

VIOLENCE AGAINST WOMEN – AN OVERVIEW

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- *Women are not dying because of a disease we cannot treat*
- *They are dying because societies have yet to make the decision that their lives are worth saving*

MAMOUD FATHALLA, PRESIDENT FIGO 1997

- Violence against women is perhaps the most shameful human rights violation.
- And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth.
- As long as it continues, we cannot claim to be making real progress towards equality, development and peace”.

- Kofi Annan



WHAT DO WE UNDERSTAND BY “VIOLENCE AGAINST WOMEN”

“Violence against women” means 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.



TERMS AND TERMINOLOGY



**VAW-
VIOLENCE
AGAINST
WOMEN**

**IPV-
INTIMATE
PARTNER
VIOLENCE**

**DV-
DOMESTIC
VIOLENCE**

**GBV-
GENDER
BASED
VIOLENCE**

VIOLENCE AGAINST WOMEN ENCOMPASSES - BUT NOT BE LIMITED TO

Physical,
Sexual and
Psychological
violence

Family

Community

Perpetrated or
condoned by the State,
wherever it occurs.

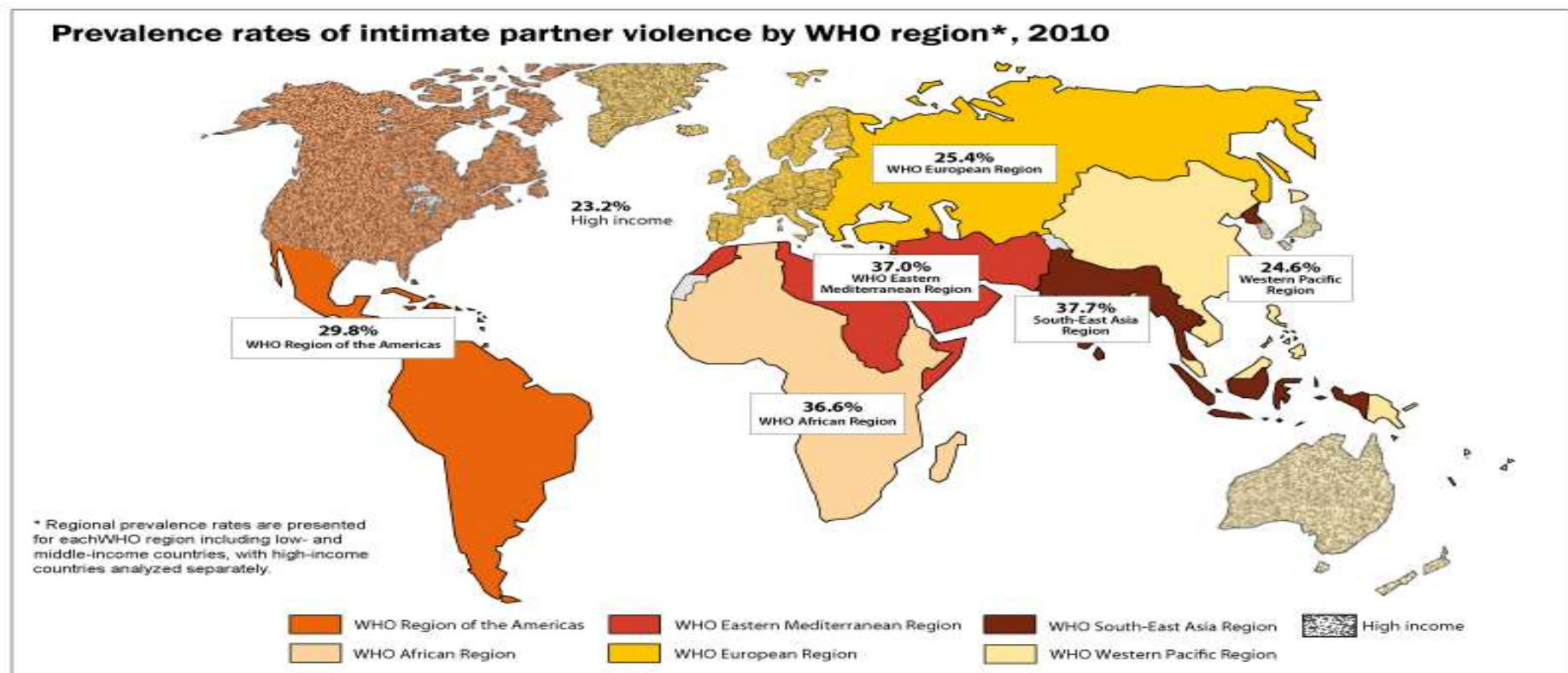
Table 3.1: Categories for defining domestic violence

Category	Examples
Physical abuse	Direct assaults on the body, use of weapons, destruction of property, abuse of pets in front of family members, assault of children, locking the victim out of the house, and sleep deprivation
Sexual abuse	Sexual activity without consent, causing pain during sex, assaulting genitals, coercive sex without protection against pregnancy or sexually transmitted disease, making the victim perform sexual acts unwillingly
Emotional abuse	Blaming the victim for all problems in the relationship, constantly comparing the victim with others to undermine self-esteem and self-worth, sporadic sulking, withdrawing all interest and engagement (for example, weeks of silence)
Verbal abuse	Continual 'put downs' and humiliation, with attacks following clear themes that focus on intelligence, sexuality, body image and capacity as a parent and spouse

Table 3.1 (continued): Categories for defining domestic violence

Category	Examples
Social abuse	Systematic isolation from family and friends by ongoing rudeness to family and friends, moving to locations where the victim knows nobody, and forbidding or physically preventing the victim from going out and meeting people
Economic abuse	Complete control of all monies, no access to bank accounts, providing only an inadequate 'allowance'
Spiritual abuse	Denying access to ceremonies, land or family, preventing religious observance, forcing victims to do things against their beliefs, denigration of cultural background, or using religious teachings or cultural tradition as a reason for violence

30%♀ Globally have Experienced Physical and/or Sexual Violence by their Partner



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2013. All rights reserved.

Data Source: *Global and regional estimates of violence against women*. WHO, 2013.

Violence against Women Prevalence Data: Surveys by Country

Compiled by UN Women (as of March 2011)

**UN WOMEN
MARCH 2011
VAW PREVALENCE
DATA
SURVEYS BY
COUNTRY**

No.	Country	Survey	Coverage	Year	Intimate Partner Violence (%)						Intimate Partner and/or Non-Partner Violence (%)						Forced first sex (%)	Abuse during pregnancy (%)
					Physical		Sexual		Physical and/or Sexual		Physical		Sexual		Physical and/or sexual			
					Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime		
26	Ethiopia	WHO	Province	2002	29	48.7	44.4	58.6	53.7	70.9						55.9	16.6	7.5
27	Finland	Other	National	2005	6.3	17.6	2	4.3	7.9						43.5			
28	France	IVAWS	National	2002	2.5		0.9		10									
29	Georgia	CDC-RHS	National	2005	1.6	4.8	0.3	1.5	2	5								
30	Germany	IVAWS	National	2003		23		7		25		37		13		40		
31	Ghana	DHS	National	2008	18	20.6	5.2	8.2	20	22.9	17.2	36.6		18.8		44.5	14.9	5.2
32	Guatemala	CDC-RHS	National	2002	8.6		3.5											
33	Haiti	DHS	National	2005-2006	11.5	14.3	9.8	10.8	16.8	20	15.6	26.5						5.6
34	Honduras	DHS	National	2005-2006	6.3		1.1		0.6			14.7		8.7				
35	Hong Kong	IVAWS	National	2005	1	6	35.1%			9	2	12	3	14		21		
36	India	DHS	National	2005-2006	21.4	35.1	7.2	10	23.9	37.2	18.9	33.5		8.5		35.4		
37	Indonesia	Other	National	2006												3.07		
38	Ireland	Other	National	2003	1.4	13	0.7	8	3.2	14.5								
39	Italy	IVAWS	National	2006	1.7	12.2	1	6.1	2.4	14.3	2.7	18.8	3.5	23.7	5.4	31.9		



omnipresent

Reasons	India 2005-06
Burns the food/does not cook properly	17.8
Argues with him	27.6
Goes out without telling him	27.4
Neglects the children	35.4
Refuses to have sexual intercourse with him	12.5
She shows disrespect to/neglects in-laws	—
At least one specified reason	46.7

MEN AND WOMEN
IN EQUALITY;
ENDOWED WITH THE
SAME DIGNITY.

SHADOW PANDEMIC

The Shadow Pandemic: Violence Against Women and Girls and COVID-19

Globally,

243 million



women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months.

The number is likely to **INCREASE** as security, health, and money worries heighten tensions and strains are accentuated by cramped and confined living conditions.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls (VAWG), and particularly domestic violence, has **INTENSIFIED**.

In **France**, reports of domestic violence have increased by **30%** since the lockdown on March 17.

In **Argentina** emergency calls for domestic violence cases have increased by **25%** since the lockdown on March 20.



In **Cyprus** and **Singapore** helplines have registered an increase in calls of **30%** and **53%**, respectively.

Increased cases of domestic violence and demand for emergency shelter have also been reported in **Canada, Germany, Spain, the United Kingdom** and **the United States**.

As stay-at-home orders expand to contain the spread of the virus, women with violent partners increasingly find themselves isolated from the people and resources that can help them.

87,000 women were intentionally killed in 2017. The majority of these killings were committed by an intimate partner or family member of the victim.

Violence against women and girls is pervasive but at the same time widely under-reported. Less than **40%** of women who experience violence report these crimes or seek help of any sort.

The global cost of violence against women had previously been estimated at approximately

US\$1.5 trillion

That figure can only be rising as violence increases now, and continues in the aftermath of the pandemic.

The surge in COVID-19 cases is straining even the most advanced and best-resourced health systems to the breaking point, including those at the front line in violence response.



Domestic violence shelters are reaching capacity, or unable to take new victims due to lockdown and social distancing measures. In other cases, they are being re-purposed to serve as health centers.

National responses to COVID-19 must include:



Services to address violence against women and girls, including increased resources to support shelters, hotlines and online counselling. These essential services should be expanded and adapted to the crisis context to ensure survivors' access to support.



A strong message from law enforcement that impunity will not be tolerated. Police and Justice actors must ensure that incidents of VAWG are given high priority and care must be taken to address the manifestations of violence emerging in the context of COVID 19.



Psychosocial support for women and girls affected by the outbreak, gender-based violence survivors, frontline health workers and other frontline social support staff must be prioritized.



NFHS-4
REPORTED THAT EVERY THIRD WOMEN, SINCE THE AGE OF 15, HAS FACED DOMESTIC VIOLENCE IN INDIA

#MAINBHIEQUAL

NATIONAL STUDENTS' UNION OF INDIA

nsui.in nsui nsui_india nsui tv nsui.in

DUBIOUS DISTINCTION

- Women experiencing spousal violence (in %) as reported in NFHS | 5
- **TN** | Information was gathered from **27,929 households, 25,650 women, and 3,372 men**
- NFHS-5 fieldwork for Tamil Nadu was conducted from January 6, 2020 to March 21, 2020 prior to the lockdown and from December 21, 2020 to March 31, 2021 post lockdown by School of Public Health, SRM University

States	NHFS 5 (2020-2021)			NHFS findings - 4 (2015-2016)
	Urban	Rural	Total	
TN	32.9	42.2	38.1	40.7 <input type="text"/>
AP	28.8	30.8	30.8	43.4 <input type="text"/>
Karnataka	44.5	44.4	44.4	20.6 <input type="text"/>
Telangana	27.3	42.3	36.9	42.9 <input type="text"/>
Kerala	9.9	9.9	9.9	14.3 <input type="text"/>
Delhi	22.8	nil	22.6	26.8 <input type="text"/>
Maharashtra	21	28.6	25.2	21.3 <input type="text"/>
Punjab	10.2	12.6	11.6	20.5 <input type="text"/>
West Bengal	22.9	28.7	27	33 <input type="text"/>

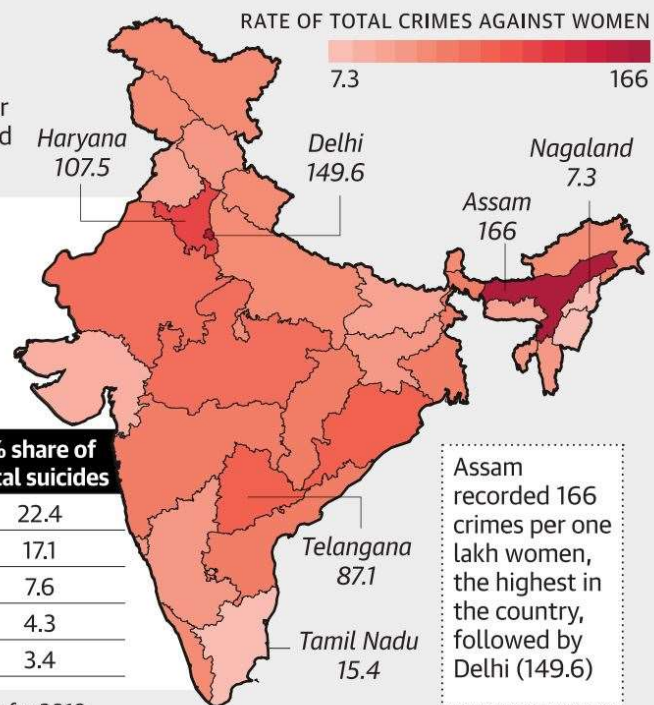
Unsafe spaces

The rate of crimes against women per one lakh of their population increased to 58.8 in 2018 from 57.9 in 2017.

Suicides in 2018

As many as 30,127 daily wage earners committed suicide in 2018, the highest among all professions. The number of suicides among persons engaged in agriculture came down by 2.9% in 2018, compared to 2017

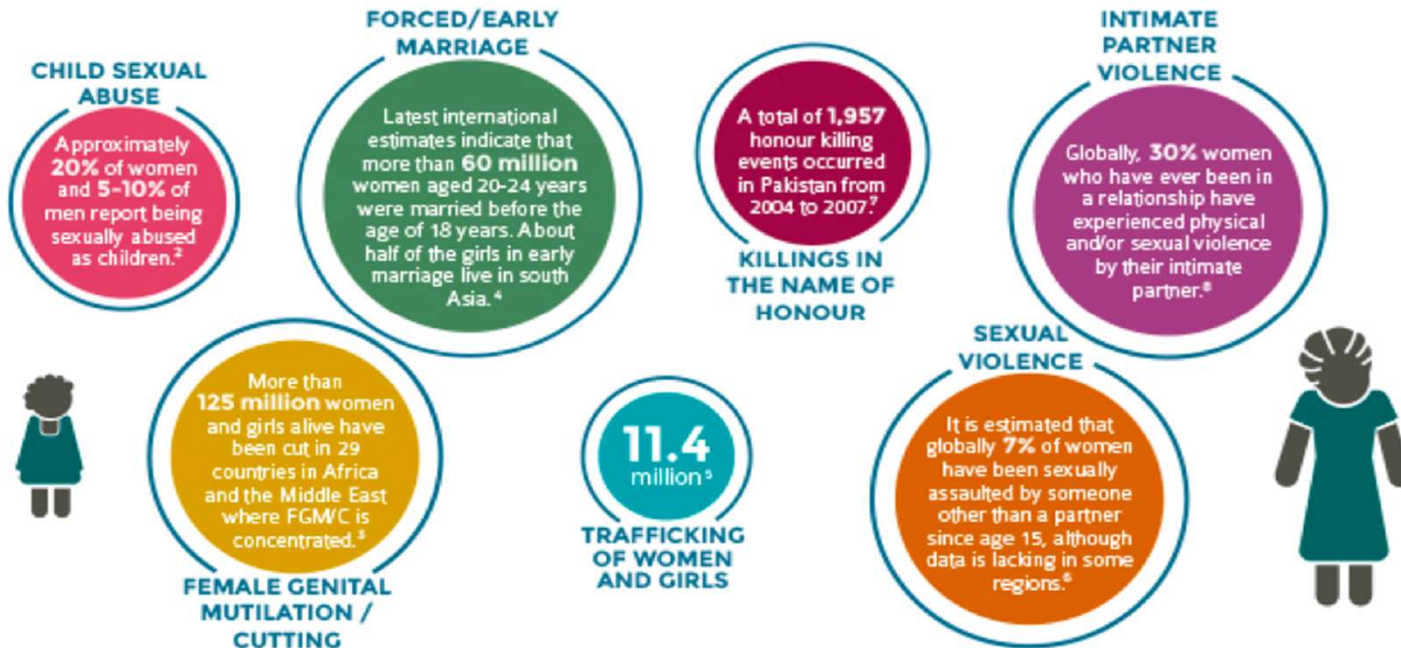
Profession	Total suicides	% share of total suicides
Daily wage earner	30,127	22.4
Housewife	22,937	17.1
Student	10,159	7.6
Farmer / cultivator	5,763	4.3
Agricultural labourer	4,586	3.4



Source: National Crime Records Bureau's report for 2018

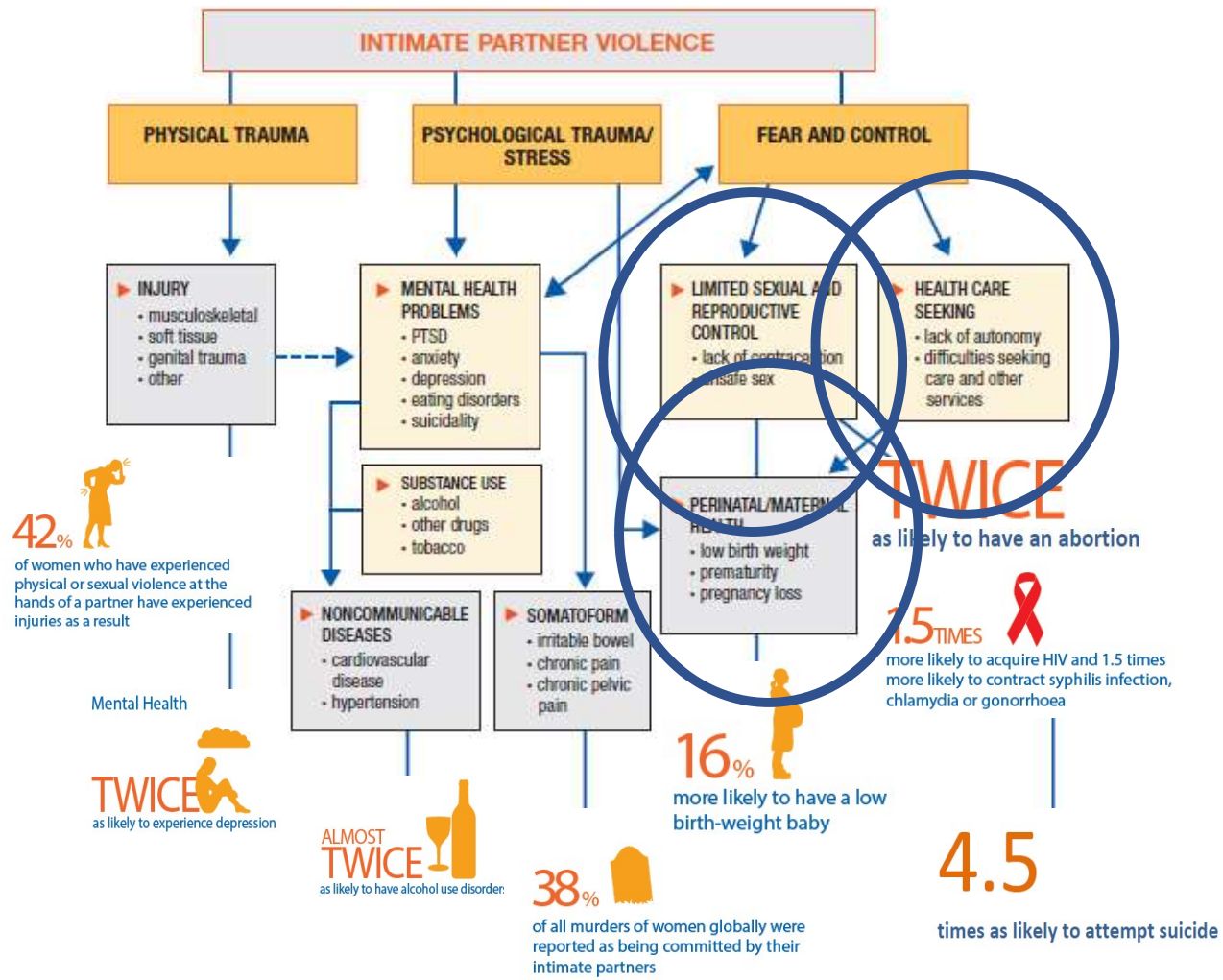
Understanding GBV

VIOLENCE AFFECTS GIRLS AND WOMEN AT EVERY AGE AND STAGE OF LIFE

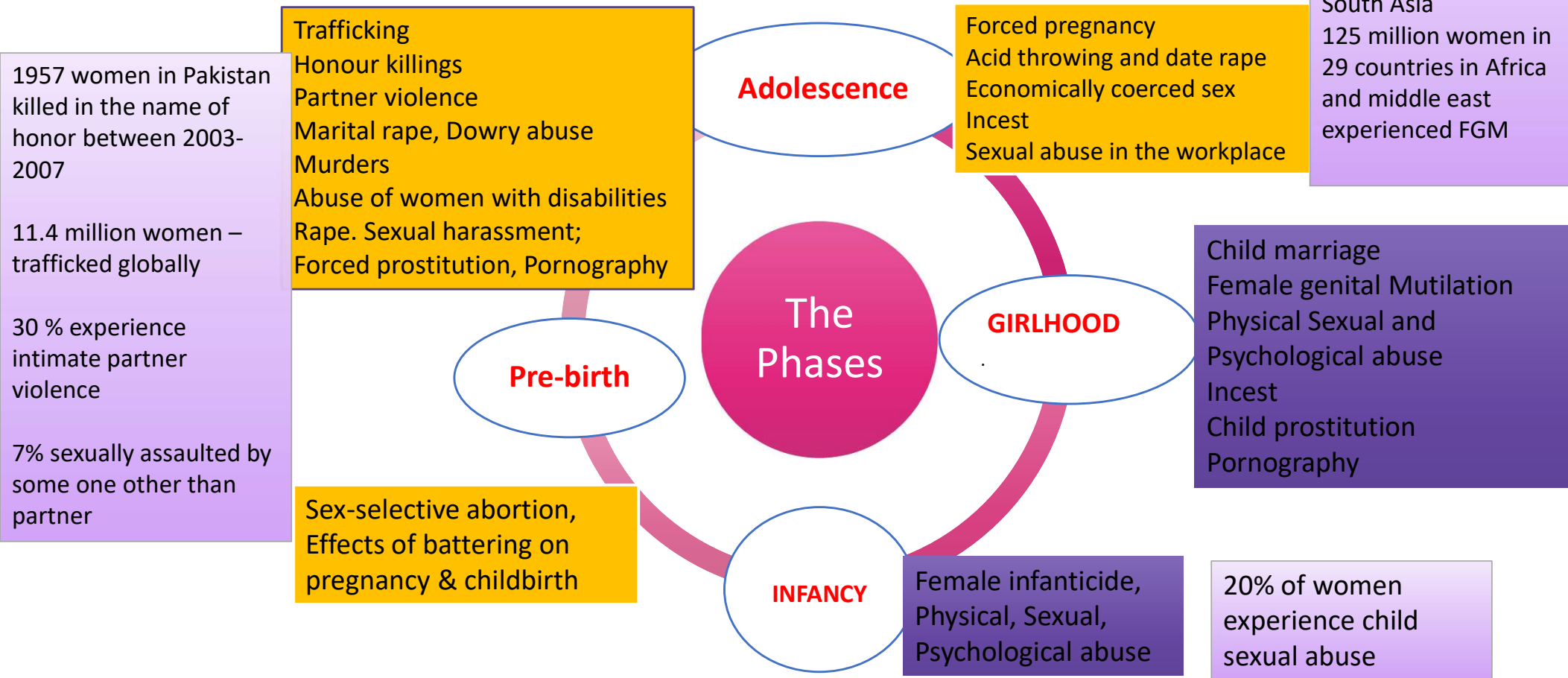


A FEW COMMON TYPES OF VIOLENCE

Pathways & health effects

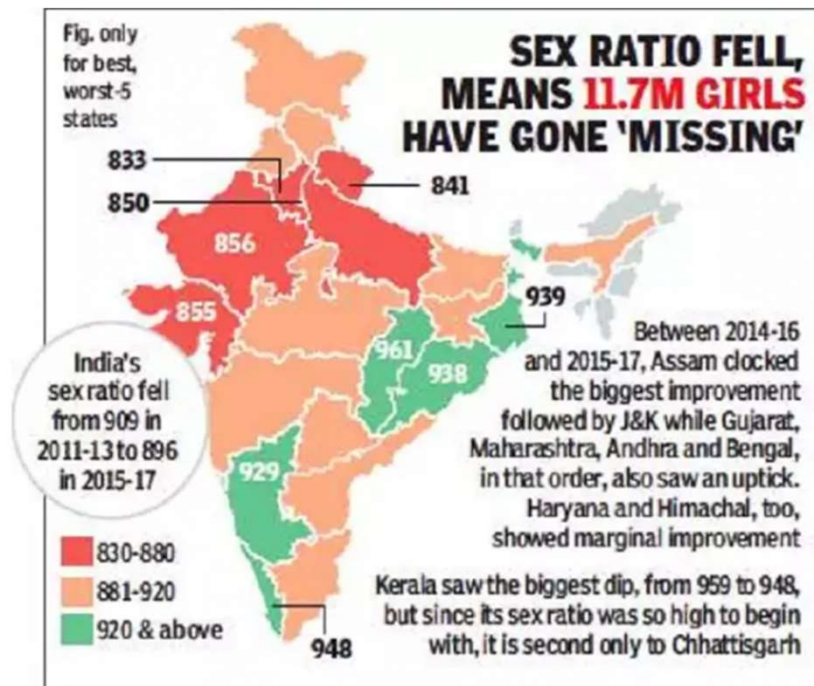


Violence Against Women- The cycle of Abuse



Male vs Female survival

- Child sex Ratio-
- According to the 2012 World Development Report, the number of missing women is estimated to be about 1.5 million women per year, with a majority of the women missing in India and China



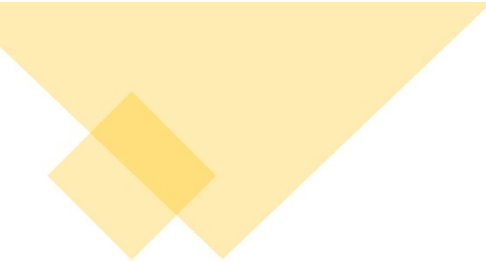
MISSING WOMEN

But this data is likely only the Tip of the Iceberg!

GBV is under-reported:

Analysis of DHS survey data from 24 countries collected between 2004-2011 disclosed:


- 40% of women experiencing GBV previously disclosed to someone
- BUT **only 7% reported to a formal source** (regional variation, 2% in India and East Asia to 14% in Latin America and the Caribbean).



Reproductive
coercion
a norm rather than
exception



The United Nations report in 1995

- Forced pregnancy,
 - Forced abortion,
 - Forced sterilisation or
 - Denial of family planning
 - as forms of violence.
 - In Indian DATA such form of reproductive coercion existed in 22.7% to 50%
- 

WHERE AND HOW DO VIOLENCE AND HIV/AIDS INTERSECT?

Direct transmission
through sexual
violence-

Type of sexual
exposure

Presence of other
STI, Degree of
trauma

Indirect transmission
through sexual risk
taking-

violence is linked to
increased risk-taking
-multiple partners,
non primary
partners

Indirect transmission
through inability to
negotiate condom
use

women find it
difficult to suggest
or insist on condom
use in face of or
threat of violence

Effects of IPV on pregnancy

MOTHER

- Abortion
- Fetal injury
- Maternal injury(47%)
- Depression (2 times)
- Substance abuse (2 times)
- Death-homicide (37%)
- HIV (1.5 TIMES)
- *WHO 2005*

CHILD

- Low birth weight (16%)
- Sleep disturbance
- Bed wetting
- Withdrawal
- Aggression
- Poor school performance
- Anxiety disorders
- Victims of child abuse

Effects of DV on Pregnancy

- DV before pregnancy is a major independent risk factor for hypertension, oedema, vaginal bleeding, placental problems, severe nausea and vomiting, dehydration, diabetes, kidney infection and/or urinary tract infection, as well as premature rupture of membranes (Silverman et al. 2006).
- DV is responsible for greater disease burden than many well-known health risk factors such as high blood pressure, smoking and obesity (Vos et al. 2006).
- Pregnancy has also been identified as a period of high risk for the onset or worsening of DV incidents (Taft 2002; WHO 2000).

Table 4: Type of physical violence

<i>Type of violence</i>	<i>Number</i>	<i>Percentage</i>
Slapping	38	34.54
Kicking	25	22.72
Knife (sharp object)	1	0.9
Fracture	2	1.8
Throwing from 1st floor	1	0.9
Head injury	2	1.8
Forceful abortions	5	4.5
Denying food/starvation	5	4.5
Reproductive coercion	25	22.72
Sexual violence	7	6.3
Violence by in-laws	10	9
Whip	1	0.9
Burns	1	0.9
Electric shock	1	0.9

PROSPECTIVE OBSERVATIONAL STUDY

Effects of Intimate Partner Violence on Pregnancy Outcome

¹Kiranmai Devineni, ²S Shantha Kumari, ³Nagamani Sodumu, ⁴Ruchika Garg

SIGNIFICANT MORBIDITY IN IPV GROUP

PREECLAMPSIA AND
ECLAMPSIA

HAEMORRHAGIC SHOCK

ANEMIA

PROSPECTIVE OBSERVATIONAL STUDY

Effects of Intimate Partner Violence on Pregnancy Outcome

¹Kiranmai Devineni, ²S Shantha Kumari, ³Nagamani Sodumu, ⁴Ruchika Garg

Table 5: Comparison of maternal morbidity between two groups

<i>Maternal morbidity</i>	<i>Group I</i>	<i>Group II</i>	<i>p-value</i>	<i>Relative risk</i>
Abortions	10 (9.1%)	12 (6.8%)	0.2	1.2
Abruption	03 (2.7%)	03 (1.7%)	0.2	1.3
IUFD	10 (9.1%)	10 (5.7%)	0.1	1.33
Preeclampsia and eclampsia	04 (3.6%)	–	0.01*	2.66
Hemorrhagic shock	03 (2.7%)	–	0.02*	2.64
Uterine perforation	01 (0.9%)	–	0.1	2.61
APH	01 (0.9%)	–	0.1	2.61
Anemia	12 (10.9%)	–	0.000003*	2.8
Rupture	01 (0.9%)	–	0.1	2.61
Fractures	02 (1.8%)	–	0.07	2.63
Death	02 (1.8%)	–	0.07	2.63

PARTNERS IN LIFE!

Violence in pregnancy

PUSHED FROM 2ND FLOOR-ABANDONED IN LABOUR!

G3P2L2-2 Previous LSCS-Full Term
Thrown from third floor 2 yrs back-
rod implanted-fracture femur/hip joint.
Collapsed in front of a hotel
Brought to GMH-Nayapul-108-
in active labor with severe hypertension
Emergency LSCS done-consent by RMO



PARTNERS IN LIFE!

KICKED ON THE ABDOMEN

G3P2L0D2 with 2pr LSCS - 36 wks -severe anemia

Both times H/O Physical violence -kicking on the abdomen brutally by husband-followed by loss of fetal movements.

3rd pregnancy- parents brought her home-
Transfused blood – LSCS-Live baby



PARTNERS IN LIFE! Violence in pregnancy

NEAR MISS MORTALITY-BRUTAL VIOLENCE CAUSING APH

G3P2L2 28 WKS -2 LSCS

husband kicking on abdomen

APH-shock-placenta accreta

Hysterectomy-10-blood transfusions-bladder invol



FOR NOT BEARING A MALE CHILD!

- G6P2L2A3
- 2 previous cesarean sections
- 3 induced- illegal abortions by husband
- Acute Hemorrhage, shock, sepsis, incomplete abortion
- Severe form of physical , emotional violence
- DV history brought out only by SCREENING
- RECEIVED 4 TRANSFUSIONS-TUBECTOMISED



IPV is a consistent and strong risk factor for UNINTENDED PREGNANCY, induced ,unsafe abortion and severe morbidity(ref-3)

STAB INJURY-**HUSBAND-inebriated**-lacerations on face Perforation-uterus-IUFD—
LAPAROTOMY-RENT REPAIR



- Buddy T-A woman has a 68% probability of death if the abusive partner is also alcoholic!

Case Scenario

- Primi
- 22 years
- 34 weeks
- Severe PE
- Advised admission – termination
- Properly counselled – RMC was ensured
- ANM ASHA counselled the family with home visits , PHC MO followed up
- Care and admission refused by husband
- Decision maker was husband alone
- Pregnant Woman when asked about her wish said she will follow husbands decision
- After one week**, pregnant mother is brought in more serious situation , severe anasarca imminent eclampsia – LSCS done Due care given – post op developed severe sudden pulmonary edema – Prolonged morbidity- **Maternal Near miss**
- Husband puts allegation on Hospital

ROLE OF OBSTETRICIAN AND GYNECOLOGIST

- To understand the widespread menace of VIOLENCE AGAINST WOMEN and how it intersects health issues in women.
- To focus on impact of VAW during pregnancy.
- To focus on the role of Obstetrician And Gynecologist in detecting VAW.
- link with referrals /support systems / rehabilitate

Why Health Systems?

- All women are likely to seek health services at some point in their lives
- Health-care providers are often **trusted** by women and serve as **role models** in the community.
- Violence is an underlying cause of injury and ill health.

Many opportunities for intervention that occur during the course of

Adolescence

Pregnancy,

Family planning,

Annual examinations,

Other women's health visits.



Health systems can help women survivors of violence during COVID-19



Identify and share information on support services, including opening hours and contact details



Establish referral linkages



Find out what survivors of violence need and how best to reach them safely



If you are experiencing violence during COVID-19:



Reach out to supportive family, friends or neighbours



Call a hotline or access information online if possible



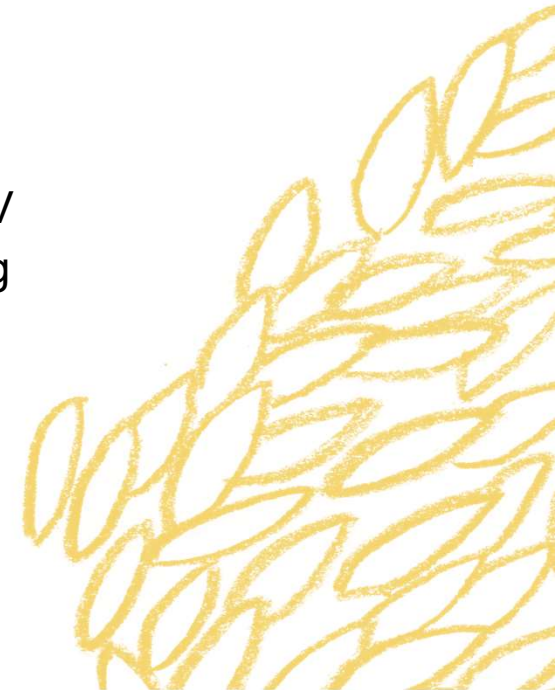
Seek out local services for survivors



What is BEYOND the scope of the health care worker's duty?

Health care workers are **NOT** responsible for:

- × “Solving” violence for the survivor
- × Mediating relationship problems between a couple
- × Forcing a survivor to leave an abusive relationship
- × Forcing a survivor to report the assault to the police
- × Determining the legal aspects of the violence or assault
- × Determining whether a client is telling the truth about GBV
- × Verifying the accuracy of a survivor's story by interviewing the alleged perpetrator or witnesses



Domestic Legal Remedies In India

The Constitution of India:
Article 14 on equality

The National Commission
for Women, set up as a
statutory body in January
1992 under the National
Commission for Women
Act, 1990

The Dowry Prohibition Act
(DPA)

498A IPC-This is the most
widely used provision
against domestic violence

The Protection of Women
From Domestic Violence Act
(PWDVA), 2005

THE CONCEPT OF ONE STOP CRISIS CENTRES

A 'One Stop Crisis Centre' (OSCC) caters to the immediate medical, legal and psychological needs of women who are survivors of physical and mental abuse, with an assurance that their consent and confidentiality will be respected and protected .

234 OSCC/OCC
all over India
Sakhi centres



Gauravi at Madhya Pradesh

A joint initiative of the Department of Public Health and Family Welfare, Government of Madhya Pradesh, and ActionAid, supported by the police department, **Gauravi's staff of 10 focuses on the victim's needs, without compartmentalising services.** June 2014

Bharosa (trust)

234 OSCC/OCC
all over India
Sakhi centres

Bharosa centre and SHE teams office,

An all in one for violence against women
with police, counsellors, psychologist,
legal advisor, ,medical help.

The help line is 100 and will be directed
to Bharosa if it's violence



A woman can walk in with the assurance that
her consent and confidentiality
will be respected and protected.

234 OSCC/OCC
all over India
Sakhi centres

Services of One-Stop Crisis Centre



Who to contact (numbers)



**All India Women Helpline-
Women in Distress**

1091



**Women's Domestic
Abuse Helpline**

181



**National Commission for
Women**

011-26942369

011-26944754



**Delhi Commission for
women**

011-23378044

011-23378317

011-23370597



Outer Delhi Helpline

011-27034873

011-27034874



Local Bodies

Local Champions

NGOs

Police Station

Find Out Your Local City Helpline Numbers and Share with your Group/School

- Many women in many parts of the world speak the same language-the language of silence

Anasuya sen gupta

