

# Emotional Competence Of Women Facing Interpersonal Violence: A Study Of Adult And Aged Women

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*Abstract: Violence against women is a worldwide phenomenon. More or less in every society women are subjected to violence or they live in such conditions that make them vulnerable to violence. Violence not only damage women physically but psychologically also. One of such psychological aspects is emotional competence. Emotional competence is reflected in the social and behavioural skill and performances of the individuals. Lacking in emotional competence results in dwindling social and behavioural performances of the women. This study examined and compared the emotional competence of the adult and aged women who have faced violence. Data collected from total 400 women (200 adult+200 aged) who have faced at least one incident of violence against them till the interview/data collection and who were living District Shimla, Himachal Pradesh, India. The findings indicates that interpersonal violence is significantly and negatively correlated with emotional competence and its sub factors i.e. adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, and encouragement of positive emotions among adult and aged women in whole sample. Further, the result of the t-test analysis showed the significant differences between adult and aged women on their scores of overall emotional competence*

**Keywords:** *Interpersonal violence, women, emotional competence.*

## I. INTRODUCTION

In the past few decades, violence against women has been recognised as a dominating phenomenon worldwide including India (WHO,2002). A brief review of literature of women worldwide (Okemgbo, 2002; McCholskey et al,2005; Lamichhane et al,2011;Ushie et al,2010;Chamaiack et al, 2005;Horne,1999; Mcwhirter,1999;Babu and Kar,2009; Stawarth,1995; Daga et al,1999; Ahuja,1998) makes it amply clear that women are living under stressful conditions and their inside home and outside home experiences are bad and their existential conditions are worse. Women constitute almost half of the world population and with the increase in their larger participation in all spheres of life, their vulnerability to violence has expanded and the probability of violent events has increased.

In one or the other mode, either singularly or collectively, violence has probably been existing since the beginning of

human societies. Violence affects both men and women but in all forms of violence is subjected more towards women and less towards men, however, the violence against women remained hidden either being overlooked or taken for granted as normal occurrence (Visaria,1999, Heisie et al,1994, Kamat et al,2010). In all forms and modes, the interpersonal violence is found to be the most prevalent form of gender-based violence worldwide. This form of violence persists on many factors and multifarious conditions substantiate its complexity.

Steinmetz (1987) has referred to violence as an act carried out with the intention of or an act perceived as having the intention of, physically hurting another person. Beyond the individual considerations, Gelles and Straus (1979) conceptualized violence on socio-cultural basis. The World Report on Violence and Health, (2002) divides the definition of violence into three sub-types according to victim-perpetrator relationship. First, self-directed violence refers to violence in which the perpetrator and the victim are the same

individual and is sub-divided into *self-abuse* and *suicide*. Second, interpersonal violence refers to violence between individual and in sub-divided into family and intimate partner violence and community violence. Third type of violence is collective violence which refers to violence committed by larger group of individuals and can be subdivided into social, political and economic types.

The violence on the basis of perpetrator-victim relationship is distinguished as interpersonal violence. This encompass physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation. The findings of various studies also established that the other factors like cultural ethos condoning violence as a means of settling disputes, cultural approval of for weak sanctions against violence against women, cultural support for the privacy of the family, neighbourhood, peer and organisational cultures that are violence-supportive. Further, attitudinal support for violence against women, use and acceptance of violence as a means of resolving interpersonal disputes, individual support for the privacy of the family also forms the basis for its occurrence and continuance.

Interpersonal violence is any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in relationships. It can be perpetrated by a partner or ex-partner, an acquaintance or a stranger though the latter occurs in the least frequently. Arguably interpersonal violence consists of five kinds of behaviours: (a) physical violence, (b) sexual violence, and (c) threats of physical and/or sexual violence, (d) stalking, and (e) emotional/ psychological abuse.

WHO Report, 2002 provided that besides mental health consequences of violence feeling of shame and guilt, phobias and panic disorders, physical inactivity, poor self-esteem, post traumatic stress disorder, psychosomatic disorders, smoking, suicidal behaviours and self-harm are associated with violence (Khan et al,1996; Golding and Taylor,1996; Mahajan and Madhurima,1995; Virani,2000). This also reflects upon the emotional competence of the victims. It could be the long-lasting psychological damage, and turning one's life upside down by quitting school, moving, or leaving a job (Spitzberg, 2002, Ushie et al,2011).

The cases of interpersonal violence are on rise in India (NCRB Report,2004) and the situation is alarming. In the countries like India, where health awareness and care are relatively low to the extent that may be termed as inadequate and miserable in case of women (World Health Report,2006), the violence against women is hidden issue on the grounds of social and cultural values. There is dearth of data concerning the interpersonal violence against adult and aged women. This group constitute the women who share the family and social responsibility to greater degree. Therefore, this study is a humble attempt to fill up this gap.

## II. CONCEPT OF EMOTIONAL COMPETENCE

Emotional competence, according to Dickson (2000) is one's ability to express or release one's inner feelings that

determines one's ability to effectively and successfully lead and express. It is described as the essential social skill to recognize, interpret, and respond constructively to emotions. Anger is a reaction to aggression and gives a person the strength to repel the aggression. Grief is a reaction to abandonment or feeling unloved and it has the effect of eliciting sympathetic responses from others. Emotionally competent people with express emotion appropriate to the situation and their needs and they will not seek to suppress emotions in others.

Emotions play an important role in the manifestation of individual's behavior. The emotional growth happens to be rapid during the early years and increases throughout life (Dicaprio,1974). Emotions whether pleasant or unpleasant, always sustain activity which either maintains the organism. Incongruent and devaluating experiences are perceived as threats, anxiety and force the self to take some defensive measures. Emotions as an impulse towards a definite form of behaviour may sustain and direct activity and play an energizing role (Coleman,1970) in the undaunted expression of behaviour. Emotional competence is considered to be blending of five competencies:

- ✓ **ADEQUATE DEPTH OF FEELING:** A feeling of being confident or capable with all reality assumptions may be termed as adequate depth of feeling specifically associated with effective judgment and personality integration, which ensures vigorous participation in living.
- ✓ **ADEQUATE EXPRESSION AND CONTROL OF EMOTIONS:** Emotional competence requires both an adequate expression and their control which may be regarded as natural dynamic stability of an individual to express or control of emotions may lead to uncontrolled and disorganized emotionally.
- ✓ **ABILITY TO FUNCTION WITH EMOTIONS:** Emotional competence requires that the individual should develop a characteristic pattern of emotional reactivity which should not let him be influenced in his adequate mode of functioning that helps him in performing actions of daily routine properly.
- ✓ **ABILITY TO COPE WITH PROBLEM EMOTIONS:** Certain problem emotions play a destructive role and pose a potential damage to the life orientations of the individual's course of life. Therefore, emotional competence requires an understanding of the role of sensitivity and the detrimental affects of such emotions in the beginning and also a development of the ability to resist their harmful effects thereafter.
- ✓ **ENCOURAGEMENT OF POSITIVE EMOTIONS:** The growing vitality and a feeling of wholeness with a continuous capacity for intellectual and spiritual growth are associated with an experience of positive emotions. The encouragement of positive emotions refers to the ability of the person to develop a predominance of positive emotions in the personality make-up of himself to ensure a meaningful and fairly well integrated life.

Doing a thing is quite different from doing it well, where one can produce the type of effects, one desires may be termed as competence. Assertiveness is one the aspect of emotional competence and the other is demonstrated in self efficacy

(Saarni,1999). Mature emotional competence influences one's emotional responses in ways that promote integrity. Besides, role of self and developmental history plays a pivotal role in shaping emotional competence (Carpendale,1997). While frustration may demotes emotional competence, anxiety also affects the emotional competence (Sharma,1994). Emotional competence includes effective skill in managing one's emotions, which is critical to being able to negotiate one's way through interpersonal exchanges. Other important consequences of emotional competence are a sense of subjective well-being and adaptive resilience in the face of stressful circumstances (Umberson et al 2003;Chase et al,2003; Rodriguez, 2006; . Kliewer et al,2006; Burcky et al 1988)

### III. METHODS AND TOOLS

This study attempted to investigate the direction and magnitude of the relationship of emotional competence with intrapersonal violence in reference to the adult and aged women facing interpersonal violence. More specifically, it has been tried to see the difference between adults and aged women on these variables i.e. emotional competence and interpersonal violence and to investigate the influence emotional competence on interpersonal violence among these two strata of women.

The study has been carried out in the Shimla city of Himachal Pradesh. This is the capital of State and the largest urban area. The total population of Himachal Pradesh is 60,70,305 (Census, 2001) out of which rural population is 5475424, 50% of which are females. The urban population is 594881 in which 44.35% are females. The ratio of rural to urban female is 10. A situational analysis of women and girls in Himachal Pradesh, (2004) maintain that many cases of interpersonal violence are underreported and the domestic violence is widespread in the state.

Correlational design was used to study the interpersonal violence and emotional-competences among adult and aged women. Further, data has also been subjected to t-test and regression analysis. Total 400 women (N=200 adult women+N=200 aged women) constitute sample of the study. Sub-factors of emotional competence i.e. adequate depth of feeling, adequate expression and control of emotions, ability to cope problem with emotions, ability to function with emotions, and encouragement of positive emotions tested. In order to observe prevalence and nature of violence faced by the participants a brief interview was also conducted besides, the tools were used to assess the interpersonal violence and emotional-competences of the adult and aged women as followed:

✓ **INTERPERSONAL VIOLENCE SCALE:** To assess the interpersonal violence among these women, an Interpersonal Violence Scale was developed to explore the interpersonal violence among the adult and aged women following the lines of Edleson & Minnesota (2007) scale on domestic violence. For assessing violence exposure to women, 33 items on five point scale inventory were constituted. There were five options: Never, sometime, often, almost and always. Each item is scaled from the lowest to the highest and each sub-item

representing a point on the scale. This also means that only one of the sub-items is to be checked for a particular respondent under each of the 33 items. The score on each item ranges from 1 to 5. To get the total interpersonal violence score is calculated by, adding all the factors score. Total score ranges from 33 to 165 and higher score indicate more interpersonal violence.

✓ **EMOTIONAL COMPETENCE SCALE (SHARMA AND BHARDWAJ,1995):** Emotional competence inventory (EC) developed by Sharma and Bhardwaj (1995) was used in the present study to assess the emotional competency of the participants. The scale consists of 30 items. This measure is based upon the model of emotional competence. It is five point scale, and its coefficient of reliability in test, retest and split-half are .74 and .76 respectively. There are four dimensions of emotional competence as per this model which are as:

- Adequate depth of feeling (ADF)1,6,11,16,21,26.
- Adequate expression and control of emotions (AEC)2, 7, 12, 17, 22, 27
- Ability to function with emotions (AFE)3, 8, 13, 18, 23, 28
- Ability to cope with problem emotions (ACPE)4, 9, 14, 19, 24, 29
- Encouragement of positive emotions (EPE)5, 10, 15, 20, 25, 30

It is a five-point scale having five alternatives to each item. The scoring of these five alternatives follows a system of 1,2,3,4 and 5 from upper to lower end. The score of emotional competence is obtained by summing up the score of all items. Higher score means higher emotional competence.

Firstly, the human resource women were requested to arrange interaction session with the adult and aged women respectively. In this session the participants were given a brief overview of the concepts of violence and emotional competence. After getting the list of participants who were randomly selected on the basis of age and education and who have given their consent to participate in the study, were contacted individually by the investigator and were assured that the information given by them would be kept confidential. The standard instruction with reference to each scale was administered to each participant. After establishing a good rapport with the subjects, the tester ought to read instructions, while subjects do read them silently along with her. The subjects are asked to respond any one alternative of each item by marking a tick. They were again assured that the data so collected should only be used for academic purpose.

After collecting all the questionnaires, scoring was done as per the instruction given in the scoring manuals of each variable of violence and emotional competence and multiple regression tests were applied to the data obtained.

### IV. RESULTS AND DISCUSSION

Data analysis in respect of adult women (N-200) showed that overall emotional competence is significantly and negatively correlated with inter personal violence among adult women ( $r=-.56^{**}, p<.01$ ). The sub-factors of emotional competence are also significantly and negatively correlated

with interpersonal violence i.e., Adequate depth of feeling ( $r=-.36^{**}, p<.01$ ), Adequate expression and control of emotions ( $r=-.45^{**}, p<.01$ ), Ability to function with emotion ( $r=-.45^{**}, p<.01$ ), ability to cope with problem emotions ( $r=-.36^{**}, p<.01$ ), encouragement of positive emotions ( $r=-.43^{**}, p<.01$ ).

Further in case of aged women the result showed that the overall emotional competence is significantly and negatively correlated with interpersonal violence ( $r=-.70^{**}, p<.01$ ). The sub-factors of emotional competence are also significantly and negatively correlated with interpersonal violence i.e., Adequate depth of feeling ( $r=-.56^{**}, p<.01$ ), Adequate expression and control of emotions ( $r=-.56^{**}, p<.01$ ), Ability to function with emotion ( $r=-.52^{**}, p<.01$ ), ability to cope with problem emotions ( $r=-.42^{**}, p<.01$ ), encouragement of positive emotions ( $r=-.53^{**}, p<.01$ ).

The results of the present study indicate that interpersonal violence is significantly and negatively correlated with emotional competence and its sub factors i.e. adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, and encouragement of positive emotions among adult and aged women in whole sample. Further, the result of the t-test analysis showed the significant differences between adult and aged women on their scores of overall emotional competence ( $t=23.62, p<.01$ ) and as well as on its sub factors i.e., adequate depth of feeling ( $t=16.92, p<.01$ ) adequate expression and control of emotions ( $t=15.28, p<.01$ ) ability to function with emotions ( $t=14.14, p<.01$ ) ability to cope with problem emotions ( $t=19.06, p<.01$ ) encouragement of emotions ( $t=20.36, p<.01$ ). The mean scores of aged women were higher than the mean scores of adult women on their emotional competence ( $M(ad.)=191.85/M(ag.)=278.78$ ) and as well on the scores of its sub factors i.e., adequate depth of feeling ( $M(ad.)=38.28 / M(ag.)=55.76$ ) adequate expression and control of emotions ( $M(ad.)=36.88 / M(ag.)=53.44$ ) ability to function with emotions ( $M(ad.)=38.82/M(ag.)=54.18$ ) ability to cope with problem emotions ( $M(ad.)=40.95 / M(ag.)=58.41$ ) and encouragement of positive emotions ( $M(ad.)=37.69 / M(ag.)=56.99$ ).

The significant differences have also emerged between adult and aged women on their scores of interpersonal violence ( $t=9.43, p<.01$ ) and the mean score of adult women is higher than the mean score of aged women on their scores of interpersonal violence ( $M(ad.)=70.01/M(ag.)=57.78$ ). In nutshell, the results show that the significant difference among adult and aged women in whole sample on these variables i.e. emotional competence and interpersonal violence. The mean score of overall emotional competence in case of adult women is less than aged women. So it is clear that the score of interpersonal violence in case of adult is higher than aged women in whole sample.

Lastly, step wise regression analysis has been performed in order to see the synergetic influence of overall emotional competence, and its sub factors, i.e., adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions and interpersonal violence to examine the predicting relationship of emotional competence on interpersonal violence among adult and aged

women separately. Independent variables have been arranged in order to magnitude of their correlation with the dependent variable and stepwise regression is performed. The results revealed that the significant difference among on these variables. The value of emotional competence in case of adult is less than aged women in whole sample.

The findings are in consonance, directly or indirectly, with the result obtained by the earlier studies done in this area. Rodriguez (2006) reported that increased emotional difficulties as well as insecure attachment styles were significantly positively correlated with abuse potential and depression and hopelessness appeared particularly relevant to increased abuse risk in domestic violence victims. The present findings also finds supports from Burcky et al (1988) who have found in their study on the women faced interpersonal violence that 56% of their sample of adolescent females said that the incidents had particular effect on their emotional state and that incidents upset them. In the same line Macmillan and John (2004) findings also provide support to the findings of the present study that victimization diminishes self-efficacy, which subsequently undermines their performance and attainment. McCauley et al (1995) found that abused women were significantly more likely to have higher scores on instrument for depression, anxiety, and negative emotional competence is associated with violence.

The significant higher scores of aged women on overall emotional competence indicate that they are emotionally attached with people in this society and cope with problem emotions very slowly, and realized the happening, forget the issues later than adult women. So the emotional competence is higher among aged women, because adult women react easily and choose another option, forget one happening and start new options with in fraction of second. Both have competitive nature, but aged women are slowly cope and solve the problem emotions. Both are educated but both have undergone violence in this stage. Aged women express or release inner feelings that determine one's ability to effectively and successfully lead and express. It is also described as the essential social skill to recognize, interpret, and respond constructively to emotions. Aged women express emotion appropriate to the situation and their needs and they will not seek to suppress emotions in others as compared to adult women.

The findings of this study revealed significant correlation between age and emotional competence which is line with the finding of Fariselli et al (2006) who found a slight but significant correlation between age and emotional competence. Brackett et al (2011) on the basis of research describing the correlates of emotional competence have established that emotional competence increases with age and their relationship are significant. In the same line, the factors of emotional competence tend to vary with age and emotional competence level rises with the increase in age of the individuals. The findings also corroborates with the findings of Levenson et al (2010) who have established that emotional competence is at peak as individual enter in 60s. Therefore, the major findings of this study is that overall emotional competence was negatively and significantly correlated with interpersonal violence in terms of its sub factors among adult and aged women, and the aged women were higher on overall

emotional competence level and its sub-factors than adult women. Since the study has also indicated a negative correlation among emotional competence and interpersonal violence among adult and aged women that points out that for reducing interpersonal violence, efforts should be made to improve all these variables of emotional competence.

#### REFERENCES

- [1] Ahuja, Ram (1998) Violence against Women. New Delhi: Rawat Publications.
- [2] Babu, Bontha V; Kar, Shantanu K. (2009), Domestic violence against women in eastern India: A population-based study on prevalence and related issues. BMC Public Health. www.Biomedcentral.com.
- [3] Barnett Ola, Cindy L. Miller-Perrin Robin D. Perrin (2005), Family violence Across The Lifespan: An Introduction Second Edition. New Delhi: Sage Publications.
- [4] Brackett Marc A., Susan E. R. rivers, Peter Salovey (2011), Emotional intelligence: Implications for personal, social, academic, and workplace success. Social and Personality Psychology Compass: Vol. 22(1) 88-103.
- [5] Burcky, W., Reuterma, N., kopsy, S. (1998), Dating Violence among high school students. The School Counsellor Vol. 35(2) 353-359.
- [6] Carpendate, J. (1997), An explication of Piaget's constructivism; Implications for social cognitive development, In S. Hala (Ed.). The development of social cognition (pp.35-64). East Sussex, UK: Psychology Press.
- [7] Carstensen, I.L., Fung, H.H., Charles, S.T. (2003), Socio-emotional selectivity theory and the regulation of emotion in the second half of life : Motivation and Emotion, Vol. 27(1), 103-23.
- [8] Census of India (2011). www.Census2011.co.in./census/city/4-shimla.html.
- [9] Chamaiaack D, Grant L. Mason R. Moore B, Palliari R. (2005), Intimate Partner Violence Consensus Statement. Journal obstetrics Gynecol. 157(2), 365-88.
- [10] Chase, Kenneth A.; O; Farrell, Timothy J., Murphy Christopher M; Fals-Stewart, William (2003), Factors associated with partner violence among female alcoholic patients and their male partners. Journal of Studies on Alcohol. Vol. 64(i) 137-149.
- [11] Coleman (1970): Abnormal psychology and Modern Life; Bombay: D.B. Taraporevala sons & Co. Pvt.Ltd.
- [12] Daga, A S., S. Jejeebhoy; S. Rajgopal (1999). Domestic violence against Women: An Investigation of Hospital Causality Records, Mumbai'. Journal of Family Welfare Vol.45(1), 1-11.
- [13] Dicaprio N.S. 91974), personality theories: Guide to Living, Philadelphia: Saunders Co.
- [14] Edelson, L. J.; Minnesota, St. Paul (2007), Children exposure to domestic scale. <http://www.moncava.umn.edu/cedv>.
- [15] Felson, R.B. (1992), "kick'em When They're down": Explanation of the relationship between stress, interpersonal aggression and violence. Sociological Quarterly Vol.33, 1-16.
- [16] Feriselli I., M. Ghini, J. Freedman, (2006), Emotional Intelligence and Age. <http://www.6seconds.org/self/wage.php>.
- [17] Gelles, R. J., & Straus, M.A. (1978), Determinants of violence in the family: Toward a Theoretical Integration. In W.R., Burr, R. Hill, F. I. Nye, & I. Reiss (Eds.). Contemporary theories about the family (pp. 549-81). New York; Free Press.
- [18] Glaser, D. (2002), Emotional abuse, neglect and psychological maltreatment: A conceptual framework, Child abuse and Neglect, Vol. 26, 697-714.
- [19] Golding J.M. 7 Taylor D. (1996), Sexual assault and premenstrual distress in two general population samples. Journal of Women's Health Vol. 5(2), 143-152.
- [20] Heise, L. J. Pitanguy, and A. Germaine (1994), Violence against women: The Hidden health burden. Work bank discussion paper 255. Washington, D. C., World Bank.
- [21] Horne, S. (1999), Domestic Violence in Russia. American Psychologist, Vol. 54, 55-61.
- [22] Kamat Umesh, Ferrela AMA, Motghare D. D., kamat Neeta, Pinto NR, (2010), A Cross-sectional study of physical spousal violence against women in Goa. Healthline Vol. 1,(1), 34-40.
- [23] Khan, M.E., J.W. Townsend; R. Sinha and S. Iakhanpal (1996), Sexual violence within Marriage. Seminar, Vol. 2(1), 32-35.
- [24] Lamichhane Prabhat, Puri Mahesh, Tamang, Jyotsna, Dulal, Bishnu (2011), women's status and violence against young Married women in rural Nepal, BMC Women's Health. www.biomedcentral.com.
- [25] Levenson, J. S., Precott, D., Amora, D. (2010), Sex Offender Treatment: Consumer Satisfaction and Engagement in Therapy. International Journal of Offender Therapy and Comparative Criminology 54(3), 565-75.
- [26] Mahajan, Amarjit and Madhurima (1995), Family Violence and Abuse in India. New Delhi: Deep & Deep Publications.
- [27] McCauley J, kem D. E.; Kolodner K, Dill L., Schroeder A. F., Dcchant H. K., (1995), The battering syndrome prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. Ann Item Med Vol.123(10), 737-46.
- [28] McColskey L. A., Williams; C. Larsen U (2005), Gender inequality and intimate partner violence among women in Moshi, Tanzania int. Family Plann, Perspect, Vol. 31(3), 124-130.
- [29] McWhirter, P. T., (1999), Domestic Violence in Chile. American Psychologist, Vol.54, 40-47.
- [30] Okemgbo C. N., Omideyi A.k., Odimegwu C. O. (2002), Prevalence patterns and correlates of domestic violence in selected Igbo communities in Imo State, Nigeria Afr. J. Reprod. Health Surv. 38-53.
- [31] Rodriguez, Christina M. (2006), Explored Cognitive and Emotional factors that may exacerbate abuse potential among domestic violence. Violence & Victims Vol. 21(2), 199-212.
- [32] Saarni, J. Silverman (1982), Moralities of everyday life. New York: Oxford University Press.
- [33] Sharma, Harish; Bhardwaj, Rajivlochan (1995), Emotional Competence Scale, Mapan Bal Niwas: Agra.

- [34] Situational Analysis of Women and Girls in Himachal Pradesh (2004). New Delhi: National Commission for Women.
- [35] Spitzberg, B. (2002), The Tactical Topography Of Stalking Victimization and Management. *Trauma, Violence and Abuse*, Vol. 30, 261-88.
- [36] Stawarth S. (1995), Working with a radical agenda: The Musasa Project. Zimbabwe. *Gender and development Women and Culture*, Vol.3(1), 30-35.
- [37] Steinmetz, S. K., (1987), Family Violence: Past, present, and future. In M.B. sussman & S. K. Steinmetz (Eds). *Handbook of marriage and the family* (pp.725-765) New York: Plenum.
- [38] Umberson, Debra; Anderson, Kristin L.; Williams, kristl & Chen, Meichu D. (2003), Relationship dynamics, emotion state, and domestic violence: A stress and masculinities perspective. *Journal of Marriage and Family* Vol. 65(1), 233-47.
- [39] Ushie M. A. Eneji C.V.O.; Ugal D. B. Anyaoha O. Ushie B. A., and Bassey J. E. (2011), Violence against women and reproduction health among African Women: The case of Bette Women of Obudu in Cross River State, Nigeria. *International Journal of Sociology and Anthropology* Vol. 3(2), 70-76.
- [40] Virani, Pinki (2000), *Bitter chocolate: Child Sexual Abuse in India* New delhi: Penguin Books.
- [41] Visaria, Leela (1999), violence against women in India: Evidence from Rural Gujrat. In *domestic Violence in India: A summary report of three studies*. International Centre for Research on Women: Washington, DC.
- [42] World Report on Violence and Health, 2002. WHO Geneva.

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