

# Understanding Intimate Partner Violence in Kerala through Gender Lens: Need for Multidisciplinary Approach

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Assessment of gender role attitudes by National Family Health Survey (NFHS-5) brought out the perception of people including women in Kerala towards domestic violence. A total of 52% of women and 63% of men agreed that a husband could be justified in hitting or beating his wife under some circumstances like woman showing disrespect for her in-laws, neglect of the house or children, or husband suspects her of being unfaithful.<sup>1</sup> This was quite unexpected from Kerala, where women's literacy is high. The report kindled series of discussions in media and public. There are only very limited studies related to domestic violence in Kerala. At the same time there are anecdotal evidence of dowry-related suicides, homicides, conflicts in interpersonal romantic relations ending in murder, violence in homosexual relationships as reported in media which are on increase. All these factors underline an imperative to expand the definition of domestic violence into Intimate Partner Violence (IPV) covering all interpersonal conflicts like those between homosexual, live-in, and romantic relationships in addition to marital relations. Also this invites a broader approach to the problem cutting across disciplines.

## Defining Intimate Partner Violence (IPV)

IPV had been understood within the framework of heterosexual monogamous family relations, subscribed to patriarchal norms. But in the changing social scenario, we have to consider violence within live-in relationships, romantic heterosexual encounters, and homosexual relations, widening the premises where partner violence can happen. As per WHO definition, IPV refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Examples of types of behavior are acts of physical violence, such as slapping, hitting, kicking, and beating, sexual violence, including forced sexual intercourse and other forms of sexual coercion, emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children, controlling behaviors, including isolating a person from family and friends;

monitoring their movements; and restricting access to financial resources, employment, education, or medical care.<sup>2</sup> Conventional feminist theories view IPV as culmination of male control of women in intimate relationships.

Recent research shows that IPV can be bi-directional also, though exposing patriarchy by feminism helped in understanding the phenomenon of violence inflicted by men upon women, to a large extent. In various contexts, women also can do violence on men in relationships.<sup>3</sup> Similarly, violence exists among homosexual couples also equally, more or less than heterosexual. So, it has become indispensable to have more understanding about the meanings, contexts, and impacts of violence.

## Kerala's Health Context

In Kerala, there has been an increase in the reporting of IPV in recent years, which include homicide also. In addition, there was higher reporting to domestic violence during COVID-19 for which Kerala is not an exception. In India, National Women's Commission's reports showed doubling of domestic violence against women and children during this period. This was the state of affair in all states including Kerala. Following this, Kerala Institute of Local Administration (KILA) commissioned a study to collect more information regarding domestic violence. Kerala health system has already set a mechanism to address the issue of domestic violence through Bhoomika project. Bhoomika is a helpline service initiated by Kerala Health services from 2009.<sup>4</sup> KILA planned the study to understand the circumstances in which women are subjected to violence. Data was collected from Bhoomika and other nongovernmental agencies working in the same sphere. They

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were Mitra, Sakhi, Snehitha, and Mahila Samakhya. They collected data from facilitators and directly from the complainants. About 150 cases were reported in these organizations during a 1-month period. It was interesting to note that majority of the cases came through help line were from middle class. Abuses included physical, mental, sexual, and financial, in which physical and financial were predominant. These variations may be due to different barriers to reporting. For example, sexual abuse within marriage is normalized in our culture and for that reason women do not usually report it. This was substantiated by detailed enquiry into individual cases. Lower class women may not have much access to help lines and other support systems, whereas upper class women may have different barriers like keeping prestige of the family. Further enquiry showed that lower caste women directly approach the facilitators in the grassroots level. These demonstrate the relevance of circumstances in reporting violence. The situations which led to the violence included financial constraints, lack of availability of alcohol, refusal to sex, domestic work load, and suspicion of infidelity.<sup>5</sup>

Barriers to reporting were found to be lack of vehicles for transportation, fear, lack of freedom within families, lack of liberty to use phone or internet, fear of becoming homeless and helpless, economic dependence for their own survival, and care of children. In addition to this, perpetrator is constantly at home and vigilant on women's daily activities. Underreporting was more in COVID situation and inevitability to stay together at home made it worse.<sup>5</sup>

Domestic violence was included in health agenda only after women's campaign all over world in the later part of the 20th century. WHO has included violence against women as one of the major components of "gender and health." International Centre for Research in Women, conducted a study in various parts of India in 2000, in which Thiruvananthapuram was included as one of the sites. Results showed that prevalence of physical violence was highest in Thiruvananthapuram (43.1%) among urban nonslum sites. Prevalence of psychological violence was also found to be highest in rural and urban nonslum areas in Thiruvananthapuram (68% and 66%, respectively). The study tried to understand the circumstances of violence also. They were lapses in fulfilling the supposed duties of women like cooking, care of children and in-laws, and attending household works. Sexual control is another area where women also initiate violence due to the infidelity of their husbands. Dowry also plays a major role in domestic violence.<sup>6</sup>

Even though women needed health care due to the injuries, there was difficulty in accessing it. Reasons given were lack of money, feeling ashamed and lack of freedom. A paradoxical association between violence, education, and employment was also observed. Violence was more frequent when the woman was more educated and had a better type of employment.<sup>6</sup>

There are only very limited information related to IPV in Kerala. Above-mentioned studies elucidate only a fragment of the picture. Domestic violence, which are reported constitute

only part of the incidences. Expansion of the definition of domestic violence into IPV is a major concern in the context of barriers of reporting in marital relations, invisibility of conflict in premarital romantic relations, and the closeted nature of homosexual relations.

Studies show that IPV is high among homosexual people.<sup>7</sup> Since they are invisible and marginalized, the factors leading to these circumstances also are hidden. Since lack of support system is a major contributing factor in perpetrating violence, social stigma and marginalization may be precipitating violence among them. In Kerala, suicides are reported in a higher rate among them, pointing out IPV as one of the factors complicating their lives.<sup>8</sup>

### **Towards Multidisciplinary Framework**

More studies are required in Kerala following a multidisciplinary approach. Scholars applied different theoretical approaches such as sociological, poststructural feminist, queer, etc, to understand IPV. These theories point out how gender and sexuality are constitutive of the power relation leading to violence, not just outcome of these unequal relations.<sup>9</sup> A better theoretical framework includes sociological, biological, and cultural analysis of masculinities and femininities to understand violence in individual, interpersonal, and structural levels. This will be relevant in defining and addressing IPV in therapeutic, preventive, and policy level interventions, covering all types of intimate relations like heterosexual and homosexual whether it is marital, living, romantic, or transactional.

Post structuralist and queer theories assists to understand the nuances of power dispersed in different directions in relationships, in contrast to the top-down way of understanding in traditional "patriarchy" as a tool for analysis. Breaking the binaries of gender, sexual orientation, race, class, and so on reveals the way in which power dynamics is operated in homosexual relations, and violence executed by women in heterosexual relations in addition to the violence perpetrated by men. In the conceptualization of power by Foucault, it operates in a field of relations, cutting across identities like gender.<sup>10</sup> People always try either to cope with the situation or to negotiate with the actors in such a way that identities are reproduced or contested, using appropriate tactics and strategies. So, it is easy to understand how and why women and other subjugated genders also perpetrate violence in addition to the dominant mode of man-inflicted violence. In this view, power relations are not seen as static, but fluid, contested, discursive, and changing.<sup>10</sup>

Considering women's individual experiences and their mode of resistances in particular locations add to the understanding of dynamics of IPV. This also enables to cross the boundary of the binary depicting men as oppressors and women as universally subjugated thereby obliterating the space for negotiation and resistance. An intersectional approach also takes away the reduction of women into a homogenous group and registers the axes of class, caste,

sexual orientation, etc. This approach marks the differences among women and other genders in mediating gender conflicts in their specific contexts, along with commonalities. Sometimes, women use violence as a strategy for survival, making use of their positions in various social locations, though its nature is different from that of men who are much privileged in a gendered and sexualized social structure. Queer theory focuses on the effects of sexual orientation in a heteronormative and homophobic society in perpetrating violence by defining “the normal” and thereby masking the violence reinforced within homosexual relationships.<sup>11</sup>

It is a fact that construction of femininity and masculinity in the present social structure builds different expectations from two genders which is instrumental in interpersonal conflicts and IPV. It is the embodiment of femininity and masculinity by females and males rather than being women and men that results in violence through gender norms and roles. Masculinity is constructed as hegemonic characteristics of domineering, violent, strong, effectively enacting violence, acting as the sexual subject, whereas femininity is characterized by compliance, obedient, physically vulnerable, and the sexual object of masculinity.<sup>12</sup>

**Biological factors:** There are structural abnormalities of brain due to damage during birth time or otherwise attributed to violent behavior. Recent advances in brain studies, show role of neurotransmitters and variations in metabolism. Gender is found to be a predictor mediated through genetic variations. However, the biological factors are manifested only in favorable societal situations. Early childhood abuse is observed to be a precipitating factor.<sup>13</sup> Although biological elements are significant, a comprehensive approach should include interpersonal/psychological and structural/social aspects also.

**Interpersonal:** In everyday interaction, gender is performed by individuals in that situation. This creates and legitimizes hierarchical structures, unless resisted through subversive action. There is a system of rewarding or despising, based on the expectations of society in a gendered manner. A man performing feminine behavior is despised and pushed to the bottom of hierarchy. Woman acting out masculine features are stigmatized or ill-treated. When men are not able to perform as per societal expectations like generate income for family, their masculinity is threatened and they try to regain it through violence. Interpersonal approach tries to understand violence as situated in the context, as masculinity is embodied in men, women, and other genders as well as people with different sexual orientation.

**Sociological:** Male power is sustained through institutions and their power, constituted of religion, family, education, media, policies, etc. The hierarchical structure of society encourages its features, as male dominance is one among them. Social construction of gender through stereotypes and gender division of labor make heterosexual relationship hegemonic, thereby subjugating other forms of sexual orientation. Social milieu such as poverty, unemployment stress, etc, also facilitates IPV as per social structural theory. It was observed that

the lockdown time of COVID epidemic perpetrated more IPV in all settings. Economic and emotional dependence worsens the situation. Queer people experience violence as a result of marginalization in the social organization.

## Way Forward

Though IPV is a reality in Kerala society, it is underreported and not addressed sufficiently. In addition to marital conflicts, there are major events of violence reported among romantic young adults. Visibility of homosexual and transgender people in recent years also necessitates widening of the definition of domestic violence into IPV. More studies are required to understand the complexities leading to the situations in varied circumstances. Since, this phenomenon is the result of multiple interactive factors such as biological, interpersonal, and sociological, a multidisciplinary theoretical model is desired to analyze the problem.

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