship".

The Encarta dictionary (2003) uses domestic violence, spouse abuse, and intimate violence interchangeably. It defines domestic violence as physically or emotionally harmful between husbands and wives or between other individuals in close relationships.

Giddens (2004) defines domestic violence as physical abuse directed by one member of the family against another or others. A clinical or behavioural definition is a pattern of assaultive and/or coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners (Schechter, Edelson, 1999).

Panda and Agarwal (2005) define IPV as including physical (i.e., slapping, hitting, kicking, beating, threatening with a weapon, forced sex) and psychological violence (i.e., insults, belittlement, and threats to the woman or someone she cares about or threat of abandonment).

According to the Protection of Women from Domestic Violence Act, 2005, domestic violence means any act, omission or commission or conduct of the respondent shall constitute violence if it i) harms or injures or endangers the healthy safety, life, limb, or well-being, whether mental or physical of the aggrieved person or tends to do so and includes causing physical abuse,

sexual abuse, verbal and emotional abuse, and economic abuse; or ii) harasses, harms, injuries or endangers the aggrieved person intending to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or iii) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or iv) otherwise injures or causes harm, whether physical or mental, to be an aggrieved person.

The atrocities committed on women can be divided into various groups:

- **Physical violence** may include assault, battery, serious injuries or burns, etc.
- **Sexual violence** means robbing a woman's dignity not only by indecent behavior but also by taking the extreme form of rape.
- **Female genital mutilation (FGM)** removal of the clitoris and other parts of a woman or girl child is often practiced in African countries.
- **Verbal violence** means indecency or abusive and filthy language against a woman or her near and dear ones.
- **Social violence** includes demeaning, disparaging, and humiliating a woman or her parental relatives and friends.
- **Emotional violence**, leading to internal deprivation of love and affection, concern, sympathy, and care, also includes depriving her custody of children.
- **Financial violence** means depriving her of financial means and bare necessities of daily life; it also includes taking away the assets a woman possesses or earns.
- **Intellectual violence** means denial of rights to take part in decision making and discussion for pressing issues.
- **Other forms of violence** may include denial of education, access to health facilities, reproductive rights, etc. (Nigam 2002).

Celine Sunny et al. (2005) observes that "the definition of domestic violence has been extended to include not only actual abuse but also the threat

of abuse i.e., physical, sexual, verbal, emotional, economic and what is more, it covers single women in a live-in relationship and women living in joint families- sisters, mothers, widows- often physically and emotionally abused. Harassment by way of dowry demands to the women or her relatives would also be covered by this definition”.

Ameer Sultana (2006) points out that domestic violence is a universal phenomenon and one of the most pernicious methods adopted by a patriarchal social system to keep women subordinate. As it is generally understood in its broader sense, domestic violence is violence among members of a family or household members. It implies any type of discrimination or violence inflicted by any family member of the household upon the family's other member/s. According to him, domestic violence implies the misuse of power by one adult in a relationship to control another. It is an abuse of power. The abuser tortures and controls the victim by calculated threats, intimidation, and physical violence.

In her intensive study, Preeti Mishra (2007) observes that domestic violence may take many forms like physical, sexual, and emotional or psychological. Still, the classification was fairly crude, and there are endless variations within each category. Violence can mean, among other things: threats, intimidation, manipulation, isolation, keeping a woman without money, locked in, deprived of food, or using and abusing her children in various ways to frighten her or enforce compliance.

According to Jaising Indira (2009), "Domestic violence is violent victimization of women within the boundaries of family, usually by men. Domestic violence is in a majority of cases violence against women by the members of house where she resides. It can be the husband, his parents, or siblings or any other resident who has the overt or covert latitude for actions that can cause physical or mental agonies to women...it happens behind closed doors and is most often denied by the very women who has been victim of violence”.

Bobonis, Castro, and Gonzales-Brenes (2009) define domestic violence as including physical (i.e., pushing, kicking, throwing objects, hitting with hands

or objects, choking, attacking with a knife or blade, sexual and emotional abuse), sexual (i.e., forced sexual relations, demanding sex) and emotional abuse (ranging from 'lower severity', e.g., destroying or hiding belongings, not speaking to an individual to 'high severity'-i.e., threatening an individual with a weapon or a partner threatening to kill himself, her or the children).

Huss (2009) defined the nature of domestic violence as an act of violence perpetrated within the context of a significant interpersonal relationship. Domestic violence could include violence between a husband and a wife, a girlfriend, boyfriend, or gay or lesbian partners. It could be violence between parents and children, adult children, and elderly parents, or we could meet it between siblings.

Tripathi and AroraVibha (2010) defines the term Domestic Violence against women as any act or conduct which has the potential to injure or hurt women physically, mentally, emotionally, socially, and also spiritually within the four walls of the house; however, such an act or conduct is done usually not by strangers.

Marianne Flury et al. (2010) in their study, has defined domestic violence as the threat or exercise of physical, psychological, and/or emotional violence, i.e., any type of force against another person with the intent of inflicting harm or exercising power and control over them. The perpetrator belongs to the victim's "domestic environment": an intimate partner, husband, former intimate partner, family member, friend, or acquaintance. Whether or not the victim lives in the same household as the perpetrator is not crucial for the definition of domestic violence; the term is defined by the closeness of the relationship between the perpetrator and the abused victim.

Siemieniuk et al., (2010) defines domestic violence as a pattern of behaviours characterized by the misuse of power and control by one partner against another in an intimate relationship such as marriage, dating, family, or cohabitation. Domestic violence constitutes willful intimidation, assault, battery, sexual assault, or other abusive behavior perpetrated by one family member, household member, or intimate partner against another (Parikh, and Seema Anjenaya, 2013).

According to Pankaj Chhikara et al., (2013) domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, intimate partner violence (IPV), is defined as a pattern of abusive behaviors by one partner against another in a personal relationship such as marriage, dating, family, or cohabitation. Domestic violence, so defined, has many forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation.

IPV or violence against women is defined 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" (World Health Organization 2013). Another definition from the Center from Disease Control and Prevention of the United States explains that IPV is, "any abuse that occurs between two people in a close relationship" (Clark et al. 2010).

To Concepción Blasco-Ros, et al. (2014) intimate male partner violence (IPV) refers to actual or threatened physically, psychologically, or sexually abusive acts committed against women by their current or former male partners.

According to Yan, A. et al. (2015) intimate partner violence (IPV) refers to a pattern of assaultive and coercive behaviour used by the perpetrator to gain power and control over the victim. The perpetrator, in this context, is an intimate partner who may be the current spouse (including common-law spouse), current non-marital partner (e.g., dating partner or boyfriend/girlfriend), former marital partner (e.g., divorced spouse, separated spouse, former common-law spouse), or former non-marital partner (e.g., former dating partner or former boyfriend/girlfriend). Abusive behaviour may include physical aggression (e.g., slapping, hitting, kicking, or beating); psychological abuse (e.g., humiliation, intimidation, or threats); sexual assault (e.g., forced intercourse or sexual coercion); and various types of controlling behaviour (e.g., stalking, deprivation or progressive social isolation)

To sum up, the concept of domestic violence has undergone significant revision over the period. Domestic violence was identified as physical and psychological harm perpetrated by an intimate partner alone or close relation alone. Later on, the term has widened to include all forms of violence, namely physical, sexual, verbal, emotional, and economic, including threats of such acts, coercion or arbitrary deprivation of liberty and what is more, it covers married women, single women in a live-in relationship and women living in joint families. From an economic perspective, however, all forms of violence impact the ability to work, not only via injury but via mental health status that affects not only actual days but also productivity. This study defines domestic violence as psychological, physical, and economic violence experienced by women in personal life. It must be recognized that most studies on domestic violence indicate that majority of women experiencing such violence report experiencing three forms of violence, namely physical, psychological, and sexual violence. A type of violence within intimate relationships not considered often is economic or financial abuse, as there is little systematic data on its prevalence. The present study has widened the definition of violence to include all the three forms of violence women face in private life.

II. Theoretical Perspective on Domestic Violence

Having defined domestic violence, researchers have attempted to identify the factors associated with intimate violence to develop theories explaining the cause of violence. Sociologists have developed several approaches to explain criminal behaviour, but no one perspective is a comprehensive explanation of all violent behaviour types. Therefore, the analysis of various kinds of violence against women and their varied patterns calls for examining important existing theories. The positive and negative features of earlier ideas can explain the causes of violence against women. Each approach provides a different lens through which one can examine the aspect of violent behavior. An overview of various theories that have been put forwarded is summarized in this section.

Feminist theory:

This theoretical perspective, which emerged during the height of the women's movement in the 1970s, viewed that violence is a reflection of unequal power relationship; domestic violence reflects the unequal power of men and women in society and also, therefore, within their relationships (Sharma and Bela Rani,1997). Advocates of the feminist theory assert that domestic violence's etiology lies in society's patriarchal structure, in which men play a dominant role in most social institutions (Pence, and Paymer, 1993). In the feminist view, batterers feel that they should be in charge of the family, make decisions, lay down rules, discipline disobedient wives and children, and correct unsatisfactory performance of duties (Browne, Saunders, et al., 1997). As men, batterers feel entitled to gender-based respect and disobedience; therefore, what they perceive to be disrespect and obedience infuriates them. Men's superior physical strength may enable them to dominate women through violence (Johnson, 1992). The Feminist Theory has focused too intently on patriarchy and sexual oppression and failed to consider class, racial, and cultural pressure.

Psychodynamic Theories of Family Violence

Three Psychodynamic theories of violence are discussed: Object Relations theory, Attachment theory, and a theory called Violence as Trauma.

The **Object Relations theory** suggests that humans are motivated from their earliest childhood by the need for a significant relationship with others (Fairbairn, 1952). Fairbairn suggests that individuals develop mental representations of themselves, other individuals, and the relationship between themselves and others beginning in infancy and childhood. These mental representations carry over and influence interpersonal relationships throughout life. Dutton et al. (1996) found that becoming an adult perpetrator of intimate partner violence was significantly correlated with violence in the family of origin, as well as with parental rejection.

The **Attachment theory** emphasizes the reciprocity between individuals within a relationship. According to Bowlby (1951) and Ainsworth (1967), an infant develops a "working model" of what can be expected from his or her

primary caregiver. If the caregiver continues to respond favorably, the infant's model holds up; however, if the caregiver's responses become unpredictable, the infant is forced to revise their model. The basic concept underlying the theory of attachment is that adults have the power to both protect and provide a sense of security for their children. Attachment theory explains that child abuse results in an insecure and anxious attachment. Anxious attachment can be viewed as a marker for later social and emotional problems. Research findings suggest that antisocial behaviour may be linked to early adverse family experiences, especially with a pattern of insecure attachments (Stenberg et al., 1993; Smallbone and Dadds, 2000).

The **theory of Violence as Trauma** suggests that the victims of abuse process the trauma's information into memory because the trauma may affect how the future information is processed, including how the events are coded, stored, and sequenced (Burgees et al. 1990). In this theory, the victims of abuse repeat the trauma by aligning themselves with people who will continue to abuse them somehow. Besides, the victims psychologically continue the trauma by re-experiencing the bodily memory of the abuse, most often in the form of pain. (Brown, 1991). As a result, the victims remain vulnerable to further abuse situations because they cannot define themselves (Van Der Kolk et al., 1990).

The Family System Theory

By the early 1980s, more scholars and researchers began to focus on domestic violence from a family sociology perspective. This theoretical orientation emphasizes the family structure. As a result, the family as an institution that was once viewed as private was now scrutinized by the public (Fagan, 1988). This theoretical perspective asserts that the cause of domestic violence lies in the structure of the contemporary family institution; in other words, the family is a system of social relations with unique properties that make it a particularly fertile ground for violence. For example, family members spend a great deal of time with each other; their involvement is intense; they know each member's vulnerabilities, and family matters are private. Therefore, there is a lack of social control of behaviours within the family. All these

characteristics serve to cloak or hide violence in the family (Gelles, 1993). The Family Systems theory is criticized because most of the women subsequently terminated the marriage because of other marital problems that became apparent after the violence ended (Bowker, 1986).

Psychological theory

Psychological perspectives hold that personality disorders or early trauma experiences predispose some individuals to violence (Hutson, M, 1998). Being physically abusive is seen as a symptom of an underlying emotional problem. Parental abuse, rejection, and failure to meet a child's dependence needs can be the psychological source of battering. People with these underlying problems may choose partners to re-enact the dysfunctional relationship with their parents (Mishra, Preeti, 2007). The Psychological Theory pays attention to the internal psychological functions of abuse for the batterer but ignores the interpersonal role of controlling the other person's behaviour.

Physiological Theory

There are several variants of physiological theory emphasizing the individual. One focuses on the evolution and the genetic characteristic that predispose men to violence. Others emphasize brain structures, chemical imbalances, dietary deficiencies, and hormonal factors such as testosterone (Sharma, Bela Rani, 2001). Therefore, a particular physiological system can be a cause of domestic violence.

Psycho Pathological Theory

The psychopathological model focuses on the personality characteristics of offenders and victims as chief determinants of domestic violence. This theory gives two different explanations. According to one, the causes of violence against women arise from the offender's psychological problems like depressive impulsiveness, uncontrolled emotions, etc. Perpetrators are said to be weak, pathologically jealous men with low self-esteem and experiencing insecurity, especially about their masculinity. According to others, violence against women arises out of the psychological problems of victims. Battered women are addicted to violence; they need and

enjoy it, deriving sexual excitement from being abused. There are no adequate data to support the point of view of Psycho Pathological theories.

Socio-psychological theories

The socio-psychological model assumes that domestic violence can best be understood by examining external environmental factors that impact an offender. Theories such as the Frustration Aggression theory, the Perversion theory, the Self-Attitude theory, the Cycle theory of violence, Psycho-social theory of Learned Helplessness, Survivor theory approach domestic violence from a socio-psychological level of analysis.

The **Frustration Aggression theory** stated in 1939 by John Dollard explains violence as the process by which aggression is directed to the source of frustration. Whenever an individual fails to reach some goal or end, he feels frustrated, and frustration, in turn, leads to some form of aggression (Straus, Gelles et al., 1980). Frustration Aggression Theory is criticized because aggression is not always directed to the source of frustration but is often directed towards other objects.

The **Perversion theory** explains domestic violence as a result of perversion. Domestic violence can be the product of strong inborn drives or pathological experiences in infancy or early childhood. Childhood conceptions of the relations between the sexes as aggressive and sadistic and the idea of pleasure as a negative process, especially achieved by relief from a state of "unpleasant," are carried into adulthood (Ahuja Ram, 1987). The Perversion Theory is rejected because of its limitations as it ignores an important dimension of the environment in the causation of domestic violence.

The **Self Attitude theory** maintains that in a society, a culture, or a group that values violence, persons of low self-esteem may seek to bolster their image in others' eyes and themselves by carrying out violent acts. It explains the propensity to the violence of those for whom society makes it difficult to achieve adequate self-esteem (Gelles and Straus, 1979). Accepting the Self-Attitude theory would mean that all individuals who use violence against women suffer from low self-esteem.

According to the **Psycho-social theory of Learned Helplessness**, battered women operate from a premise of 'helplessness', which further serves to only aid passivity and fatal acceptance of the exploitative situation (Subhadra, 1999). The men, who batter from this perspective, are fearful and hateful towards women because of the child-rearing they have received. Men develop hyper-masculinity to overcompensate for their emotional insecurities (Mohan P, 2000).

The Cycle theory of violence, a three-phase cycle of violence, has helped understand the dynamics of domestic violence. In the first stage, when minor battering incidents occur, the women adapt, rationalize, and externalize the problem. Tension mounts in the second phase, lead to the acute battering incident, leading to severe physical, emotional, and psychological repercussions on the woman. Phase three is welcomed by both the partners, marked by uncontrolled love, affection, and promises by the husband never to repeat the incidents. This cycle keeps repeating itself in the lives of almost all battered women (Walker, 2001). The Cycle Theory of Violence and Psycho-Social Theory of Learned Helplessness is based on false premises and unsubstantiated evidence regarding women's predicament and actions experiencing persistent violence.

As opposed to the cycle theory, Gondolf and Fisher proposed the **Survivor theory** in 1988, which views women not merely as passive victims but proactive help-seekers and survivors. The approach stresses the need for accessible and effective community resources for the woman to escape from the batterer. It also lauds the 'Female survivor instinct, which focuses on nurturing rather than destruction, the willingness to adapt, and the efforts directed at furthering self-growth (Gondolf, Fisher et al.,, 1988). This theory does not explain the cause of domestic violence.

Power Theory

According to Power theory, domestic violence is the result of power differentials that exist within families. Sociologist Finkelhor (1983) observed that power differentials naturally exist within the family through age and gender differences. He stated that these differentials take form when those who are

bigger and stronger and have greater access to valued resources exert their will on others who are smaller and weaker and have little or no resources. Thus, traditionally within the family, men are normally granted power over other members, specifically women, due to their social status, age, physical size, and strength. Finkelhor (1983) also observed that the most common patterns are the most powerful to abuse the least powerful. Hence, he stated, "abuse gravitates to the relationships of greatest power differentials". Therefore, children are at an increased risk of being abused, especially of the tender little age. Besides, sexual abuse of subordinate, younger females by older adult males in dominant, authoritative position is a common form of abuse. Similarly, the less power a female has than her husband, the more likely she will experience abuse.

Stress Theory

According to stress theory, family violence is the result of stressors, whether economic, social, or personal, that affects families at all levels. This theory explains that an increase in stress and tension increases the risk of abuse between family members. Gelles and Strauss (1988) sociologist David Finkelhor (1983) have found similarities between violent families. He found four common features of violent families: power differentials, social isolation, alcohol abuse, and chemical dependency. Thus according to this theory, social isolation of the family or drug dependency contributes to increased stress levels. For those who are abused, the isolation leaves them, feeling that there is no way out. Although the abuser may obtain immediate gratification from getting his or her needs met, they may also feel shame and guilt. Without an outlet for these feelings, the stress increases, and the abuse is perpetuated.

Socio-Cultural Theories

The socio-cultural model examines domestic violence in terms of socially structured inequality and social and cultural attitudes and norms regarding anti-social behaviour and interpersonal relations. The Structural Theory, System Tension, and Feedback Systems theory, Resource theory, Patriarchy theory, Interactionist Deviance theory, Social Learning theory, Cognitive Behaviour theory, Exchange theory come under socio-cultural analysis.

The **Structural theory** explains that those individuals would be more violent who combine high stress with low resources. Among the possible sources of stress are economic conditions, bad housing, relative poverty, lack of job opportunities, unfavourable and frustrating work conditions. Men and women are socialized into particular roles to which are attached a set of socially determined expectations. If structural factors prevent these expectations from being realized, frustration results, and violence may ensue (Walker, 2001). This theory also focuses on the lack of economic resources as the cause of domestic violence, excluding all other factors.

The **System Tension and Feedback Systems theory** was developed by Straus (A General Systems Theory of violence between Family Members, 1973) to explain intra-family violence. Straus accounts for violence in the home by viewing family as a purposive, goal-seeking, adaptive social system. He specified positive feedback in the system, creating an upward spiral of violence and negative feedback, which can maintain, dampen, or reduce violence. According to this theory, violence is precipitated by stress and inter-individual conflict and is followed by consequences that support or escalate family violence. The System Tension and Feedback Systems theory overemphasizes the social system and completely ignores the role of an individual's personality (Ahuja, Ram, 1987).

The **Resource Theory** developed by Goodie (Force and violence in the Family, 1971) was the first theoretical approach applied explicitly to family violence. All social systems rest to some degree on force or threat. The greater the resources a person can command within a social network, the more influence they can master. The more resources a person can control, the less likely a person will deploy violence. Thus, violence is one of the resources that individuals or collectivities use to maintain or advance their interests. Goode explains that family is a power system in which four sets of resources are in operation to maintain stability, economic variables, prestige or respect, love, and force or threat of force. A husband who wants to be the dominant family member but has little education lacks interpersonal skills and is likely to resort

to violence to be the dominant person. The drawback of this theory is that it does not explain all forms of violence against women.

The **Patriarchy theory** developed by Dobash and Dobash (Violence Against Wives, 1979) maintains that violence has been systematically directed towards women throughout history. Economic and social processes operate directly and indirectly to support a patriarchal social order and family structure. Dobash's central theoretical argument is that patriarchy leads to women's subordination and contributes to a historical pattern of systematic violence directed against females (Mohan P, 2000). The Patriarchy theory has a major drawback of giving a single factor (patriarchy) explanation of women's violence.

The **Conflict and Control Theories** propounded by Foucault (1975), Rothman (1980) and Thompson and Walker (1984) have presented a domination model of deviance. They have talked of rules imposed on the powerless by the powerful. The control apparatus is created to prevent the vulnerable from pursuing their interests, particularly if that pursuit involves gaining access to resources monopolized by the powerful. Imposing varied restrictions on women and compelling them to remain dependent on men economically, socially, and emotionally to make them realize that they are 'weak' and powerless in all respects, stands as an example of this argument (Ahuja, Ram, 1987). Conflict and Control Theories also give conflicting views on the role of biological factors.

The **Social Learning Theory** developed by Albert Bandura (Aggression: A Social Learning Analysis, 1973) asserts that human aggression and violence are learned conduct, especially through direct experience and by observing the behaviour of others. They consider family a "cradle of violence" where violent behaviour is inter-generational, i.e., the batterer learns to be violent by watching his parents' violence. A battered child learns to be the recipient of violence (Roy, Ashine, 2003). Social Learning Theory is, however, methodically flawed and bases their conclusions on inadequate evidence and unsound interpretation.

The **Cognitive Behaviour Theory**, similar to Social Learning theory, postulates that men batter because they imitate examples of abuse they have witnessed during childhood or in the media. Abuse is rewarded as it enables the batterer to get what he wants, and abuse is reinforced through victim compliance and submission. The Cognitive Behaviour Theory is criticized for failing to explain why some men continue to abuse women even when the behaviour is not rewarded.

According to **Exchange theory**, interaction is guided by the pursuit of rewards and avoiding punishment and cost. An individual who supplies reward services to another obliges him to fulfill an obligation, and thus the second individual must furnish benefits to the first. In applying the exchange theory principles to explain violence in a family, the people will use violence in a family if the costs of being violent do not out-weigh the rewards (Finkelhor, David, 1983). However, the theory has been criticized because the expectation of rewards is not the only cause of violence.

Microsystems Factor Theories

Microsystems factor theories emphasize stresses that inherently exist within the family as a social structure. Family violence has been conceptualized to include causes within the family unit and causes that pertain to cultural factors. The two microsystem factor theories include Intra-familial stress theory and dependency relations theory.

The **Intra-familial stress theory** posits that intra-familial stress can significantly burden the family system, particularly in terms of time and resources, which may contribute to violent behaviour. Intra-familial emphasis includes having more children than parents can afford, overcrowded living conditions, and having children with disabilities (Mally and Hines, 2004).

The dependency relations theory is based on the concept that abuse victims are dependent on their abusers (which is not true in some situations). The role of dependency on family violence has been found in the child, elder, and spousal abuse. In spousal abuse, economic dependence may be a reason that explains why many women stay in abusive marriages (Wallace, 2002). Maltreated wives may have little or no income of their own and thus may believe that they would not support themselves or their children if they were to leave the abusive relationship (Wallace, 2002).

The Multifactorial Systemic Theory

This theory propounded within the multi-factorial and systemic model, defined family violence as 'an act/action performed by a family member to get the desired conformity from the other members and when it carries a negative emotional component'. By multi-factorial, it is meant that we are looking at the nature of family violence from more than one perspective that is not only from a psychological angle or sociological angle but also from physical, emotional, and intellectual angles. To seek the desired conformity from a fellow family member, the family may use any means, namely physical violence, verbal violence, emotional violence, or intellectual violence (Bhatt, and Big 1985). However, this theory was criticized by many scholars as complex though it does examine violence from different perspectives such as psychological, sociological, emotional, physical and intellectual.

Socio-Political Critique

These theories emphasize domestic violence as a manifestation of patriarchal and hierarchical (class + caste) social structure. It excludes women from political, business, and religious leadership. Women are forced into subordinate positions by two processes: (i) discrimination that blocks women from being in influential positions; and (ii) Ideology of innate inferiority, which is often enforced by religious values and glorification of feminine virtues. The aggression and dominance as masculine virtues and sacrifice, tolerance, etc. as feminine virtues are emphasized right from childhood through plays, play materials, songs, sayings, and idioms. In this process, women start believing (and are forced to believe via domestic violence) that it is 'right for them to be subordinate' (Roy, Ashine, 2003). Like the Multi-factorial Systemic Theory, Socio-Political Critique is criticized by many scholars as complex.

I³ Theory

I³ theory (pronounced "I-cubed theory") is a novel framework designed to impose theoretical coherence on IPV risk factors and stimulate new research. I³ approach identifies three processes through which risk factors promote IPV perpetration: instigation, which encompasses discrete situational events that normatively trigger an urge to be aggressive; impedance, which encompasses

factors that alter individuals' "urge-readiness" at the moment they encounter instigation; and inhibition, which includes the counteraction to the urge to aggress. IPV perpetration is most likely and most severe when instigating and impelling forces are strong, and inhibiting forces are weak.

Overall, the theory of domestic violence demonstrates the multifaceted and complex nature of the phenomenon. Therefore, a broad range of factors must be considered when assessing and addressing the problem. A narrow theoretical focus might exclude potentially important exploratory factors (Dixon & Graham-Kevan, 2011). Furthermore, the variety of competing theories has led to a divide among researchers in the field from the overall political and social climate under which those theories have been developed, and research conducted. As a result, some of the existing approaches are limited to their ability to explain contradictory findings or the heterogeneity of the phenomenon. There is neither a universally accepted definition of domestic violence nor a conceptual framework that would encompass the complexity of the phenomenon. Some of the theoretical frameworks of domestic violence appear to provide many potential advantages over others; however, their empirical viability is determined.

III. Nature and Causes of Domestic Violence

Indian Scenario

Rao (1997), using ethnographic and econometric methods, examined the determinants of wife-abuse in a community of potters in the Karnataka State in South India. The study used a mix of qualitative and quantitative data to explore the interconnections among socio-economic conditions, women's status, marriage markets, family decision-making processes, fertility, and health and nutrition. In-depth interviews and focus group discussions were conducted to draw hypotheses, which were then tested with survey data collected from the same population using econometric techniques. The qualitative analysis based on interviews with 70 women and 30 men revealed that wife-beating was a common practice, especially in mild forms, and that it was acceptable behaviour in the community. It was not considered a problem. As revealed in the qualitative survey, the causative factors of abuse included excessive liquor

consumption by husbands, hostilities connected with the dowry, female sterilization, and the number of living male and female children.

Sen (1998) examined violence in intimate relationships, namely women's experiences of male violence at the hands of husbands (or male partners) in Calcutta. Information was collected from 52 relationships by interviewing women about their histories, including educational experiences, migration patterns, paid employment, and physical and sexual violence. It was found that in general, women suffered extreme physical abuse and for long durations. Employment of women was not found to be unassociated with violence, indicating that irrespective of whether a woman is an earning member or not, she faces hostility and violence.

Visaria (1999) found in the Kheda district of Gujarat that two-thirds of the women had undergone some form of psychological, physical, or sexual abuse. Each form of abuse cut across all ages, castes, and education levels. The most frequently reported types of violence against women were abusive language (80 percent), beating (63 percent), forcing women back to their parental home (52 percent), and threats to throw them out (51 percent). Women from Scheduled and other backward castes reported a much higher incidence of physical abuse than others. The causes of violence were related to complaints about meal preparation and childcare and economic stress. An important finding in the study was that women living in nuclear families reported more violence than women living in extended or joint families. Higher proportions of women married for long periods reported more physical violence episodes than newly married women.

In a large multi-site household survey INCLLEN (2000) recently estimated domestic violence in India and its correlates and outcomes. The community, family, and individual factors associated with family violence were examined. A uniform sampling strategy was drawn, and families in which at least one woman aged 15-49 (years) and who has at least one child (<18 years of age) living in the household were considered. About 50 percent of the sample reported having experienced at least one form of violence once in their married life. About 44 percent reported at least one type of psychologically abusive

behavior. Forty percent reported experiencing at least one form of violent physical behaviour. Dowry harassment was seen as one of the major precipitating factors of violence within the marital home. The gender gap in employment status emerged as an important risk factor for violence. More than half (58 percent) of the women respondents reported that their immediate family members were aware of the violence. Besides, 41 percent of them reported that their neighbours also knew of the violence. However, only less than 10 percent had left their husbands; surprisingly, more than 55 percent of the women perceived violence as a normal part of marriage life.

Panda, Pradeep Kumar (2004) examined the prevalence and the correlates of domestic violence in intimate relationships in the context of Kerala. Data for this study came from a household survey in three rural and three urban settings in the Thiruvananthapuram district of Kerala. A total of 10 wards (6 rural and four urban) were selected from these six settings. From each ward, 50 households were selected at random. Thus, a total of 500 households (300 rural and 200 urban) were selected. The study participants have ever married women aged 15-49 years. The survey included 502 women (302 rural and 200 urban). The data analysis revealed the strongest predictor to be ownership of property by a woman; it reduced both physical and psychological violence significantly. Even a little access to ownership of the asset (land or house) reduces the risk of both physical and psychological violence dramatically. No significant association was found between women's education and their experience of violence, but for a significant negative effect of middle-level education (6-12 years) on physical violence. Per capita expenditure was strongly and negatively associated with women's experience of both physical and psychological violence. The levels of social support, especially of both the sources together (natal family and neighbours), have a significant negative effect on the prevalence of physical and psychological violence. A strong positive association was found between the husband's excessive alcohol consumption and the wife's experience of physical and psychological violence. Finally, the significant and positive association between women's experience of violence (both physical and psychological) and a history of violence in a woman's family during her childhood (i.e., witnessing father

beating mother) was consistent with findings of research in other countries. The study concludes by observing that given the pervasiveness and the perils of domestic violence, a national policy of zero tolerance for domestic violence was necessary.

Kaur and Kar (2009) conducted a study to examine domestic violence among women in a rural area in India. Focus group discussions (FGDs) were conducted among married women in 18 to 35 years. Physical violence was a major cause of concern among these women. Some women had to suffer, even during pregnancy. An alcoholic husband emerged as the main cause of domestic violence. Husbands' relatives instigating wife-beating was also common. The majority of the women preferred to remain silent despite being victimized. The women feared to resort to law because of implications such as social isolation. Multivariate logistic regressions revealed that physical violence has a significant association with the state, residence (rural or urban), age and occupation of women, and monthly family income. Similar associations are found for psychological violence (with home, age, education, and career of the women and monthly family income) and sexual violence (with residence, age, and educational level). To address this, all sectors, including education, health, legal, and judicial, must work in liaison. Gender inequality must be eliminated, and women's equal participation in the decision-making and development processes must be ensured.

Sinha, et al., (2012) conducted a study to assess domestic violence prevalence among the ever married women in the reproductive age group and find out the types of domestic violence and factors associated with it. The study was a community-based cross-sectional study conducted in a slum area of Kolkata. The overall prevalence of domestic violence was 54 percent, of which 41.9 percent suffered from both current and lifetime physical and psychological violence. The presence of property, higher per-capita income, and social support were protective factors against domestic violence. In contrast, alcohol addiction and multiple sex partners were the important contributory factors for it. The study recommended more social support, awareness, and income generation for women in the slum areas.

Sitawa Kimuna et al. (2013) assessed the prevalence and risk factors of domestic violence in India. The study uses the 2005-2006 India National Family Health Survey-III (NFHS-III) focuses on the 69,484 ever-married women aged 15 to 49 from all regions, who were administered the domestic violence module. The results show that 31 percent of respondents experienced physical violence in the past 12 months before the survey; the corresponding figure for sexual violence was 8.3 percent. The multivariate logistic regression results show key determinants of physical and sexual violence. Some of the most salient findings are that urban residence, household wealth, affiliation with Christian religious denominations, wife's age at marriage, and education are associated with a lower risk of physical and sexual violence. In contrast, being employed and being the wife of a man who drank alcohol increased the odds of experiencing physical and sexual violence. These results and significant regional differences observed in this study suggest that gender role conditioning and cultural norms contribute to domestic violence. Therefore, interventions need to go beyond the institutional and legal levels to include cultural capital, which addresses partner and relationship issues.

A study was conducted by Parikh and Anjenaya (2013) among married women in Asudgaon village in Raigad district to find out the causes of domestic violence and effective strategies used for tackling domestic violence. About 250 married women were interviewed personally using a pre-designed, pre-tested, and structured questionnaire. Out of the 250 married women, 83 women gave a positive history of domestic violence, thereby reporting a 33 percent prevalence. The various causes for domestic violence, as reported by the affected females were conflict over cooking and household work (38.55 percent), wife's nagging or arguing (32.53 percent), children related issues (30.12 percent), and economic distress (26.5 percent). Slapping (46.98 percent) was the commonest form of physical violence, followed by pulling hair (14.46 percent), twisting arm (13.25 percent), and having things thrown at her (13.25 percent). Experiences of sexual violence included marital rape (12.05 percent), being forced to have sex without protection (10.84 percent), being forced to perform unnatural sex (6.02 percent), and being forced to imitate acts as shown in pornographic films (4.82 percent). The most common socio-

cultural risk factor for domestic violence, as reported by the respondents, was addiction (42.11 percent), followed by poverty (38.55 percent); the husband brought up with the idea that wife-beating was acceptable (36.14 percent) and visiting brothels (16.86 percent). Among the reasons given by battered women to stay in violent relationships, the most common cause was that the women were unaware about legal provisions (61.45 percent), followed by the fear of being looked down upon by the society (59.03 percent), for the sake of their children (54.22 percent) and the fear of complaining due to the threats received from the batterer (43.37 percent). Nearly 81 percent of the abused females were reported to have tolerated the violence. Only 5.26 percent of the affected females sought legal help to deal with the violence, while 15.66 percent of females tried to convince the perpetrator.

Sanjay et al. (2013) tried to assess the frequency and patterns of domestic violence against women experienced by attendees of the Domestic Violence Counseling centre, Department of Psychiatry, MY Hospital, Indore. The study found that the most common type of domestic violence faced was physical abuse (80 percent), followed by mental abuse (8 percent), social abuse (8 percent), and sexual abuse (4 percent). Monetary issues (26 percent) and alcoholism (22 percent) are the two most important causes of domestic violence; other causes being extramarital affair (6 percent), family conflicts (6 percent), and dowry (6 percent). About 56 percent of the victims face domestic violence daily. The study concluded that monetary problems, alcoholism, illiteracy, extramarital affairs, and dowry are the major causes of domestic violence. The victims most commonly face physical violence by their partners daily.

Mishra et al. (2014) conducted a cross-sectional study to determine the prevalence of different types of domestic violence in Gwalior city and identify the various risk and protective factors for domestic violence. A stratified random sampling technique was used for the selection of the samples. Of the 144 study participants, 68 participants reported domestic violence, physical, sexual, or emotional. The most common type of violence reported was physical violence. The most important risk factor for domestic violence was alcoholism, followed

by literacy status. The majority of the abused women were dependent on their husbands for money, material assets, and expenditure. The study recommends that to prevent domestic violence, the government has to take stringent action for making women more self-reliant, especially by making the women more literate and more financially independent.

Khapre et al. (2014), in their study, estimated the prevalence, associated vulnerability factors, and immediate reaction of women to domestic violence. A community-based cross-sectional study was carried out in the Sawangi Village of Wardha district. All the currently married women in 15-40 years were interviewed for domestic violence by an intimate male partner in the last 30 days. One or another form of domestic violence was experienced by 68.12 percent of study participants. More than two-thirds were from nuclear families and Hindus by religion. Emotional violence was seen in 98 percent of victims. Slapping was noted in all the physical violence victims, and nearly three-fourths had sustained injuries. Alcohol was considered to be the most common reason for domestic violence. Most of the victims had the feeling of revenge and powerlessness, while 67 percent of them resisted the act. The prevalence of domestic violence by the spouse in the last 30 days was very high in the study population, and it has greatly affected their mental health.

Rakesh Choudhary et al. (2014) study reviles the presence of domestic violence in Indian women. An interview schedule was prepared to assess the prevalence of domestic violence. About 50 women of Lucknow were interviewed to get an adequate result. The study showed that husbands' alcoholism was one of the main causes of domestic violence against women. The result showed that domestic violence was still prevailing in Indian society, and women are very less aware of the laws and organizations dealing with domestic violence.

Shahina Begum et al. (2015) examined the prevalence and determinants of domestic violence among women in urban slums of Mumbai, India. A total of 1137 currently married women aged 18-39 years with unmet need for family planning and having at least one child were selected using cluster systematic random sampling from two urban slums. The prevalence of women ever

experiencing domestic violence in the community was 21.2 percent. Women whose husband consumed alcohol [RR: 2.17, (95 percent CI: 1.58-2.98)] were significantly at an increased risk of ever experiencing domestic violence than their counterparts. The threat of domestic violence was twice [RR: 2.00, (95 percent CI: 1.35-2.96)] for women who justified wife-beating than women who did not explain wife-beating. Factors like early marriage, working status, justified wife-beating, and husband's alcohol use were significantly associated with domestic violence.

Vachhani et al. (2017) examined domestic violence against women and its nature and extent from across-sectional study carried out in the urban and rural areas of the Surendranagar district of Gujarat. A total of 600 women of 15-49 years of age were selected. The study showed that out of 600 women, 231 (38.5 percent) were domestic violence victims in one form or the other. The analysis based on each form of violence discloses that about 83 percent were victims of psychological violence, 54 percent had experienced physical violence, about 32 percent economic violence, and about 24 percent were sexual violence victims. The husband was the frequent instigator of domestic violence.

Pal, et al. (2017) estimated the prevalence of domestic violence against ever-married women in an urban slum and the associated factors contributing to it. A community-based cross-sectional study was conducted among 430 ever married women of reproductive age group, selected using a systematic random sampling technique in Kolkata's urban slum. The overall prevalence of any form of violence in the study population as a whole was 59.3 percent. The prevalence of physical, emotional, sexual violence was 61.6 percent, 84.3 percent, and 58.8 percent, respectively. The occurrence of the event was reported by only 33.1 percent of the victims. Multivariate analysis revealed violence was higher among women belonging to families with low per capita income (< Rs 3138 per month), with a higher spousal age difference (>6 years), low educational background of husband, not able to bear a male child, unemployment amongst both the spouses, where the wives did not attend household activities properly and leave the household on any pretext without prior permission from the husband.

Borah, et al. (2017) aimed to determine the dimension and socio-demographic correlations of domestic violence in Assam, Sikkim, and Meghalaya, Northeast India. Two districts from each state were selected at random, and women aged 18–35 years from rural and urban localities were interviewed to obtain relevant information. Domestic violence was recorded in 26.4 percent of study participants and the highest in Meghalaya. Of all types, psychological violence was predominant.

Nadda, et al. (2018) aimed to assess the prevalence and characteristics of domestic violence and injuries owing to domestic violence among currently married women. This was a community-based, cross-sectional study conducted in the rural and urban areas of Haryana. Thirty-seven percent of the females had ever experienced domestic violence, and 28.9 percent currently experienced domestic violence. All types of violence (except sexual violence) were significantly more common in rural areas than in urban areas. Injuries owing to domestic violence were reported by more than half (55.4 percent) of the women. Among spousal violence, emotional violence was the most common type of violence, followed by physical violence. Only 0.1 percent and 4.5 percent of females had ever initiated physical and emotional violence, respectively, against their husbands, and in the rest of the cases, it was the husband who initiated violence.

Jawarkar et al., (2019) assessed the prevalence of domestic violence against women to study the socio-demographic factors in females suffering from domestic violence and identify domestic violence causes. A simple random sampling method was used for the selection of samples. Out of 400 study participants interviewed, 161 (40.25 percent) reported some violence, i.e., either in the form of physical, emotional, or sexual violence in their lifetime or recent past. The most common cause of domestic violence reported in the study was financial problems followed by influence under alcohol.

World Scenario

Nikki Van Hightower et al. (2000) examined the prevalence of domestic abuse experienced by low-income, predominantly Latina farmworker women. Using logistic regression analysis, the study analyzed factors that predict victimization and the influence of those factors on women's fear of their intimate

partners. The strongest predictors of domestic abuse were drug/alcohol use by the respondent's partner, pregnancy, and migrant status. The factors that most influenced respondents' fear of their intimate partners were abuse and frequency of abuse.

Abbas Bhuiya et al. (2003) reports the finding from a study carried out in a remote rural area of Bangladesh during December 2000. About 50.5 percent of the women were reported to be battered by their husbands and 2.1 percent by other family members. The husband's beating was negatively related to the age of husband: the odds of beating among women with husbands aged less than 30 years were six times those with husbands aged 50 years or more. Members of micro-credit societies also had higher odds of being beaten than non-members.

Koenig et al., (2003) explored domestic violence determinants in two rural areas of Bangladesh. They found increased education, higher socioeconomic status, non-Muslim religion, and extended family residence associated with lower violence risks. The effects of women's status on violence were found to be highly context-specific. In the more culturally conservative area, higher individual-level women's autonomy and short-term membership in savings and credit groups were associated with significantly elevated risks of violence, and community-level variables were unrelated to violence. In contrast, in the less culturally conservative area, individual-level women's status indicators were unrelated to the risk of violence.

Through their study, Rivera et al. (2004) identified the prevalence and determinants of male partner violence against Mexican women residing in the metropolitan area of Cuernavaca Morelos, Mexico. Results revealed the prevalence of low-moderate level violence was 35.8 percent, while the prevalence of severe violence was 9.5 percent. The lifetime prevalence of reported rape was 5.9 percent. The main factors associated with violence were socio-economic status; education level, both of the women studied and of the male partner; number of years living with partner, alcohol use, illegal drug use by partner; violence during childhood, and a history of rape. Study findings confirmed that violence against women was a prevalent phenomenon in Mexico.

Bates et al. (2004) conducted a study that focused on the factors and socioeconomics processes associated with domestic violence in rural Bangladesh. The survey made in rural parts of the country showed that 67 percent of women were domestic violence victims. Following the qualitative observations, participants believed that educated women with higher incomes were less vulnerable to domestic violence. They believed that bringing a dowry and/or having a registered marriage could strengthen the women's position in the marriage. Using logistic regression, they found that only women's education was associated with a significant negative probability of domestic violence.

Xiao Xu et al. (2005) estimated the prevalence of and risk factors for intimate partner violence in China. Of the 600 women interviewed, the prevalence of lifetime intimate partner violence and violence taking place within the year before the interview was 43 percent and 26 percent, respectively. For lifetime intimate partner violence, partners who had extramarital affairs and refused to give respondents money were the strongest independent predictors. For intimate partner violence taking place within the year before the interview, frequent quarreling was the strongest predictor. Intimate partner violence was prevalent in China, with strong associations with male patriarchal values and conflict resolutions.

Fahmy and Rahman (2008) carried out a study to estimate the prevalence of domestic violence, to identify socio demographic and behavioral risk factors, and to investigate the relationship between the women's psychological health status and violence exposure among women of reproductive age at Zagazig district, Egypt by using a multistage random sampling technique. The study revealed that the overall prevalence of domestic violence among the studied group was 62.2 percent; the commonest form was psychological abuse (74.0 percent), followed by social (26.8 percent) abuse, then the physical (22.4 percent), and lastly, sexual abuse (19.6 percent). On studying the socio-demographic variables, a significantly higher percentage of younger (below 30 years), non-educated, low income, and property ownership were more exposed to violence. Also, exposure to abuse was more prevalent among women whose husbands were young, non-educated, skilled workers, drug abusers, with a positive history of family troubles and chronic illness.

In her research study, Hind Ahmad Baydoun (2009) examined violence perpetrated by an intimate partner against a "high-risk" group of pregnant women seeking elective abortion services at a family planning clinic. The overall prevalence of physical, sexual, and/or psychological abuse perpetrated by a current partner was 12.3 percent, with some overlap between the different IPV subtypes. In general, IPV prevalence did not differ significantly by employment status or by broadly defined occupational groups of women and their partners. However, a trend was noted whereby a woman's employment and a partner's unemployment were associated with a greater IPV likelihood. Specifically, the prevalence of IPV was highest among couples where the woman was employed, and the partner was unemployed. Consistently positive associations were noted between the partner's (but not the woman's) substance use indicators (alcohol intake, binge drinking, recreational drug use) and IPV. Higher levels of depressive symptoms and less perceived social support availability were noted among women who had experienced IPV versus those who had not experienced IPV. The association between depressive symptoms and IPV was stronger for women who reported having children in their homes than those who did not report having children in their families.

In their study, TanerAkar et al. (2010) examined the frequency of the spousal domestic violence among 1,178 married women who applied to some first-level medical institutions located in Ankara, the capital of Turkey. Nearly 78 percent (n=918) of the women who participated in the study have stated that they have been exposed to at least one of the types of spousal violence during their lifetime. The most-reported domestic violence suffered by women throughout their lives was economic violence (60.4 percent). The prevalence of controlling behaviours, emotional violence, physical and sexual violence is 59.6 percent, 39.7 percent, 29.9 percent, and 31.3 percent, respectively.

Kathryn Yount and Li Li (2010) estimated social learning associations in childhood, marital resources and constraints, and community gender stratification and norms with women's risk of physical domestic violence in a national sample 5,272 married Egyptian women. Women who experienced corporal punishment or maltreatment as children had higher odds of such

violence. An increase in women's household standard-of-living was associated with lower odds of such violence. Wives with unusually less and unusually more schooling than their spouse had higher odds of such violence, and the wives of paternal cousins had lower odds of such violence. Measures of community gender stratification and norms were inconsistently and weakly associated with such violence. Women's marital resources and constraints accounted for most of their risk of experiencing physical domestic violence.

Afifi (2011) conducted a study to identify the risk factors underlying domestic violence in an eastern Saudi community. The prevalence of overall, mental, physical, and sexual violence was 39.3 percent, 35.9 percent, 17.9 percent, and 6.9 percent, respectively. The significant determinants of overall violence (MLR) are urban residence, wife's parental problems, husband problems with police and wife, smoking, fighting with others, being a victim of violence as a child, observed his mother being abused, and not spending enough time with family. The presence of each form of violence was significantly associated with the occurrence of others ($p=0.000$). Multiple Logistic Regression revealed differences in the determinants of each type of violence. Marital discord was significant in all forms. Alcoholism and having problems with police were associated with sexual abuse. Protective factors are education except in postgraduate women, higher income status, and spending more time with family. Educating couples and increasing public awareness about risk factors was recommended.

Charlette et al. (2012) examined the forms of domestic violence prevailing among women. The study found that violence against women can be physical, sexual, psychological, and the threat of physical or sexual violence. Physical violence includes acts of physical aggression, such as slapping, hitting, kicking, and beating. The common sexual abuses women endure are forced intercourse and other forms of sexual coercion. Psychological abuse includes acts like intimidation, constant belittling, humiliating, and various controlling behaviors such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.

Elli NurHayati (2013), using data from a cross-sectional population-based study, analyzed risk factors for physical and sexual abuse among a cohort of pregnant women in the Purworejo district. Sexual violence was associated with husbands' demographic characteristics (young age and low education) and women's economic independence. Exposure to physical violence among women was also strongly associated with husbands' characteristics. The attitudes and norms expressed by women confirmed unequal gender relationships. Experiencing violence led women to use an elastic band coping strategy, moving between actively opposing the violence and surrendering or tolerating the situation. Overall, the study illustrates that socio-cultural traditions and religious teaching still viscously influence people's attitudes and beliefs about violence within relationships. Culturally sensitive programs aimed at bridging the gap between the current laws and policies and the socio-cultural traditions need to be further developed to protect women from domestic violence and increase gender equity in the Indonesian setting.

Agumasie Semahegn et al. (2013) determined the magnitude of domestic violence and identified its predictors among 682 married women and 46 key informants in northwestern Ethiopia's reproductive age. The prevalence of domestic violence was 78.0 percent. About 73.3 percent, 58.4 percent, and 49.1percent of women reported different psychological, physical, and sexual violence, respectively. Alcohol consumption by husband, being pregnant, decision making power and annual income were predictors of domestic violence.

Yimer et al. (2014) assessed domestic violence's magnitude and its associated factors among pregnant women in Hulet Ejju Enessie district, northwest Ethiopia. The prevalence of domestic violence during the current pregnancy was 32.2 percent. The prevalence of psychological, sexual, and physical violence was 24.9 percent, 14.8 percent, and 11.3 percent, respectively. Married women at the age of ≤ 15 were about four times more likely to experience domestic violence during pregnancy than their counterparts. Meanwhile, inter-parental exposure to domestic violence during childhood, having frequently drinker partner, and undesired pregnancy by partner were the main significant factors that increase risk of domestic violence during pregnancy.

In the research study, Florinda Golu (2014) highlighted many predictors of domestic violence. The study aims at conducting a comparative analysis among women who are victims of domestic violence and women who have experienced episodes of violence in the family. The subject group was composed of 140 women aged between 23 and 32 years. The results indicate that education and occupational status are significant predictors of domestic violence. At the same time, self-esteem and verbal hostility do not have predictive power on this phenomenon. It was also noticed that there was a significant difference in the verbal hostility and self-esteem among women victims of domestic violence and women affected by this phenomenon.

AbdelAzim et al. (2014) investigated the prevalence of current (occurred in one year preceding the survey) domestic violence and socio-demographic factors associated with domestic violence against women in Kassala, Eastern Sudan. Of the 1009 women, 33.5 percent (338) reported current experience of physical violence and, of these 338 women, 179 (53 percent) and 159 (47 percent) reported moderate and severe form of physical violence, respectively. The prevalence of sexual coercion, psychological violence, and verbal insult was 17 percent, 30.1 percent, and 47.6 percent, respectively. In most cases, violence was experienced as repeated acts, i.e., more than three times per year. For verbal insult, 20.1 percent and 27.5 percent reported yelling and shouting, respectively. Again 251 and 270 women reported that they experience divorce threat and second marriage threat, respectively. In logistic regression model, husband's education, polygamous marriage, and husband's alcohol consumption were significantly associated with domestic violence.

Aghakhani et al. (2015) investigated domestic violence types committed against women in Iran referred to the Legal Medical Organization of Iran in 2012. Data was gathered using face-to-face structured interviews. The study population included 300 women 18 years of age or older, and data was collected about their demographic characteristics and the types of domestic violence they experienced. The study found that most participants were in the 25 – 30 age group, and their husbands battered 83 percent of them in various

ways. No significant relationships were observed between violence and unemployment, increasing age, and homeownership. Agumasie Semahegn and Bezatu Mengistie (2015) assessed the magnitude of domestic violence against women and associated factors in Ethiopia.

The lifetime domestic physical violence by a husband or intimate partner against women ranged from 31 to 76.5 percent. The lifetime domestic sexual violence against women by husband or intimate partner ranged from 19.2 to 59 percent. The mean lifetime prevalence of domestic emotional violence was 51.7 percent. A significant number of women experienced violence during their pregnancy period. Domestic violence against women significantly associated with alcohol consumption, chat chewing, family history of violence, occupation, religion, educational status, residence, and decision-making power.

Barnawi (2015), in a research study examined among Saudi women the prevalence of different types of domestic violence, identify its associated risk factors, and determine the immediate victims' reactions to such violence. Out of the 720 women studied, 144 (20 percent) reported exposure to domestic violence over the last year. The most common domestic violence types were emotional (69 percent), social (34 percent), economic (26 percent), physical (20 percent), and sexual violence (10 percent). In multivariate logistic regression analysis, the following characteristics were independently associated with domestic violence: younger women age, longer duration of the marriage, higher women education, lower husband education, working husbands, military occupation, fewer children, husbands with multiple wives, smoking husbands, aggressive husbands, presence of chronic disease in women or husbands, and non-sufficient family income. Domestic violence's most common impacts on women were medical or behavioural problems (72 percent) and psychiatric problems (58 percent). The most common reactions to domestic violence were seeking separation (56 percent) and doing nothing (41 percent). More than 90 percent of children of abused women suffered psychological or behavioural problems.

A study was conducted by Adjah and Agbemafle (2016) to find out the determinants of domestic violence against women in Ghana. Of 1524 ever-married women in this study, 33.6 percent had ever experienced domestic violence. The risk of ever experiencing domestic violence was 35 percent for women who reside in urban areas. The risk of domestic violence was 41 percent higher for women whose husbands ever experienced their father beating their mother. Women whose mothers ever beat their father were three times more likely to experience domestic violence than women whose mother did not beat their father. The risk of ever experiencing domestic violence was 48 percent less likely for women whose husbands had higher than secondary education compared to women whose husbands never had any formal education. Women whose husbands drink alcohol were 2.5 times more likely to experience domestic violence than women whose husbands do not drink alcohol. Place of residence, alcohol used by husband, and family history of violence increase a woman's risk of ever experiencing domestic violence. Education higher than secondary education, acted as a protective buffer against domestic violence.

Hossain (2016) has tried to make sense of the types and reasons for domestic violence against women in rural Bangladesh by collecting data from different sources. From the research work, it was found that domestic violence was caused mainly by dowry, addiction, social, cultural, and political aspects, sexual behavior of the husband, making familial decisions, giving birth to female children, etc. Furthermore, women were tortured by their husbands because of sterility, inauspicious treatment, unwanted sexual union, and religious and cultural values. Finally, the study concludes that patriarchal social values are mainly responsible for domestic violence against women in rural areas.

Diallo and Voia (2016) assessed the significance of a set of domestic violence threats in ten West African countries that arguably limit the potential of women in particular and the development of society. The data consists of a country-specific Demographic and Health Survey (DHS) conducted in the same way for each participating country. The risk of domestic violence and the intensity of its threat are assessed using different probabilistic model

specifications and an assessment of how heterogeneous/homogenous these effects are across the set of countries. The overall results suggested that religion has played a significant role in relation to domestic violence in most countries. Area of residence (rural) has played an important positive role as well. The lack of education increases the threat, and the level of well-being and/or household's level of wealth has a significant negative impact on the risk of domestic violence in general. Finally, the factor that defines the improvement in wife's social status, which is characterized by the wife's higher level of education, has also been important in reducing the threat of domestic violence.

Reichel (2017) conducted a study to identify the determinants of Intimate Partner Violence in Europe. The analysis explores selected determinants of IPV by focusing on specific indicators in relation to a couple's socioeconomic status and analyzes inequalities in the sense of the unequal distribution of resources. The article results show that, when averaging across the EU Member States, among couples with lower socioeconomic status, there was a higher prevalence of violence. In particular, women reporting problems with their household income also report higher rates of IPV.

A study was conducted by Ifeanyi-obi (2017) to identify the socio-economic determinants of domestic violence suffered by rural women crop farmers in the Orlu agricultural zone of Imo State, Nigeria. Findings show that out of the forty-two variables used to capture the nature of domestic violence suffered by women in the study area, only eight reached the cut-off point of 2.50. The major causes of domestic violence identified by the study were a disagreement over money ($\bar{x}=3.0$), failure to perform domestic chores ($\bar{x}=2.7$), disobedience to husband ($\bar{x}=2.7$), and sharing marital problems with friends ($\bar{x}=2.7$). Respondent's age, duration of the marriage, educational status, religion, household size, and the number of wives were the major determinants of domestic violence.

Ali and Radwan (2017) examined the magnitude and determinants of domestic violence against married women in Sohag, Egypt. The prevalence of domestic violence was 58.1 percent. Low level of education, being a homemaker, husband's age more than 40 years, husband-wife age difference

more than ten years, and husband substance abuse were the important predictors of domestic violence among the surveyed women.

Saffari et al. (2017) assessed the problem among Iranian women and identified associated risk factors in domestic violence. The prevalence of domestic violence among participants was emotional (64 percent), physical (28 percent), and sexual (18 percent). Higher education (both women and their partners), partners' employment status (being employed), and a lower number of children lowered the risk. In contrast, the history of previous marriage (for either women or their partners), unstable marriage, substance abuse, crowded family situation, and lower socioeconomic status increased domestic violence risk. There was a high prevalence of domestic violence, particularly emotional, against women by their partners. Preventive measures are recommended, such as increasing public awareness, improving families' socioeconomic status, educating women about what they can do, and encouraging counseling for the couple or the woman alone.

Using cross-sectional data from the Violence Against Women (VAW) surveys for Spain in 1999, 2002, and 2006, César Alonso-Borrego and Raquel Carrasco (2017) addresses the potential endogeneity of employment and income variables using a multivariate probit model. The study exploited geographical-level information on employment and unemployment rates by gender and age, and on household income, to identify the model's parameters. The estimation results show that male partner employment plays a major role in the risk of physical violence. At the same time, female employment only lowers the risk of violence when her partner was employed. The lowest risk of physical abuse appears for more egalitarian couples in which both partners are employed.

Karystianis et al. (2019) tried to study the causes of domestic violence with data set from police records. The study found that on an evaluation set of 100 domestic violence events provided precision values of 90.2 percent and 85.0 percent for abuse type and victim injuries, respectively. In a set of 492,393 domestic violence reports, they found 71.32 percent (351,178) of events with mentions of the abuse type(s) and more than one-third (177,117 events; 35.97

percent) contained victim injuries. "Emotional/verbal abuse" (33.46 percent; 117,488) was the most common abuse type, followed by "punching" (86,322 events; 24.58 percent) and "property damage" (22.27 percent; 78,203 events). "Bruising" was the most common form of injury sustained (51,455 events; 29.03 percent), with "cut/abrasion" (28.93 percent; 51,284 events) and "red marks/signs" (23.71 percent; 42,038 events) ranking second and third, respectively.

IV. DOMESTIC VIOLENCE AND WOMEN EMPOWERMENT

A study conducted by Sethuraman et al. (2006) explored the relationship between women's empowerment, maternal nutritional status, and their children's nutritional status aged 6 to 24 months in rural and tribal communities in Bangladesh. Structured interviews with mothers were performed, and anthropometric measurements were obtained for 820 mother-child pairs. The study results showed that some degree of malnutrition was seen in 83.5 percent of children and 72.4 percent of mothers in the sample. Biological variables explained most of the nutritional status variance, followed by health-care seeking and women's empowerment variables; socioeconomic variables explained the least amount of variance. Women's empowerment variables were significantly associated with child nutrition and explained 5.6 percent of the sample variance. Maternal experience of psychological abuse and sexual coercion increased the risk of malnutrition in mothers and children. Domestic violence was experienced by 34 percent of mothers in the sample.

Kim, Julia, et al. (2007) sought to obtain evidence about the scope of women's empowerment and the mechanisms underlying the significant reduction in intimate partner violence documented by the Intervention with Micro finance for AIDS and Gender Equity (IMAGE) cluster-randomized trial in rural South Africa. The IMAGE intervention combined a microfinance program with participatory training on understanding HIV infection, gender norms, domestic violence, and sexuality. Outcome measures included past years' experience of intimate partner **violence** and nine indicators of women's empowerment. Qualitative data about changes occurring within close relationships, loan groups, and the community were also collected. Results

revealed after two years, the risk of past-year physical or sexual violence by an intimate partner was reduced by more than half (adjusted risk ratio = 0.45; 95 percent confidence interval = 0.23, 0.91). Improvements in all nine indicators of empowerment were observed. Reductions in violence resulted from a range of responses enabling women to challenge the acceptability of violence, expect and receive better treatment from partners, leave abusive relationships, and raise public awareness about intimate partner violence. The overall findings, both qualitative and quantitative, indicate that women's economic and social empowerment can contribute to reductions in intimate partner violence.

Rocca et al. (2008) examined the relationships between factors that are often considered social and economic resources for women and the recent domestic violence occurrence. Over half (56 percent) of the study participants reported having ever experienced physical domestic violence; about a quarter (27 percent) said violence in the past six months. In a full multivariable model, women in 'love' marriages (OR=1.7, 95 percent CI 1.1-2.5) and those whose families were asked for additional dowry after marriage (OR=2.3, 95 percent CI 1.5-3.4) were more likely to report domestic violence. Women who participated in social groups (OR=1.6, 95 percent CI 1.0-2.4) and vocational training (OR=3.1, 95 percent CI 1.7-5.8) were also at higher risk. Efforts to help women empower themselves through vocational training, employment opportunities, and social groups, need to consider the potential unintended consequences for these women, such as increased domestic violence risk. The study findings suggested that anti-dowry laws' effectiveness may be limited without additional strategies that mobilize women, families, and communities to challenge the widespread acceptance of dowry and promote gender equity.

Castro, et al. (2008) analyzed intimate partner violence (IPV) against women aged 15 to 21, 30 to 34, and 45 to 49, based on the 2003 National Survey on the Dynamics of Household Relationships (in Spanish, ENDIREH) in Mexico. The authors examined the degree of women's empowerment and autonomy in relation to their partners. Logit regression analyses showed that variables significantly associated with physical violence varied between the three age groups, suggesting that women followed specific trajectories

throughout their reproductive lives. Some empowerment dimensions reduced the risk of violence (women's ability to decide whether to work, when to have sexual relations, and the extent of their partners' participation in household chores). Other dimensions (women's decision making regarding reproductive matters) increased such risk. Thus, access to resources meant to empower women did not automatically decrease the risk of violence. The authors recommend specific interventions tailored to each age group, aimed at breaking the cycle of violence.

Rahman and Hoque (2011) explored how women empowerment affects Intimate Partner Violence (IPV) in Bangladesh using a cross-sectional investigation of currently married women (n=4,181) sampled via the Bangladesh Demographic Health Survey (BDHS), 2007. About one-fourth (24 percent) of currently married Bangladeshi women experienced physical and/or sexual IPV in the past year. The prevalence of physical and sexual violence was 19.4 percent and 10.5 percent, respectively. The younger generation (age 15–24), illiterate, rural, and the poorest household wealth categorized women were much victimized. Current employment status predicted intimate partner violence. Household decision-making patterns also emerged as a predictor of IPV. The likelihood of all forms of IPV increases with an increase in household decision-making participation. Promoting women empowerment in the household without men's support may put women at more risk of IPV.

Bhattacharyya, et al. (2011) used data from Uttar Pradesh to examine the effect of women's employment and asset status as measured by their participation in paid work and house ownership, respectively, on spousal violence. Unlike the existing literature, the study treats women's work status as endogenous and finds that paid work and house ownership are associated with reductions in violence.

Eswaran, et al. (2011) uses a simple non-cooperative model of resource allocation within the households in developing countries to incorporate domestic violence as a vehicle for enhancing bargaining power. The study demonstrates that the extent of domestic violence women face was not

necessarily declining in their reservation utilities, or necessarily increasing in their spouses'. Using the National Family Health Survey data of India for 1998-99, the study isolates the effect of domestic violence on female autonomy, taking into account the possible endogeneity of domestic violence through the choice of appropriate instruments. It provides some evidence for domestic violence's evolutionary theory, which argues that such violence stems from the jealousy caused by paternity uncertainty in our evolutionary past. The findings have strong policy implications suggesting that it will take more than an improvement in women's employment options to address the problem of spousal violence.

Using data from two detailed, nationally representative, household datasets - the National Family Health Survey and the India Human Development survey - Mathur and Slavov, (2013) explored whether women who are economically empowered (through work, earnings, or wealth) are less likely to experience domestic violence. They found that, while working women may be at a greater risk of violence, higher earnings are associated with violence reduction. Although these findings are informative, they do not necessarily establish a causal link between economic empowerment and violence. To test for causality, the study exploits arguably exogenous variation in state laws designed to equalize sons' and daughters' inheritance rights. The additional variation comes from the fact that these state laws did not apply to some women based on their religious affiliation and marriage date. The study found some evidence that women subject to these laws are less likely to report being victims of domestic violence.

Gupta, et al. (2013) reports on evaluating the incremental impact of adding "gender dialogue groups" to an economic empowerment group savings program on IPV levels in the north and northwestern rural Côte d'Ivoire. Between 2010 and 2012, the study conducted a two-armed, non-blinded randomized-controlled trial (RCT) comparing group savings only (control) to "gender dialogue groups" added to group savings (treatment). The gender dialogue group consisted of eight sessions that targeted women and their male partners. Eligible Ivorian women (18+ years, no prior experience with group

savings) were invited to participate. Women in the treatment group were significantly less likely to report economic abuse than control group counterparts (OR = 0.39; 95 percent CI: 0.25, 0.60, $p < .0001$). Acceptance of wife-beating was significantly reduced among the treatment group ($\beta = -0.97$; 95 percent CI: -1.67, -0.28, $p = 0.006$), while attitudes towards refusal of sex did not significantly change. Per protocol analysis suggests that compared to control women, treatment women attending more than 75 percent of intervention sessions with their male partner were less likely to report physical IPV (a OR: 0.45; 95 percent CI: 0.21, 0.94; $p = .04$) and report fewer justifications for wife-beating (adjusted $\beta = -1.14$; 95 percent CI: -2.01, -0.28, $p = 0.01$); and both low and high adherent women reported significantly decreased economic abuse (a OR: 0.31; 95 percent CI: 0.18, 0.52, $p < 0.0001$; a OR: 0.47; 95 percent CI: 0.27, 0.81, $p = .01$, respectively). No significant reductions were observed for physical and/or sexual IPV or sexual IPV alone.

Avila (2016) conducted a study to shed light on the relationship between women's empowerment and domestic violence. The results indicated that the different measures of women's empowerment help explain much better domestic violence's aggressive ways than the controlling ones. The study showed a positive correlation between women's empowerment and domestic violence. This goes in line with the theories that argue that men use violence to leverage their power within the household. Among the different latent measures of women's empowerment, social capital and self-esteem are significantly correlated with aggressive domestic violence.

Vidushy and Sethi (2016) conducted a study to report the prevalence of various forms of domestic violence against women, to analyze the data on domestic violence against women in India and some suggestive measures for which they used secondary data, which was taken from National Crime Record Bureau (NCRB), Press Information Bureau and Statistical Abstract State wise. They observed that women's empowerment was both a right and "smart economics". In the ultimate analysis, empowering women was empowering society. The government should ensure proper enforcement of existing laws related to women's rights.

Donta, et al. (2016) examined the relationship between domestic violence and women's empowerment in a slum community in Mumbai, India. Data were collected from a sample of 1,136 married women aged 18 to 39 years, having at least one child and reporting of unmet need for family planning. About 21 percent of women had ever experienced violence, and 38 percent of women had decision-making power with respect to their health care, household purchase, or visiting family and relatives. A little more than one-fifth of the women reported freedom of movement to market, health facilities, or places outside the community. Women who justified wife-beating were 2.29 (95 percent CI [1.59, 3.29]) times at risk of experiencing violence than women who disagreed with the wife-beating statements. Women not empowered in decision making were 1.15 (95 percent CI [0.91, 1.46]) times at risk of experiencing domestic violence than women who were empowered in decision making. Women who are empowered are less likely to be at risk of domestic violence.

Kabir et al. (2017) conducted a study to explore the relationship between domestic violence on women's empowerment and their health-seeking behavior in Pakistan. The research has used secondary data from Pakistan Demographic and Health Survey data 2012-13. The results showed that women with no education had suffered more (43 percent) from domestic violence. Almost 68 percent of women reported that those who have seen their parents beating their mothers have also experienced domestic violence. Logistic regression showed that women from rural areas are highly likely to face domestic violence (OR=1.28, 95 percent CI 1.07-1.52, p-value<. 001). ANC visit was also found statistically significant with those who suffered violence at home.

Ahmad et al. (2017) examined the associations between domestic violence against women's household headship and women empowerment in Nigeria. The study used data from the 2013 Nigeria Demographic and Health Survey (DHS). Ordinary least squares (OLS) regression method was used to assess the association among the study variables. The analysis showed that domestic violence was usually more where there are women-household headships in Nigeria, changing the general idea of having less domestic violence in women-headed households. There should be strict and effective laws against domestic violence.

Schuler, et al. (2017) construct qualitative case studies exploring factors and social processes underlying relationships between empowerment and IPV in four rural Bangladesh villages. Empowerment may be protective against IPV in the aggregate, but this relationship can be subverted at the micro-level. Interventions are needed to reinforce the potential of empowerment to reduce IPV and counteract factors such as geographic isolation and limited employment opportunities that inhibit empowerment.

Sanawar et al. (2018) assessed whether women's empowerment ensures reduced intimate partner violence (IPV). The differential relationship between women's empowerment and IPV among married women in Bangladesh was investigated using the 2007 Demographic and Health Survey data. The analyses revealed that older cohorts of more empowered women were more vulnerable to physical violence than less-empowered, younger women. The likelihood of being affected by physical violence among less-empowered, childless women was greater than that of more-empowered women with only male children. Less-empowered, uneducated women were more likely to experience physical violence than more-empowered, primary-educated women. Less-empowered women who had been married for less than five years were more likely to suffer from physical violence than more-empowered women who had been married for more than 19 years. The likelihood of experiencing sexual violence was not found to have any significant association with women's empowerment. The findings suggested that although women's empowerment in Bangladesh was gradually improving, some sub-groups of empowered women are still susceptible to IPV.

Roy Chowdhury et al. (2018) evaluated the relationship between domestic violence, women empowerment, domestic risk factors, and violence-related health injuries using data drawn from the Nepal Demographic and Health Survey, 2011. The study simultaneously estimated the impact of women empowerment and domestic risk factors on domestic violence, and the impact of domestic violence on health consequences. The study finds evidence that it was not women's autonomous power, but a cooperative decision-making environment in a marital relationship that reduces violence. Additionally, education decreases domestic violence, and household risk factors, including

alcohol and multiple unions, exacerbate domestic violence. Finally, in terms of adverse health outcomes, the study finds that domestic violence has a non-linear impact on health injuries. At low levels of violence, the likelihood of injuries was low, and injuries are generally not threatening. As the level of violence increases, it considerably increases the probability of multiple and more serious health injuries.

Ismayilova, et al. (2018) tested the effects of an economic intervention alone and a focused family component on women's empowerment status and family violence in Burkina Faso. The 3-arm cluster randomized controlled trial with baseline and 1-year follow-up included 360 ultra-poor married women from 12 villages. Villages were randomized to the 3 study arms: economic intervention for women [Trickle Up/TU], a combination of financial intervention and family coaching (Trickle Up Plus), and waitlist (control arm). Compared with the control group, there was a significant improvement in both the TU arm and the TU Plus arm in women's financial autonomy and quality of marital relationships. Besides, women in both intervention arms reported a significant reduction in emotional spousal violence in the past year, with the effect size greater for the combined intervention.

Clark, et al. (2018) tested the efficacy of the Moms' Empowerment Program (MEP), an intervention for Spanish-speaking Latina mothers who had recently experienced IPV. Participants (N = 95) were assigned to a Treatment (n = 55) or a waitlist Control (n = 40) condition, and those in the Treatment group completed a 10-week intervention designed to address the problems associated with IPV. Intent-to-treat analyses using multiple regression revealed that Latinas' participation in the MEP was associated with reductions in IPV exposure.

Schuler, and Nazneen, (2018) examined the relationship between women's empowerment and IPV in a setting where gender roles are rapidly changing, and IPV rates are high. The study was based on data from 74 life history narratives elicited from 2011 to 2013 with recently married Bangladeshi women from the six villages, whom other community residents identified as

empowered. Findings suggest that women's empowerment has evolved in several ways that may be contributing to reductions in IPV: in its magnitude (for example, many women are earning more income than they previously did), in women's perceived exit options from abusive marriages, in the propensity of community members to intervene when IPV occurs, and in the normative status of empowerment (it was less likely to be seen as transgressed of gender norms).

Schuler, et al. (2018) used survey data to examine changes over time in the relationship between women's empowerment and intimate partner violence (IPV) in six Bangladeshi villages. Prior analyses using a limited set of empowerment indicators available in 2002 and 2014 suggested a persistent positive association between empowerment and IPV. The article's research, using an updated set of measures derived from extensive qualitative studies, indicates that empowerment may be shifting from a risk factor for IPV to a protective factor.

Rowan. et al. (2018) presents findings from a national survey in India on empowerment-related correlates of help-seeking behaviors for currently married women who experience spousal violence. The study examined individual, relationship, and state-level empowerment measures on help-seeking from informal and formal sources. Findings indicate that help-seeking was largely not associated with typical measures of empowerment or socio-economic development, whereas state-level indicators of empowerment may influence help-seeking. Although not a target of this study, it was also noted that injury from violence and the severity of the violence were among the strongest factors related to seeking help. Taken together, the low prevalence of help-seeking and lack of strong individual-level correlates, apart from severe harm, suggests widespread barriers to seeking help.

Rodriguez, et al. (2018) analyzed the effect of different forms of violence on Mexican women's attitudes and decision-making capacity. Specifically, attitudes toward gender equality are included as a mediator between violence and women's decision-making capacity. Results reveal that attitudes are a partial mediator between physical, sexual, and psychological violence and

women's decision-making capacity. While physical, economic, and sexual violence negatively affects women's decision-making capacity, economic violence against women increases their decision-making involvement.

Khalid, and Choudhry, (2018) empirically investigated whether women's access to economic resources acts as a risk factor or protective factor for spousal (emotional and physical) violence against them, particularly in the case of Pakistan. The results indicate that women who earn in cash and/or in-kind face greater violence. Education can reduce violence against women, and a family history of violence contributes positively to greater violence. Result also confirms the existence of regional disparity in this regard.

Gautam, and Jeong, (2019) assessed the magnitude of intimate partner violence (IPV) and associated factors among women in Nepal. The secondary data from the Nepal Demographic and Health Survey (NDHS) 2016 was used. This study was confined to the respondents selected for the domestic violence module. The association between experience of IPV 'ever' and 'in the past year' with selected factors were examined by using a Chi-square test, followed by multivariate logistic regression. The result revealed that 26.3 percent of ever-married women experienced any form of IPV at some point in their lives, while only 13.7 percent have experienced IPV in the past year. The factors associated with both 'lifetime' and 'past year' experience of IPV include women witnessing parental violence during their childhood, the husband being drunk frequently, women being afraid of their husbands most of the time, and women whose husbands show marital control behavior. Women's experiencing IPV was associated more with husband related factors than with women's empowerment indicators.

Bulte and Lensink (2019), in their study, observe that intimate partner violence is an important global health problem that policymakers seek to address by a variety of interventions, including efforts to promote "women's empowerment." They used data from a randomized control trial in Vietnam and find that this strategy may backfire: women who participated in a gender and entrepreneurship training program suffer more frequent abuse than women in the control group. The study conjectured that increased female income was the

mechanism linking the training program to domestic violence. The study also makes a methodological contribution and shows that impact analysis outcomes depend on how we measure intimate partner violence.

Sanawar. et al. (2019) assessed whether women's empowerment ensures reduced intimate partner violence (IPV). The differential relationship between women's empowerment and IPV among married women in Bangladesh was investigated using the 2007 Demographic and Health Survey data. The analyses revealed that older cohorts, more empowered women, were more vulnerable to physical violence than less-empowered, younger women. The likelihood of being affected by physical violence among less-empowered, childless women was greater than that of more-empowered women with only male children. Less-empowered, uneducated women were more likely to experience physical violence than more-empowered, primary-educated women. Less-empowered women who had been married for less than five years were more likely to suffer from physical violence than more-empowered women who had been married for more than 19 years. The likelihood of experiencing sexual violence was not found to have any significant association with women's empowerment.

Ranganathan, et al. (2019) explored the relationship between women's empowerment and IPV risk. The study analyzed data from baseline interviews with married women (n = 415) from the Intervention with Microfinance and Gender Equity (IMAGE) longitudinal study in rural South Africa. Women who reported "few too many times" for not earning enough to cover their business costs faced higher odds of past-year physical and/or sexual violence. Those who received a new loan experienced higher levels of past year emotional and economic abuse. Women who reported that partners perceived their household contribution as unimportant faced higher odds of past year economic abuse. Women who reported joint decision-making or partner making sole reproductive decisions reported higher levels of past-year physical and/or sexual violence and emotional abuse. Although improved economic conditions for women appear to be protective against physical and sexual IPV, associations between

certain indicators of women's economic situation, empowerment, and IPV are inconsistent.

Related Studies

Laxmi Thakur (2001) attempts to study the interrelationship gender-based violence and literacy levels, gender violence, and occupational status. It was observed through the obtained data from the Ajmer city of Rajasthan that education and occupation play an important positive role, which suggests that women's development, reproductive rights, and empowerment are the main key factors to reduce gender-based violence.

Sunny (2003) in her study, documents the various types of domestic violence prevalent in Ernakulum district, causative factor for violence, nature, manifestation, frequency and consequence for victims and study the services which address domestic violence in terms of availability and effectiveness and to suggest measures for improving them. It was found that though domestic violence has been classified depending on its major cases, no single causes can be exclusively implicated. The causes are highly interlinked. Similarly, the nature and manifestations of violence also have many similarities across the various types of causes as to the effects of violent behaviour on the victims.

Bhuiya et al., (2003) reports the findings from a study carried out in a remote rural area of Bangladesh during December 2000. About 51 percent of the women reported being battered by their husbands and 2.1 percent by other family members. The husband's beating was negatively related to the age of husband: the odds of beating among women with husbands aged less than 30 years were six times those with husbands aged 50 years or more. Members of microcredit societies also had higher odds of being beaten than non-members. The paper discusses the possibility of community-centered interventions by raising awareness about the violation of human rights issues and other legal and psychological consequences to prevent domestic violence against women.

Devi (2005) points out that in Indian society, violence against women was not new. The ever-present fact of violence, overt and covert, physical and non-physical, has an alarming influence on women's status. Violence against women causes more deaths and disabilities among women than any other

illness. By 2010 the growth rate of crime against women was likely to be higher than population growth. Further, she explains that low income families suffer severe malnutrition.

Kishor and Johnson's (2006) study of domestic violence in Cambodia, Colombia, the Dominican Republic, Egypt, Haiti, India, Nicaragua, Peru, and Zambia found that in all of the study countries, apart from Egypt, women who were engaged in paid employment reported significantly higher levels of violence than women who were not currently working. The study also found that violent relationships are characterized by either women or men making decisions alone than nonviolent relationships, which are characterized by joint decision making.

Rocca et al. (2008), in a study of 744 young married women in slum areas of Bangalore, India, found that women in love marriages were almost twice as likely to report domestic violence, even after adjusting for other variables. Ethnographic research revealed that the social repercussions of love marriages, coupled with the lack of economic support from family members, often led to marital conflict and domestic violence. However, it should be noted that love marriage also includes forced marriages resulting from the discovery of a premarital relationship or pregnancy.

John Simister and Judith Makowiec (2008) studied domestic violence between husband and wife in India and domestic violence attitudes. Data from the demographic and health survey 1998 to 2000 has been analysed. This paper's evidence was consistent with previous research indicating that gender-based violence was very much prevalent whether such violence was seen as acceptable in the perpetrator's family and the local community. The study suggests that there are similarities between some Indian men's behaviour and the 'machismo' values reported in other cultures and confirm previous claims that violence was less common if women and men are well educated. Thus the study encourages the government of India to prioritize education for both boys and girls.

Boyle, et al. (2009) in their study aimed to: (1) disentangle community from individual-level influences of women's education on risk for IPV; (2)

quantify the moderating impact of communities on individual-level associations between women's education and IPV; (3) determine if women's attitudes towards mistreatment and living standards at the community and individual levels account for the protective influence of women's education; and (4) determine if the defensive impact of education against IPV was muted among women living in communities exhibiting attitudes more accepting of mistreatment. IPV showed substantial clustering at both the state (10.2 percent) and community levels (11.5 percent). At the individual level, there was a strong non-linear association between women's education and IPV, partially accounted for by household living standards. The strength of association between women's education and IPV varied from one community to the next with evidence that the acceptance of mistreatment at the community level mutes the protective influence of higher education.

Mutharayappa and Biplab dhak (2010), in their study on empowerment influencing domestic violence against women in Karnataka, focus on the factors affecting domestic violence and understand whether women's empowerment has any influence on domestic violence. Data reveals that about three out of every five women agree with at least one reason for wife-beating justified. The main reason for the women who agree wife-beating was justified when the wife neglects the house or children, followed by the wife, who goes out without telling her husband and the husband suspect wife was unfaithful. About 42 percent of women experienced different forms of violence. Women who experience sexual violence also experience more severe forms of emotional and physical violence. Women who have higher education in the household enjoy higher household autonomy, and such women experience less domestic violence. When the husband does not earn any money for the family, a higher percentage of women experienced physical, sexual, and emotional violence. Data shows that about two-thirds of women reported physical violence since their husbands do not earn any money. Women who earn more than their husbands (29 percent) experienced physical violence. When women's earnings are equal to their spouses, sexual violence was less.

Varkey, et al. (2010) assessed the relationship between women's empowerment with health in 75 countries. The study used the gender empowerment measure (GEM), a composite index measuring gender inequality in economic participation and decision making, political participation and decision making, and power over financial resources. All 75 countries with GEM values in the 2006 Human Development Report (HDR) were included in the study. When GDP was not considered, GEM had a statistically significant association with all health indicator variables except for the proportion of 1-year-olds immunized against measles (correlation coefficient 0.063, $p=0.597$). After adjusting for GDP, GEM was significantly associated with low birth weight, fertility rate, infant mortality, and age \leq five mortality; the strongest correlation was found to be between GEM and infant mortality ($R^2=0.601$). The study results suggest that the empowerment of women was associated with several key health indicators at a national level.

Mahapatro, et al. (2011) tried to understand the association between domestic violence and pregnancy outcomes and other health consequences in all the six zones of India: northern, southern, eastern, western, central, and northeast zones. The result shows that domestic violence occurs during pregnancy across six zones. The situations become worse for women if her husband or family perceived the pregnancy to be a female child, and there was a demand for a male child. It has major health implications in accessing and utilizing antenatal care and immunization.

Devineni, et al. (2014) did a screening study to assess domestic violence's effects on maternal and neonatal outcomes. About 114 women (38 percent) revealed domestic violence, which was very high compared with 0.8 percent when there was no domestic violence screening. A total of 186 women showed no history of violence. Demographic features and obstetric outcomes were compared. About 90 percent of women in both groups were economically dependent. About 50 percent of women did not have a right over their reproductive choices. About 33 women faced violence at the time of pregnancy (28.9 percent). A very strong association between antenatal care booking and partner abuse was observed. About 64.4 percent of abusive partners are alcoholics. Gender bias, male child preference, unemployment, and dowry

were the other common causes of abuse. Abruption was seen in 6.14 percent in the abuse group versus 1.79 percent in the control group. Preterm labor was 6.14 versus 2.15 percent in the control group. Four women with severe acute maternal morbidity due to IPV and one case of extreme sexual violence have been highlighted.

EmíliaCoutinho et al. (2015) tried to identify the factors related to domestic violence during pregnancy in two Portuguese public institutions of health, one in the Central Region and the other in Greater Lisbon. The prevalence of domestic violence during pregnancy was 43.4 percent. Predictive factors were the immigrant partner/spouse ($p<0.001$), with academic qualifications less than or equal to 9 years ($p<0.001$) and unemployed ($p<0.001$); less than or equal to 1000 Euros monthly income ($p<0.001$) and good agglomeration index ($p=0.002$); planned pregnancy ($p<0.001$), but not monitored ($p<0.001$). During pregnancy, domestic violence was highly prevalent, being more frequent among partners of socio-economically disadvantaged classes, in families with few members, who, despite planning the pregnancy, do not do proper surveillance.

Mahapatro, (2016) analysed whether women's empowerment increases healthcare access among women facing domestic violence within the Indian context. Results revealed despite substantive possession of the existing attributes of empowerment; women fail to receive necessary healthcare services. This reflects a situation of biased policy processes and institutional frameworks, which manifest existing patriarchal norms and result in the piecemeal strategies of entitlements.

Ahmad, et al. (2016) explored the prevalence of different forms of domestic violence and their impact on women's reproductive health behavior in rural Uttar Pradesh, India. More than one-third of married women in rural UP had experienced one or more forms of violence, such as verbal abuse, physical, and sexual abuse by their spouse. Nearly 47 percent of the women had experienced some form of violence during their last pregnancy. Significant associations were found between violence and incorrect reproductive health behaviors, pregnancy complications, poor birth preparedness, the poor

likelihood of institutional delivery, limited postnatal care, and limited spousal communication for family planning. After controlling for socio economic variables in multivariate analysis, only pregnancy complications and lack of delivery preparedness were found to be significantly associated with violence. The husband's attitude and reporting of violence by their wives in different situations were not significantly associated. The results argue for frontline health workers to identify and counsel pregnant women experiencing violence during antenatal check-up to reduce maternal morbidity and mortality.

Paul, (2016) studied the relationship between women's employment and domestic violence using the ecological framework of violence developed by Heise (1999). A sample of 69,704 married women aged 15–49 years from Round III of the National Family Health Survey (NFHS) data (2005–2006) was used for analysis. The study reports a positive association between women's labour force participation and physical and emotional abuse by husbands: employed women are thus more exposed to intimate partner violence. However, it did not find much evidence that domestic violence resulted from a larger household resources control by working women.

Intisar, Malik et al. (2017) assessed 82 married women's knowledge about existing legislation and law enforcement structure in the Iraqi Kurdistan region to combat violence against women and women's response to spousal violence. The women possessed good knowledge about legislation (76.8 percent) and related law enforcement structure (70.7 percent to 74.4 percent) to combat violence against women. Still, they lacked adequate knowledge about how to contact law enforcement agencies. Women's response to spousal violence primarily included self-defense (37.8 percent) or keeping silent (26.8 percent), rather than seeking justice (4.9 percent). Women's educational status was positively associated with reporting violence to police (52.1 percent vs 29.4 percent, $p = 0.041$) and the health staff (62.5 percent vs 35.3 percent, $p = 0.015$).

Yadav, et al. (2017) explored the relationship between domestic violence and the under-five mortality rate in India and evaluate whether domestic violence acts as an unobserved heterogeneity variable (frailty) that may

influence under-five mortality. The present study uses the National Family Health Survey (NFHS-3) data from India. Out of 124,385, women surveyed 67 percent (N=83704) women had experienced physical violence in the past 12 months. The study included 51,555 live births, out of which 3,551 experienced under-five mortality. More than 35 percent (N=1245) of children who died before completing their fifth birthday belonged to mothers who were victims of domestic violence. It was found that the survival probability for a child whose mother was exposed to any form of violence was significantly lower than the child whose mother does not have any such experience. The risk of domestic violence was significantly high (30-38 percent) among mothers who reported unwanted pregnancies and abortions (36-73 percent).

Öğülmüş, and Keskin, (2017) in cross-sectional, descriptive research aimed to investigate women's socio-demographic properties and characteristics of domestic violence they were exposed to, demonstration of inter-generational transfer of domestic violence by investigating the childhood trauma exposure and evaluating the problem-solving techniques among women living in shelters in Ankara, Istanbul, and Izmir. In the outcomes, the childhood trauma history rate of the women exposed to domestic violence was 73.6 percent. The rate of women witnessing inter-parental physical violence in childhood was 56.4 percent.

Choudhary (2018), in a study of rural Haryana, explored how women's ownership of land and economic independence can help reduce violence against women. Women highlighted three important factors that can contain, reduce, or eliminate violence: property, education, and employment. However, these factors have complex linkages with VAW. Although they can facilitate more equitable relationships, the economic empowerment of women (through employment and earnings) challenges the ideology of men as "bread-earners" and can lead to further violence. The author concludes that the "only answer may be all round development and creation of jobs which may open employment avenues for both-- men and women".

Indu, et al. (2018) assessed whether domestic violence was a risk factor for attempted suicide in married women of the reproductive age group. A hospital-based case-control study with 77 incident cases of attempted suicide in married women of 18 to 45 years and 153 controls belonging to the same age group was undertaken over six months without a history of the suicide attempt. The crude odds ratio (COR) for domestic violence was 6.15 (p-value =.0001). Other statistically significant risk factors included younger age group (below 30 years); gross family income > Rs. 5,000; higher occupational status of the spouse; having poor social support; having a family history of psychiatric disorders, substance use disorders, suicide/suicide attempts; higher impulsiveness scores; having higher scores of stressful life events over the past 12 months; alcohol use disorder in the husband. Islamic faith was found to be a significant protective factor. On logistic regression, domestic violence was found to be an independent risk factor for attempted suicide in this study population (adjusted OR = 3.79, 95 percent CI = [1.35, 10.62], p-value =.011). Age groups, stressful life events, impulsiveness, and alcohol use disorder in a husband were the confounders adjusted for logistic regression and other significant risk and protective factors. A significant dose-response relationship was also observed between domestic violence and attempted suicide. In accordance with the stress-diathesis model for suicidal behavior, domestic violence was a stressor that precipitates suicide attempts in those with diathesis like a family history of psychiatric disorders.

Pengpid, and Peltzer, (2018) assessed the association between lifetime spousal violence victimization, spousal violence perpetration, and physical health outcomes and behaviours among Indian women. Results indicate that 29.9 percent of women reported lifetime spousal physical violence victimization and 7.1 percent lifetime spousal sexual violence victimization (31.1 percent physical and/or sexual violence victimization), and 3.5 percent lifetime spousal physical violence perpetration. Lifetime spousal violence victimization and lifetime spousal violence perpetration were significantly positively correlated with asthma, genital discharge, genital sores or ulcers, sexually transmitted infections (STIs), tobacco use, alcohol use, and termination of pregnancy, and

negatively associated with daily consumption of dark vegetables. Besides, lifetime spousal violence victimization was positively associated with being underweight, high random blood glucose levels, and anemia, negatively correlated with being overweight or obese. Lifetime spousal violence perpetration was marginally significantly associated with hypertension.

Prasad, and Periyar, (2018), in their study, examined the risk factors influencing IPV and other types of abuse women undergo due to violence in and around the district of Coimbatore. The findings indicate that women suffer long-term mental and physical health problems caused by intimate partner violence. If a woman has faced severe abuse, it has a psychological and physical impact on the women over a longer period.

Dasgupta, and Fletcher, (2018) found a puzzling correlation in the data on domestic violence and children's outcomes in India. To shed light on the puzzle in the data, the study presents a non-cooperative theoretical framework based on economic theories of domestic violence, whereby differing parental son preference and bargaining over investments in girl and boy children potentially explains the observed relationship. Using the 2005–2006 National Family and Health Survey, they observed that girls in families experiencing spousal violence are less worse off than boys when only fathers report a son preference while the gender bias reverses when only mothers report having a son preference.

Najimudeen, et al. (2018), in their study, point out that domestic violence against pregnant women is increasingly being recognized as a significant problem not only in Malaysia but all over the world. The woman's age, family environment, religion, level of education of couples, parity, and social habits of their husbands have significantly influenced violence incidence. Physical intimate partner violence during pregnancy could affect the mother and her fetus directly and directly. This was a serious problem but under-reported. In Malaysia, the reported incidence was around 4.5 percent. Proper counseling and serious enforcement of laws are essential to safeguard the pregnant mother and her baby.

Indu, et al. (2018) undertook a cross-sectional study to examine the occurrence of domestic violence and psychological morbidity-major depressive disorder (MDD), anxiety disorders, and adjustment disorders-in spouses of alcohol-dependent males attending the de-addiction center of a tertiary care hospital in South India. domestic violence was reported by 41 cases. At least one psychiatric morbidity was observed in 51 cases-MDD in 15, anxiety disorders in 6, and adjustment disorder in 32 cases each. No statistically significant association was observed between domestic violence and any of the psychiatric disorders. However, DVQ scores showed significant correlation with years of marriage (Pearson's $r = 0.268$, $P < 0.05$) and with stressful life events over the past 1 year (Pearson's $r = 0.424$, $P < 0.05$).

Rowan, et al. (2018) presents findings from a national survey in India on empowerment-related correlates of help-seeking behaviors for currently married women who experienced spousal violence. The study examined individual-, relationship, and state-level empowerment measures on help-seeking from informal and formal sources. Findings indicate that help-seeking was largely not associated with typical measures of empowerment or socio-economic development, whereas state-level indicators of empowerment may influence help-seeking. Although not a target of this study, the study also notes that injury from violence and the severity of the violence were among the strongest factors related to seeking help. Taken together, the low prevalence of help-seeking and lack of strong individual-level correlates, apart from severe harm, suggests widespread barriers to seeking help. Interventions that affect social norms and reach women and men across social classes in society are needed in addition to any individual-level efforts to promote seeking support for spousal violence.

In a cross-sectional qualitative study, D'Silva, et al. (2018) sought perspective on South Indian women's concerns about abuse during pregnancy and what they believed would help. Participants cited economic dependence on husbands and socio-cultural structures as factors perpetuating domestic violence. Women also described resilience factors that can protect against abuse. The participants highlighted a requisite for interventions within the health and social systems.

Jejeebhoy, and Santhya, (2019) surveyed 200 women who approached the government-sponsored helplines to combat violence. The survey conducted about four months apart reveals that physical and sexual violence perpetrated by husbands and/or family members fell significantly in the inter-survey period. Women were also less likely to report suicidal thoughts, and many reported a sense of economic security, happiness, self-confidence, and peace of mind. These findings underscore the importance of facilities offering women a haven. They may learn about their options, have access to empathetic advocates, and secure support for addressing the violence they face at home.

Pallikadavath, and Bradley, (2019) examined the association of dowry practice and women's autonomy to use dowry ('dowry autonomy') with domestic violence among young married women in India. About three-quarters of the women reported receiving a dowry at their marriage, and about 66 percent reported having the ability to exercise autonomy over its use - 'dowry autonomy'. Dowry was given without 'dowry autonomy' was found to have had no protective value against young women experiencing physical domestic violence in India. While women's participation in paid employment increased, the odds of them experiencing physical domestic violence, women's education, and marrying after the age of 18 years reduced the likelihood of experiencing physical domestic violence.

Richardson, et al. (2019) estimated the effect of neglected aspects of IPV on women's mental distress. Data from 3010 women living in rural tribal communities in Rajasthan, India, was compiled. Women reported an average of 2.1 distress symptoms during baseline interviews. In models that controlled for time-varying confounding (e.g., wealth, other types of abuse), experiencing psychological maltreatment was associated with an increase of 0.65 distress symptoms (95 percent CI 0.32, 0.98), and experiencing controlling behavior was associated with a rise of 0.31 distress symptoms (95 percent CI 0.18, 0.44). However, experiencing physical abuse was not associated with increased distress symptoms (mean difference = - 0.15, 95 percent CI - 0.45,

0.15). Thus, psychological abuse and controlling behavior may be important drivers of the relation between IPV and women's mental health.

Showalter , Mengo, and Choi, M.S. (2020) explored regional differences in Indian women's physical IPV experiences by looking at the effect of living in eight Empowered Action Group (EAG) states. It was hypothesized that women in EAG states would be more likely to have experienced physical IPV than women living outside EAG states. A sample of 65,587 women was selected from the 2005-2006 India National Family Health Survey (NFHS-3). Counter to our hypothesis, logistic regression results show that living in an EAG state decreases the likelihood of physical IPV in the past 12 months.

Conclusion

From the survey of literature on domestic violence, one finds numerous studies have been carried out in the area of domestic violence at the International, National, and to a lesser extent, at the State level. In a nutshell, the issues which were investigated in previous studies were prevalence and correlates of physical abuse, verbal abuse, and economic abuse; limited studies on emotional and sexual violence; health consequences of domestic violence; patriarchal ideology and domestic violence; socio-economic correlates of domestic violence; risk factors of perpetrators and victims; reasons of domestic violence; help-seeking behaviour and domestic violence and a statistical profile of crimes at National and State level. Studies investigating the characteristics and extent of domestic violence among the urban poor in Southern India, especially Tamil Nadu, are few. Moreover, the relative scarcity of research on domestic violence and women empowerment within the subcontinent has made it difficult to explore strategies towards the individual effectively- and community-level social change. This study will help fill this gap by using an empowerment model to examine the interrelationship between domestic violence and women empowerment and suggest possible strategies to lessen domestic violence. The study will examine the nature and causes of domestic violence and test the impact of women empowerment on domestic violence, keeping in mind that the family having more women empowerment has more or less domestic violence. The relation can work both

ways. A woman that is empowered is less likely to be domestically violated. On the other hand, a woman that has already suffered domestic violence seeks women empowerment to get out of domestic violence. Decreased domestic violence might also lead to women empowerment. The current research explores whether different dimensions of empowerment, such as control over assets, confidence/self-efficacy, autonomy and mobility, decision-making, gender norms, productivity and skill and consumption smoothing and risk affect the risk of violence differentially.