

Domestic violence against women – an international concern

With reference to the situation in Mauritius

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Abstract

Domestic violence is a pattern of assault and coercive behavior including physical, sexual and psychological attacks, by a person against his/her own intimate partner. Women are more frequently the victims. After a global overview of the prevalence and nature of domestic violence against women especially in Mauritius, this article provides a discussion about health problems and risk factors among the female victims with the objective of giving preventive measures to eradicate it from society. NGOs, along with legislative measures, have proven helpful in improving quality of life and preventing violence-related injuries among women. The health sector also plays an important role as part of multi-sector efforts in early detection and prevention of cases of domestic violence. Psychiatrists are in a unique position for early identification of such patients as well as intervention.

Key words: domestic, violence, women, prevention, health problems

Introduction

Despite having equal rights and status in most countries, violence against women is still rampant and homes become torture

chambers for women.¹ Domestic violence is one of the most common forms of torture in women² and is a major international social and public health problem in both developed and developing countries. The United Nations defines “domestic violence” as violence that occurs within the private sphere, mainly between individuals who are related through intimacy, blood, or law.³ According to a report by the UN International Children’s Fund (UNICEF), up to half of the world’s female population has suffered abuse at the hands of those closest to them at some point in their lives.⁴ Domestic violence is a pervasive violence of women’s human rights and has been resistant to social advances because of its “hidden” nature. Such violence is a problem in every country of the world and



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almost universally under-reported. It has no relation with race, class or educational status.⁵ The Massachusetts-based Women's Rights Network (WRN)⁶ was founded in 1995 in response to the need to develop collaborative, cross-cultural and international strategies to eliminate domestic violence. To date, the WRN offers a resource center documenting strategies used around the world to end domestic violence.

This study has been conducted to review the global scenario of domestic violence with special reference to the statistics in Mauritius. It will also address the factors leading to that violence with the objective to plan preventive strategies for avoiding such a crime.

Global scenario of domestic violence

Females can suffer from violence throughout their "life cycle" as fetuses may be aborted just because they are female, infants may be killed because they are female, girls may be neglected or subjected to various other types of abuse, adolescents may be raped, married women may be beaten, raped or killed by their husbands and widows may be neglected. The female infanticide and sex selective abortions that are caused by son preference have led to an imbalance in sex ratios characterized by millions of females "missing" from populations in Asia, China and North Africa. India is the site of approximately 5000 dowry related deaths each year.⁷ A survey of 1842 rural women of reproductive age in India revealed that both men and women consider wife beating acceptable and that 40% of all wives have been beaten by their husbands.⁸ The Indian government and other institutions are handicapped by lack of statistical data on the extent of domestic violence.⁹ In Bangladesh, a study carried out in a remote rural area during December 2000 indicates that 50.5%

of the women were reported to be battered by their husbands and 2.1% by other family members.¹⁰ In China,¹¹ the territory's police said that reported acts of violence between couples had risen 40% in a year.

A study about the severity of domestic violence in Korea showed that battering occurred more than once a month; on the other hand, the Korean Women's Hotline revealed that 42% of those interviewed had been assaulted more than once a week.¹²

In the United Kingdom, two small studies reported lifetime prevalence of domestic violence against women of 39 and 60%.^{13,14} A community survey found that 23% of women had been physically assaulted by a partner or former partner, with 4% experiencing violence within the previous 12 months.¹⁵

In Spain, women are often the victims of violence and of domestic violence. In 1993, 86 violent deaths and 200,000 cases of abuse by a partner were reported.¹⁶

In Serbia, a study conducted on violence against women by the staff at the SOS Hotline for Women and Children Victims of Violence showed that almost all the callers (94%) were victims of violence from family members or intimate partners.¹⁷

In Arab and Islamic¹⁸ countries, domestic violence is not yet considered a major concern, despite its increasing frequency and serious consequences. Surveys in Egypt, Palestine, Israel and Tunisia show that at least one out of three women is beaten by her husband. According to these people, domestic violence is a private matter and usually, a justifiable response to misbehavior on the part of the wife. Selective experts from the "Koran" are used to prove that men who beat their wives are following God's commandments.

In South Africa,¹⁹ a cross-sectional study of violence against women was undertaken

in 1998 to measure the prevalence of physical, sexual and emotional abuse of women in households. Interviews with 1306 women had a response rate of 90.3% of eligible women. The lifetime prevalence of experiencing physical violence from a current or ex-husband or boyfriend was 24.6%, and 9.5% had been assaulted in the previous year.

In a survey of 5109 women of reproductive age in the Rakai District of Uganda, 30% of women had experienced physical threats or physical abuse from their current partner.²⁰

The study conducted in Nigeria on 308 Igbo women showed that 78.8% of the women have been battered by their male counterparts, out of whom 58.9% reported battering during pregnancy, and 21.3% reported having been forced to have sexual intercourse.²¹

In North America,²² where women have equal rights and status, violence against women is still present in the society. 40-51% of women experience some type of violence in their lifetime including child abuse, physical violence, rape and domestic violence. The perpetrator is most likely to be a current or former partner. It is also estimated that each year in the United States, four million women experience a serious assault by their partner, and the victim-related economic cost of partner violence is about US\$ 67 billion.²³ Annual prevalence of IPV (domestic violence) in Canada was found to range from 0.4% to 23%, with severe violence occurring from 2% to 10% annually.²⁴

In Central America, women have developed a feministic critical consciousness of the negative responses to their personal and political transformation.²⁵ The Mexican Association against Violence towards Women (COVAC) surveyed 3300 men and women aged 18-65 years in Mexico City, and

nine other cities, in 1995 to assess public opinion regarding domestic violence. They found that 74% of the abused persons were women.²⁶ But there is no legislation in Mexico specifically against domestic violence.

The situation in Brazil, like many other countries, is one in which domestic violence is against the law, but in practice regularly tolerated. According to San Pablo Catholic University, only 2% of criminal complaints for domestic violence against women lead to conviction of the aggressor.²⁷

In response to this global problem, more than 160 countries have ratified the UN's Convention on the Elimination of All Forms of Violence against Women, and many countries have included provisions to protect women against violence in their constitutions and criminal codes. However, only 44 countries specifically protect women against domestic violence.⁸

Violence against women in Mauritius

The sample of this study includes 1510 cases of domestic violence against women in the year 1999 and 1235 cases in the year 2000. All the cases were obtained from the records of the Domestic Violence International Unit in Mauritius. An analysis was made to understand the trends and pattern of such cases in this country.

Scenario in Mauritius

The estimated resident population of the island of Mauritius on December 31, 2000 was 1,157,789 (577,958 males and 579,831 females), that is there were 1873 more females than males.²⁸ Mauritius offers equality of opportunity and access to education, health, social services and employment for both boys and girls without disparity. However, problems such as domestic violence have retained our attention as they affect mostly women. In 1997, the Government of

Mauritius introduced the Protection from Domestic Violence Act which has enabled thousand of silent women to break their silence and to benefit from legal protection. According to this Act,²⁹ “domestic violence” includes:

- Willfully causing or attempting to cause physical injury.
- Willfully or knowingly placing or attempting to place the spouse in fear of physical injury to himself/herself or to one of his/her children.
- Intimidation, harassment, maltreatment, brutality or cruelty.
- Compelling the spouse by force or threat to engage in conduct or act, sexual or otherwise, from which the spouse has a right to abstain.
- Confining or detaining the spouse against will.
- Any harm or threat to cause harm to a child of the spouse.
- Causing or attempting to cause damage to the spouse’s property.

Table 1. Nature of domestic violence against women.

Nature of problems	Number of cases	
	1999, N=1510	2000, N=1235
1. Verbal abuse	1452	1199
2. Physical assault	1256	1067
3. Threatening behavior	1242	973
4. Ill-treatment	1190	1076
5. Harassment	1069	1025
6. Damage	750	625
7. Irresponsibility	641	539
8. Offensive behavior	540	366
9. Sexual abuse	281	222

Table 2. Causes of domestic violence against women.

Causes	Number of cases	
	1999, N=1510	2000, N=1235
1. Quarrelsome	1173	1035
2. Dominant nature	909	665
3. Alcohol	871	697
4. Finance	665	514
5. Extramarital affairs	384	302

Structures for the provision of 24 hours service, free legal assistance, and psychological counselling to the victims of domestic violence have also been set up. An analysis of data reported by the Domestic Violence Interventional Unit in 1999 and 2000 showed that domestic violence has decreased, as shown in Table 1.³⁰ The prevalence of domestic violence against women in 2000 is estimated at about 0.2% and violence is found to be more prevalent in the age group 20-49 years.

As far as the stated cause of domestic violence is concerned, “quarrelsome” is found in the majority of the cases followed by alcoholism and male dominant nature (Table 2).^{30,31}

Discussion

Domestic violence is a significant problem all over the world which adversely affects the health and safety of millions of women throughout their lifespan. Such an assault is also termed as intimate partner violence. It occurs mainly in three forms: physical, sexual and mental. Vandello and Cohen³² explain how domestic violence may be implicitly or explicitly sanctioned and reinforced in cultures where honor is a salient organizing theme, by giving three general predictions: a) female identity damages a man’s reputation, particularly in honor cultures; b) this reputation can be partially restored through the use of violence; and c) women in honor cultures are expected to remain loyal in the face of jealousy-related violence.

Low prevalence of domestic violence against women in Mauritius as compared to other countries is due to many reasons. First and foremost is the fact that many cases are not reported, as women in Mauritius still consider it to be a social stigma. They are not very open about their private lives, especially if they are being tortured. Other

factors such as low unemployment, lack of obvious gender discrimination, relatively low poverty, and a high rate of literacy could be contributing to the low prevalence of domestic violence in Mauritius. As opposed to India, there is no dowry system in marriages in Mauritius, thus further reducing the prevalence.

Health problems

The women victimized by domestic violence suffer from more health problems than non-victimized women.³³ The common health problems associated with domestic violence are as follows:

Physical health effects

Battered women are more likely to have been injured in the head, face, neck, thorax, breasts and abdomen than women injured in other ways³⁴. Physical assault ranges from slaps, punches and kicks to assaults with a weapon and homicide. Mortality associated with domestic violence also includes suicide of women. The injuries, fear, and stress associated with violence can result in chronic health problems such as chronic pain (e.g. headache, back pain), recurrent central nervous system symptoms including fainting and seizures, gastrointestinal disorders like loss of appetite, eating disorders or chronic irritable bowel syndrome, and also cardiac problems such as hypertension and chest pain.³⁵

Gynecological problems

The common gynecological problems include sexually-transmitted diseases, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain on intercourse, chronic pelvic pain and urinary-tract infections.³⁶ Forced sex (direct force or lack of lubrication) and forced participation in degrading sexual acts, such as unnatural

sex, have consequences that could explain higher prevalence of gynecological problems among battered women.³⁷ The combination of physical and sexual abuse that characterizes the experiences of at least 40-45% of battered women puts these women at an even higher risk for health problems than the women only physically assaulted.³⁸

Mental health effects

Depression and post-traumatic stress disorder are the most prevalent mental health problems of domestic violence.³⁹ These are mainly associated with emotionally abusive behaviours such as prohibiting a woman from seeing her family and friends, ongoing belittlement, humiliation, or intimidation, economic restrictions such as preventing a woman from working, or confiscating her earning and other controlling behavior, fear and stress due to physical abuse and forced sex. In a Canadian population based study, Ratner found that in addition to depression, abused women have also been associated with anxiety, insomnia and social dysfunction⁴⁰. Alcohol and drug abuse are the other mental health sequelae seen in battered women in industrialized countries.⁴¹

Health problems due to abuse during pregnancy

Domestic violence among pregnant women is a global health issue. According to JC Campbell,⁴² intimate partner violence (domestic violence) has been noted in 3-13% of pregnancies in many studies around the world, and is associated with detrimental outcomes to mother and fetus. Prevalence of violence among pregnant women in developing countries ranges from 4% to 29% and low birth weight is found to be an important consequence of violence.⁴³ Other health problems related to the fetus are preterm delivery, fetal distress, ante partum hemorrhage

and pre-eclampsia.⁴⁴ Fetal death due to elective termination of pregnancy has also been related to domestic violence.⁴⁵ The main risk factors observed for abuse during pregnancy are low socio-economic status, low education in both parents and unplanned pregnancy.

Health problems in children

Children of battered women are also affected. They often suffer from psychological disorders and tend to reflect the same vis-à-vis their spouses when they grown up.

Suppression of the immune system as a result of stress and mental health disorders, such as depression, or both conditions, are observed to be reasonable but untested casual hypothesis.⁴²

Risk factors

Risk of violence is greatest in societies where the use of domestic violence in many situations is a socially-accepted norm. Women accept physical and emotional abuse as a husband's right, causing women to view some violent behavior as less violent. They may not speak out against the violence because they depend upon the husband for economic support and their cultural dignity. In many countries, the battered women who leave such an abusive marriage relationship are at risk of losing their income, children, shelter, land and social standing. The important risk factors for domestic violence against women are listed as follows:

- Poverty and associated stress are the key contributors that increase the risk of domestic violence through the effects on conflict, women's power and male identity.⁴⁶
- Relationships full of conflict especially those in which conflicts occur about finances, jealousy and women's gender role transgressions are more prone to

domestic violence as compared to peaceful relationships. The frequency of verbal disagreements and of high levels of conflict in relationships is strongly associated with physical violence.⁴⁷

- Women who are more empowered educationally, economically and socially are most protected.
- Violence against women is seen not only as a male dominant nature over women, but also as being rooted in male vulnerability stemming from social expectations of manhood that are unattainable because of factors such as poverty experienced by men.⁴⁸
- Alcohol consumption by the partner is associated with increased risk of all forms of domestic violence.⁴⁹ Alcohol is thought to reduce inhibitions, cloud judgment and impair the ability to interpret social cues.

Screening of women for domestic violence

Domestic violence against women is associated with many negative health consequences for women. Therefore, the health sectors could play an important role in screening all patients who could be subjected to domestic violence. In recent years, many health professional associations have issued guidelines for clinicians on how to identify women who are abused. The patient should be examined alone in a safe private environment. Physicians should routinely screen women for domestic violence.⁵⁰ The STaT questions for the screening of the victims of domestic violence (intimate partner violence) are:⁵¹

- 1) Have you ever been in a relationship where your partner has pushed or Slapped you?
- 2) Have you ever been in a relationship where your partner Threatened you with violence? and

- 3) Have you ever been in a relationship where your partner has thrown, broken or punched Things?

These three questions when used together can effectively identify lifetime intimate partner violence and will aid clinicians' efforts to identify abuse in women. Obstetrician-gynecologists are in a unique position to identify such patients and to provide interventions.⁵² The seriousness of wife-battering is examined in four categories: a) initial manifestations; b) frequency; c) patterns; and d) repercussions.⁵³

Role of psychiatrist

As the majority of women who are victims of domestic violence suffer from great mental trauma, they need to seek the help of a psychiatrist. Routine questioning by the psychiatrist is very important because patients are not likely to disclose domestic violence spontaneously. All reported cases need a risk assessment. The presence of psychiatric illness, like morbid jealousy in the batterer, has to be born in mind as it is of great significance in risk assessment. The principles of management include establishing the victim's safety, treating mental illness, providing information about local resources and assessing current and future risk.

The following methodology can be employed by the psychiatrist:

- Interviewing the patient alone, without her partner present.
- Asking simple, direct questions in a confidential setting.
- Encouraging the victim to talk about the incidence.

If the victim does not answer or discuss the topic, then clinical findings should be looked for that may indicate domestic violence, and

the danger to the victim should be assessed before she leaves the medical setting. If the patient is in danger, she should be advised to stay with friends or family with whom she wants to stay.

Patients should be encouraged to take legal action and advised to be protected from further abuse. After patient safety has been ensured, then provision should be made for appropriate treatment and psychological interventions.

Preventive strategies

Domestic violence affects all aspects of women's lives and undermines the basis for sustainable human development while violating women's human rights. It can be prevented. Primary prevention projects are derived to avoid the occurrence of a violent act, but if it has already occurred it is necessary to avoid its repetition through secondary prevention projects. Tertiary prevention is applied in order to avoid major damages with the aim at improving the quality of life of those already traumatized.⁵⁴ The UN Development Fund for women has selected 23 projects in 18 developing countries to be beneficiaries of a \$ 1.2 million trust fund dedicated to violence against women. The projects offer a variety of approaches for preventing and eliminating domestic violence suffered by a third of the women in developing countries. They involve awareness-raising and advocacy, capacity-building, literacy, training, action research and prevention/deterrence activities.⁵⁵ The WHO is developing population-based data, innovative research methods, an inventory and assessment of interventions, policy guidelines, and information and advocacy materials to combat domestic violence.⁵⁶

Mauritius

In Mauritius, important factors responsible

for domestic violence against women are quarrelsome, male dominant nature, alcohol, finance and extramarital affairs.

Mauritius is a signatory of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and is a party to the Beijing Platform of Action. In 1997, Mauritius signed the Gender and Development Declaration of the SADC Heads of State and subsequent Addendum on the Prevention and Eradication of Violence against Women and Children in 1998. The Protection from Domestic Violence Act which was enacted in 1997 provides legal protection in situations of actual or threatening violence (physical, verbal, sexual or psychological) among spouses.⁵⁷

Important preventive strategies

In our view, based on knowledge from the Mauritius situation, focus is found essential at the following prevention strategies:

- Create an atmosphere of non-tolerance of domestic violence. It can be achieved by enhancing legal literacy and human rights education for men and women by establishing the legal reforms needed to eliminate discrimination based on sex and giving every woman protection from domestic violence.
- Empowering women and improving their status in society. This objective can be fulfilled by improving the image of women in the media, enhancing women's participation in decision and policy, uplifting the economic empowerment of women, encouraging girls to join technical, science and vocational streams, and promoting sexual equality in the school environment and employment.
- Changing community norms. It is mainly done by raising gender issues in the society and promoting men's groups which

address issues of male violence against women.

- Elimination of risk factors: The main risk factors for domestic violence are poverty and male partner's alcohol consumption. The first aim should be to examine the extent and causes of poverty among women so as to introduce measures to improve the economic conditions of women. This can be achieved by creating employment for women. Health-promotion activities and legislative measures can play an important role in reducing alcohol consumption.
- Preventing violence-related injuries. Incarceration of violent men and issuing an "interim order" (protection order, occupation order or tenancy order) are necessary components for the prevention of violence-related injuries. Advocacy and connections with community agencies have proven helpful in improving quality of life and preventing violence-related injuries.⁵⁰
- Improving the ability of physicians to identify the victims of domestic violence and the proper registration of patients in hospitals due to intentional injuries serve as useful tools in the monitoring of general violence prevention.
- Apart from obstetrician-gynecologists, psychiatrists play a major role in prevention of domestic violence against women. They can offer counselling to the male counterpart as well.

Conclusion

Our study shows that hardly any country in the world is free from this major cause of concern as domestic violence against women. All attempts to eradicate this unacceptable crime should be encouraged by all countries. This would result not only in better health of women, but also in a better

health and quality of life for the whole family and of course the whole nation.

Domestic violence against women is a demonstration of male power juxtaposed against the lesser power of women. Ideologies of male superiority legitimize the disciplining of women by men, often for transgressions of conservative female gender roles, and sometimes by the use of force in this process. Husbands usually believe that they have an absolute right over the sexuality of their wives.

In response to all these problems, women's organizations have focused worldwide attention on domestic violence against women as a violation of human rights and are working in collaboration with responsible governments for the Convention on the Elimination of All Forms of Discrimination against Women. In our view, training of medical personnel to deal with the victims of domestic violence with proper universal screening, empowering women (education and employment), changing community norms, reducing risk factors such as poverty and alcohol consumption, research and monitoring, and strict legislative measures would be helpful in the eradication of domestic violence against women.

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