



# "Old Wine in New Bottles?" - Paradigm shift in Domestic Violence

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## **ABSTRACT**

This paper explores the paradigm shift in the understanding of domestic violence, tracing its evolution from traditional gender-based perspectives to more nuanced, intersectional frameworks. Through a historical analysis, the paper examines how domestic violence was historically perceived through simplistic gender binaries, perpetuating stereotypes and victim-blaming mentalities. It then delves into the emergence of a new paradigm informed by intersectionality and trauma-informed approaches, which challenge traditional narratives and prioritize the diverse needs of survivors, particularly those from marginalized communities. The implications of this paradigm shift for policy, practice, and future research are discussed, emphasizing the importance of culturally competent services, trauma-informed care, and interdisciplinary approaches. Ultimately, the paper advocates for sustained commitment from policymakers, practitioners, researchers, and communities to eradicate domestic violence and build a future rooted in respect, equality, and compassion for all individuals.

**Keywords:** Domestic violence, Paradigm shift, Gender binaries, Stereotypes, Victim-blaming mentalities

## INTRODUCTION

Domestic Violence is a human right issue. It is most commonly applied to an intimate relationship between two adults in which one partner uses a pattern of assault to assert power and control over the other partner. And what gives push to such sort of abusive behaviour, it may be Personality disorder, Low self-esteem, Lack of assertiveness, Stress, Violent atmosphere during childhood, Dependency etc. It is recently recognized as a major public health issue. It is the least reported and most prevalent forms of cruelty in the society. The Domestic Violence Act was brought in to force by Indian Government from 26 Oct, 2006. It was passed in August, 2005. Prior to this Act Domestic Violence survivors were hampered by reluctant to enforce Domestic Violence as a criminal offence. Till the year 2005, remedies available to a victim of Domestic Violence in the Civil Court (divorce) and Criminal Court (Sec 498 A of I.P.C.) were limited. There was no emergency relief available to the victim. Unfortunately, abuse of an intimate partner has been a part of many cultures for many generations. According to Sec 498-A, husband or relative of husband of a woman subjecting her to cruelty whoever, being the husband or the relative of the husband of a woman, subjects such woman to cruelty shall be punished with imprisonment for a term which may extend to three years and shall also be liable to fine. Under IPC, 1860- Dowry death, forceful termination of pregnancy amounts to violence at home, when is driven to Commit suicide, Causing hurt, Unlawful confinement, Material rape, Misappropriation of wife's property, Matrimonial cruelty are offence in the form of Domestic Violence against woman.

### DEFINITION OF DOMESTIC VIOLENCE:

Domestic violence is a pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

### Key elements of domestic violence:

1. Conduct perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabiting relationships of heterosexuals, gay men, and lesbians.
2. A pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks as well as economic coercion.
3. A pattern of behaviors including a variety of tactics — some physically injurious and some not, some criminal and some not — carried out in multiple, sometimes daily episodes.
4. A combination of physical attacks, terrorist acts, and controlling tactics used by perpetrators that result in fear as well as physical and psychological harm to victims and their children.
5. A pattern of purposeful behavior, directed at achieving compliance from or control over the victim.

Domestic violence has many names: wife abuse, marital assault, woman battery, spouse abuse, wife beating, conjugal violence, intimate violence, battering, partner abuse, for example. Sometimes these terms are used interchangeably to refer to the problem, while at Other times a particular term is used to reflect a specific

meaning (e.g., “woman abuse” to highlight the fact that most victims are women). In addition to these multiple terms, there are different behavioral and legal definitions for domestic violence. With so many varying terms and definitions, there can be a lack of clarity about what is meant by domestic violence, leading to inconsistencies in identification, assessment, and interventions as well as inconsistencies in research.

## **B. Historical perspectives on domestic violence**

### **Ancient Women and Education:**

There are some bright exceptions in this dismal picture. The role of women in Ancient Indian Literature is immense. Ancient India had many learned ladies. There were two types of scholarly women — the Brahmaidinis, or the women who never married and cultured the Vedas throughout their lives; and the Sadyodvahas who studied the Vedas till they married. Panini mentioned female students’ studying Vedas. Katyana called female teachers Upadhyaya or Upadhyayi. Ashoka got his daughter, Sanghamitra, inducted into preaching Buddhism. From the Jain texts, we learn about the Kousambi princess, Jayanti, who remained a spinster to study religion and philosophy. Often, Buddhist nuns composed hymns. Women did write Sanskrit plays and verses, excelled in music, painting and other fine arts.

### **Ancient Women in Politics:**

Women often enjoyed prominent roles in politics. Megasthenes mentioned the Pandya women running the administration. The Satavahana queen, Nayanika ruled the kingdom on behalf of her minor son. So did Pravabati, daughter of Chandragupta II, on behalf of the minor Vakataka prince. A little after the Gupta period, queens used to rule in Kashmir, Odisha and Andhra. Princess Vijaybhatarika acted as the provincial ruler under the Chalukya King; Vikramaditya I. Women were provincial and village administrators in the Kannada region. Women from the aristocratic classes enjoyed education and other privileges but the common woman still suffered ignominy, deprivation and hurdles. Ancient India spans a vast period 2500 B.C-250 B.C... Archaeology, ancient texts, and artifacts are being used to reconstruct the lives of women<sup>1</sup>. “The earliest materials found by archaeological excavations suggest the worship of goddesses. The earliest recorded religious texts (1500 B.C.) call on the life-giving power of goddesses to give life and to nurture and sustain it.” After the Aryan invasion and the development of Hinduism and then Buddhism, India’s extant written texts add greatly to our knowledge. Centered on the Indus River valley, the oldest known civilization in India ranged from ca. 2500-1500 B.C. Today most of these cities of archaeological interest are now in Pakistan due to Indian independence and partition in 1947, although the ancient city-state of Lothal is in the Indian state of Gujarat. Extensive remains at Mohenjodaro, Harappa, and Lothal show a well organized,

<sup>1</sup> Upreti, Deepak K. (14 November 2011). "India is home of unspeakable crimes against women

prosperous agriculture and commercial society that traded with other civilizations in the Near East<sup>2</sup>. The most famous ancient artifact is that of a young slender girl posing confidently. Numerous toys found convey a society that valued family life.

### **C. Paradigm shift in understanding domestic violence**

#### **Traditional Paradigm of Domestic Violence**

The traditional paradigm of domestic violence centered on a gendered understanding of power and control dynamics within intimate partner relationships. Drawing from feminist theories, this perspective portrayed domestic violence as a manifestation of patriarchal structures, with men exerting power and control over women through physical, emotional, and economic means. The Duluth Model, developed in the 1980s, epitomized this approach, conceptualizing domestic violence as a cycle of abuse perpetuated by male perpetrators seeking to maintain dominance over their female partners.

Moreover, traditional approaches to domestic violence often framed survivors as passive victims, reinforcing stereotypes of helplessness and dependency. This victim-blaming mentality not only stigmatized survivors but also obscured the complexities of their experiences, overlooking the diverse factors influencing their responses to abuse.

#### **IV. Emergence of a New Paradigm**

In recent years, there has been a discernible paradigm shift in the understanding of domestic violence, marked by a departure from the simplistic gender binary and recognition of the intersectional nature of abuse. Intersectionality, a concept pioneered by Kimberlé Crenshaw, acknowledges that individuals experience multiple forms of oppression simultaneously, resulting from the intersection of various social identities such as race, gender, class, sexual orientation, and ability.

The new paradigm recognizes that domestic violence can occur in diverse relationship dynamics and is not solely confined to heterosexual partnerships. LGBTQ+ individuals, for instance, face unique challenges in accessing support services and navigating legal systems due to homophobia, transphobia, and systemic discrimination. Similarly, immigrant populations may encounter barriers to seeking help, such as language barriers, immigration status concerns, and cultural norms that prioritize family unity over individual safety.

Furthermore, the emergence of trauma-informed approaches has expanded our understanding of the impact of domestic violence on survivors' mental health and well-being. Trauma-informed care recognizes the pervasive

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<sup>2</sup> London Missionary Society, ed. (1869). *Fruits of Toil in the London Missionary Society*. London: John Snow & Co. p. 12.



effects of trauma on individuals' lives and emphasizes the importance of creating safe, supportive environments that empower survivors to heal and rebuild their lives.

## II. Traditional Paradigm of Domestic Violence

### A. Gender-based perspective

One detects a tendency to dismiss male victimization in reports where the female victimization rate is higher. It raises the question as to why this comparison is so often made. Although women may be injured at a higher rate, men are injured as well. The inevitable conclusion is that feminist theory on intimate violence is flawed. It cannot accept the reality of female violence. While male violence is viewed as never justified, female violence is viewed as always justified. The data do not support this double standard. Women commit intimate violence frequently and do not do so only in self-defense. A more reasonable interpretation of the data from these numerous studies would be that people (not just men) use violence in intimate relationships and use whatever form they have learned will be effective. Men, having greater upper body strength use direct physical violence more than women. Women use weapons more often than men to generate an advantage (see also Morse, 1995). The negative effects of disregarding male victimization by intimate violence include a re-enactment of the age of denial displayed to female victimization in the early 1970s. Feminists complained rightly about that denial then; they should be moved from a sense of justice to do the same now. Secondly, the risk to children from female child abuse is seriously underestimated in the literature (but not in the data). From the perspective of child safety, this needs more attention. Thirdly, feminists are interfering with the delivery of effective treatment intervention through state laws or policy that holds up the gender based but ineffective Duluth Model as the bintervention model of choice. This disadvantages women partnered with men in treatment by precluding the availability of more effective psychologically based treatment. As Ehrensaft et al. (2004) put it bstudies suggest that this single-sex approach is not empirically supported, because both partners' behaviors contribute to the risk of clinically significant partner abuse, and both partners should be treated. Women's partner abuse cannot be explained exclusively as self-defense against men's partner abuse, because a woman's pre-relationship history of aggression towards others predicts her abuse toward her partner, over and above controls for reports of his abuse towards her.

A dangerous bin-group-out group form of siege mentality has enveloped feminist activists and those researchers who share their dogma. It is based on a perceived threat that somehow, services for women will disappear if male victimization is recognised or that those who raise issues about female violence or intervention are somehow against progressive goals for women's equality. That is not the case. We neither wish, nor believe, that protection for women would be diminished by the above suggestions; simply that more effective intervention and treatment could be implemented if a more humanistic, complex, and community mental health model were

implemented. Clearly, shelter houses full of battered women demonstrate the need for their continued existence. Moreover, outside of North American and Northern Europe, gender inequality is still the norm (Archer, in press). However, within those countries that have been most progressive about women's equality, female violence has increased as male violence has decreased (Archer, in press). There is not one solution for every domestically violent situation; some require incarceration of a terrorist perpetrator, others can be dealt with through court-mandated treatment, still others may benefit from couples therapy. However, feminist inspired bintervention standards that preclude therapists in many states from doing effective therapy with male batterers are one outcome of this paradigm. The failure to recognize female threat to husbands, female partners, or children is another (Straus et al., 1980 found 10% higher rates of child abuse reported by mothers than by fathers).

The bone size fits all policy driven by a simplistic notion that intimate violence is a recapitulation of class war does not most effectively deal with this serious problem or represent the variety of spousal violence patterns revealed by research. At some point, one has to ask whether feminists are more interested in diminishing violence within a population or promoting a political ideology. If they are interested in diminishing violence, it should be diminished for all members of a population and by the most effective and utilitarian means possible. This would mean an intervention/treatment approach based on other successful approaches from criminology and psychology.

### **B. Power and control dynamics**

Power and control have always been central concepts to understanding intimate partner violence (IPV) and are important factors across many theories of intimate partner violence. However, both power and control are difficult concepts to define, measure, and distinguish from each other. Several new conceptual frameworks of power, control, and IPV are emerging that offer more detailed definitions of power and control, allowing for additional testable hypotheses. These new theoretical ideas are still in early development with limited support, but they are a step toward broadening our understanding of the role of power and control in intimate partner violence. This chapter will review the various historical theoretical explanations of IPV related to power and control. Next, it will present emerging IPV theories that are working to clearly delineate power and control in definition and measurement and to be able to develop testable hypotheses about the causal pathway between power, control, and IPV. This is important because the notion that IPV is about power and control underscores most batterer intervention programs and current educational awareness curricula.

### **C. Victim blaming and stereotypes**

An important thread running through the workshop was the sense that the attitudes and norms concerning violence against women and children and its prevention are changing. There is a growing awareness of the

magnitude of the issue as well as of the potential value of early intervention. Some of those intervention strategies involve the inclusion of men and boys as part of the solution instead of seeing them only as perpetrators to be punished. Speakers also felt that early intervention should include strategies that bolster resilience or mitigate future violence.

Gail Wyatt and Michael Phillips both stated that cultural relativity and sensitivity require particular attention: Norms and attitudes within cultures shape issues such as gender equality and the rights of children, but they also influence response. Rachel Jewkes agreed but added that nuances in what is accepted versus what is normalized can be important. She highlighted the importance of conversation with communities to understand what is truly culturally valued.

On the workshop's second day, speakers in the afternoon panel delved into violence and its relationship to trauma and the importance of understanding the intersection of these issues. Roger Fallot said that an important step in addressing violence is understanding trauma and bringing it into the mainstream of public health.

#### Growing Acceptance Of The Magnitude Of Violence Against Women And Children

Many speakers expressed the sense that violence against women and children has become a mainstream issue over the past few decades. Claudia García-Moreno of the World Health Organization said that when she first began working in this field, she was informed that violence was not a health issue but a social problem. Currently, researchers, particularly in public health, have begun to recognize and document the magnitude of these types of violence, though many gaps remain.

Only recently has evidence demonstrated that violence has an accumulated effect, and in many cases it starts early and continues throughout the lifespan. Little data exist from low- and middle-income countries, but studies are under way, and preliminary findings show high rates of abuse. In particular, Claudia García-Moreno mentioned a study in Swaziland conducted by the Centers for Disease Control and Prevention, which found that 33 percent of girls had been victims of childhood sexual abuse. The WHO Multi-Country Study shows that between 1 and 21 percent of women in the 10 countries included in the study experienced abuse in childhood, most commonly perpetrated by a family member (García-Moreno et al., 2005). She also referred to a study by Jeff Edleson of children's exposure to violence; the study found that up to 83 percent of children had overheard episodes of intimate partner violence (Edleson et al., 2003).

Dr. García-Moreno said that in the past 10 years the amount of data on magnitude and consequences has increased significantly, although much information is still missing on different types of violence against women and children (García-Moreno et al., 2005). According to the current state of knowledge, the majority of violence

perpetrated against women is done by an intimate partner, but the means and methods vary. Denise Wilson of the Auckland University of Technology mentioned statistics from New Zealand showing that 50 percent of homicides are related to family violence, and as many as 1 in 3 women in New Zealand experience some sort of lifetime physical or sexual abuse. Indigenous populations such as the Māori are at highest risk; 47 percent of women seeking safety are Māori, although this group only makes up 15 percent of the population (Wilson, 2011). Agnes Tiwari said that intimate partner violence in Hong Kong is relatively unrecognized, particularly as it tends to be emotional rather than physical abuse, which makes it difficult to determine rates of prevalence. Dr. García-Moreno added that the prevalence of other types of violence, such as female genital mutilation, does not seem to be lessening.

### **GROWING ACCEPTANCE OF THE NEED FOR PREVENTION**

Speakers generally felt that there was a growing recognition that prevention of violence was useful to multiple sectors in addressing health and social issues, and that this prevention included systemic changes in health systems as well as in legal systems. Claudia García-Moreno asked rhetorically why those in the health sector should care, as violence prevention efforts are often seen as competing with other interests. She felt that this state of affairs indicated the need for system-wide changes. Similarly, Roger Fallot talked about trauma-informed care as a new culture that has resulted from a systemic approach to addressing trauma that seeks to provide safety, address the potential for recurrence, and avoid replicating the violent situation. In addition, he said that a paradigm shift is needed in health service organizations and settings that would focus on supporting victims, such as an effort by health care providers to build trust with patients. Several speakers reiterated this point and said that addressing issues of violence and safety in communities and health-care systems would actually improve health-care providers' ability to provide services.

A number of speakers also spoke of the need for institutional, legal, regulatory, and policy changes to address violence. Denise Wilson described a number of pieces of legislation aimed at protecting women and children in New Zealand: the Domestic Violence Act of 1995; the Children, Youth, and Families Act in 1989; and the Care of Children Act in 2004. She also discussed the New Zealand Health Strategy of 2000, which included reduction of interpersonal violence as a goal and included family violence as a health problem.

Cheryl Thomas discussed the early stages of work performed in Central Asia in the early 1990s by a group that she led; in particular, she said, there were no provisions for domestic violence (no shelters, hotlines, or service providers, for example) and no research and no political or social will. In 1993 her group began work in Romania documenting domestic violence, which opened the door to research in the area. Through this work, she



said, there has been a growing understanding that implementing laws criminalizing violence against women is essential, and many countries in Eastern Europe and Central Asia have begun to do so. In particular, Advocates for Human Rights has highlighted the importance of the role of an “order for protection.” Ms. Thomas also noted that in Morocco the work of local implementing partners, particularly women's groups, has advanced the chances for implementation of a national domestic violence law greatly.

Monique Widyono offered another example with her description of a tool called In Her Shoes, developed originally in Washington State, which allows people to “walk in the shoes” of women experiencing violence. The process allows policy makers, service providers, and others a chance to see the consequences of such violence and to diminish stereotypes or expectations of survivors of violence.

### **ENGAGING MEN AND BOYS**

Gender equality and violence against women and children are intricately entwined, and advocates for reducing violence highlight the importance of increasing gender equality. Conversely, Kiersten Stewart discussed the reverse, describing how addressing violence can address gender inequality. James Lang said that violence is a “constitutive element of gender inequality” and that Partners for Prevention quickly became involved in engaging men and boys because they are the “gatekeepers of power” and primary prevention has to take that into account. However, Mr. Lang warned against sliding into the paternalistic language of men and boys “saving” women and girls from violence or thinking about males solely as instruments of change.

Rachel Jewkes delved deeper into the nuances of gender equity, pointing out that simply involving more females in government is not enough; relationships between men and women must be addressed as well. She demonstrated the existence of a disconnect between gender equality and a lack of violence by describing a study done in South Africa in which 90 percent of men said women should be treated equally, but 50 percent of those surveyed admitted to committing physical violence against a female partner (Gender Links and South African Medical Research Council, 2010). Dr. García-Moreno also noted that there is a growing body of information from men about their own perpetration of violence.

Dr. Jewkes explained that gender socialization is a process of learning social expectations about the goals and practices of men and women as well as about their experiences of power. Mary Ellsberg highlighted the importance of social dynamics: Boys are raised to be “tough,” and girls are raised to be pliant. Gender norms also influence the type of violence that children experience, with boys more likely to experience bullying and fights while girls are more likely to experience sexual and psychological violence and exclusion.

Thus in the process of growing up children discover that going against the dominant cultural model results in pressure, abuse, and violence. Dr. Jewkes used the example of the rape of lesbians in South Africa as a “corrective measure” to emphasize this point. Gary Barker agreed and suggested that changing gender norms should mean not only redefining the roles of men and women but also making people aware of the diversity of roles that already exist in various cultures.

Therefore, Dr. Jewkes concluded, addressing violence against women and children must include gender socialization. Various social institutions, such as schools, help define gender, but the home and family life are some of the earliest and strongest influences. If gender balances are unequal in the home or if partner violence is occurring, boys and girls are at greater risk of mimicking these models and finding themselves in abusive relationships again and again. Gary Barker reiterated this, mentioning the stress on men of being a provider, particularly during economic downturns, and suggested that perhaps early gender socialization that included alternative roles for men might reduce this stress. Dr. Jewkes, speaking for Julia Kim, said that giving women increased roles as providers does not always help, particularly if it is added to women's responsibilities for taking care of the home, because it can increase the stress on women. She noted that standards for feminine behavior in the developing context are often constructed around acquiescence to men's demands and that social structures often reward women who fit into socially acceptable roles despite the increased risk of violence they must endure.

Dr. Jewkes referred to the hegemonic masculinity theory of Raewyn Connell, which states that power is not exercised through use of force but rather through the acquiescence of the powerless. A study in South Africa found that while the vast majority of men and women believe in equality, the majority of men and a smaller majority of women believe that a woman should obey her husband. This was true across races. One of the factors contributing to this situation is a lack of exposure to other culturally appropriate ways of being a woman. Dr. Jewkes also pointed out that, according to one study, women who strongly agree that a husband has a right to beat his wife are more likely to be beaten and that women who believe that beating is a sign of affection are also more likely to be beaten<sup>3</sup>.

The International Men and Gender Equality Survey (IMAGES) described by Dr. Barker found that men report knowing about laws addressing gender-based violence but express sometimes contradicting views on such laws. One consensus among interviewees across countries was the feeling that the laws increase a sense of being

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<sup>3</sup> Gender Links and South African Medical Research Council, 2010

observed or scrutinized, which Dr. Barker described as not only a symptom of the gender power balance being upset but also an indication that additional education might be needed to explain how these laws are protective and not punitive. Claire Crooks also expressed a concern about lack of services for men at risk of perpetrating violence aimed at preventing either violence or the recurrence of violence; most efforts are punitive instead of preventive.

To explain why some men experience similar risk factors but do not perpetrate violence, Dr. Barker showed responses from IMAGES suggesting that men are sensitive to positive cultural and social norms, including the influence of a respected elder, reflection on past abuse (as victim or perpetrator), and exposure to community spaces that promote non-violence.

Interventions that take into account these sensitivities often include involving men in the care of family. Dr. Crooks said that it is important not to assume that a program that works with mothers will work with fathers and that more effort should be put into designing programs that include men more actively.

Agnes Tiwari agreed, citing her work in including men in prevention efforts as active participants rather than as passive partners. In her Hong Kong study, men were included in a prenatal education intervention in which the discussion around parenting skills was used as an entry point to discussing couple relationships. This was more effective because the cultural barrier to discussing romantic relationship skills could be overcome. In particular, it was effective in reaching men and discussing both partner and father roles in a way that didn't seem “therapeutic.”

## **INTERSECTION WITH OTHER INEQUITIES**

Recent research in the field of violence prevention shows that violence does not occur in a vacuum; instead, it is highly co-occurring with certain factors such as poverty, food insecurity, the presence of infectious and chronic diseases, and lack of education. Addressing violence prevention in a comprehensive way requires looking at these other issues as well. Dr. Butler-Jones remarked that “poverty is a constellation” and can entail a lack not only of economic resources but also of relationships as well. Having stability, shelter, and adequate food means the difference between average health and good health, all of which affect resiliency.

Thus investing in preventing violence against women and children is not just about ending violence and promoting gender equality. As Dr. Ellsberg said, “We cannot hope to make significant progress in achieving the ambitious goals of ending poverty and hunger, achieving universal primary education, improving maternal and

child health, and combating AIDS and other infectious diseases unless we are able to end violence against women and children.” Brigid McCaw also said that it is important to identify co-morbidities and inequities (poverty, substance abuse, and so forth) because they may be more likely to bring the victim to the attention of the provider than the violence itself. For example, as Claudia García-Moreno pointed out, children experiencing violence at home often have difficulties, such as behavior problems, at school, and understanding this link can lead service providers to the violence even if no report is ever made.

These intersections are bi-directional: The increased risk of violence creates a suspicion of legal and medical authorities, while unstable social conditions can lead to an increased incidence of violence. Dr. Ellsberg pointed out, for example, that poverty and lack of access to health care prevent parents from accessing resources for addressing parenting and coping skills. Furthermore, those who fear the stigma of HIV and its associated violence—of which women are most at risk—fail to seek screening and care. Roger Fallot said that while violence increases the risk of homelessness, incarceration, and substance abuse problems, those outcomes in turn place people at risk of continued violence.

The context in which violence can occur is a major factor affecting the risk and severity of violence. Dr. Amaro suggested it might be useful to look further upstream at issues such as environmental factors and structural violence, a topic that had been touched upon by an earlier audience member who suggested that violence prevention efforts need to be incorporated into social studies curriculum in schools. Dr. Crooks said that the more types of violence a person experiences, the worse the outcome will be in terms of both future perpetration and health and psychosocial outcomes. Poverty and racism increase both the likelihood and the severity of violence and also affect the impacts of violence. Denise Wilson underscored this point by bringing up the example of the Māori, who live in the most deprived neighborhoods in urban centers of New Zealand and who still experience barriers to access to health care and social services system because of racial discrimination. The Māori are disproportionately victims of violence, and they account for 50 percent of women and children in shelters. Dr. Wilson also described how the Māori culture has seen huge shifts over the past several decades, with the loss of traditional social structures that previously supported women's equality. Not all women have the same rights, Dr. Wyatt said, and ethnic and racial differences play a large role in who is exposed to or victimized by violence.

Dr. Jewkes referred to a study from South Africa in which women who report higher food insecurity report less equitable views of gender and men who report lower food security report higher rates of violence against a partner. A similar outcome was found in a study in India, which found that 49 percent of women who did not



own property reported violence, as compared with 7 percent of women who did own property. In general, a lower ability to mobilize resources is correlated with a higher acceptance of violence, greater likelihood of being a victim or perpetrator, and lower likelihood of leaving a violent situation. This greater risk of violence leads to a continued cycle of violence in which victims find themselves re-victimized and sometimes become perpetrators themselves.

The context of violence also affects the severity of the outcomes. Julian Ford and Claudia García-Moreno paid particular attention to the concept of toxic stress and how continual exposure to violence both directly and indirectly creates a climate of chronic stress, which has been shown to have fundamental effects on cell growth in the brain. This is of particular importance for children, whose brain development can be significantly altered, resulting in secondary outcomes throughout their lives. Exposure to chronic stress affects language and communication ability and places an individual at increased risk of substance abuse. The development of trauma as a long-term outcome also has a complex relationship with violence, putting victims at additional risk of re-victimization as well as at risk of other adverse health outcomes. Dr. Amaro mentioned the high rates of co-occurrence of alcohol- and drug-related disorders with trauma and post-traumatic stress disorder (PTSD).

In the Boston Consortium study discussed by Dr. Amaro, an integrated system was created to address trauma and substance abuse issues in women. This included treatment for the trauma (psychotherapy and skills building) as well as substance abuse treatment, both clinical and residential. The intervention involved careful attention to gender and racial linguistic usage because the population was primarily African-American and Latina women, and it paid close attention to addressing the roles of women in society and their relationship to violence. The intervention also included components to address integration with other services being provided, because many of the women involved had other issues, such as the loss of custody of children or a lack of economic empowerment.

Cris Sullivan applied her community advocacy model to discuss how empowering women has a strong effect on whether abuse recurs and on how capable women are of escaping the cycle of violence. She found in her intervention that providing an advocate who would support the woman with skills transfer and assistance empowered her to take control of her life.

## **PREVENTION THROUGH PROMOTION**

The speakers also agreed on the importance of primary prevention and on moving even further upstream to address the environment in which violence occurs. Researchers felt that promoting resilience and protective

factors provides individuals with skills to deal with the conflict and instability that breeds violence. Addressing many of the issues mentioned previously, such as gender equality and co-morbidities and the chronic stress on children, would be cost-effective and successful in the prevention of violence against women and children. Speakers felt that mitigating the climate of violence through social and legal programs often results in the greatest success.

Some of these legal interventions would involve laws and regulations that strengthen the rights of women and children, such as the international and country-level policies mentioned by Cheryl Thomas and Kiersten Stewart. Katrina Baum of the National Institute of Justice described the paradigm shift that occurs when including criminal justice in prevention, citing a case of a police chief referring to a stalking unit as a “homicide prevention unit,” and Gary Barker noted that there is good evidence that community policing can play a role in preventing violence.

Prevention can also be addressed in programs that strengthen individual skills and family coping mechanisms. Bryan Samuels of the Administration on Children, Youth, and Families referred to research undertaken to inform program decision making that showed three important protective factors: “young people who have the ability to self regulate, young people who choose a particular way of coping with adversity, and young people who have a level of self efficacy that leads them to the belief that they can avoid the bad things that are going on around them, and that they have got a skill set or a method for doing so.” Dr. Falot talked about G-TRIM (Loving Life), in which girls were given a space to talk about trauma, anger, and how to move forward.

David Wolfe said that prevention is cheaper and easier than treatment and noted that the Fourth R is designed around the promotion of healthy relationships in adolescence. Learning to relate starts early, and adolescents are curious and experimental, pushing at boundaries and becoming more exposed to risk factors. The Fourth R addresses management of these risk factors, strengthening the skills needed to make responsible choices and teaching students to balance “pro-abuse” messages with healthy messages. An important component of the program is involving youth in their own empowerment, particularly having older youth demonstrate the skills learned through the program in videos or other activities. One major outcome of the program is that boys who experienced maltreatment outside of school were less likely to engage in dating violence after this intervention. Risk factors are most noticeable at the middle school level, so addressing troubling relationships then makes sense. However, it could potentially be more effective to begin earlier with general information on the skills needed to build healthy relationships.

Judy Langford discussed Strengthening Families, which targets all families, not just those at risk, and aims to increase resilience and promote strengths. To easily reach out to families, the program is carried out at locations that they are likely to frequent. Strengthening Families is designed to support five essential protective factors that were identified through research and evaluation of successful programs. The first is parental resilience, which aids a parent's ability to maintain healthy relationships and handle individual and parenting challenges. The second is social connections and the ability to create a social network to prevent the damage caused by isolation as a result of or a precursor to susceptibility to violence. The third is knowledge of parenting and child development, which encompasses not only “official” information from parenting guides but also the unofficial information gleaned from family networks and cultural sources. The fourth is concrete support in times of need, both the basic needs required to maintain a stable household, such as economic stability, and access to services in crisis. The fifth protective factor is social and emotional development of children, because children with developmental delays and cognitive disabilities are more vulnerable to maltreatment than those with normal development. The importance of this work, Ms. Langford said, is highlighted by the number of states that expressed interest in learning about this framework, which in turn resulted in a number of interdisciplinary approaches being created and used in these states. Strengthening Families has been adopted by national and international nongovernmental organizations, parent groups, administrators, and state child welfare agencies as a means to reduce violence and improve family relationships.

Gary Barker discussed an intervention strategy, Program H, designed to promote alternative masculine identities of non-violent or less violent men and directed at both men and women. The program ran a campaign including radio spots, TV ads, community theatre, and other media that highlighted positive aspects of masculinity. In Brazil the campaign resulted in attitude change; in India, it resulted in lower reported rates of gender-based violence. Preliminary data in the Balkans are being assessed, but one major obstacle to success there was the ingrained violence in all-male schools, a more difficult cultural context to overcome. A second intervention, Program M, is looking at changing these attitudes within schools, not only among students, but also among teachers as transmitters of these norms.

In the Intervention with Microfinance for AIDS and Gender Equity study in South Africa, which was conducted by Julia Kim and described by Rachel Jewkes, researchers sought to identify whether microfinance programs with added gender training elements resulted in women feeling more empowered and in men and women reporting fewer violent events. Women reported feeling more empowered collectively. There were also increases in food security and household assets and a reduction in loan defaults. The program also saw a 55 percent reduction in intimate partner violence two years after the intervention, through shifts in attitudes, including

greater negotiating status of women, the ability of women to leave abusive relationships, and fewer conflicts over finances. In a comparison group without the gender training, there was no reduction in violence.

## JUDICIAL APPROACH

In the case of *Sushila Bai v/s. Prem Narayan*<sup>4</sup>, the court ruled that the husband's abandonment and lack of responsiveness to his wife constituted withdrawal from marital society, entitling the wife to seek conjugal rights. Conversely, a husband engaging in an extramarital relationship cannot file for conjugal rights against his wife.

Similarly, in *Harvinder Kaur v. Harmander Singh Choudhry*, the court emphasized that the aim of restitution decrees is to preserve marriages, not to hasten divorce or separation. Marriage, viewed as a contract benefiting not just the spouses but also third parties and their offspring, seeks to foster harmonious cohabitation.

Cohabitation, as interpreted in *Saroj Rani v. Sudarshan Kumar Chadha*<sup>5</sup>, extends beyond mere sexual relations to encompass living together as husband and wife. Section 9 of the Hindu Marriage Act, 1955, was upheld by the Supreme Court as a measure to prevent marital breakdown, not infringing upon constitutional rights.

However, recent challenges in 2019 questioned the legality of enforcing conjugal rights, citing it as coercive and violative of women's rights under Article 21. The disproportionate burden on women, deemed a violation of Articles 14 and 15(1), led the Chief Justice of India to criticize the provision as anti-women.

*Baldev Raj v. Bimla Sharma*<sup>6</sup> clarified that restitution of conjugal rights and divorce cannot be pursued simultaneously, as they are contradictory remedies. Nonetheless, failure to comply with a conjugal rights decree for over a year may warrant grounds for divorce.

Regarding divorce, Section 13 of the Hindu Marriage Act, 1955, enumerates various grounds, including adultery, cruelty, desertion, conversion, and mental disorder. Cruelty encompasses both physical and mental harm beyond ordinary marital strains, while desertion necessitates a continuous absence of mutual respect and understanding.

### Redefining Divorce

<sup>4</sup> AIR1986MP225, AIR 1986 MADHYA PRADESH 225, (1986) 1 CIV LJ 659, (1986) 2 HINDULR 152, (1986) 1 HINDULR 530, (1986) JAB LJ 465, (1986) MPLJ 114

<sup>5</sup> 1984 AIR 1562 1985 SCR (1) 303 1984 SCC (4) 90 1984 SCALE (2)118

<sup>6</sup> 2014(3) ALL MR 721



Marriage, as a societal institution, evolves alongside social changes and is susceptible to human fallibility. In instances where marriages falter due to discord, termination becomes inevitable.

Under Section 13 of the Hindu Marriage Act, 1955, divorce is permissible under various circumstances: voluntary extramarital relations, cruelty towards the petitioner, desertion for over two years, conversion to another religion, or persistent mental incapacity hindering marital harmony.

In the case of *Jayachandra v/s Aneel Kaur*<sup>7</sup>, the Supreme Court delineated cruelty, stipulating it as deliberate actions posing a threat to life or health, encompassing both physical and mental abuse. Mere separation, however, does not constitute desertion. Cruelty manifests in various forms, ranging from overt brutality to subtle gestures, denoting a lack of mutual respect and understanding.

Adultery, as outlined in Section 13[1][i], denotes voluntary sexual engagement outside the marital bond.

Contrary to popular belief, the concept of irretrievable breakdown of marriage does not constitute grounds for divorce under Section 13, as affirmed in *Vishnu Dutt Sharma V. Manju Sharma*<sup>8</sup>. It is the prerogative of the legislature, not the judiciary, to introduce or revise laws regarding this aspect.

Mutual consent divorce, under Section 13-B, necessitates joint application by both parties, devoid of coercion or deceit. Divorce is granted if the spouses have lived separately for a year, unable to reconcile, and have mutually agreed to dissolve the marriage.

## CONCLUSION

The paradigm shift in the understanding of domestic violence represents a significant evolution in our approach to addressing this pervasive societal issue. From the historical gender-based perspectives that oversimplified the dynamics of abuse to the emergence of a more nuanced, intersectional understanding, we have made substantial progress in recognizing the complexities of domestic violence and its impact on individuals and communities.

Through this paper, we have explored how traditional paradigms framed domestic violence within narrow gender binaries, perpetuating stereotypes and victim-blaming mentalities. However, the emergence of new paradigms,

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<sup>7</sup> (2005) 2 SCC 22

<sup>8</sup> AIR 2009 SUPREME COURT 2254, 2009 (6) SCC 379

informed by intersectionality and trauma-informed approaches, has challenged these simplistic narratives, paving the way for more comprehensive and inclusive responses to domestic violence.

The implications of this paradigm shift are far-reaching. They demand reforms in policy, practice, and service provision to better meet the diverse needs of survivors, particularly those from marginalized communities. Culturally competent services, trauma-informed care, and intersectional approaches are essential components of effective interventions that prioritize survivors' safety, autonomy, and well-being.



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