



*International Journal of Humanities & Social Science Studies (IJHSSS)*  
*A Peer-Reviewed Bi-monthly Bi-lingual Research Journal*  
ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)  
ISJN: A4372-3142 (Online) ISJN: A4372-3143 (Print)  
UGC Approved Journal (SL NO. 2800)  
Volume-III, Issue-VI, May 2017, Page No. 107-113  
Published by Scholar Publications, Karimganj, Assam, India, 788711  
Website: <http://www.ijhsss.com>

---

## **Domestic Violence: A Legal and Public Health Issue in the Meghalaya Perspective**

**Dr. Soma Bhowmick**

*Asst. Professor & Research Coordinator, William Carey University, Shillong,  
Meghalaya, India*

### **Abstract**

*Domestic violence is an abuse which manifests itself when a spouse or a family member violates another physically or psychologically. The term domestic violence is normally used for violence between husband and wife but also encompasses live-in relationships and other members of families who live together. Domestic violence is synonymous with domestic abuse. Domestic violence is common all over the world in all cultures, classes and ages. Violence can take place between men and women, people of same sex or people of different ages like between child and adult, elderly and youth and vice versa. Domestic violence can occur in many forms and take many dimensions. It can be physical, sexual, social, psychological or economical.*

*Violence against women is widely recognised as an important public health problem, owing to its substantial consequences for women's physical, mental and reproductive health. This recognition was strengthened globally by resolutions of various international fora including fourth World Conference on Women in 1995 in Beijing. In India, the problem has been highlighted after legislation against domestic violence in 2005, popularly known as the Protection of Women from Domestic violence Act. Research across the world has provided increasing evidence of the problem of violence against women. India possessed several communities which are distinct in their geography, language and culture. In several places of India, violence faced by women on a regularly basis goes unreported even in newspapers, whereas newspapers often carry reports about young women being burnt alive or dying due to unnatural causes in unnatural circumstances. Estimates of prevalence of domestic violence within India vary widely (from 18% to 70%, with differences in study methodology), and it is realized that the magnitude of the problem has not been accounted well from several parts of India.*

*This paper attempts to explore the Concept of Domestic Violence from a global historical perspective, move on to the Indian scene, and dwell upon common understandings about women in India and also attempts to comprehend the situation of women in their natal and*

*marital home and then move on to the situation in matrilineal Meghalaya. The paper glances at the legal parameters on Domestic Violence in India, the entitlements, legal mandates, provisions, schemes etc. Then gauge the problem as a Public Health problem and suggests some preventive steps to*

***Key words: Violence Against Women, Domestic Violence, Laws, Health, Public Health, India, Meghalaya.***

---

**1. Introduction:** Domestic violence is an abuse which manifests itself when a spouse or a family member violates another physically or psychologically. The term domestic violence is normally used for violence between husband and wife but also encompasses live-in relationships and other members of families who live together. Domestic violence is synonymous with domestic abuse. Domestic violence is common all over the world in all cultures, classes and ages. Violence can take place between men and women, people of same sex or people of different ages like between child and adult, elderly and youth and vice versa. Domestic violence can occur in many forms and take many dimensions. It can be physical, sexual, social, psychological or economical.

Domestic Violence and various forms of abuse of wives are not recent phenomenon and have been sanctioned throughout history. A 15th century marriage manual states: "When you see your wife commit an offence, don't rush at her with insults and violent blows, scold her sharply, bully and terrify her, and if this doesn't work take up a stick and beat her soundly. For it is better to punish the body and correct the soul, than to damage the soul and spare the body. Then readily beat her, not in rage, but out of charity and concern for her soul so the beating will be down to your merit and her good."

Some historians believe that the history of violence against women is tied to the history of women being viewed as property and a gender role assigned to be subservient to men and also other women<sup>i</sup>.

The UN Declaration on the Elimination of Violence against Women (1993) states that "violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."<sup>ii iii</sup>

In the 1870s courts in the United States stopped recognizing the common-law principle that a husband had the right to "physically chastise errant wives"<sup>iv</sup> In the UK the traditional right of a husband to inflict moderate corporal punishment on his wife in order to keep her "within the bounds of duty" was removed in 1891<sup>v</sup>.

In Indian society the goddess *Sita* has been one of the most popular mythological heroines since she was first written about in the *Ramayana*, one of the two fundamental scriptures at the foundations of Hinduism, generally agreed to have been written between 500-100 BCE. A number of surveys conducted over the last ten years in India have found

that the overwhelming majority of respondents favored Sita above all other mythical women, the Sutherland study claiming as high as 90% (Kishwar 1997; Sutherland 1989).

Sita worship contributes to greatly skewed views on gender expectations, which is often manifested in gender-based crime (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006). This can be attributed to the Marxist theory that states that when one group is perceived to be superior to another, they hold a power over them that is inevitably abused and often in a violent context. However this is not in any way to give room to the other religious communities in the context of their attitude and a positive nod towards domestic violence in India.

Though exact figures are impossible to obtain, it is estimated by experts that approximately 67.5% married women in India are victims of physical abuse at the hands of their husbands (Ellsberg, Jansen, Heise, Watts, & Garcia-Merono, 2008).

## **2. The socio-medico perspectives and delineate the Protection of Women from Domestic Violence Act (PWDVA) 2005:**

It sounds regressive that in India some common thought-processes assent to the perpetration of Domestic Violence.

*\*Woman is equivalent to Cows and Buffalo.*

*\*Hence you can beat her just like a Buffalo.*

*\*Do not believe the Widows.*

*\*Do not have any faith in the women race.*

*\*As the woman is a mindless creature it is futile to reason out with her.*

*\*The wife of a poor is everyone's half wife.*

*\*A daughter is someone else's property and own liability that which justifies female feticides too.*

*\*It is important to keep the female tied to the stock.*

*\*Woman is a crop-field to plough and seed.*

*\*Woman is the fountain of all violence.*

The World Health Organization (WHO) reports that violence against women puts an undue burden on health care services with women who have suffered violence being more likely to need health services and at higher cost, compared to women who have not suffered violence<sup>vi</sup>. Several studies have shown a link between poor treatment of women and international violence. These studies show that one of the best predictors of inter and intra-national violence is the maltreatment of women in the society<sup>vii</sup>.

**Health Consequences:** The health consequence of domestic violence is tremendous. Intimate partner and sexual violence have grave short and long term physical, mental, sexual and reproductive health problems for victims and for their children which can spiral to high social and economic costs. Ill health manifestations can include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health. In some cases, both fatal and non-fatal injuries are seen. There is high

possibility that such violence can pilot to unintended pregnancies, gynecological problems, induced abortions and sexually transmitted infections, including HIV. Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight. Such aggression can lead to depression, post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress and suicide attempts. Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, risky sexual behaviors in later life along with instability in family relations and negative attitude towards life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).

**Impact on children:** Children are mentally and socially impacted. Those children who grow up in families where there is domestic violence may suffer a range of behavioral and emotional turbulence that can be linked with committing or occurrence of violence later in life. Intimate partner violence has also been related to increased rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).

**Social and economic costs:** The social-economic costs of domestic violence are colossal and have ripple effects right through the society. Women may endure remoteness, lack of ability to work, deficit of wages, be deficient in participation in common endeavor and inadequate ability to care for themselves and their children.

**Risk factors:** Dynamics found to be allied with domestic and sexual violence that may be designated as risk factors, crop up within individuals, families and communities and the larger society. Some factors are related to the person responsible for violent behavior, some are linked with the sufferers and some are associated with both.

Risk factors for both intimate partner and sexual violence include:

- lower levels of education (perpetrators and victims);
- experience of child abuse/maltreatment (perpetrators and victims);
- onlookers of parental violence (perpetrators and victims);
- disruptive personality disorder (perpetrators);
- substance abusers (perpetrators and victims);
- males with multiple partners or are assumed as such of unfaithfulness (perpetrators); and
- mind-sets that are compliant of violence (perpetrators and victims).

Risk factors specific to intimate partner violence include:

- antecedents of violence as a perpetrator or victim;
- marital discord and disappointment (perpetrators and victims).

Risk factors specific to sexual violence perpetration include:

- thinking in family honor and sexual propriety;
- dogmas of male sexual entitlement; and
- fragile legal sanctions for sexual violence.

The asymmetrical gender balance that do not favor women in relation to men and the normative utilization of violence to settle discords are robustly linked with both domestic violence and sexual violence by any perpetrator.

**3. Brief on Domestic Violence and Violence against Women and Children in Meghalaya:** Though Meghalaya has matrilineal societies, violence against women including rape, attempt to rape, domestic violence, etc were on the rise in the State. However, most of the cases of violence went unreported. According to State Government's statistics, 132 rape cases and 39 cases of attempted rape were registered with the police in the State capital Shillong from 2001 to 2005. Out of this, 96 cases were charge sheeted, while 48 cases were pending investigation. The Meghalaya Police registered several rape cases during 2006. Majority of the victims were minors. Domestic violence was also common. On 5 November 2006, Laxmi Singh was brutally assaulted and her shoulder was burnt with hot iron by her husband Suraj Kumar Singh and her brother-in-law Raj Kumar Singh for dowry. The victim lodged a complaint at Lumdiengjri police station. At least two women identified as Aibanglin Lyngkhoi of Mawkyrwat in West Khasi Hills and Defore Sari of Mukhla village in Jaintia Hills were burnt to death by their husbands on 5 May and 8 September 2006 respectively. The statistics of Meghalalaya police and State Women Commission have revealed that there have been 200 rape and 47 attempted rape cases in the matriarchal society of Meghalaya from the year 2001 to 2008. Meghalaya, known and renowned for its unique matrilineal society and which made Pratibha Patil, President of India "highly impressed" during her visit in the state on October 22, 2008, has shown side of the feature the other of the feature. Crime against the fairer sex in Meghalaya is fast rising inspite of the fact that the DVA had come into force in the year 2006.

With the appointment of Protection Officer under the Act in various states, the Act is to give assistance to the abused women for medical examination, legal aid and safe shelters. Further, the Domestic Violence Act was implemented with the aim to provide imprisonment and monetary fine for violence and harassment including physical, verbal, emotional, economical outrage to the modesty of women. However, Meghalaya has not provided any official record to the Centre despite the increasing cases of crime against women, especially the cases of rape victims in the state, which has risen up to 200 rape and 47 attempted rape cases during the last ten years or so in the state. Strict enforcement of the domestic violence laws in the state is distressing. There is the need for ensuring strict enforcement of the existing laws. According to the National Family Health Survey of 2002, Meghalaya had the highest number of domestic violence cases in North East region and it stood second to the national average.

**4. Domestic Violence: A Critical Public Health Issue:** The World Health Organization responses are in collaboration with a number of partners. The response encompasses constructing the evidence support on the extent and categories of domestic and sexual violence in different settings and sustaining countries' efforts to document and assess this violence. This is fundamental to the appreciation of the enormity and nature of the problem internationally. Gearing up technical supervision for evidence-based domestic violence

deterrence and for intensifying the health sector responses to such violence is also looked into. Publicize information and scaffolding national efforts in this context to enhance women's rights, women's empowerment and the preclusion of and response to domestic and sexual violence against women; and work in partnership with international agencies and organizations to trim down / purge domestic and sexual violence globally.

**5. Preventive steps to stem Domestic Violence:** Currently, there are interventions whose effectiveness has been scientifically proven however implementation at the ground level needs to be strengthened ever more. Increased resources are required to reinforce the principal prevention of domestic violence – i.e. stopping it from occurrence in the first place. The primary prevention approach with the best evidence for effectiveness for domestic violence is the school-based programs for adolescents to prevent violence. These, however, remain to be assessed for use in resource - poor settings. Confirmation is emerging for the efficacy of several other primary prevention strategies: those that combine microfinance with gender equality training; that endorse communication, life skills and relationship skills inside communities; that diminish entrée to, and substance abuse and various other forms of chemical dependency, and that transform cultural gender norms. To accomplish enduring transformation, it is critical to enact apposite legislation and nurture policies that safeguard women; tackle discrimination against women and uphold gender equality; and aid to turn away from the culture of violence to the culture of completing. Fitting responses from the health sector can also go a long way to be part of the cause in significant manners to thwart revisiting of domestic violence in different relationships and extenuating its consequences (secondary and tertiary prevention). Sensitization and education of health and other service providers is therefore another vital tactic. To focus on fully on the consequences of violence and the requirements of victims/survivors of domestic violence requires a multi-sectoral response.

### **Bibliography:**

1. Bhattacharya Rinki, (ed), *Behind Closed Doors: Domestic Violence in India*, Sage Publications, 2004.
2. Campbell J., A. S. Jones, J. Dienemann, J Kub, J. Schollenberger, P. O'Campo, *et al.*: *Intimate Partner Violence and Physical Health Consequences*, Journal of Inter Personal Violence, Sage Journals, 2004.
3. Campbell J., *Health Consequences of Intimate Partner Violence*, Lancet 2002.
4. Garcia-Moreno C., H. A. F. M. Jansen, M. Ellsberg, L. Heise, C. Watts, *WHO Multi-country study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization; 2005
5. Garcia-Moreno C., L. Heise, H.A. Jansen, M. Ellsberg, C. Watts, *Public Health: Violence Against Women*, US: PubMed, 2005

6. Kaur R, S. Garg, *Addressing Domestic Violence against Women: An Unfinished Agenda*, Indian Journal of Community Medicine 2008.
7. Mayhew S., C. Watts, *Global Rhetoric and Individual Realities: Linking Violence Against Women and Reproductive Health in Health Policy in a Globalising World*, ed. by K. Lee, K. Buse, S. Fustukian, Cambridge: Cambridge University Press, 2002
8. Singh S.K, S. P. Singh & S.P. Pandey, *Domestic Violence Against Women in India*, New Delhi: Eastern Book Corporation, 2009
9. United Nations, *The Fourth World Conference on Women*, Beijing, China, New York: United Nations, 1995.
10. World Health Organization (WHO), *World Report on Violence and Health*, Geneva, Switzerland: World Health Organization, 2002.
11. World Health Organization, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, Geneva, Switzerland: World Health Organization, 2001
12. Zierler S, B. Witbeck, K. Mayer, *Sexual Violence Against Women Living With or at Risk for HIV infection*, American Journal of Preventive Medicine, 1996

---

<sup>i</sup> Penelope Harvey & Peter Gow, *Sex and violence : issues in representation and experience* (1994) pg 36 Routledge ISBN 0-415-05734-5

<sup>ii</sup> <http://www.un.org/documents/ga/res/48/a48r104.htm>

<sup>iii</sup> <http://www.unfpa.org/rights/violence.htm>

<sup>iv</sup> Calvert R (1974). "Criminal and Civil Liability in Husband-Wife Assaults" In Steinmetz S, Straus M., *Violence in the family*, New York: Harper & Row. pp. 88–91

<sup>v</sup> Encyclopædia Britannica Eleventh Edition, 1911. Article *Corporal punishment*

<sup>vi</sup> WHO Factsheet *Violence against women*

<sup>vii</sup> <http://www.womanstats.org/images/StearmerEmmettAPSA07.pdf>