

The heavy burden of a silent scourge: domestic violence

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Article 1 of the 1993 United Nations Declaration on the Elimination of Violence against Women defines such violence 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 deprivations of liberty, whether occurring in public or in private life.” Acts of violence by husbands against their wives, or, more generally, by males against their female partners, are commonly known as domestic violence, and they fit this definition on all counts: Such acts are gender based, and they cause harm and suffering to women. Equally importantly, however, the harm caused by domestic violence is not restricted to the recipient alone: Research has clearly shown that such violence has far-reaching *intergenerational* consequences.

When I say that domestic violence is gender based, I am not referring to the fact that domestic violence is generally committed by persons of one sex against those of the other. Instead, I am referring to the *gendered underpinnings* of such violence. Gender is the socially constructed dimension of biologically determined sex. As such, gender encompasses the different roles, rights, and obligations ascribed by culture and society to women and men because of their sex. These ascribed roles, rights, and obligations are not just different, they also tend to be unequal: Men have more power than women do, and in some relationships, such as marriage, men may also have socially, culturally, or even legally sanctioned power *over* women.

That domestic violence is symptomatic of this gender-based power of men over women is evident from the extent to which women and men are socialized into accepting such power almost without question. For example, the Demographic and Health Surveys (DHS) data available for most countries show that when women are asked if a husband is justified in beating his wife under various circumstances, such as neglecting the children, not cooking well, talking to other men, or refusing to have sex with the husband, a significant proportion agree with one or more of these “reasons.” What is even more telling is that, even in countries where such agreement is low, the one “reason” that women (and also men, if they are asked this question) are most likely to agree with is if the wife “neglects the children.” Perhaps this is because the care of children is culturally perceived as the most binding of all gender roles ascribed to women. Accordingly, any violations of this gender norm are widely accepted as serious enough to warrant disciplining by the husband. What really brought this situation home to me in full force was an incident that took place when I was training a group of seasoned survey personnel on the implementation of the DHS questionnaire. While discussing the DHS question on whether husbands are justified in beating their wives, one of the trainees, a venerable gentleman, asked in a perplexed tone: “But madam, what if the wife is beating and beating the children? What can the husband do? He *has* to beat her!” There was dead silence in the room when, in response, I asked: “What if it was the husband who was beating the children? What would you expect the wife to do? Beat her husband?”

Since the early 1990s there has been a concerted effort in many parts of the world to document the extent and consequences of domestic violence for women and families. The DHS surveys provide nationally representative data on violence for several developing countries, including Colombia, the Dominican Republic, Haiti, Nicaragua, and Peru, and other sources provide additional data. The World Health Organization’s Multi-Country Study on

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Women's Health and Domestic Violence Against Women also provides a rich source of comparative data for a number of countries, including Brazil and Peru. These data-collection efforts are unique because of the consistency of definitions and methodologies used to measure violence and the efforts made, in most cases, to maximize both the validity of the data and their ethical collection. In addition, these data sources provide information on domestic violence in conjunction with information on women's individual, marital, and household characteristics and on their health and the health of their children. This wealth of data has made it possible to document the prevalence of domestic violence, and to evaluate the risk factors and health consequences of such violence within an international comparative framework.

While research based on these data continues, some unequivocal results have been found consistently across countries and data sets. We ignore these findings at the peril of our societies, economies, and, if I may say so without sounding overly dramatic, humanity. There is now no doubt that in a large part of the world *at least* one of every three or four women of reproductive age has experienced domestic violence. We also know that such violence is not restricted to any one subgroup of the population; women in all subgroups are at risk. While it is commonly assumed, there is in fact no consistent relationship across countries between poverty and violence. In some countries, educated women and uneducated women have similar risks of experiencing violence, while in other countries the risk that educated women face is lower but still not negligible. Women whose husbands drink excessively are consistently at much higher risk of violence than are all other women.

That the experience of domestic violence will affect women's own health and well-being is not surprising. In most countries, between one-third and two-thirds of women who report experiencing violence tell of direct physical consequences such as aches, bruises, or broken bones. Abused women report thinking about committing suicide more often than do other women. Violence also affects women's reproductive health. For example, the experience of abuse is positively associated with adverse pregnancy outcomes such as abortion and miscarriage. There is clear evidence from the DHS for several countries, including the Dominican Republic, that women who have experienced domestic violence are more likely than are other women to have had a non-live birth, as well as a birth that was not wanted, even after controlling for other relevant factors such as wealth and parity. Additionally, abused women have a higher risk of having had a sexually transmitted infection. While this list of health consequences of domestic violence is far from complete, it is enough to illustrate how domestic violence is undermining the mental and physical health of women as well as their quality of life.

The adverse effects of domestic violence do not end with these or other health consequences for women alone; what makes domestic violence particularly insidious is its intergenerational effects. Children of mothers who have been abused have higher mortality rates, lower immunization rates, and in some countries are more likely to be undernourished than children of mothers who have not experienced domestic violence. There is also consistent evidence for additional disheartening intergenerational effects: Compared with children of mothers who have not been abused, female children of abused mothers are more likely to be abused as adults, and male children of abused mothers are more likely to be abusers as adults.

Clearly, domestic violence is not a scourge like most other scourges; its harmful effects do not disappear with the generation that was directly involved. The scourge will be resurrected in every successive generation, unless we treat it as a public health emergency and make concerted efforts to eliminate it.