



# Intimate Partner Sexual violence against Dalit women: Understanding the rural urban differences

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## Abstract

This paper does a comparative analysis of the prevalence and intensity of intimate partner sexual violence against the rural and urban dalit women (19-40 years) of Prayagraj district and conduct intervention techniques like counselling, awareness generation and gender sensitisation for combating such violence. Systematic Random Sampling method was adopted for the selection of district, blocks and villages as well as for the selection of dalit women (120 each from the rural and urban areas) Pre-designed valid and reliable scales were used for collecting data on sexual violence. Urban respondents experienced more sexual violence as compared to the rural respondents. Significant differences were observed between rural and urban respondents for moderate magnitude of sexual violence. Highly significant differences were also seen among the respondents in the magnitude of sexual violence before and after intervention ( $p < 0.001$ ). The study revealed that intervention was fruitful in combating intimate partner sexual violence against the dalit women.

**Key Words:** sexual violence, dalit women, rural, urban, intervention

## Introduction

Gender based violence mostly reflects the violence that is impinged on girls and women, the so called weaker sections of the society by the males who are always kept on a higher pedestal than women. The extensive violence against women can be attributed to the notion of patriarchy prevalent in our Indian society. **Walby (2018)** defined patriarchy as "a system of interrelated social structures which allow men to exploit women. According to **Gordon (1996)**, patriarchy is the crux of all the subordination and subjugation faced by women and can assume many forms. Patriarchal norms are deep rooted in our society and girls from the very beginning of their life are tutored to follow these norms without questioning their relevance or genuineness. Gender divide leads to iniquitous power equations between women and men and promotes stereotypical attitudes in the society affecting the women at large.

India's caste based social stratification accords the bottommost position to the dalits in the society. Out of the 167 million Dalits in India dalit women number 80.517 million or approximately 48 per cent of the total dalit population, 16 per cent of the total female population and 8 per cent of the total Indian population. (**Irudayam et al. 2011**) Dalits as a whole are a vulnerable category but the alienation faced by dalit women is three fold on account of their low caste, poverty and female status.

Intimate Partner violence still continues to be a crime of silence despite the tremendous impact it has on the woman, her family and society. (**Pillai 2001**) It manifests in various forms but this paper sheds light on the intimate partner sexual violence faced by dalit women. Sexual violence refers to any unwanted sexual intimacy forced on a woman by her partner. It includes coerced sex through threats or intimidation or through physical force, forcing unwanted sexual acts or forced nudity. When a woman encounters sexual violence it causes a violation of her bodily integrity. She may face sexual violence in the form of rape, prostitution or sexual harassment. It also includes treating someone in a sexually offensive manner and performing physical, verbal or non- verbal conduct of a sexual nature that is obnoxious.

Women from all walks of life are the victims of sexual violence but the present paper explored the plight of the dalit women who fall prey to such type of violence. In a three year study of 500 dalit women's experiences of violence across four Indian states it was seen that the majority of dalit women reported having faced one or more incidents of verbal abuse (62.4%), physical assault (54.8%), sexual harassment and assault (46.8%), Domestic Violence (43.0%) and rape (23.2%) (UN Special Rapporteur on Violence against women: 2013).

Mostly these women come from poorer households and go to work outside for a living but in this process mostly get caught in the trap of misleading people. They have to face atrocious conditions at their work places and they are continuously tortured and brutally behaved. After toiling hard day long there is no respite for dalit women inside their huts as well. There is a monster inside the hut almost geared up to rip her persona, emotions, identity and her entire well-being. This monster is none other than her husband who has the full right and means to practice atrocity on his wife. Resistance of any sort leads to more obstinate behaviour by the husband and the result is violence. The frequency and intensity of violence (mild, moderate or severe) varies depending upon the height to which women try to overpower their men. More bickering and arguments escalate the intensity of violence.

People hold the belief that once two people are tied down in a relationship they passively consent to all future acts. Men's ownership and control of their partners is promoted by societal norms and the gender stereotypes prevalent in our society. Girls are taught from the very beginning to take care of their men and men feel it right to have their desires met. Girls and women learn to sacrifice to make the people around them happy. **Fontes (2015)** This socialization to extend to the needs of others extends into coerced sexual activities.

Sexual violence may result in grave repercussions against women. It may manifest itself in the form of gynaecological infections, induced abortions, maternal mortality and unwanted pregnancies. (Asling-Monemi, Pena, Ellsberg, & Persson, 2003; Cokkinides, Coker, & Sanderson, 1999; Heise et al. 1994; Jejeebhoy, 1998a; Kapadia-Kundu, Dyalchand, & Kulkarni, 2004; Parker, McFarlane, & Soeken, 1994; WHO, 2005) Women may also be vulnerable to sexually transmitted infections (WHO, 2005) which may include HIV/ AIDS.

### **Justification of the Study**

Sexual violence against women by their spouse is an extreme form of discrimination and is inextricably linked to gender role demands and expectations. (Barzelatto, 1998) It is experienced by women from all walks of life but very few of them muster the courage to talk about it publicly due to feelings of fear, shame and guilt and continue enduring it. The educational level of the women and their husbands, economic security, the age of the woman at marriage, size of the household, age of the woman at first child birth are among the various factors responsible for the occurrence of sexual violence against married women in India. The dalit women who constitute a major chunk of the Indian population are more vulnerable to violence and discrimination than their non dalit counterparts due to their low socio-economic status, poor educational levels and pitiable condition.

Since India is a caste based society, the iniquitous power distribution between the various castes prevalent in the Indian society makes the lower castes seated at the very bottom of the social ladder particularly vulnerable to anger, hate and discrimination. The dalit women become the victims of not only caste based discrimination but are also entangled in the patriarchal roots deeply ingrained in our Indian society. The dalit men who are subdued by the upper caste people vent out their anger and frustration on their women by inflicting gender based violence, female foeticide, dowry deaths, rape, murder etc to suppress them. The sorry state of affairs is that facing violence whether in overt or covert ways becomes a part and parcel of the dalit women's lives and they do not muster the courage or get much opportunity to voice their grievances and agony. They are also reluctant to obtain redressal for the same so it remains concealed in the eyes of the society.

This study is important as it will throw light on the various factors which are responsible for the prevalence of sexual violence among dalit women, inspire the women to voice their grievances and upgrade her status in the eyes of her family and society. The interventional strategies adopted in the study will be an eye opener for the women to gather courage to speak up against the atrocities endured by them.

### **OBJECTIVES**

The present study was thus undertaken with the following objectives:

- 1) To find out and compare the intensity of intimate partner sexual violence among rural and urban Dalit women of Prayagraj district.

- 2) To provide intervention to the victims of intimate partner sexual violence
- 3) To assess the efficacy of intervention programme in the reduction of intimate partner sexual violence.

## METHODOLOGY

This is a community based cross sectional study based on action research. Uttar Pradesh was purposively selected for the study as it has the largest chunk of the total scheduled caste (SC) population accounting to 20.5 per cent as per the 2011 census of India. Systematic random sampling techniques were employed for the selection of Prayagraj (Allahabad) district of Uttar Pradesh and for the selection of Blocks, Villages, Wards and Primary Sampling Units (PSUs) from Prayagraj (Allahabad) district. Bahadurpur and Chaka blocks were selected from the Trans Ganga and Trans Yamuna river areas respectively. The villages Durjanpur and Malawa Bujurga were selected from the Bahadurpur Block and the villages Sarpathaiya and Tignauta were selected from the Chaka Block. The urban dalit women for the study were selected from the eight wards identified from both the zones i.e The Northern Prayagraj Junction and the Southern Prayagraj Junction of Prayagraj (Allahabad) district. From each of these wards one PSU was selected and a total of eight PSUs were selected for the study.

A total of 240 married Dalit women between the ages of 19-40 years (early adulthood) were randomly selected from the rural and urban areas for the study. From the eight selected PSUs 120 urban dalit women were selected wherein fifteen urban dalit women were randomly selected from each PSU. The rural group comprised of 120 dalit women wherein thirty women respondents each were selected from the four villages. Among the randomly selected sample only those women were interviewed who were married and currently living with their husbands within the same household.

A self-structured interview schedule was formulated to collect preliminary data about the respondents. The interview schedule comprised of the general and specific information pertaining to the respondents. The general information was related to the personal profile of the respondents and their families. The specific information consisted of awareness level and knowledge of the respondents related to domestic violence and its various dimensions like the various forms of domestic violence, the legal acts and laws related to domestic violence, their perception about domestic violence, their attitude towards domestic

violence, their knowledge about referral services, any action they have taken against their perpetrator, their past history of domestic violence, the impact of domestic violence on their children.

Pre-designed valid and reliable scales like the Abusive Behavior Inventory (ABI) devised by **Shepherd and Campbell (1992)**, and the Partner Abuse Scale non- physical (PASNP) devised by **Hudson (1997)** were used for collecting data on sexual violence. The women reported experiencing sexual violence of low, moderate and high intensity. An intervention package was therefore planned for the respondents and implemented for a period of approximately six months to reduce the intensity of sexual violence experienced by them. Both the rural and urban communities were provided intervention for a period of 90 days each. The intervention package comprised of the following components:

- Counselling sessions- individual and group counselling were done for the victims of sexual violence.
- Awareness campaign was held in order to impart information on sexual violence, sexually transmitted infections, laws and legislations formulated for the protection of women and about the support services provided by the government.
- The adolescent boys and young men of the community were sensitized on gender issues.

Counselling sessions were an integral part of the intervention programme as their main aim was to help the victims work towards recreating their life to build back a sense of dignity or self -worth. The success stories of victims who had been in abusive relationships but had come out of it were shared with the victims during counselling sessions to boost their morale and instil optimistic feelings in them. Counselling helped the survivors to deal with their remaining anxiety and finding ways to release them. It also helped to process distressing memories or experiences and provided a possible way to move on. It also aided the survivors in learning to regulate their strong emotions like fear and anger. Group counselling was beneficial too as it allowed the survivors to come in contact with others who had also faced similar situation. Connecting with these people aided in reducing the survivors feelings of isolation often created by abusers. During the counselling sessions the victims were helped to resolve such issues as anxiety, depression, panic attacks, emotional withdrawal, feelings of helplessness and low self-esteem.

Violence in intimate relationships can subside to a large extent if we make attempts to study, understand and change the psyche of the perpetrators. This requires the promotion of a culture of healthy

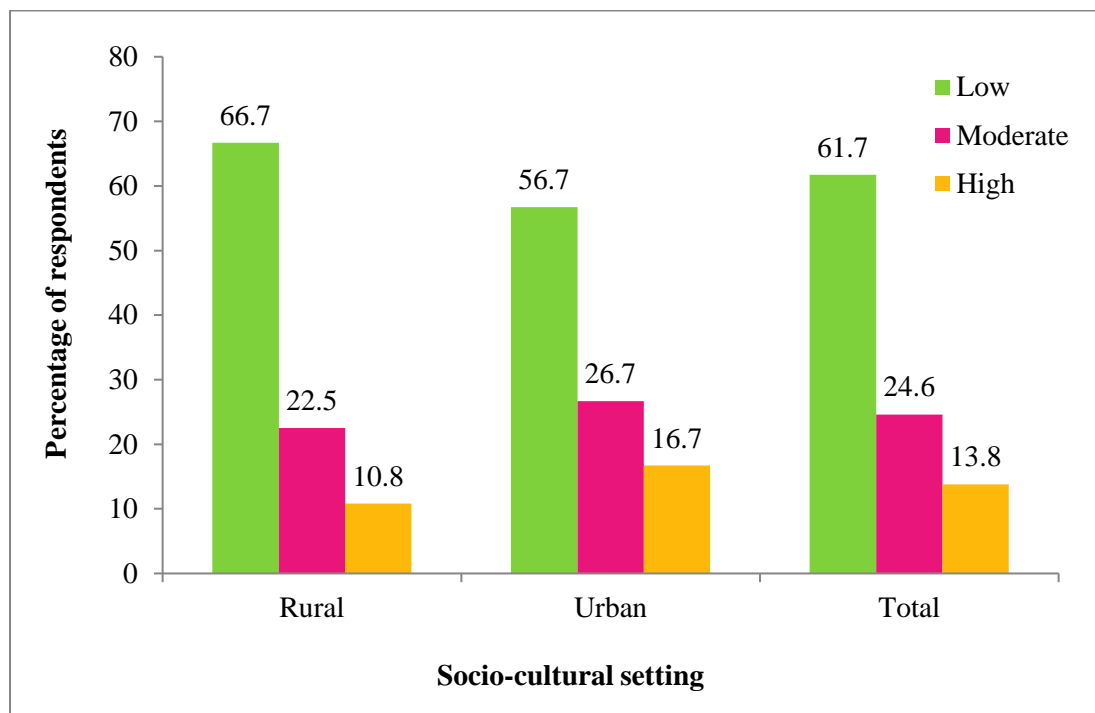
masculinities and breaking apart the rigid stereotypes. Young boys and men must be seen an essential part of the solution to combat domestic violence. Similarly the women and girls from an early age should not be made to believe that they are the weaker sex of the society. Instead girls should be taught and made aware about the negative consequences of enduring violence. They should be empowered physically, emotionally and economically to raise their voice against any atrocities they come across in their life. The sensitisation of young boys and men was a crucial part of the intervention package that was undertaken to conciliate sexual violence against women. The aim of the intervention package was to break these generalised notions about boys and girls wherein boys are seen as wicked perpetrators and girls are regarded as victims. The aim was to promote gender equality and mitigate the sex differences which lead to such problems.

The efficacy of the intervention package was assessed after providing intervention to the victims of sexual violence which was conducted after a gap of one month from the last day of the intervention programme. Information on sexual violence was sought from the respondents using the same scale used before applying the intervention package.

The Data collected was coded, tabulated and analysed using appropriate statistical techniques like frequency, percentage, mean, standard deviation, t-test. p value was calculated to see the association between the variables. Paired t-test was done in order to ascertain the impact of intervention.

## **RESULTS AND DISCUSSION**

The results obtained from the study have been discussed in the following section



**Fig. 1: Distribution of rural and urban respondents on the basis of magnitude of sexual violence**

**Fig. 1** reveals the intensity of sexual violence faced by the respondents under study. It shows that maximum number of rural respondents (66.7 per cent) experienced sexual violence of low intensity as compared with majority of the urban respondents (56.7 per cent) who also experienced sexual violence of low intensity. Sexual violence of low intensity included actions such as husbands making their wives have sexual intercourse against their will or forcing the wives to do unwanted sexual acts.

Sexual violence of moderate intensity was experienced by 22.5 per cent rural respondents while 26.7 per cent urban respondents experienced sexual violence of moderate intensity. Moderate intensity of sexual violence included acts like the husbands forcing their wives to have oral and anal sex against their will, taking porn pictures of their partners or physically forcing their wives to have sex.

Sexual violence of high intensity was encountered by 10.8 per cent rural respondents in contrast to 16.7 per cent urban respondents. Actions such as husbands using objects on their wives in a sexual way, squeezing their breast, putting foreign objects in their vagina, compelling their wives to have sex with other partners, trying to rape their wives or mutilating their genitals comprised the sexual acts of high intensity.

An insight into the total intensity of sexual violence experienced by the respondents reveals that majority of the respondents experienced sexual violence of low intensity (61.7 per cent) while 24.6 per cent respondents experienced sexual violence of moderate intensity and 13.8 per cent respondents experienced sexual violence of high intensity.

Sex is still regarded a taboo in our society and when it comes to the lower caste groups they are all the more shy in talking about it. Even the respondents who discussed about sexual violence hesitated in telling about it openly. This often leads to underreporting of sexual violence cases. Similar findings were

reported by **Nadda et al. (2018)** who revealed that all types of violence except sexual violence were significantly more common in the rural area than the urban area.

**Dartnall et al. (2013)** also indicated in their study on sexual violence that most countries lack population data on perpetration of sexual violence, across all categories, including children, and a major gap exists in research on sexual violence among sub-groups and populations.

**Table 1: Comparative Analysis of Respondents on the basis of Magnitude of Sexual Violence**

Magnitude of sexual violence	Socio-cultural setting	Mean	Standard Deviation	df	t	P
Low	Rural n=80	6.61	0.88	146	0.878	0.382
	Urban n=68	6.75	1.03			
Moderate	Rural n=27	11.52	1.05	57	2.156	0.035*
	Urban n=32	10.94	1.01			
High	Rural n=13	15.69	2.06	31	1.074	0.291
	Urban n=20	16.55	2.35			
Total	Rural n=120	8.70	3.36	238	1.711	0.088
	Urban n=120	9.50	3.87			

\* Significant at 0.05 level

**Table 1** shows a comparative analysis of the respondents on the basis of magnitude of sexual violence experienced by them during the course of their marital lives. The mean score of low magnitude of sexual violence among rural respondents was  $6.61 \pm 0.88$  whereas it was  $6.75 \pm 1.03$  among the urban respondents. A non-significant difference was observed in the magnitude of low sexual violence among the respondents.

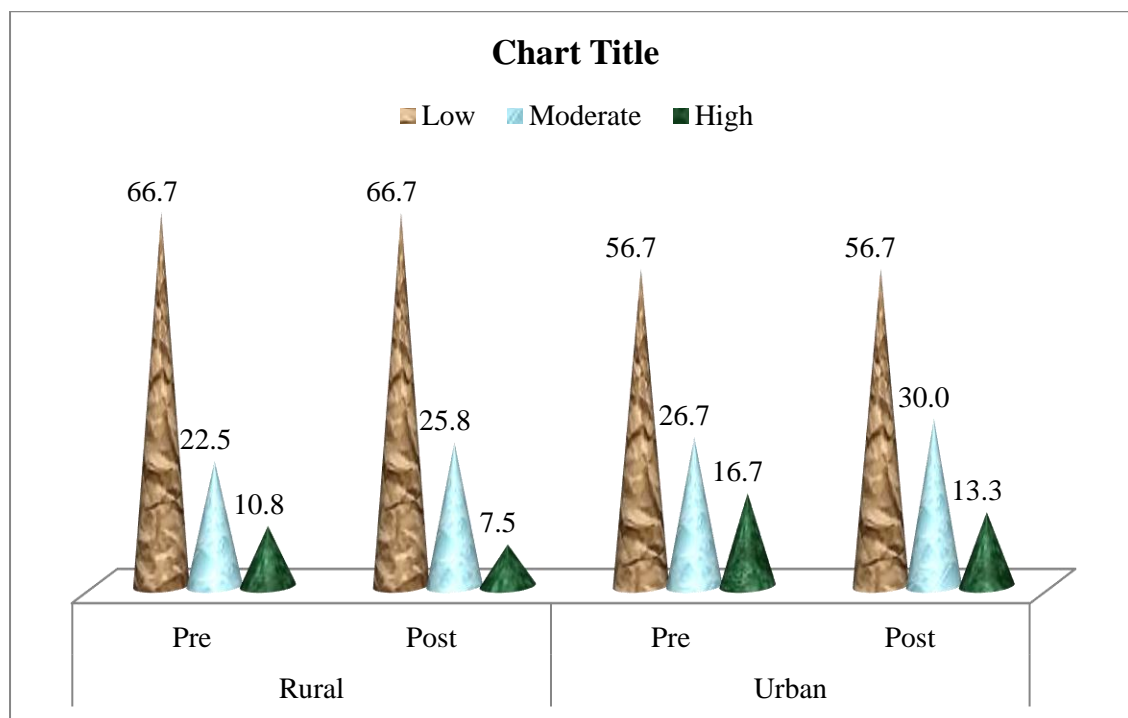
The mean score of moderate magnitude of sexual violence among the rural respondents was  $11.52 \pm 1.05$  whereas it was  $10.94 \pm 1.01$  among the urban respondents. The table showed a significant difference among rural and urban respondents for moderate magnitude of sexual violence. Data further revealed that rural respondents were experiencing greater sexual violence as compared to their urban respondents. The mean score of high magnitude of sexual violence among the rural respondents was  $15.69 \pm 2.06$  while it was  $16.55 \pm 2.35$  among the urban respondents. A non-significant difference was observed among rural and urban respondents for high magnitude of sexual violence.

An understanding of the magnitude of sexual violence among the total respondents revealed that the mean value of magnitude of sexual violence among the rural respondents was  $8.70 \pm 3.36$  while the mean value of magnitude of sexual violence among the urban respondents was  $9.50 \pm 3.87$ . The table showed a non-significant difference among the rural and urban respondents for the total magnitude of sexual violence. Similar findings were reported by **Kalra and Bhugra (2013)** who conducted a study on sexual violence against women to understand its cross cultural intersections. They concluded in their study that unequal power equations between men and women give rise to sexual violence against women and it is strongly influenced by cultural factors and values. The incident of sexual violence involves elements of control, power, domination, and humiliation. The social stigma associated with asking serious personal sexual



questions coupled with the ignorance of dalit women on these issues leads to less reporting of such violence. As high as 67 per cent -84 per cent of cases of sexual violence may go unreported due to the sensitivity of the issue thereby making it difficult to gather exact figures and true sense of the problem.

Women hesitate to talk about it as virginity is highly valued in the Indian society and a woman's modesty is of utmost importance that gives her family the much required respect. When women resist the sexual invitations of men it is likely to threaten their masculinity, triggering a crisis of male identity thereby contributing to sexual control and violence for this is perceived by men as a way of resolving their identity crisis.



**Fig. 2: Distribution of the respondents on the basis of magnitude of sexual violence before and after intervention**

**Figure 2** portrays the distribution of respondents on the basis of magnitude of sexual violence faced by them before and after intervention. It reveals that the percentage of rural respondents facing low magnitude of sexual violence remained the same before and after intervention i.e. 66.7 per cent. The percentage of rural respondents facing moderate magnitude of sexual violence increased from 22.5 to 25.8 per cent while the percentage of rural respondents facing high magnitude of sexual violence reduced from 10.8 per cent to 7.5 per cent. These values clearly indicate that the rural respondents who faced high magnitude of sexual violence before intervention began facing moderate magnitude of sexual violence after intervention.

We can also see from the figure that the percentage of urban respondents facing low magnitude of sexual violence remained the same before and after intervention i.e. 56.7 per cent. There was an increase in the percentage of urban respondents facing moderate and high magnitude of sexual violence before and after intervention. It showed an increase from 26.7 to 30.0 per cent among the urban respondents facing moderate

magnitude of sexual violence before and after intervention while a decrease from 16.7 to 13.3 per cent urban respondents facing high magnitude of sexual violence before and after intervention.

**Table 2: Comparative analysis of respondents on the basis of magnitude of sexual violence pre and post intervention**

Area	Intervention	Mean	SD	Mean Diff.	df	t	p
Rural	Pre	8.70	3.36	0.16	119	2.992	0.003*
	Post	8.54	3.01				
Urban	Pre	9.50	3.87	0.24	119	3.930	0.000**
	Post	9.26	3.41				

\* Significant at 0.05 level

\*\* Highly Significant at 0.05 level

**Table 4** shows a comparative analysis of the respondents on the basis of magnitude of sexual violence experienced by them pre and post intervention. The mean score of magnitude of sexual violence in rural areas before intervention was  $8.70 \pm 3.36$  while the mean score of magnitude of sexual violence in rural areas after intervention was  $8.54 \pm 3.01$ . The table showed a significant difference in magnitude of sexual violence experienced by the rural respondents before and after intervention indicating a fall in magnitude of sexual violence experienced by the rural respondents after intervention.

The mean score of magnitude of sexual violence in urban areas before intervention was  $9.50 \pm 3.87$  while it was  $9.26 \pm 3.41$  after intervention. The table shows a highly significant difference in the magnitude of sexual violence faced by the urban respondents before and after intervention indicating a positive impact of intervention in lowering the magnitude of sexual violence among the urban respondents.

Similar findings were reported by **Decker et al.(2018)** who found out that intervention reduced sexual violence victimization in both primary and secondary school settings. He conducted a cluster randomized controlled implementation trial to examine empowerment self-defense (ESD) for sexual assault risk reduction among school-age women in Malawi wherein the intervention participants received a 12-hour intervention over 6 weeks, with refreshers. The results revealed that sexual assault prevalence was reduced among intervention students and there was also a significant increase in their self-defense knowledge. Significant changes in sexual violence prevalence and knowledge were also observed. Favourable reductions were also observed in sexual violence incident rate among intervention students.

## DISCUSSION

The findings of the study revealed that to prevent sexual assault from occurring in the first place we have to target the underlying conditions in relationships, communities and society that cause sexual assault to occur. Various prevention strategies have been found to be helpful in this regard. Primary prevention strategies aim to change the behaviour in order to prevent an undesirable social consequence. These strategies aim to lessen the likelihood of girls and women suffering from violence in the first place and

of boys and men using violence on girls and women. They may also be helpful by changing the attitudes of a large or specific population by providing them education and increasing their knowledge level.

Primary prevention targets the factors that give rise to, or create the conditions for gender-based violence, including sexual assault, and influence behaviour. The overall aim of primary prevention is to reduce the actual incidence of sexual assault within the population by breaking the structural barriers of gender inequality and challenging the social norms that promote gender based violence. It aims to tackle the inherent complexity of social issues that allow sexual assault to be perpetrated. Secondary prevention or early intervention aims to target certain behaviours of those individuals or groups who show evidence of becoming perpetrators or victims of sexual violence. The responses of the immediate and long term impact of sexual violence are described by tertiary prevention. Tertiary prevention also aims to lessen down the impact of violence and prevents the sex offenders from re-offending.

**Bronfenbrenner (1977)** developed a social ecological model to describe the interactive nature of factors that cause violence and elucidated clearly the interrelatedness of the different spheres of social life and the interaction that individuals have with their environments. The Microsystem which talks about the individual level influences highlights the personal history factor that increases the likelihood of an individual becoming a victim or perpetrator of violence. These may include factors such as drug or alcohol abuse; beliefs and attitudes that are supportive of sexual violence; hostility towards women, impulsive and antisocial behaviour; a childhood history of sexual abuse or witnessing family violence from a very young age. These factors influence the individual's behaviour choices that perpetrate sexual violence against them. The second level is the exosystem which causes the interpersonal relationship. At this level the individual has relationships with peers, intimate partners and family members who can play a crucial role in reinforcing attitudes, shaping the individual's behaviour and a variety of experiences.

The next level relates to the community influences comprising of schools, workplaces and neighbourhoods and is referred to as the macrosystem. For instance if there is a lack of sexual harassment policy in the workplace it gives the message that sexual violence is tolerable and those committing it might not be punished for their act. The societal level influences (macrosystem) comprise of the government policies or laws that influence sexual violence. These may manifest in gender discrimination and gender inequality, social and cultural stereotypes prevalent in the society or the economic and social policies that create gaps between people. It is widely acknowledged that environment plays an important role in shaping individuals and behaviour change among individuals can be brought about only if we intervene to change their environments (**Trickett 2009**).

The local knowledge, culture and resources can be involved to a great extent in the process of development and implementation when we practice community based interventions. This is likely to enhance acceptance and support of the intervention activities (**Trickett 2002**). In order to promote equal and

respectful relationships between men and women there is a dire need to address cultural forces that support sexism and discrimination against women (**Schwartz & Lindley 2009**)

The attitudes about sex, gender and intimate partnerships vary in different cultural communities and so we have to be aware of the differences when we implement sexual violence prevention strategies. One example that **Casey and Lindhorst (2009)** used was that of bystander interventions which was seen as a capacity building approach because it works to empower the bystanders or passers-by to achieve skills to intervene and challenge violent incidents or attitudes that reflect gender discrimination. This type of approach enhances positive relationships between men and women by building positive skills in supportive environments with a focus on pro-social activity (**Flood et al. 2009**).

The Empowerment self-defense (ESD) program is an effective program to address and eliminate sexual violence against women and girls. This program prepared the participants for mental, verbal and physical self-defense through strengthening their verbal and physical safety skills, and imparting them the self-confidence to implement them. Through this program the participants were empowered to use their voice and personal power in a striking contrast to social expectations of silence and submission that enable continued and unrestricted perpetration of violence. This program was designed to increase skills, confidence, and safety behaviour among the girls and women in responding to sexual violence and potentially threatening situations. The ESD program might prove to be an effective program in combating sexual violence among married women also.

## CONCLUSION

It is concluded from the present research that intervention had a positive impact on the respondents and significant results were achieved with respect to the lessening down of the intensity of sexual violence endured by the victims. Thus educational interventional tools to combat sexual violence against women can act as a catalyst in promoting gender egalitarian roles in the society and stimulating healthy relationships among both the sexes by bringing about a positive change in their behaviour. The extragenital trauma, degree of psychological stress and lack of support by their friends and families experienced by victims of intimate partner sexual violence is the same as those women who are victims of stranger or acquaintance rape. This has posed challenge on the law enforcement, judiciary and public opinion that seem to underestimate the seriousness of intimate partner sexual assaults. More such intervention strategies need to be chalked out by the government and policy makers for breaking down the culture of silence which prevails behind the four walls of the home and empower more number of women to lead a violence free dignified life.

## REFERENCES

- Asling-Monemi, Kajsa, Peña, Rodolpho, Ellsberg, Mary Carroll & Persson, Lars Ake. (2003). Violence against women increases the risk of infant and child mortality: a case-referent study in Nicaragua / Kajsa Asling-Monemi ... [et al.]. *Bulletin of the World Health Organization, International Journal of Public Health* ; 81(1) : 10-18.
- Barzelatto, J. (1998). Understanding sexual and reproductive violence: An overview. *International Federation of Gynecology and Obstetrics*, 63, Supplement 1, S33-S42
- Bronfenbrenner, U. (1977). Experimental toward an Ecology of Human Development. *American Psychologist*, 32, 513-531.
- Bruce, J., & Clark, S. (2003). In technical consultation on married adolescents. Paper presented for the WHO/UNFPA/Population Council, Population Council, Geneva, Switzerland.
- Casey, E., & Lindhorst, T. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *Trauma, Violence and Abuse*, 10(2), 91–114.
- Cherukuri, S. (2008). *Women in prison: An insight into captivity and crime*. New Delhi: Cambridge University Press India.
- Cokkinides, V.E., Coker, A.L., Sanderson, M., Addu, C. and Bethea, L. (1999). Physical violence during pregnancy: maternal complications and birth outcomes. *Obstetrics and Gynaecology*, 93, 661-666.
- Dartnall, E. & Jewkes, R. (2013). Sexual Violence Against Women: the scope of the problem. *Best Pract. Res Clin Obstet Gynaecol*, 27(1), 3-13.
- Decker, M.R., Wood, S.N., Ndinda, E., Yenokyan, G., Sinclair, J., Maksud, N., Ross, B., Omondi, B., & Ndirangu, M. (2018). Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. *BMC Public Health*, 18(1), 1341.
- Flood, M., Fergus, L., & Heenan, M. (2009). Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools. Melbourne: Department of Education and Early Childhood Development.
- Fontes, L.A. (2015). Invisible chains: Overcoming coercive control in your intimate relationship. *Journal of Marital and Family Therapy*, 43 (1), 177-178. New York, NY: Guilford.
- Gordon, A. A. (1996). *Transforming Capitalism and Patriarchy: Gender and Development in Africa (Women and Change in the Developing World)*. Lynne Rienner. p. 18
- Heise, Lori L., Pitanguy, J., Adrienne, G. (1994). Violence against women- The Hidden Health Burden. *World Bank Discussion Papers*, no. WDP 255. Washington, D.C.: The World Bank.
- Irudayam, Aloysius S.J., Mangubhai Jayshree, P., Lee Joel, G. (2011). *Dalit Women Speak Out: Caste, Class and Gender Violence in India*. New Delhi: Zubaan.

- Jejeebhoy, S. J. (1998a). Associations between wife-beating and fetal and infant death: Impressions from a survey in rural India. *Studies in Family Planning*, 29, 300-308.
- Kalra, G. and Bhugral, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian Journal of Psychiatry*, 55(3), 244–249.
- Kapadia-Kundu, N., Dyalchand, A., &Kulkarni, G. (2004). Physical abuse and its implications for the reproductive health of women in rural India [Unpublished]
- Kapadia-Kundu, N., Khale, Manish A., Upadhaye, S. and Chavan, D. (2007). Whose Mistake? Gender Roles and Physical Violence among Young Married Women. *Economic and Political Weekly*, 42(44), 71-78.
- Madhurima, N. (1996). *Violence against women: Dynamics of conjugal relations*. New Delhi: Gyan Publishing House.
- Nadda, A., Malik, J.S., Rohilla, R., Chahal, S., Chayal, V., &Arora, V. (2018). Study of Domestic Violence among currently married females of Haryana, India. *Indian Journal of Psychological Medicine*, 40(6), 534-539.
- Parker, B., McFarlane, J., &Soeken, K. (1994). Abuse during pregnancy: Effects on maternal complications and birth weight in adult and teenage women. *Obstetrics and Gynaecology*, 84, 323-328.
- Pillai, S. (2001). Domestic violence in New Zealand: An Asian immigrant perspective. *Economic and Political Weekly*, 36 (11), 965-974.
- Schwartz, J., & Lindley, L. (2009). Impacting sexism through social justice prevention: Implications at the person and environment levels. *Journal of Primary Prevention*, 30 (1), 27–41.
- Smith, P.H., Earp, J.A., &DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1(4), 273-288.
- Trickett., E. J. (2002). Context, culture and collaboration in AIDS intervention: Ecological ideas for enhancing community impact. *The Journal of Primary Prevention*, 23(2), 157–174.
- Trickett., E. J. (2009). Multilevel community-based culturally situated interventions and community impact: An ecological perspective. *American Journal of Community Psychology*, 43(3-4), 257–266.
- Violence Against Dalit women. (22 April-1 May 2013). Input to the UN Special Rapporteur on Violence against Women. pp. 1-10.
- Walby, S. & Towers, J. (2018). Untangling the concept of coercive control: Theorizing domestic violent crime. *Criminology & Criminal Justice*, 18(1) 7-28.
- World Health Organization.(2005). Multi-country study on women's health and domestic violence against women initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: Author.