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Re-Examining Intimate Partner Violence: Feminist Social Work Reflections

Meenu Anand, *University of Delhi*

Gunjan Chandhok, *University of Delhi*

Abstract & Keywords: Intimate partner violence has been one of the foremost public health problems and a violation of women's human rights impacting one in three women worldwide (UN Women, 2020). Offering an insight into and questioning the concomitant edifices of violence inherent within the intimate marital relationships, the authors put forth arguments to interrogate the unique factors that impact women's experiences and understandings of the abuse and demonstrate how gendered discourses function to polarize women's sexuality.

The authors argue that violence both stems from and perpetuates gender differences and disparities and embodies lived experience where one can see the ubiquity and reproduction of male dominated gender relations (Wendt & Zannettino, 2015). Backed by research evidence from the post pandemic global and national intelligences, they unfold the multifarious impact of violence by intimate partners on women and how these pose a greater risk gross vandalism of human rights while magnifying the gendered perils of the public health crisis. The paper also contours domestic violence and its trepidation effect on women's reproductive and sexual health while reaffirming the impact of gender-based power imbalances within sexual relationships on sexual, reproductive, physical and mental health of women.

As feminist social work academic/ researchers, the authors attempt to link their pragmatic reflections through social work practice and the feminist perspective 'at work'. They focus on valuing the local experiences and understandings of marital violence and the gendered relations and identities that inhere in such experiences while accelerating the vigour to identify, realize and take actions paving pathways to sustainable development. They contend the pertinent role of social workers from a feminist lens in addressing the critical issues surrounding intimate partner violence and delineate holistic social work interventions relevant to the global dynamic environment advocating human rights-based perspective. The paper concludes with few suggestive eclectic mechanisms to address the issue of violence within marriage from a feminist social work perspective.

Keywords: Intimate partner violence; Reproductive and sexual health; COVID -19; Intersectionality; Feminist social work

1 Introduction

'Human rights', 'women empowerment' and 'good health and well-being' have been the effervescent buzzwords of most of the global development discourses in the past two decades. The 2030 SDG (Sustainable Development Goals) agenda of "Transforming Lives" explicitly commits to gender equality which is profoundly embedded across all the 17 goals and 169 targets. Traversing the historical evolution of human rights, 'gender equality' and 'good

health and well-being' for all individuals have been the groundings in the contemporary context reproving all forms of violence, discernment, coercion and inequalities.

Violence against women has been a solemn challenge for world economies despite decades of acknowledgement and obligation towards gender equality and empowerment. The SDG (Sustainable Development Goals) target 5.2 draws global attention to 'eliminate all forms of violence against all women and girls in the public and private sphere, including trafficking and sexual and other types of exploitation'. UN Declaration on the Elimination of Violence against Women (1993) describes violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life".

Intimate partner violence (IPV) refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO, 2024). Global estimates (WHO, 2021) underlined that approximately one in three women have experienced violence at least once in their lifetime. On average 641 million and up to 753 million ever-married/partnered women (15 yrs. and above) faced intimate partner violence across the globe. Understanding the region-specific lifetime prevalence of intimate partner violence (WHO, 2021), Southern Asia recorded the second highest (33%) prevalence in the world with India representing about thirty-five per cent (35%) ever married/partnered women (15-49 yrs.) were victims of IPV.

IPV is often accredited as the most communal form of violence against women (WHO, 2012; Wallace & Roberson, 2014; Donta et al., 2016; Chandhok, 2020). Although, the possible perpetrators of violence can be innumerable but the most common perpetrators of violence against women are 'men' close to them (WHO, 2012). Certainly, the massive burden of IPV represents an enormous defilement of human rights and is one of the paramount challenges for the public health systems across nations (WHO, 2021).

Mapping the global magnitude of IPV, it is imperative to decode the idea of IPV which refers to "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours" (WHO, 2021). Contextualizing IPV in the Indian context, it is broadly categorized as any act of verbal, physical, sexual, mental violence including controlling behaviours falling in the realm of family sharing a domestic relationship which is further described as "a relationship between two persons who live or have, at any point of time, lived together in a shared household, when they are related by consanguinity, marriage, or through a relationship in the nature of marriage, adaption or are family members living together as a joint family" (Domestic Violence Act, 2005).

National data NFHS-5 reported that twenty-nine per cent (29.3%) of women (18-49 yrs.) experienced spousal violence with the highest prevalence in Karnataka (44%) followed by Bihar (40%), Manipur (40%) and Telangana (37%). Similarly, The NCRB (2021) data reported a 56.5 crime rate registered per lakh women in India with the highest proportion of cases being registered in the category of 'Cruelty by Husband or his Relatives' (30%).

2 IPV as an array of unified intersectionality

It is indeed imperative to recognize IPV with an intersectional lens conceding the incidence of multifarious social identities with overarching and severe negative insinuations on women's health and well-being. The term 'Intersectionality' was coined by Crenshaw (1989, p.149) to explain aspects of Black and minority ethnic women's experiences of discrimination in relation to the law and since then has been used as a metaphor for understanding inequalities, particularly those involving race and sex, to describe relationships between social groups, with an accent on boundaries and acuities of difference. It has been used to describe locations of coercion and relegation, the procedures through which oppression takes place and the methods for researching it. Davis (2008, p. 67) describes intersectionality as ''the interaction of multiple identities and experiences of exclusion and subordination''. A feminist theorizing of intimate partner violence necessitates an integration into the understanding regarding the principles of intersectionality for a more methodical exploration of structural as well as systemic contributors to violence against women.

Feminist scholarship explored IPV as bounties germinating out of oppressive and discriminatory socio-cultural factors deeply entrenched into societal institutions like family, economy, educational, political and judicial systems. De Coster and Heimer (2021) lay emphasis on the importance understanding experience of IPV with a feminist theoretical perspective overtly criticizing the generalist approach which fails to distinguish the role of gender as a structural and cultural force influencing gender identities, gender ideologies and IPV. IPV from a gender perspective is dominantly fashioned by situational factors driven by patriarchy and biased social structuring of opportunities categorizing intentions of IPV into control or self-defense.

The unearthing and recognition of the role of socio-cultural factors such as race, ethnicity, class and sexuality and how these traverses to create and reinforce multiple forms of oppression (Sokoloff & Dupont, 2005) is a significant point of inquiry. These areas of intersections not only are significant to understand their role in the causation of mental disorders but also how they act as precipitating factors and hinder restitution of the women towards the path of recovery.

Bagwell-Gray, Jen and Schuetz (2020) studied the sexual risk and protective factors on the basis of IPV experienced by twenty women survivors belonging to intersectional identities viz. race, gender, age and socio-economic conditions. The significance of environmental context as influential factors impacting the (in)stability and experiences of (dis)empowerment was reiterated by the authors.

Fawcett, Featherstone, Hearn and Toft (1996) articulate that "violence is always with us. It is both historically present and immediately topical. It exists in the very structure of society and it repeatedly surprises". Crenshaw (UN Women, 2020) elucidates the interlinkages between IPV and intersectionality highlighting that "all inequality is not created equal". IPV is inevitable in societies where gender inequality exists (WHO, 2021). The complex and unnerving cycle of violence can therefore be considered as a deep-rooted countenance of patriarchal hierarchies, inequitable gender roles and powerlessness. Gendered undertones of IPV manifest a culture of silence normalizing women's subjugation to patriarchal dominion in a marital relationship. A range of individual, situational and societal factors perpetrate and perpetuate IPV (Heise, 1998; WHO, 2012; Chandhok, 2023).

Contextualizing IPV from an ecological systems theory, Wright, Pinchevsky and Zie (2021) underlined that it is critical to give attention on factors like residential mobility, community culture and racial composition of neighbourhood to theorize IPV. Wright, Pinchevsky and Zie (2021) advocate that social modification through exploration of mediators and moderators of neighbourhood like social workers were essential to address IPV.

The "vexing nature of vulnerability" (Gilson, 2016) united with risk factors like lack of education, economic dependency, early or forced marriage, rigid gender division of labour and apathetic attitude of regulatory institutions solidifies the interplay of intersectional factors causing IPV. Unfolding the IPV gradations and its impact, feminist scholarships have also drawn attention to IPV in communities of colour, immigrants and non-binary individuals as vital aspects often neglected theorizing IPV (Belknap & Grant, 2021; Richie et al., 2021).

3 Unraveling the *Shadow Pandemic*: International and National Evidences

There is now an incipient literature authenticating the aftermath of the COVID-19 pandemic that has forced a "*Patriarchal Reset*" rather than equitably impacting all population groups thereby exacerbating women's health and care labour burdens and amplifying the physical violence against women and other threats to women's human rights. This implies that the worldwide efforts towards women's empowerment now face an austere rearrangement as there is a blatant threat towards a more gender unequal society owing to the gendered impact of the pandemic (Johnston et al., 2021; Anand, 2022b).

WHO (2019) affirms that violence against women increases during humanitarian crises, emergencies and epidemics. "*Stress, disruption of social and protective networks, increased economic hardship and decreased access to services can exacerbate the risk of women suffering violence*" (WHO, 2020). IPV witnessed a rambling spike during the COVID-19 pandemic explicitly amounting to be categorized as a "Shadow Pandemic" (UN Women, 2020) viciously cascading the sustainable development discourses. Trends across USA, Australia, Brazil and China (Lee, 2020; Mohler et al., 2020; Peterman et al., 2020; Tolan, 2020; Wanqing, 2020) showcased a rise in domestic violence complaints and calls to the helpline and police services during the COVID-19 outbreak.

A study (Bhatt et al., 2023) in Nepal assessing the relationship between IPV and COVID-19 amongst married women in reproductive age showed that 52.62% of women faced IPV. Physical violence stood at 21.43% and 14.05 % of sexual violence was reported. The study further indicated that married women experiencing physical and sexual forms of IPV developed deep wounds (30.23%) and about 1.34% reported having an abortion or stillbirth aftermath violence. A majority (86%) did not seek any help from family, friends or others fearing separation from children (30.20%); belief that husband would change (30.20%); retaliation from husband (4.69%) and economic dependence (4.69%). Only a small percentage (6%) of those who sought help filed a police complaint.

Comparison across the pre-pandemic and post-pandemic periods divulges a substantial growth in the incidents of emotional and sexual violence as abusers assumed greater control over household (Peraud, Quintard & Constant, 2021; Vives-Cases et al., 2021; Bhatt et al., 2023). Numerous studies (Krishnan et al., 2020; Davies, Rice & Rock, 2022; Ravindran & Shah, 2023; Ceroni et al., 2023) underscored a significant increase in IPV as an outcome of mobility restrictions, loss of livelihood, isolation and reduced emotional support from social networks.

Similarly, India too witnessed an unprecedented upsurge in domestic violence complaints from 2,900 in the year 2019 to 5,297 in 2020 (NCW, 2021). Standing highest in six years, NCW (2021) reported a gigantic 94% increase in the cases where women experienced abuse in their homes during the national lockdown. Ravindran and Shah (2023) in their study accentuated that a larger increase was reported in domestic violence complaints during lockdown in the districts where a greater proportion of husbands believed domestic violence was justified. The increase in domestic violence continued to be high for at least one year after the lockdown period. Highly ignored and disregarded aspect of domestic violence i.e. "marital rape" is predominantly not taken into cognizance as it does not account for crime in India following the gender-biased sacred nature of marriage. However, studies (Ravindran & Shah, 2023; Bagchi & Paul, 2023) stressed that there was a huge probability of a substantial rise in the cases of marital rape during lockdown.

Drawing attention towards sexual violence during pandemic and its bearing on women's sexual and reproductive health, it included non-consensual coercive sexual intercourse, harm during sex and denying contraception. This further leads to a higher risk of unintended or forced pregnancies, abortions, miscarriage, STIs/STDs including HIV, gynaecological complications and overall poor health-seeking behaviour (WHO, 2020; Krishnan et al., 2020; Bhatt et al, 2023). Krishnan, Hassan, Satyanarayana and Chandra (2020) underlined that the "*control exerted by the offender and the increased proximity inside the homes during lockdown may diminish the chances for the woman to seek help*"

Social and physical isolation, movement restrictions, psychological stress, increase in care role and financial stresses during lockdown posed several barriers for women subjected to IPV to seek help with limited or no access to sexual and reproductive services; inability to reach out to helplines, shelter homes or formal protecting agencies like police (WHO, 2020; Krishnan et al., 2020; Bhatt et al, 2023; Ceroniet al., 2023; Ravindran & Shah, 2023).

Understanding from the above national and international evidence, it is clear that the impact of IPV on women's health and well-being in the realm of intensified gender-based and socio-economic inequalities, vulnerabilities and exploitation amidst the pandemic has multifarious associations depriving women's dignity, autonomy and agency.

4 Extricating the detriments of IPV

Women's Sexual and Reproductive Health: WHO (2013) indicated that women experiencing IPV were 1.5 times at a greater risk of contracting STIs and HIV. Abused women were 16% more likely to suffer miscarriage and were twice as likely to have induced abortion. Similarly, about 41% of women were more likely to have premature delivery with 16% more likely to have low birth weight and were at a greater danger of stillbirth. Women subjected to IPV were twice as likely to develop depression, eating disorders, PTSD, alcohol dependence and heightened suicidal tendencies.

Sexual coercion within marriage, wife beating and hitting and controlling behaviours as part of IPV entails forced sexual contact, violence during pregnancy, unruly unnatural sexual favours subjecting women to enormous gynaecological and psychological complications (Campbell, 2002; Stephenson et al., 2006; Chandhok & Anand, 2020; Chandhok, 2020; WHO, 2021).

Studies (Donta et al., 2016; Krishnan et al., 2020; Bhatt et al., 2023) presented that IPV puts women at a high risk of unintended, unwanted, repeated and forced pregnancies as well as

forced abortions as men refused to use or allow women to use contraceptives. Women's lack of control over the body, inability to refuse sexual intimacy and poor decision-making owing to their low status in the family hierarchy and powerlessness renders women with low-bargaining powers to negotiate the uptake of contraception and that family planning is compromised (Miller et al., 2010; Ullah, 2011; Mahapatro et al., 2012; Chandhok, 2020; Krishnan et al., 2020).

Controlling behaviours by abusive partners viz. restrictions on mobility, denied educational and employment opportunities and isolation further deters women from accessing otherwise available sexual and reproductive health services posing a greater risk for negative health outcomes, especially during pregnancy (Ravindran & Balasubramanian, 2004; Desai, 2005; Devries et al., 2010; Maiti, 2014; Chandhok, 2020).

Several studies (Stephenson et al., 2006; Mahapatro et al., 2011; Silverman et al., 2011; WHO, 2013; Donta et al., 2016; Chandhok, 2023) reported that women experiencing physical and sexual violence in marriage suffered heavy vaginal discharge, bleeding, pelvic pain, intra-uterine haemorrhage, PTSD, UTIs, RTIs/STIs including HIV.

Psychological impacts of female subjugation: The unequal distribution of resources and power between women and men results from conformist and unyielding attitudes to the position of men and women in society. Individuals and communities in conformity with the gender norms tend to consider men as superior to women wherein men hold the power towards decision making owing to the freedom to engage in employment and education and participate in the community. In contrast, women are expected to be acquiescent and to follow the subservient path to meet the expectations of males.

The sense of self is deeply embedded in the roots of gender-based socialization. The historical, social, political, legal, cultural and economic contexts thus need to be accredited to gain an eclectic understanding. The understanding of power relations and hegemonized structures implies developing an understanding how women can be repressed and restricted when developing and changing their senses of self and identity beyond the 'normal' regimes of society. Lafrance and Stoppard (2006) in their study with women with depression expound the depiction of women about their self-identities in terms of their gendered roles and social expectations. The descriptor 'good' was regularly combined with a female identity such as girl, wife and mother; the result being the creation of the 'good woman' identity within societal ''discourses of femininity'' (Stoppard 2000, p. 106).

Feminists expound how women's bodies and sexualities are arrayed as opportune tools to kiln a veneer of cultural dominion that has "*conspired to limit portrayals of women to sexual beings and projected their aspirations and agitations to the exclusion of their roles as social and economic beings*" (Garg, 1991, 420). Their relegation is further aggravated across diverse psycho-social as well as cultural scenarios. As per the estimates by WHO (2021), worldwide about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Mental health reparations: Inequity and gender-based violence are indeed the risk factors for mental health conditions (Anand, 2024). Intimate partner violence indeed has short as well as long term impacts on women's mental health. Depression is one of the important effects of as there is a clear and well-known construction between depression in women and the domestic violence experienced by these women (Western, 2013). From a critical feminist

lens, an investigation into the role of gender as an aetiological factor for the women to develop symptoms of depression in women and in the perpetration of violence against women in intimate partner relationships is crucial. Beydoun et al (2012) for example, found a 2–3 times increased risk of major depressive disorder and a 1.5–2 times augmented risk of heightened depressive symptoms and peripartum depression among women who had experienced intimate partner violence compared with women who had not experienced this violence. Moreover, women are twice as likely as men to experience depression and about 20 % of women are likely to experience depression at some time in their lives.

There are varied mental health implications of IPV on women that includes their lack of prospects to locate and express their emotions including loss of agency, anguish, self-esteem; impaired social relationships in occupational/ professional relationships, incapacitation and halting of their true selves and identities, mental fatigue to deliberate and ponder on personal growth and accomplishments and inadequate time for self-care (Western, 2013).

Expounding the human rights implications: Exclusive rights to sexual communion and procreation deny women primary human rights imposing restrictions on their right to body, right to live with dignity and right to choose. Spousal violence in a marriage is often the most deserted priority area for policy-makers and implementing agencies owing to narrowed and traditional consideration of marriage as a sacred bond. The societal ignorance to IPV and its harmful impact on women's self-esteem, autonomy and overall health and well-being sanctions wife-beating as normal. IPV in fact, is therefore commonly used as a deliberate tool to maintain toxic marital relationships and normalize immoral cruel behaviour to protect family honour and punish a woman for her inability to serve as a slave to her husband. Marriages in India presumably come along with implicit matrimonial expectations demanding women to sexually submit themselves to their husband's sexual desires and needs, remain devoted to reproductive roles and endure rigid patriarchal familial traditions and customs (Chandhok, 2020; Chandhok, 2023). Deviance from these matrimonial expectations places the foreground for IPV in the name of punishing and disciplining women (Naved & Persson, 2005; Khan & Hussain, 2008; Ullah, 2011; Donta et al., 2016). Gender Social Norms Index (2020) suggests that twenty-eight per cent of people felt that it was justified to beat a wife.

Wife-beating on the pretext of maintaining her sexual chastity and loyalty as a devoted wife, mother and homemaker represents a controlling and abusive patrilocal and misogynist arrangement of abusive marriage. Studies (Sriram & Mukherjee, 2001; Wallace & Roberson, 2014; Nigam, 2021) affirm that IPV is often used by abusers as a threatening technique to indemnify their power and position in society. The vicious cycle of violence strives because women in abusive relationships are trapped in the name of protecting marital bonds further augmented by the fear of ostracism, economic dependence and societal stigma (LaViolette & Barnett, 2014; Hattery & Smith, 2019; Nigam, 2021; Chandhok, 2023).

5 Understanding and embedding Feminist Social Work

Social work is 'fundamentally feminist in its nature' (Collins, 1986, p.217), as the values, philosophical assumptions, ethical commitments, resolutions of feminism and social work congregate and impart added meaning to each other (Anand, 2022). Social workers with a client centred focus, with the adoption of an eclectic and strengths-based approach, backed by a strong theoretical base and practice skills can contribute towards broad as well as specific measures of prevention, assessment, crisis intervention, therapeutic intervention, case management, research, policy development, and advocacy related to intimate partner violence (Pelkowitz et al., 2023, p.4). Integrating feminist theory in social work is an advantageous

way of responding to the gender biases of as feminist theories explicate the *structure and dynamics of women's experiences within sociopolitical and interpersonal sexual hierarchies and draw attention to the ways in which every day actions can shore up discriminatory social structures* (Lewis, 1992).

Feminism as a discourse, challenges social work to be responsive to the special needs of women in society. Contextualising 'Gender aware social work' Gandhi (1998) highlights the significance of connecting with women as well as men in a manner that reflects an understanding of and a receptiveness to their distinguishing problems and experiences. Acknowledging the endurance of inequality and discrimination as a consequence of patriarchy and accentuating the social work response, she elucidates:

> Gender aware social work calls for committed, sensitive and motivated workers. It necessitates grounding in a variety of theoretical perspectives in feminist literature, a high level of self-awareness, ability to explore, comprehend, analyse, reflect, respond and challenge the issues of patriarchy (Gandhi, 1998, p.996).

Feminist social work centres on the liberation, inclusion, and empowerment of women who have been relegated, subjugated, oppressed and abused (Roche, 1998). *As a form of social work practice, it takes women as the starting point for intervention and advocates social changes linked to advancing women's welfare* (Dominelli, 1998). Feminist methodologists' assumption of an unequal gender structure in congruent with the intrinsic commitment of social work towards social justice and change. Feminist practice surpasses all realms of social work practice. Fundamental to feminist theory is the credence that the inferior status relegated to women is due to societal discrimination, that the personal position of women is influenced by socio-cultural, political and economic power dynamics. It strongly affirms that women should have equivalent access to all forms of influence as well as authority. A feminist investigation enables social workers to help women to understand how they are subjugated and often motivates them to engross in initiatives to bring about wide-ranging social change (Anand, 2021).

Anand (2022a) explicates

> A social work feminist framework informs feminist practice and provides an understanding of issues such as violence, power and gender inequality. Feminist practice is women- centred and enables social workers to address policies and structures that disadvantage women. Thus, feminist practice not only includes interventions such as individual counselling and group work, but also extends to working with families and communities in addition to advocacy, lobbying and activism to address structural disadvantages, and actions to facilitate social change and bringing about gender friendly policy formulations (p 6.).

McPhail et al (2007) affirm that feminist model on IPV relates it as the consequence of male coercion of women within a patriarchal structure with men being the principal perpetrators of violence and women the prime victims. Expounding the model, they highlight:

> the feminist model challenges male entitlement and privilege as well as the traditional notion that domestic violence is a private family matter. Thus, feminists demand public solutions, including the establishment of programs and services for women who are battered, treatment for their male partners, and the involvement of the criminal justice system to hold men accountable for their violence. Feminists believe that many of the

> problems faced by women, including violence, are caused by social, cultural, and political forces requiring action at the policy level (p. 818).

Since the power imbalance in patriarchy is attributed to the process of male socialization, there is an implied understanding that what is learned can be unlearned.

6 Interventions by Feminist social work to address IPV

A critical feminist perspective affirms that the personal is political, that multiplicity amongst women must be documented and accepted, that conversion and modification provide foci for social work with women and that accountability for preventing the development and experience of violence and depression in women must be a multifactorial, multi-level societal pledge. Krumer-Nevo and Komem (2015) highlight the importance of endorsing critical feminist knowledge and practice among social workers and acquainting them with critical feminist analyses followed by feminist interventions based on using the critical feminist perspectives.

Strengthening feminist social work in education and practice: The uniqueness of social work lies in its amalgamation of theory-practice through translation of academic discourses in the practice. During the course of training by academic institutions, it is imperative to deliberate upon and strengthen critical thinking based on feminist analysis and its application in social work practice. Varied efficacious grass roots-based initiatives can be discussed with positional dialogues on gender and intersectionalities during the classroom discussions, conferences, students' field work training in addition to examining the curriculum as well as pedagogical approaches adopted by schools of social work with a greater thrust on strengthening feminist analysis in the social work classrooms as well as skills' training (Anand, 2023; Anand, 2022a; Danis, 2003).

Feminist Group Work: Feminist perspectives on group work interventions are indeed an area that have not been adequately explored and practiced, particularly in the Indian context. Saulnier (2000) provides illustrations of applications of various strands of feminism in the group work practice. Western (2013) expounds the significance of feminist group work interventions with women survivors of violence battling depression. The experiential reflections by the women on the importance of engaging in a group provided "*a sense of meaning and purpose in lives, enables to engage in the world around, pursue goals and passions and feel a sense of belonging with family, friends and communities*" (p. 1). The sharing of experiences by the women, their introspection into their own lives, experiencing of suffering and its learning and plan for vicissitudes in their lives can yield therapeutic benefits.

> Western (2013) explicates about her work with women and the thrust on writing about their experiences of violence, depression and participation in feminist group work. Activities like journaling, sharing of experiences in a non-threatening and accepting environment can pave way towards building resilience through vicarious learning. Based on her research with women, she has developed a model for a Women's Journaling Group Program that is "*premised on gendered and critical feminist understandings of violence against women, depression in women and the facilitation of groups for women….The activities also open possibilities for women to make connections between their own experiences of violence and depression, the experiences of other women and the attitudinal, structural and systemic factors that perpetuate the continuation of violence against women*" (p.5).

Incorporating many of the principles within feminist group work is the concept of consciousness-raising. MacKinnon (1989, p. 83) referred to consciousness-raising as the feminist method and defined it as ‘‘… the collective critical reconstitution of the meaning of women’s social experience, as women live through it’’ (as cited by Western, 2013) with due acknowledgement and realization of oppression, fears, silence, lack of agency during the group sessions.

Nurturing feminist research in social work: Praxis is the critical contribution that social work as a discipline can bring to academic dialogues around feminist research (Wahab, Anderson-Nathe & Gringeri, 2012). There is a need to integrate feminist methodologies as a critical approach within social work research with the objective to explore diverse components of a dominant gender structure that reinforces inequality between men and women during the course of socialization at varied levels viz. the *individual, interactional, organizational, institutional, and cultural levels* (Lauve-Moon et al., 2020).

Intersectional feminist analysis: There is a need to focus on gender within the intricate characteristics of identity to enable better comprehension and plan an eclectic, multilayered social work response. In addition, there is a strong need to frame IPV as a form of gender-based violence keeping into it into consideration various forms of marginalities experienced by women e.g., poor or unstable access to support and resources, intersectional identities, and governmental policies (Bagwell-Gray et al., 2020).

Foregrounding reproductive justice: It is imperative for social work to focus on reproductive justice in research, practice, and education efforts by thrusting on relegated voices while envisioning the field’s pursuit of health equity (Gomez et al., 2020). To understand and respond to IPV from a human rights lens, there will be a need to shift the focus from the biomedical model of health towards integrating the psychosocial and cultural aspects of health. It is pertinent for social work to *advance reproductive justice—the right to have children, to not have children, to parent with safety and dignity, and to sexual and bodily autonomy* (Gomez et al., 2020, p. 358) among women.

Congealing robust advocacy: Social workers must address discriminations in sexual and reproductive health through practice-based responses and policy reforms. They also need to circumnavigate systems to support women survivors of IPV to maintain their sexual health and provide holistic services from a biopsychosocial perspective. There is a strong need for developing action based and agenda driven tenets of advocacy to advance equity and a greater obligation to take up the issue of IPV within social work education as well as practice methods. Furthermore, in the post pandemic context, it may also be imperative to prepare the advance emergency response plan for tacking global as well as local emergencies with regard to protection and safety of women (Roesch et al., 2020).

Strengthening practice-based competencies: Gender remains central to the commitment by professional social work towards social justice. Fortifying social workers’ skills and competencies to work with the survivors as well as men and develop ‘best practices’ evidence-based models specific and also work towards documentation of practices and tools for risk assessment to IPV (Olsson et al., 2024; Pelkowitz et al., 2023) are some of the areas to be strengthened. Thus, the integration of feminist theory into social work practice can be strengthened at the grassroots level for social work to be effective in attaining its goals (Collins, 1986; McMahon et al., 2013).

7 Conclusion

Mapping the profound and far-reaching consequences of IPV on women causing but not limited to physical injuries, psycho-sexual trauma and a long-term state of poor self-esteem and under confidence impedes women from enjoying their lives freely denying them basic human rights.

Over the years, several national and international development agendas have consciously demonstrated women's empowerment and protection against exploitation and discrimination as the key cornerstones. However, situations of humanitarian crises like COVID-19, war inflicted zones etc. display colossal public-health challenges in the wake of unparalleled spike in violence against women.

Recognition of IPV as a structured arrangement of gender-based inequalities and prejudices is critical. Informed, holistic and integrated response and commitment of diverse stakeholders at the micro, mezzo and macro level is the need of the hour ensuring women's emancipation from the dreadful shackles of patriarchy particularly in the context of IPV with only fewer agencies functioning in silos.

Feminist social work has a challenging yet promising path to tread ahead in order to sustain the spirit of social work doctrines committed to social justice, equality and empowerment positioning emancipatory grounds for women breaking the cycle of IPV. To accomplish vibrant sustainable development goals, an inter-sectoral comprehensive approach to address IPV must be adopted by fostering a culture of zero-tolerance for violence, promoting equitable and respectful conjugal relationships and sustaining a choice-based conducive environment for all individuals.

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Author´s Address:
Dr. Meenu Anand
Department of Social Work, University of Delhi
Delhi-110007, India
http://people.samarth.edu.in/index.php/profile/user/index/DU/ilx
ORCID ID: 0000-0002-0866-8799
meenuanand75@rediffmail.com

Author´s Address:
Dr. Gunjan Chandhok
Department of Social Work, University of Delhi
Delhi-110007, India
chandhokgunjan@gmail.com