



Understanding The Legal And Psychological Ramifications Of Domestic Violence On Rural Women In Maharashtra: A Comprehensive Analysis

Dr. Keval Govardhan Ukey¹, Mrs. Abhilasha Amar Mane^{2*}

¹HoD & Associate Professor, School of Law, Sandip University, Nashik Mobile: 9325592939

Email: keval.ukey@sandipuniversity.edu.in

^{2*}Ph.D. Scholar, School of Law, Sandip University, Nashik. Mobile: 7021218091

Email: advocateabhilashamane@gmail.com

Citation: Dr. Keval Govardhan Ukey, Mrs. Abhilasha Amar Mane, et al. (2024), Understanding The Legal And Psychological Ramifications Of Domestic Violence On Rural Women In Maharashtra: A Comprehensive Analysis, *Educational Administration: Theory And Practice*, 30(4), 2092-2100

Doi:10.53555/kuey.v30i4.1815

ARTICLE INFO

ABSTRACT

This study delves into the multifaceted issue of domestic violence against rural women in Maharashtra, examining its legal and psychological implications. Domestic violence, encompassing various forms of abuse, poses significant challenges to the physical and mental well-being of individuals, perpetuating a cycle of power imbalances and control. Through an exploration of the prevalence, types, and contributing factors of domestic violence, this paper aims to enhance understanding and inform interventions. Drawing from empirical data and theoretical frameworks, the study underscores the urgent need for comprehensive strategies encompassing legal measures, community awareness, and support services to address this pervasive social issue.

Keywords: Domestic violence, Rural women, Maharashtra, Psychological impact, Legal aspects, Socioeconomic factors, Public health, Intervention strategies, Power dynamics, Gender inequality.

INTRODUCTION

Domestic violence transcends national borders and is a problem that affects people of all socioeconomic, cultural, racial, and class backgrounds. A widespread and intricate social problem that affects people from all walks of life, domestic violence among rural women is a significant public health concern with far-reaching implications for physical health, mental well-being, social dynamics and cuts across national, cultural, and economic lines. Domestic violence is defined as a pattern of abusive behaviors in close relationships that includes abuse that is sexual, psychological, emotional, physical, and financial. It is a betrayal of confidence and a basic violation of a person's right to a secure home environment.

Domestic violence is a complex phenomenon that involves the exercise of power and control by one partner over another. It does not target any particular group of people; victims or offenders can be of any age, gender, race, or socioeconomic background. The common thread is the imbalance of power and the use of force or manipulation to maintain control, though it can take many different forms. Domestic violence under control of alcohol and illicit drugs can take many different forms, from overt physical acts of aggression like beating or slapping to more covert behaviors like emotional manipulation, financial control, and isolation. Domestic violence has far-reaching psychological and emotional repercussions in addition to the immediate physical and mental harm.

Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and in one third to over one-half of cases by sexual abuse¹. A disproportionate number of women seeking medical attention for injuries or symptoms associated with intimate partner violence (IPV) visit emergency doctors. IPV is found in studies involving women seeking emergency medical attention at a lifetime prevalence of 22% to 55%, with higher rates found in low-income, inner-city population's². Identification of domestic violence is difficult and challenging due to its hidden complex nature of crime. Violence against rural women (VAW) is a manifestation of historically unequal power relations between men and women, according to the Beijing Declaration of the Fourth United Nations World Conference on Women in 1995³. The majority of victims are female, and the perpetrators are their spouses⁴. Just 2% of women who have been abused have called the police for assistance⁵. It's possible for victims to hide their stories due to fear, guilt, or a helplessness complex. A vicious cycle of violence that is hard to stop on its own often results from abuse that gets worse over time. A comprehensive strategy is used to combat domestic violence, consisting of community awareness campaigns, support services, and legal measures. The provision of shelters, hotlines, and counseling services is essential in enabling victims to escape abusive situations.

¹ Rajkumar i B, Rajkumar BS, Keisham A. Violence against Women- An Emerging Health Issue in North East India. *Ann Int Med Den Res.* 2016;2(6):05-11

² Russell, D.E., 1983. The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child abuse & neglect*, 7(2), pp.133-146.

³ United Nations. Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. New York: United Nations; 1996

⁴ Sinha A, Mallik S, Sanyal D, Dasgupta S, Pal D, Mukherjee A. Domestic violence among ever married women of reproductive age group in a slum area of Kolkata. *Indian J Public Health.* 2012;56(1):31-6.

⁵ International Institute for Population Sciences, 2007. *National Family Health Survey (NFHS-3), 2005-06: India (2 v.+ suppl.)* (Vol. 1). International Institute for Population Sciences.

Furthermore, in order to combat societal norms that support violence and promote an environment of equality and respect in relationships, advocacy and education are essential. To further challenge cultural norms that support violence and promote a culture of equality and respect in relationships, advocacy and education are essential elements. Gaining an understanding of domestic violence necessitates a dedication to destroying the structural elements that lead to it.

According to data from India's National Family Health Survey (NFHS-4), conducted in 2015–16, 31.4% of women in rural areas and 23.6% of women in urban areas report having experienced violence after marriage⁶. Thus the violence against women within the family, until now, has received little attention as either a social or a public health issue⁷. In India, 34 percent of women in the reproductive age range have personally experienced physical and psychological abuse at home⁸. The perception that domestic violence is primarily a legal matter, the stigma and sensitivities surrounding and the paucity of information regarding the extent of abuse have all contributed to the lack of understanding and the ineffectiveness of appropriate interventions. Thus, the current investigation was conducted in Maharashtra to investigate the extent of domestic abuse that married women experience, the kinds of psychological abuse they experience, and the contributing factors.

For working and homemaker women, patriarchal attitudes and experiences have persisted in the domestic sphere. The manifestation of power, superiority, cruelty, not charging for housework, and the perpetuation of a culture where the oldest male is the head of the family are all examples of patriarchal nature. The male line is where the descent is traced back through domestic methods, such as childrearing and marriage⁹. Women cannot disregard the traditional responsibilities they have been given or the sanskar (sacrament) of motherhood. They must endure the wrath and verbal abuse of family members for any laxity if they are unable to meet the needs and desires of anyone at home. Year by year case of gender discrimination, along with domestic violence cases for both employed and unemployed women are increasing.

METHOD

The research was conducted to study psychological abuse and violence impact of domestic violence in rural women of Maharashtra for which one district was selected to conduct study. The Thane District is selected for study and out of which ten randomly selected rural villages shall be selected for further investigation.

Focus Group

The researchers conducted focus groups with rural women of ages 18 to 60, in ten randomly chosen rural villages of Thane District Maharashtra. The purpose and aim of the focus group discussions was to gather local perspectives on the study procedures and implementation, as well as to learn about the standards for appropriate and inappropriate behavior between husband and wife as well as psychological impact on victim. A female investigator visited homes to gather data, using pretested proforma that had been prepared

⁶ NFHS-IV: Violence against Women in India. Available at rchiips.org/NFHS/nfhs4.shtml. Accessed on 10 February 2016

⁷ Rajkumari B, Rajkumar BS, Keisham A. Violence against Women- An Emerging Health Issue in North East India. *Ann Int Med Den Res*. 2016;2(6):05-11.

⁸ Begum S, Donta B, Nair S, Prakasam CP. Sociodemographic factors associated with domestic violence in urban slums of Mumbai. *Indian J Med Res*. 2015;141(6):783-8.

⁹ Tripathi, P., Dwivedi, P.S. and Sharma, S., 2023. Psychological impact of domestic violence on women in India due to COVID-19. *International journal of human rights in healthcare*, 16(2), pp.146-161.

beforehand. A random sample sampling technique was applied on rural households which were chosen at randomly from rural villages of Thane District.



Figure: Map of Thane district

Study Design and Development

Interviews were conducted with 250 rural women of 18 to 60 age group from ten randomly selected rural villages of Thane district of Maharashtra. A female representative visited houses in ten randomly selected rural villages for taking the women under confidence to explain the purpose of the study. Researcher planned to conduct research on 250 women of 18 to 60 age group from ten randomly selected rural villages. Few numbers of married women were initially hesitant to participate in the study due to their social inhibitions and fear of the law. Out of 250 women from ten randomly selected rural villages 50 were non respondents and 200 participated in the study. Demographic characteristics and other characteristics are hypothesized to be related to violence against rural women and psychological impact on victim for eg. Effects of husband's alcohol abuse, hitting, kicking, etc lead to Trauma and Post-Traumatic Stress Disorder (PTSD), Anxiety and Depression, Low Self-Esteem and Self-Worth, Isolation and Loneliness, Impact on Children and Barriers to Seeking Help etc. The study's instrument was written in English, translated into the regional language of Marathi, and then back translated. It was pre-tested in 25 households.

Procedure

Research was conducted on 250 rural women of 18 to 60 age group from ten randomly selected rural villages of Thane district of Maharashtra. Thane district's ten rural villages were divided into two categories based on population size: large (population >2000) and small (population < 2000). Ten villages were proportionately sampled and chosen at random. Rural households containing a married woman from age of 18 to 60 years were considered eligible. Trained interviewers approached homes using a predetermined starting point for eligible households from all the sample size of villages were reached after gaining approval from the village officials. Eligible married women were selected for interview and conducted interview in questioner pattern in the form of oral questions (face to face interview) asked and printed forms circulated based on education.

Data Analysis

Creating descriptive statistics for the relevant variables was a component of data analysis.

Measures

“Physical assault or psychological abuse of the "married woman" by her husband or other family members" was the definition of violence against a woman. Psychological abuse includes verbal abuse, bullying/mobbing,

harassment, intimidation, and threats. It is defined as the deliberate use of power, including the threat of physical force, against another person that can cause harm to family life, livelihood, physical, mental, spiritual, moral, or social development¹⁰.

RESULT

Participation rate

80% (200) women of the qualified women chosen for the survey in each of the ten villages, consented to take part and finished the conversation in face to face form for uneducated rural women and printed questioner form for educated rural women. Twenty one Women who claimed they were too busy with household responsibilities or uninterested in participating did not have the time. Seven rural women were not found at home on several visits to find them and twenty one women were not permitted by their family to participate in the survey. One woman was interviewed but later withdraws or aborted from the survey due to privacy concerns.

Focus Group

Married women in the 18–60 age range who participated in focus groups concurred that almost all of the women in the nearby villages had experienced abuse at the hands of their husbands. The writers were able to distinguish quite well the situations in which a man beating his wife was considered “TO BE ABSOLUTELY OK” in the community they are staying. For example, it was deemed abusive when a man beat or verbally abuses his wife in front of a stranger but it was OK in the presence of family members.

Table no 1: Outcome of survey conducted on 250 women who were interviewed:

Sr. No.	Qualities/ Characteristic	%
1	Age	18 TO 60
2	Education Qualification	
	0 To 18	52%
	18 To 40	18%
	40 To 60	8%
	Uneducated	22%
3	Related to Husband Before Marriage	28%
4	Arranged Marriage	70%
5	Marriage Approved By Women	15%
6	Marriage Approved By Men	60%
7	Illiterate	21%
8	Victim of Spousal Abuse	53%
9	Drunk Behaviour (1 x month)	44%

The characteristics of the 250 rural women interviewed are described in Table no 1. Rural women from age of 18 to 60 years were interviewed and 80% of 250 qualified rural women participated in the survey. 21% women

¹⁰ Jain, D., Sanon, S., Sadowski, L. and Hunter, W., 2004. Violence against women in India: evidence from rural Maharashtra, India. *Rural and remote health*, 4(4), pp.1-8.

in rural areas were found illiterate. Marriage with consent of men was in more numbers observed in study compared to consent to marriage by women. The study also observed the maximum physical and psychological abuse was due to drunken behavior.

Frequency of Violence

The researchers conducts research by asking questions either face to face in case of illiterate rural women and printed questioner form in case of educated rural women that if their husbands had slapped, kicked, hit, mentally abused.. There were two types of violence against the rural women observed: psychological and physical abuse and researcher aims to understand percentage of psychological and its impact on rural women of Maharashtra.

Psychological Abuse

Psychological abuse, which is also referred to as emotional or mental abuse, is a pattern of behavior in which non-physical means are employed to control, manipulate, or cause emotional or mental harm to another person. Psychological abuse, in contrast to physical abuse, focuses mainly on a person's feelings, sense of self-worth, and mental health. This type of abuse can take place in a variety of relationships, such as close friendships, family ties, intimate partnerships, and workplace settings. Psychological abuse can cause anxiety, depression, low self-esteem, and helplessness, among other serious and persistent effects on the victim's mental health. Examples of psychological abuse include:

- a) **Verbal Abuse by husband:** Using language to make fun of, minimize, disparage, or criticize the other person. This can involve making fun of someone, calling names, or using offensive language.
- b) **Manipulation by husband:** using strategies to direct or sway the emotions, ideas, or behavior of another person. This could entail lying, gas lighting, or guilt-tripping.
- c) **Isolation by husband:** limiting the victim's social connections and removing them from their support systems, friends, and family in order to increase their dependence on the abuser.
- d) **Threats and Intimidation by husband:** putting the other person under duress by making threats of bodily or psychological harm. This may foster a climate of anxiety and fear.
- e) **Humiliation by husband:** publicly humiliating or shaming the individual in public, whether in person or online, in an effort to lower their self-esteem.
- f) **Control Tactics by husband:** taking charge of a person's activities, finances, and decision-making processes, among other areas of their life.
- g) **Constant Criticism by husband:** regularly criticizing wife, downplaying their accomplishments, and creating a sense of inadequacy in them.
- h) **Withholding Affection by husband:** using the withholding of affection, love, or attention as a tool for control or punishment.

In order to determine the prevalence of psychological abuse of wives by their husbands, researchers has used face-to-face interviews with illiterate rural women and printed questionnaires for educated rural women. The frequency of reported psychological abuse is shown in Table no 2:

Table 4: Frequency of psychological abuse of women by their husbands

PSYCHOLOGICAL ABUSE	FREQUENCY	NO. TIMES (%)
Verbal Abuse by husband	59%	1
Threats and Intimidation by husband	32%	4
Threatened with harm	48%	6
Threatened with having kerosene poured on her	12%	2
Threatened to Isolation or divorce	68%	6
Constant Criticism	71%	8

Reasons for Abuse

The most common justifications given for husbands abusing their wives were as follows: Cultural and Social Factors, Unhealthy Upbringing of husband, Lack of Emotional Regulation, Low Self-Esteem, Substance Abuse, Mental Health Issues, Social Isolation, economic stress in the family, complaints by the mother-in-law, not preparing meals on time/not cooking meals properly, not caring for children properly, visiting her parents and talking to other men. According to in-depth interviews, women believed that using strong language or defending themselves against verbal abuse made their husbands angry. The study of rural female participants often ascribed violence to immediate causes, such as "mistakes" made in household management. These results showed that the husbands took on the role of task masters and that even minor errors made by the wife in managing the home provided them with a justification for acting violently against her and such husbands demanded total control, and the merest effort on the part of the women to defend themselves infuriated them. Following are the reasons for abuse either physical or psychological abuse of women by their husbands:

Table 5: Reasons cited most often for abuse of women by their husbands

Reason for physical abuse	Frequency (%)
Financial	58%
Poor relationship with mother-in-law	71%
Unsatisfactory cooking	42%
Discipline of the children	12%
Speaking to another men	16%
Visiting her parents	51%

DISCUSSION

Abused women frequently find it difficult to come forward with their stories, partly out of fear, shame of society, and the conviction that no one will understand them or be able to support them. The research was conducted in privacy to understand the factual status of psychological abuse of rural women by their husbands. The study was conducted in questioner format and for illiterate rural women collection of data was in face-to-face interviews and printed questionnaires for educated rural women. The study analysis was surprising looking into the evidence and frequency of violence that domestic violence is repetitive. More than half of the rural women interviewed reported psychological abuse more than physical abuse. Many rural women mentioned threats, denigration, and abusive language in their day to day life. In the current study, nearly half

of the women acknowledged experiencing physical abuse while pregnant. The high frequency of fetal loss during pregnancy may also be caused by psychological abuse and physical abuse or violence¹¹. Family violence is estimated to cost the United States \$12.6 billion a year¹².

CONCLUSION

According to the current study, the level of violence against rural women in Maharashtra's rural villages is comparable to what other Indian and Western writers have discovered. Domestic abuse is a serious issue for public health. The findings of this research ought to be applied to the creation of well-informed family violence reduction strategies. Addressing the psychological impact of domestic violence on rural women in Maharashtra requires a multi-faceted approach, including awareness and education for increasing knowledge about domestic abuse, its impacts, and the resources that are available can lessen stigma and motivate women to get assistance, support services like counseling, shelters, and help lines, is crucial for rural women facing domestic violence, community engagement to prevent and address domestic violence can help create a supportive environment and reduce social acceptance of abusive behavior, Legal protections to Strengthening and enforcing legal protections for victims of domestic violence is essential to empower women to leave abusive situations and seek justice and providing accessible mental health services and counseling can help women cope with the psychological impact of domestic violence. It's important to recognize the resilience of survivors and the potential for healing with the right support and interventions. Additionally, community involvement and awareness can play a significant role in preventing domestic violence and supporting those who have experienced it.

REFERENCES

1. Rajkumari B, Rajkumar BS, Keisham A. Violence against Women- An Emerging Health Issue in North East India. *Ann Int Med Den Res.* 2016;2(6):05-11
2. Russell, D.E., 1983. The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child abuse & neglect*, 7(2), pp.133-146.
3. United Nations. Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. New York: United Nations; 1996
4. Sinha A, Mallik S, Sanyal D, Dasgupta S, Pal D, Mukherjee A. Domestic violence among ever married women of reproductive age group in a slum area of Kolkata. *Indian J Public Health.* 2012;56(1):31-6.
5. International Institute for Population Sciences, 2007. *National Family Health Survey (NFHS-3), 2005-06: India (2 v.+ suppl.)* (Vol. 1). International Institute for Population Sciences.
6. NFHS-IV: Violence against Women in India. Available at rchiips.org/NFHS/nfhs4.shtml. Accessed on 10 February 2016
7. Rajkumari B, Rajkumar BS, Keisham A. Violence against Women- An Emerging Health Issue in North East India. *Ann Int Med Den Res.* 2016;2(6):05-11.

¹¹ McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy: Severity and frequency of injuries and associated entry into prenatal care. *JAMA* 1992; **267**: 3176 -3178

¹² Waters H, Hyder A, Rajkotia Y, Basu S, Rehwinkel JA, Butchart A. *The economic dimensions of interpersonal violence*. Department of Injuries and Violence Prevention. Geneva: World Health Organization, 2004.

8. Begum S, Donta B, Nair S, Prakasam CP. Sociodemographic factors associated with domestic violence in urban slums of Mumbai. *Indian J Med Res.* 2015;141(6):783-8.
9. Tripathi, P., Dwivedi, P.S. and Sharma, S., 2023. Psychological impact of domestic violence on women in India due to COVID-19. *International journal of human rights in healthcare*, 16(2), pp.146-161.
10. Jain, D., Sanon, S., Sadowski, L. and Hunter, W., 2004. Violence against women in India: evidence from rural Maharashtra, India. *Rural and remote health*, 4(4), pp.1-8.
11. McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy: Severity and frequency of injuries and associated entry into prenatal care. *JAMA* 1992; 267: 3176 -3178
12. Waters H, Hyder A, Rajkotia Y, Basu S, Rehwinkel JA, Butchart A. *The economic dimensions of interpersonal violence*. Department of Injuries and Violence Prevention. Geneva: World Health Organization, 2004.