



Role of Print and Electronic Media in Curbing Violence against Women

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Abstract: Society is a complex web of structure. Each and every individual is bound to follow norms and values. It brings people on a single platform. For instance, in a school boys and girls study together. In a college or university men and women comes together to get education. On the other hand, gender discrimination can be observed on daily bases. Various reports such as gender index rank various countries according to their effort. India has ranked poor in recent report. Major reasons of poor performance are violence against women, gender inequality, misogynist attitude of men, and so on. According to Recent report of national crime record bureau released in October 2019 shows 3 59,849 cases of crime against women. Uttar Pradesh topped in the list with 56,011 cases. Increased in violence from the previous report can be observed. a report published by Tata institute of social sciences, Mumbai after audit in shelter homes of Muzaffarpur where sexual violence against girls were reported. This report was also covered by Kashish news. Report states that girls in shelter homes were compelled to face sexual violence. Many cases are hidden or not reported. However, these reports represent miserable condition of women in the country.

Key Words: society, complex, web of structure, individual, single platform, instance, discrimination.

Media is considered fourth pillar of a democracy. It is responsible to represent neutral picture in front of a nation. Talking about violence against women print and electronic media need to be proactive. Recent incident of Gargi College, Delhi where girls faced molestation during college fest. In the evening of New Year Bangalore witnessed terrible incident when women were groped on public place. These incidents were reported in print and electronic media.

This paper focuses role of media in curbing violence against women by referring various reports and incidents.

Violence against women has become a serious problem these days. A survey suggests 10 to 69% women reported physical assault by their intimate partner. Nearly 72 per cent involve simple assault and 7 per cent were recorded as sexual violence or rape. Surveys from 2000 to 2006 reported physical violence and mental health problem among women in the globe. Many incidents meanders in my mind of VAW in Indian context. Gulmehar Kaur,

student of Lady Shriramcollege involve protest of Ramjas college and she was trolled on twitter and other social networking website. Print and electronic media presented her image according to their interest. Similarly, journalist BarkhaDutt was trolled for her remarks about government policies. In short, whenever a girl comes to express her views. Media represents her accordingly.

Defined by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979 by the UN General Assembly, as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field", violence against women (VAW) constitutes the main obstacle for women's human rights.

According to theoretical framework of



feminism, legal definitions on VAW have adopted a holistic perspective which recognizes both types - physical, sexual, psychological, economic and femicide - and modalities - institutional, community, work, school - of violence against women and girls. Most recently, the Sustainable Development Goal 5 Target 5.2 calls to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Types of violence: Women are commonly pushed, slapped, hit with hands or feet or even stick or threatened with a weapon. Physical injury has been reported to be the most visible form of Domestic violence (PV) [1]. Emotional and mental abuse are equally troubling but sometimes communities do not see them as problems. Women also suffer sexual violence (SV) from intimate partner globally. Forced sexual initiation, both within and outside marriage are known to cause injury, sometimes with dangerous immediate effects like shock due to bleeding or chronic pain. Well designed cross sectional studies of forced first sex revealed, 28%, 40% and 7% of women respectively in Tanzania [2], South Africa [3] and New Zealand [4] had reported first sexual intercourse forced. Research also suggested that the younger a woman was at first intercourse, the more likelihood was that force was used with more chances of injury. In the New Zealand study, 25% girls who had first sex before age 14 years reported forced sex [6]. SV, the manifestation of social, psychological, and economic subordination of women, has existed since ancient times, but has remained largely hidden. In countries such as China, India, Pakistan, and some other countries, sex selective abortions, foeticide, infanticides, which lead to prevention of birth of a girl are extreme forms of violence which change the ratio of men to women. Female foeticide can lead to health hazards in the mother too. Unfortunately sometimes the health sector also victimises women. Besides physical and sexual violence, other forms of abuse, mental and financial also continue because of various reasons, including decisions about the household regarding, money, health care and child care being made by

husbands, sometimes mother in laws, women against women too.

Magnitude of violence: In a recent analysis, the London School of Hygiene and Tropical Medicine and The Medical Research Council found that globally approximately 30% of women in a relationship have been the victim of DV [7]. The magnitude of some of the most common and most severe forms of violence against women, PV at home, work places, IPV; sexual abuse by intimate or nonintimate partners; trafficking, forced prostitution, exploitation of labour, and debt bondage of women and girls; PV and SV against prostitutes; sex selective abortions, female infanticide, and the deliberate neglect of girls; and rape in war is really not known. There are many aspects with many perpetrators, spouses/ partners, families, neighbours, employers, men in position of power, and strangers too. Violence is almost universally underreported. The prevalence of violence suggests that globally, millions of women are experiencing violence or living with its consequences. Domestic Violence (DV) is difficult to measure, because of lack of reporting, stigmatization, even no standard methodology to define. Latest estimates have revealed that one in three women experienced Physical violence (PV) or sexual violence (SV), or both in their lifetime by a partner or a non partner (8). A review of nearly 50 population based surveys from around the world found that between 10-50% of women reported being hit or physically abused by an intimate male partner at some point in their lives (9). A study revealed that the reported SV rate in India was among the lowest in the world and the instances of violence were reported lowest among Buddhist and Jain women, and highest among Muslim women [10]. However it is a subject of research, whether it is under reporting or there is comparatively less violence. According to United Nations Population Fund Report, around two-thirds of married Indian women were victims of DV and as many as 70 per cent of married women in India between the age of 15 and 49 were victims of beating, rape or forced sex. The National Crime Records Bureau (NCRB) records in India, which was used in the Court, revealed that in 2011,



a total of 1, 14, 372 cases were registered under crimes against women in matrimonial homes [11]. According to NCRB [12] in India, the number of reported rapes increased 700% since 1971 when it started to be recorded. It is essential that meaningful, sustained, and widespread actions are taken for recognition of the global prevalence of violence.

Causes and frequency of violence: Early marriage, alcohol, women's employment, unemployment, experience of abuse as a child, poverty, rapid socio economic changes, and justification of wife beating are known causes. Studies conducted regarding underlying factors for SV in India reported even a culture that approved violence, harmful gender norms and traditions, and social acceptance of violence as an accepted means of conflict resolution [13-14]. Mostly it is husband who has control of finances and husbands believe that they have a right to abuse women if they do something which makes them angry. Some women suffer violence because they work outside home and others because they do not work.

The major cause of DV has been attributed to an unequal balance of power in the relationship of man and woman. There is no conclusive evidence in relation to education of men and women [15]. Even educated women suffer violence. Dowry, desire for a male child and alcoholism of the spouse has been reported to be major factors of DV against women. In a study by Chhabra et al., women when asked why they were violated, 11% said it was poverty, 19% dowry; 24% dislike of husbands and/or family members, infertility 19%, husband's extra-marital relations 3% and some others said alcoholism. Ten percent women said they were assaulted because they had no male child. Suspicion of infidelity was the reason in 14%. Reasons given were almost similar in all economic classes, irrespective of educational level [16]. Adolescent girls were uniquely vulnerable during pregnancy. In a study of the 2,000 pregnant women interviewed, around 48% reported that they were physically hit or slapped or kicked during pregnancy, many repeatedly. Though more teenagers (66%) and illiterate women (70%) were assaulted, those with a postgraduate degree (41%) had also

suffered and 30% of them had suffered violence before pregnancy also [17]. Between 1 and 20% of women have been reported to be victims of domestic violence during pregnancy [18]. Women's employment has been found to be a risk factor for intimate partner violence in both slums and nonslum settings in India. In another study of PV, when 2000 women were interviewed, 67% reported assault by their husbands, 4% by the mother-in-law, 18% by the father-in-law, 9% by sister-in-law, 3% by others, and 68% had multiple perpetrators. After assault, 43% had to be taken to a health facility, for bruises, cuts, burns or fractures. In another study about SV during pregnancy, 31% of 2000 pregnant women reported that they did not wish to have sex during pregnancy but were forced to have which affected their physical and mental health. In the study of SV of 2000 women interviewed, 35% had suffered SV. Seven percent of interviewed and 20% of all sufferers of violence reported that they were forced to have sex with other person, 1.5% reported sexual advances made towards them at work places and 5% had been forced by their own husbands and/or family members to have sex with other persons. Of all the sufferers only 5% had reported to police and 62% did not speak to anyone. Most women had not sought medical services. All household chores were reported to be performed only by women even during pregnancy. In a study some pregnant women were not allowed to work outside, but those who worked outside did all the household work also during pregnancy. Perception that men did outside jobs, women only household, was not true. Some pregnant women (32%) did report differences in their everyday chores during pregnancy. But 68% had to do everything which they did in nonpregnant state during pregnancy also, which affected their health in general [19].

Effects of violence on health: In the past decade, increasing attention has been focused on the effects of male partner violence on women's physical and mental health. A study has shown significant association between lifetime experiences of PV or SV or both, by a male intimate partner, and a wide range of self reported physical and mental health



problems in women [20]. Epidemiological and clinical studies have revealed that physically and sexually violent acts by IP were consistently associated with gynaecological disorders, adverse pregnancy outcomes, irritable bowel syndrome, other gastrointestinal disorders, and chronic-pain [21-23]. Many reported that abused women have more physical symptoms of poor health, and more days in bed than do women who were not abused [24-29]. PV and SV have also been associated with psychiatric problems, depression, anxiety, phobias, posttraumatic stress disorder, suicidality, alcohol and drug abuse [30-35]. Sometimes women are even murdered by husbands/ family for dowry, no male child or infertility. Although there may be distinctions among victimizing events, the mental health impact of violence is remarkably similar globally. Most victims experienced an immediate post victimization distress response. In some cases mental distress failed to resolve and developed into a chronic, though heterogeneous symptom pattern. Unfortunately violence histories go undetected among psychiatric patients due to obvious reasons in healthcare systems [36,37]. A study conducted in India revealed that women with a lifetime history of IPV were more likely to have reported poorer physical and mental health compared to those without a lifetime history of IPV 6% to 59% [24]. Numerous studies revealed that most women who died of homicide were killed by their partners or ex-partners [25]. The injuries sustained by women because of physical and sexual abuse may be extremely serious. In Papua New Guinea, 18% of all urban married women had to seek hospital treatment following domestic violence [26]. Research in Cambodia revealed that 50% of women reporting abuse had sustained injuries [27]. Canada's national survey on violence against women revealed that 45% of wife assault incidents resulted in injuries, and of the injured women, 40% subsequently visited a doctor or a nurse [28]. In a three-year study of 1203 pregnant women in the hospitals in Houston and Boston, United States it was revealed that abuse during pregnancy was a significant risk factor for low birth weight (LBW), low maternal weight gain, infections and anaemia [29]. Violence against

women, either through rape or by affecting a woman's ability to negotiate contraceptive use may result in unwanted pregnancy. DV is also associated with LBW infants, may be premature, or be small for gestational age with more fetal/ neonatal/mortality [30,31]. PV during pregnancy can cause abortion, placental abruption, rupture of uterus and intra uterine death of the baby. In countries where abortion was illegal, expensive or difficult to obtain, women resorted to illegal abortion, with fatal consequences [32]. They usually developed a sense of low self-esteem than those who had not experienced abuse. They were more likely to neglect themselves and engage in risky behaviours such as early or unprotected sexual intercourse. Many psychological consequences, even suicide have been reported for women who were beaten or sexually assaulted [33]. Across countries, women's experience of IPV is associated with a reduction in time between pregnancies and an increase in the risk of unintended pregnancy; the magnitude of this effect varied by country and over time [34]. Research in the United States has shown that battered women, compared to women not living with violent men, were five times more likely to commit suicide [35]. Many were severely depressed or anxious, while others displayed symptoms of post-traumatic stress disorder. In one study in León, Nicaragua, after controlling for other factors, researchers found that abused women were six times more likely to report experiencing mental distress than non-abused women [36]. Researchers later reported women who experience violence in the home are significantly more likely to have poor self-reported health, suicidal thoughts and experience other health problems. The health effects appear to be long lasting [37]. In the United States, women battered by their partners have been found to be between four and five times more likely to require psychiatric treatment than non-abused women [38]. Sexual abuse lies behind some of the most intractable reproductive health issues, sexually transmitted diseases (STDs) including HIV, unwanted pregnancies and their complications. In Thailand, researchers found that one in ten victims of rape had contracted a STD because of the attack [39]. A major



study in the United States found that having been the victim of childhood abuse or violent crime doubled a woman's likelihood of suffering from severe menstrual problems, STDs, or urinary tract infection. DV tripled her likelihood [40]. A growing number of studies document the ways in which sexual coercion and violence by intimate partner undermined a woman's sexual and reproductive autonomy and jeopardizes her health [41]. Research in Norway revealed that chronic pelvic pain was significantly associated with a history of DV [42]. Other research from the United States revealed that patients with irritable bowel syndrome, compared with those with the less serious inflammatory bowel disease, were more likely to have suffered severe sexual trauma, severe childhood sexual abuse or some form of sexual victimization [43]. Abused women were more likely to smoke than women without a history of violence [44].

Results: Added health care cost: Studies revealed that the cost of violence against women to society were tremendous, in terms of health care alone. A proportion of the cost was for treating serious physical injuries. A substantial amount was also spent on psychological problems including managing anxieties and symptoms which happier, more confident, women may be able to tolerate, ignore or shrug off [45]. One study in the United States revealed that outpatient care for women with a history of sexual or physical assault costed two and a half times as much, as care for other women, after controlling for other variables [46]. Direct cost included, the one incurred by the police, courts and legal services to prosecute perpetrators of abuse; the cost of treatment programmes for men who battered, and other offenders; the medical care cost of treating the direct medical consequences of sexual and physical abuse; and social service cost, including child protection services [47].

The Role of Mass Media in Perpetuating Domestic Violence: In addition to cultural factors playing a role in normalization of DV, media reports on DV have the power to desensitize the public's perception of violence via repeated exposure. Chronic and repeated exposure to domestic violence

is believed to cause changes in affective, cognitive, and behavioral processes. Specifically, these effects are considered to foster adoption of desensitized thoughts and reactions to DV [48]. Moreover, consistent portrayals of violence in the media are considered to create public acceptance of violence [49]. While there is rising research on how humor is used to portray sexism, devaluation of women, and most importantly, violence against women [50], the comedic portrayal of DV in the media (i.e., television shows, magazines, and advertisements) is under-researched.

News outlets: News reports and broadcasts have been found to reflect and shape public opinion [55,56]. Recently, more studies looking at how DV is portrayed in the news have been emerging. Specifically, the press, televised news, and newspaper articles have been shown to have a profound impact on public perception of crime, as cited in [57], for example, looked at how newspapers word articles about DV crimes and related crimes such as rape. She found that the articles tended to describe the offender positively and to characterize the victim in a negative light. She claims that such wording can change the way the public perceives the victim; if a victim is shown negatively, others may believe that the victim "deserved it" and that violence is acceptable [58], also discuss how the wording of an article about DV can impact the way the public views DV. These authors discuss a newspaper article about a man who fractured his Russian mail-order bride's skull and subsequently pointed a gun at responding police officers. The policemen began firing killed the man. When local newspapers covered the story they portrayed the man as "lovesick" and "wronged by his wife." These researchers suggest that stories like this distort reality and consequently distort public opinion [59]. Also looked at local and national newspaper articles and collected the articles related to violence and DV; they found that even high quality newspapers do not cover DV consistently.

Humorous Portrayal of Domestic Violence in the Media: Although research on the combination of humor and violence in the



media and its influence on viewers are currently limited, it is becoming more prevalent. As such, [62] discuss how humor can be used as a form of sexism and can make DV seem more publicly acceptable if it is turned into a joke. The authors suggest that sexist humor (i.e. offensive and prejudicial humor?jokes causing destruction to the target person) and language can be used to make women appear inferior to men through means of nonchalance: "humor allows insult and disrespect to enter dialogue in a disguised and deniable form" [63,64]. Concur that sexist humor is extremely powerful and can cause and legitimize prejudice against the opposite sex. Sexist humor allows jokes to be made that sexually objectify women, devalue women in their personal and professional lives, and support and normalize aggression and violence against women [65]. However, others assert that it is not simply sexist language that is the problem but who controls the language; patriarchal culture assumes that men would be in control of such language [66].

Domestic violence in magazines: Looks at how social media, particularly in magazines, presents DV in a light, amusing, and humorous way [70]. Notes that male and female magazines largely differ in the way they discuss DV. Magazines geared towards female readers tend to connote women as victims and responsible, whereas male magazines seem to present a "tolerance for and celebration of domestic violence" through humor and exoneration [71]. Male magazines specifically introduce the topic of DV through patriarchal ideals that condone and excuse male aggression in an amusing way. Though domestic violence seems to be mentioned briefly, it is presented in humorous ways that undermine the seriousness of its effects. When discussing the effects of DV, male magazine *Sports Illustrated* wrote, "You needn't be M. Night Shyamalan to know how these stories often end. I see dead people" to illustrate fatality in humorous tone [72]. In addition, a 2013 advertisement in the *DuJour* magazine features the image of a woman laying face down on the ground as her head is being crushed by a large suitcase. The image, used for The Standard hotel, insensitively demonstrates violence against women as a way to

advertise traveling in a ludicrous way [73,74]. Argues that popular media shapes social and cultural values and that magazines "have a direct bearing on how individuals and the public perceive and respond" to DV issues (p. 5).

Television, movies, and video games: The Entertainment Software Ratings Board (ESRB) revealed that more than half of all games are rated as containing violence [75]. Long-term exposure to the violence of these portrayed in these video games and television shows may result in an increased acceptance of violence. Further research shows that television media seems to echo magazine representations of domestic abuse. Multiple forms of media produce a cyclical construction of individual "values, beliefs, and codes of behavior that will integrate them into the institutional structure of the larger society" [76]. A 2011 episode on the widely familiarized television sitcom, *Family Guy*, highlighted an abusive relationship. With few moments of somberness, the majority of the episode translated relational abuse in a light-hearted and comical way as a woman was assaulted and beaten [77]. This type of comical illustration can aid in sending the message that hitting women is a laughing matter. Portrayal of DV in an amusing fashion continues to send the message that male aggression and domestic abuse is acceptable and insignificant. During the Domestic Violence Awareness Month in 2013, the focus was to create public awareness of domestic violence in the popular culture. Popular romantic comedies such as *500 Days of Summer* and *There's Something About Mary* were discussed as films that normalize violent behaviors such as stalking and intense fights. This type of abuse is cinematically portrayed as romantic gestures rather than dangerous and ominous behaviors in violent relationships [78]. A study assessing how acceptable the audience finds reality television portrayals of domestic violence indicated that the public views this type of graphic material as normal aspects of relationships and therefore becoming desensitized [79].

Advertisements: Investigated commercial advertisements aired during three Super Bowl games



over a five-year period [80]. The authors identified the number of commercials with violent acts and counted the number of violent acts shown within each commercial, the number of commercial with humorous acts, and the number of commercials that combined humor and violence. The results indicated that 61.3% of the violent acts were combined with humor. Similarly, [81] conducted a study of nearly 4,500 commercial messages during one week of primetime television and assessed the presence of aggression. Yielding similar findings, they found forms of aggression in 12.3% of the advertisements, where, 53.5% of these advertisements also contained elements of humor [82].

Conclusion: As the media continues to perpetuate representations of DV as trivial and comical, it will be further normalized and desensitized in the public view. In addition, misrepresentation of DV as romantic and attractive translates that violence against women is acceptable. Minimizing the gravity of DV can lead to troubling outcomes such as underreporting of DV; this can impact the amount of individuals seeking treatment and result in victims of DV being unacknowledged and underserved. As researchers investigate interventions for DV at individual and family levels, their work must continue to inform clinical psychologists and other mental health professionals about the sequelae associated with it. Clinicians should likewise educate themselves through continuing education and other sources of information about the problems associated with DV. Yet, they should also understand how society-at-large may influence the nature of DV; if the media impacts culture, then it, too, should promote accurate messages about DV. Without awareness regarding the existence of the media's normalization of DV, survivors and all those affected may remain victims of a normalizing culture. Moreover, clinicians' ability to educate themselves about factors that may perpetuate the cycle will allow them to provide services for clients affected by DV in a more holistic manner. Providing more comprehensive education on how media can serve as a barrier to accurate representations of DV may aid in reshaping the

public's opinion about DV.

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