

Violence in the Gender Debate: Tool of Hostility and Intimidation in the 21st Century against Women

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Abstract:

The Constitution of India is the preeminent rule that offers a vessel enabling Justice, Liberty, Equality, Freedom and Fraternity upon India as unalienable qualities, which gives the nation a democratic and social balance. The Constitution of India forbids inequality depending on gender yet it similarly guides and enables the administration to protect and manipulate the uncommon measures for women. Despite the fact that the situation for women has enhanced over the most recent four decades, yet Indian women are confronting the hardest time rationally and physically, mostly because of ignorance and absence of learning of lawful and established tools of patriarchy in gender based inequality This paper discusses the types of violence committed against women and a general preface of structures of violence along with the probable measures that can relatively aid the abused against the abuser.

Keywords: Violence, Women, Gender, Sensitization, Society

Introduction

The World Human Rights Conference in Vienna, first recognized gender-based violence as a human rights violation in 1993. In the same year, United Nations declaration, 1993, defined 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 a woman, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”.

Vicious crimes against women are completely an aftereffect of orientation relations that expects men to be superior than women. Given the subordinate status of women, quite a bit of orientation savagery is viewed as ordinary and appreciates social authorization. Appearances of viciousness

incorporate actual animosity, like blows of shifting power, sexual maltreatment and assault, mental brutality through affronts, embarrassment, compulsion, coercion, financial or close to home dangers, and command over discourse and activities. In outrageous, however not obscure cases, demise is the outcome.

These outflows of brutality occur in a domestic or partial relationship inside the family, state and society. Normally, homegrown animosity towards women and young girls, because of different reasons, stays stowed away. Social foundations and the elements of society are interlinked with the turn of events and human behavior.

With various cycles of socialization that people go through, men take up generalized orientation jobs of mastery and control, while women take up that of accommodation, reliance and regard for power. Young girls grow up with a consistent feeling of being powerless and needing security, whether actual social or monetary. This vulnerability has prompted double-dealing choices at pretty much every phase of life.

The family that educates its individuals to acknowledge various leveled relations communicated in inconsistent division of work between the genders and control over the portion of assets show advanced social and moral values. The family and its functional unit is where the children are presented to distinctions in sexual orientation since birth. The home, which should be the most dependable spot, is where women generally face violence. Savagery against women has been obviously characterized as a type of intimidation and tool of patriarchal practice and mindset in various reports.

Structural inequalities

Violence mirrors the profoundly inserted underlying and institutional imbalances - frequently upheld by male centric mentalities and sexist practices - that are the truth for most women in India.

Brutality against women and young girls stresses on the need to remember having contingent components for the assurance of safety with an attention on tending to accepted practices and

power mutilated ideals of society. Yet, what is much more significant is to change the story - including misogynist and survivor-accusing comments - that encompasses the issue of gender based violence in India.

Standardization of violence against women, the quality among Indian political pioneers and absence of equity truth be told, keeps on filling gender based violence to disturbing levels. There is an earnest need to move from the long-predominant accounts that have added to the acknowledgment of elevated degrees of sexual viciousness in the country.

Rewriting the narrative

Rewriting the narrative can as a matter of fact, be as simple as calling out sexual harassment, which is being experienced either at work place or home; refraining from using language that objectifies women; and making derogatory remarks

One more approach to reexamining this story could be through calling upon men and young boys from diverse Indian societies to join the initiative for ending gender-based violence and gender inequality. All things considered, men are the creators as well as recipients of male controlled society.

These small efforts to shift the overarching narrative regarding the problem of sexual violence – driven jointly by the men and women – carries enough potential to bring about real institutional and behavioural changes that are important for the maintenance of women's security and safeguarding their rights as specified in the Indian Constitution.

It is more predominant and is expanding step by step. Regardless of prevention against it and mindfulness, the circumstances are getting grave. The psychological or actual injury could be looked by anybody regardless of their sex. There are various reasons for violence like mental, conduct, and social. At times individuals confronting mental strain at their work becomes forceful and savage. The unfulfillment of wants and disappointment in their vocation and individual life likewise adds to planting the seed of brutality.

Violence is defined by the World Health Organization as:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or have a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”.

The Committee on Family Violence of the National Institute of Mental Health of America (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 feminist theories were propounded which were the radical, socialist, and liberal theories. All the theories have different principles but have a common objective of curbing violence against women. It is a worldwide issue and not restricted to a specific state or district. The wrongdoings are expanding and accordingly different associations, programs, announcements, shows are held and outlined to eliminate this danger.

Common Factors Responsible for Increasing Violence Against Women in India

Male centric Mindset and Gender Stereotype:

Whenever a boy is conceived, from the underlying days they are supported in an unexpected way, as indicated by their orientation. A male youngster is given toys like superheroes, vehicles, firearms and the young lady kid is given dolls, kitchen sets, and so forth. This is called orientation generalizing. While growing up likewise at different phases of life they face qualifications, particularly in the field of instruction and work, e.g., the regulatory posts for girls are very little viewed as by a portion of the Indian families.

The male centric mentality of individuals endeavors to soak up in the values and the idea of predominance of one orientation over the other. Male mastery has been a well established practice. Perhaps the main motivation behind the inadequacy in a lady is the natural prevalence

of men over ladies who have made her a feelingless individual. A lady was diminished to be only a member of a man. Thus both are the fundamental purposes behind the wrongdoing against women.

Dowry System:

Dowry has become a problem in India because of social disorder. The dowry system and the consequent dowry problem grew out of a complex social situation; the dowry system is bolstered by tradition, mythology, and religion and is treated cursorily by the legislature, police, and courts. With dowry deaths on the rise, no conscientious woman can afford to remain silent. The burden of dowry contributes to the view that the birth of a daughter is a calamity, at least economically. Girls are discriminated against their natal homes, for example, in health care, amount of food given them, and so on.

In many cases, if the demand for dowry is not fulfilled, the woman falls prey to violence. The demand rises if the girl is educated or is of darker complexion. Despite the enactment of The Dowry Prohibition Act 1961, this practice continues. India leads in the number of dowry death cases.

Traditional and Cultural Practices:

The customs like the sati and devadasi system are still prevalent in many parts of the country. The term devadasi is a Sanskrit term denoting female servant of deity or handmaiden of God. The tradition has suffered socially, culturally, and economically to such an extent that contemporary devadasi practice is only associated with social evils. The devadasi is neither a reprehensible figure nor an exotic being.

She has been shaped by a socio-cultural context, dominated by patriarchy, caste/ class hierarchy as well as religious superstition. Sati system after being abolished is a continuing practice in certain communities, some religious texts also write in favor of sati system like a Sati who dies on the funeral pyre of her husband enjoys an eternal bliss in heaven.

The woman has no existence in society without the context of men thus the sati ritual was considered logical to them. Many families were afraid that after the death of her husband the woman may go astray thus sati was the solution for them. Indian women, either physically forced by society or physiologically coerced by the religion, embrace the cult of sati. It also negates the cult of sati as a purely religious activity that reflects women's loyalty and devotion to their husbands and religion. Both these practices continue in contemporary India which is highly condemning. The women's position downgrades because of such customs and thus making them vulnerable.

Insensitivity of law enforcement machinery:

If domestic violence occurs and the woman takes courage and files a complaint to the police officer, they generally suggest they solve this matter on her own as it is not a big issue and also very common. Now if such a mentality exists in the minds of the law enforcement bodies, then how can we expect that the populace will understand the seriousness of the occurrence of such an act. Most of the time women never file a complaint because of the fear of disgrace of them and their family in the society. Law is the protector of every individual but it is still inefficient in curbing the problems of women.

Financial Dependence:

In India, a husband's ability to provide economically for the family is intimately linked to notions of masculinity as well as personal and family honor. This is the most common cause of crime in our society. If somebody is supporting someone financially, subconsciously they build the feeling of superiority and they think they can do whatever they desire. They can suppress her, have right over her body, and abuse the woman.

It also happens that if the husband in a household is unemployed and the wife is financially supporting the family she is subjected to domestic violence as he starts comparing his capabilities with that of the wife and somewhere it hurts his sentiments additionally, social disapproval, a sense of inadequacy and frustration and related stressors associated with living in poverty may increase the likelihood of men perpetrating domestic violence.

The Declining Status of Women in Social Order

Violence against women in India refers to physical or sexual violence committed against a woman, typically by a man. Common forms of violence against women in India include acts such as domestic abuse, sexual assault, and murder. In order to be considered violence against women, the act must be committed solely because the victim is female. Most typically, these acts are committed by men as a result of the long-standing gender inequalities present in the country.

It is actually more present than it may appear at first glance, as many expressions of violence are not considered crimes, or may otherwise go unreported or undocumented due to certain Indian cultural values and beliefs.

Violence occurs in about 35 percent of women globally in their lifetime.. In a study done in India, on about 10000 women, 26 per cent reported having experienced physical violence from spouses during their lifetime. The prevalence could be as high as 45 per cent as indicated by data from Uttar Pradesh. Latest figures from the National Crime Records Bureau show that a crime was recorded against women every three minutes.

Every hour, at least two women are sexually assaulted and every six hours, a young married woman is beaten to death, burnt or driven to suicide. It is appalling to learn that 28.4 percent of pregnant women suffer domestic violence. As a result of violence, women suffer social isolation, unemployment, income loss, poor self-care and fail to provide childcare, which is a grave concern.

The Effect of Violence on the Abused

United Nations defines ‘violence against women’ as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women,

including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

The role of health professionals in providing care for the survivors can be better understood and addressed from the perspective of the WHO definition of ‘health’, which defines it as ‘an individual's state of physical, mental and social well-being.

There should be a structured protocol for comprehensive assessment to provide holistic support in suspected cases, particularly in women presenting with physical injuries to general hospitals. Sometimes hospital admission for appropriate assessment in suspected violence may be required. District hospitals should have a full time, qualified, forensic medical professional and his/her availability could be possibly extended to *Taluk* hospitals. It should become a routine practice to compulsorily report all cases of violence against women and provide care to them. A detailed structured assessment of the survivors is to be incorporated in undergraduate curriculum and training.

Mental health: In a survey, 40 percent of the survivors had poor mental health. Violence leads to mental disorders such as depression, post-traumatic stress disorder (PTSD), anxiety disorders, self-harm and sleep disorders. Chronic violence of increased severity is associated with severe depressive disorders. In a study of female psychiatric outpatients with a history of intimate partner violence, 14 per cent were identified as having PTSD. In another study on urban women, 22.3 per cent of them had suicidal thoughts and 3.4 per cent had attempted suicide.

The presenting physical symptoms may have psychological origin, *i.e.*, somatoform disorders, where survivors seek cure of their imperceptible emotional distress through physical complaints. These include headache, back pain, neck pain, joint pains or stomach cramps. Psychologically, there is prevailing mistrust, loss of confidence, guilt, shame and feelings of helplessness with particular reference to intimate partner violence.

All such patients presenting with a history of violence should undergo a standardized and simplified mental health screening, to exclude depression, PTSD and suicide risk. Some may

need referral for a specialist mental health assessment. As a minimum standard, psychosocial support and counseling should be accessible and commenced early.

This could be made a part of undergraduate training where students would learn to detect, counsel and refer the severely unwell survivors to specialists. There is a pressing need to develop guidelines for all cases of violence disclosed by women. Early detection, counseling and other psychological support in the long term is likely to significantly reduce psychiatric morbidity and mortality.

Social well-being: Social and economic costs of intimate partner and sexual violence have serious implications throughout our society. A survey showed that only 25 per cent survivors sought help to end violence, whereas 33 per cent never told anyone. T

he survivors hardly ever approached the police, yet felt secure in seeking physical health care in hospital settings. More often survivors return to perpetrators as they believe there is no other place to reside, which leads to further exposure to violence and it becomes a vicious circle. Women with disabilities (such as hearing, visually, speech and intellectual disabled) are highly vulnerable to sexual assault. They may not be able to defend themselves during the crime and also post that fight for justice.

All district hospitals should have a woman and child welfare section with a medical social worker from the Social Welfare Department to assist survivors and also in crisis. Basic issues such as transportation, food and also clothing are not generally addressed. All survivors should be given legal information including free legal aid. Non-governmental organizations (NGOs) working with women and children should be supported since these can contribute to providing holistic care. Community education and sensitization regarding women's rights, awareness on domestic violence acts needs to be spread across all district hospitals.

There is an urgent need to educate the public to stop victimizing or blaming the survivors. Family members may go through emotional distress and may not accept the survivor. Hence, there is a need to have family therapy to enable the family to cope and support the survivor.

Conclusion

A supportive sensitive system needs to be developed, in which the survivor is assisted by a recovered survivor in educating, sensitizing, supporting, counseling, lodging the complaint, physical examination, fighting for justice, rehabilitation and re-integrating into society. Improved socio-economic status, better education and also increased access to social support systems possibly are protective factors against spousal physical violence and mental health issues.

There are innumerable challenges from political will to educating the society in implementing the comprehensive care programme. To address such complex issues, pilot projects need to be done in a few districts across the country. All sectors including education, health, legal, and judicial must work in liaison to address the issue. There is an urgent need to train the health personnel, police department, judiciary, women and child welfare department and all other people involved in providing care.

In conclusion, violence against women creates a sense of insecurity and fear in the community. The complex issue can be tackled by providing comprehensive care pro-actively. A multi-dimensional and multi-agency team including access to psychosocial support is to be made available to deliver holistic care under one roof in a district hospital setting. Also implementing primary prevention programmes such as life skills training programme, gender sensitization and sex education in all schools and colleges will go a long way.

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