

Violence Against Women: A Study In Mukta Centre

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ABSTRACT

Introduction: Women and children are a vulnerable subset of the population who are more prone to violence. The Mukta project, a pilot project, initiated by the Centre for Enquiry into Health and Allied Themes (CEHAT) and National Health Mission (NHM) aimed to identify female victims of violence at an early stage and to provide them with support and referral services.

Methodology: A retrospective study was conducted among the people coming to the Mukta Centre in the Emergency Medicine Department at Bowring and Lady Curzon Hospital from January 2022 to June 2022.

Results: A total of 102 cases were studied in the 6-month duration. The violence suffered was not limited to just physical but also sexual violence, emotional damage, psychological violence and financial violence too. Often, the victim would be suffering from multiple types of violence.

Conclusion: Support from the MUKTA Centre gives battered women a choice whether to remain in a relationship with someone who has perpetrated domestic violence, and access to aid in the form of health care, childcare and shelter if not anything else.

Keywords: Violence, women, domestic, sexual.

INTRODUCTION

Women and children are a vulnerable subset of the population who are more prone to violence. The support they can get in society is very less - more often due to common misbeliefs, poor knowledge and little to no access to the outside world. In 1993, the UN Declaration on the Elimination of Violence Against Women defined domestic violence as: Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of

female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation¹. According to a National Family and Health Survey (NFHS) 2005, the total lifetime prevalence of domestic violence was 33.5% and sexual violence was 8.5% in women aged 15-49². According to National Crime Records Bureau, 4,28,278 crimes against women were registered in the

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country. Crimes against women include cases of rape, molestation, acid attack, cruelty by husband/his relatives and domestic violence, among others. A total of 31,677 rape cases were registered in India during 2021 - or around 87 rape cases every day on average.³ As per NFHS -5, 77% of women did not report violence to anyone including family and friends⁴. Many acts and Bills have been enacted to correct this issue all over the world, including in India, the earliest law being - the Dowry Prohibition Act of 1961. Recent legislation in this regard is the Protection of Women from Domestic Violence Act of 2005. Even in a hospital setup, where these victims of suffering may come when situations turn too serious - Governments and NGOs are taking steps to provide much-needed medical aid and other aids simultaneously. This study was conducted to find patterns of violence against women so that more measures could be taken to help them.

MUKTA CENTRE

The Mukta project, a pilot project, initiated by the Centre for Enquiry into Health and Allied Themes (CEHAT) and National Health Mission (NHM) aimed to identify female victims of violence at an early stage and to provide them with support and referral services. Mukta centres are run with the collaboration of several departments in a hospital, the police and the Department of Women Welfare, with some NGOs. SOPs were made. A nodal officer is appointed for a specific region who helps in seamless management and easy referral services. Mukta Centre became operational in Bowring and Lady Curzon Hospital on 10th December 2021.

AIMS AND OBJECTIVES

To determine the pattern of violence against women in the Mukta Centre in the Emergency Medicine Department at Bowring and Lady Curzon Hospital.

MATERIALS AND METHODS

Study type: Retrospective

Duration of study: 6 months - From 1st January to 30th June 2022

Inclusion criteria: All the cases seen in the Mukta Centre in the Emergency Medicine Department at Bowring and Lady Curzon Hospital

Exclusion criteria: None

Details were collected from Critical Care Response Unit registers (CCRU). The help of the staff in Mukta Centre was sought in cases of queries.

RESULTS

A total of 102 cases were studied in the 6-month duration.

Victims were of varying ages. The most common age group was between 21-30 years (39), and the least number of victims were between 61-70 years (1) and 71-80 years (1) (Table 1).

Hindus (63.72%) were predominant among the victims who sought help, followed by Muslims (29.41%)

The highest number of victims were married (79.41%). However widowed women (2.94%), divorced women (2.94%), and unmarried women (10.78%) were victims too.

In all cases, MLC was made in the hospital and police were intimated. However, only few victims filed an FIR against the assailant/abuser (Table 2).

Table 1. DISTRIBUTION OF AGE

Age (in years)	No. of victims	Percentage (%)
0-10	2	1.9
11-20	13	12.74
21-30	39	38.23
31-40	30	29.41
41-50	11	10.78
51-60	5	4.9
61-70	1	0.98
71-80	1	0.98

Table 2. LEGAL PROCEDURE

	No. of cases	Percentage (%)
MLC made	102	100
FIR filed	42	41.17

Only 18 victims gave a previous history of violence (Table 3).

Table 3: PREVIOUS HISTORY OF VIOLENCE

Previous H/o violence	No. of cases	Percentage (%)
Yes	18	17.64
No	84	82.35

The identity of the abuser was known in 99 cases and unknown in 3 cases. The most common perpetrator was the husband (50) (Table 4).

Table 4. RELATIONSHIP WITH ABUSER

Relationship with abuser	No. of cases	Percentage (%)
Husband	50	49.01
Ex-husband	3	2.94
Boyfriend/Intimate Partner	7	6.86
Parents	8	7.8
Brother	3	2.94
Son	4	3.92
Daughter-in-law	4	3.92
Male Relatives	14	13.72
Female Relatives	10	9.8
Grandparents	1	0.9
Other Known People	11	10.78

Violence suffered was not limited to just physical but also sexual violence, emotional damage, psychological violence and financial violence too. Often, the victim would be suffering from multiple types of violence (Table 5).

Table 5. TYPE OF VIOLENCE

Type of violence	No. of victims	Percentage (%)
Physical Violence	69	67.64
Emotional Damage	56	54.9
Psychological violence	37	36.27
Financial violence	33	32.35
Sexual Violence	7	6.8

Medical aid was given in all cases. 3 were referred to other centres (KIDWAI, Victoria Hospital). A temporary shelter was provided to 1, by contacting NGOs. Follow-up by at least 2 members of the Mukta team was done in all cases.

DISCUSSION

Domestic violence is considered a violation of Human Rights. United Nations Declaration on the elimination of Violence against Women (VAW), in 1993, defined VAW 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 private life. Domestic violence generally has been understood as a “private” matter in which governments should not interfere and for which they are not accountable ¹.

Traditionally the home has been idealized as a place of safety and security, a sanctuary from duty, responsibility, and work. The relationships between members of the family were also idealized as respectful and supportive. Violence against vulnerable groups is always under-reported. There might be various reasons for that, including the belief that they deserve the punishment, and, in many cases, victims refuse to believe that they have been abused, it has become part of their normal lives. According to National Crime Records Bureau, in 2021, crime against women increased by 13.2% compared to last year and rapes increased by 19.34% ³.

As per the latest reports from National Family and Health Survey, 29.3% of married Indian women between the ages of 18-49 years have faced domestic violence/or sexual violence. The factors related to domestic violence are present throughout the country, regardless of setting, whether it is in Karnataka (highest cases-44%) or in Lakshadweep (least cases-1.3%) ⁴. Lack of sensitization, misogyny, patriarchal society, feudal norms, lack of awareness, lack of healthy relationships, all contribute to the scenario. Various international

stages have recognized this problem, and so has our government.

In a study conducted by Mahapatro et al in 2012, only 39% of women mentioned the incidence of one or the other forms of domestic violence. Overall, 37% of them indicated the prevalence of psychological violence, and about 14% of physical and sexual violence in their homes, respectively ⁵. However, in our study, physical violence was more common and 6.8% of cases gave a history of sexual violence. Women aged 21 to 35 years suffered more compared to those who were older which is comparable to our study which shows maximum victims came from the 21-30-year group.

In a study done by Yasmin S et al in a slum in West Bengal in 2019, psychological violence was the most common form of domestic violence (91.23%) followed by physical (82.46%) and sexual violence (64.91%) ⁶. However, in our study, physical violence (67.6%) was more predominant. And only 9.65% had reported to the police which is less compared to our study where only 41.1% filed FIR. Probably, the reason is these women had come to the hospital only after suffering a lot or had serious injuries needing medical attention.

The major problem is many still believe domestic violence means married women suffering at hands of their husbands. So many studies are done focusing on married women, not considering the plight of unmarried, divorced or widows.

The Protection of Women from Domestic Violence Bill, 2005 having been passed by the Lok Sabha on 24th August 2005 and by the Rajya Sabha on 29th August 2005 received the assent of the President of India on 13th September 2005 and came on the statute book as the Protection of Women from Domestic Violence Act, 2005 ⁷

PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT

SCOPE: Primarily meant to provide protection to wife or female live-in partner,

but now extends to women living in a household such as sisters, widows, or mothers. They can approach the Centres for legal aid without filing FIR. Legal aid, shelters and monetary benefits shall be provided to victims without delay. An important criticism of the Act is with respect to section 14, which may prescribe counselling of either party and delay proceedings up to two months. Redressal of domestic violence has always tended to focus on reconciliation between the perpetrator and the victim, even within the criminal justice system. This is due to the perceptions regarding the importance of preserving family unity.

CONCLUSION

India needs to develop a comprehensive domestic violence policy. The response to recognizing that there are many forms of domestic violence - not restricted to life-threatening situations, but also including emotional, physical, sexual, psychological, and financial abuse - and it consequently should be flexible enough to be able to deal with the whole spectrum of violence. Support from the MUKTA Centre gives battered women a choice whether to remain in a relationship with someone who has perpetrated domestic violence, and access to aid in the form of health care, childcare and shelter if not anything else.

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ETHICAL CLEARANCE: Taken from the Institutional ethics committee.

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