Violence against women III

Intimate partner violence: causes and prevention

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Unlike many health problems, there are few social and demographic characteristics that define risk groups for intimate partner violence. Poverty is the exception and increases risk through effects on conflict, women's power, and male identity. Violence is used as a strategy in conflict. Relationships full of conflict, and especially those in which conflicts occur about finances, jealousy, and women's gender role transgressions are more violent than peaceful relationships. Heavy alcohol consumption also increases risk of violence. Women who are more empowered educationally, economically, and socially are most protected, but below this high level the relation between empowerment and risk of violence is non-linear. Violence is frequently used to resolve a crisis of male identity, at times caused by poverty or an inability to control women. Risk of violence is greatest in societies where the use of violence in many situations is a socially-accepted norm. Primary preventive interventions should focus on improving the status of women and reducing norms of violence, poverty, and alcohol consumption.

Poverty or patriarchy, alcohol or aggression; the causes of intimate partner violence have been contested by social scientists for decades. Underlying the controversy is an inescapable problem: evidence for causation of intimate partner violence is weak when assessed with epidemiological criteria.[1] Most research has been from North America and, with some exceptions,[2,3] has been based on women accessing sources of help, with data obtained from shelters, official records, or clinic samples.[4–6] However, during the past decade, the research base has been expanded substantially by several well designed cross-sectional studies of violence against women from developing countries, which focus on both women[7–9] and men,[6,10,11] and by ethnographic studies.[12,13] This increase in data has enabled researchers to identify associations that pertain to more than one setting, explore hypotheses critically, and understand the plausibility of associations when considered in the light of what else is known about a society. Furthermore, understanding of the mechanisms through which many associated factors contribute to intimate partner violence has been greatly advanced, helping clarify interventions needed for primary prevention.

Understanding the causes of intimate partner violence is substantially more difficult than studying a disease. For example, diseases usually have a biological basis and occur within a social context, but intimate partner violence is entirely a product of its social context. Consequently, understanding the causes of such violence requires research in many social contexts. Most diseases can be investigated with various objective measures, but measurement of intimate partner violence has posed a challenge. Furthermore, measurement of social conditions thought to be risk factors, such as the status of women, gender norms, and socioeconomic status poses difficulties, especially across cultures. Although a consensus has emerged on the need to explore male and female factors and aspects of the dynamics of relationships, this has been done in very few studies. Additionally, the validity of research on sensitive topics is dependent on the context of the interview and good interviewer training. Interviewer effects can be substantial.[14–16] Researchers have only recently begun to use a multilevel approach in analyses that allows for interviewer effects.[17]

In this paper, intimate partner violence describes physical violence directed against a woman by a current or ex-husband or boyfriend. The term "intimate partner violence" often includes sexual violence and can also include psychological abuse; both these forms of abuse often, but not always, accompany physical violence. However, inconsistencies in the definitions used in research, particularly with regard to inclusion or exclusion of sexual and psychological abuse by male intimate partners, has resulted in most global quantitative studies on the causes of intimate partner violence focusing solely on physical violence.

Social and demographic characteristics

With the exception of poverty, most demographic and social characteristics of men and women documented in survey research are not associated with increased risk of intimate partner violence. Age, for example, has occasionally been noted to be a risk factor for such violence, with a greater risk attached to youth,[18,19] but in most research a relation with age of either partner has not been seen.[7,9,11,20] Similarly, age at marriage is not an associated factor.[11]

Intimate partner violence is mainly a feature of sexual relationships or thwarted sexual relationships in the case of stalking violence. Its relation with marital status varies between settings and is at least partly dependent on the extent to which women have premarital and extramarital sexual relationships. In countries such as Nicaragua where such sexual relationships are rare, intimate partner violence is closely linked to marriage.[8] Where premarital sex is the norm, marital status is not associated with violence.[7] In North America there is a high prevalence of violent experiences in separated or divorced women,[18] but this has not been noted in other countries.[7,8]

Most household characteristics are not associated with intimate partner violence. These characteristics include living in large[11] or crowded homes[7] and living with in-laws.[11] Similarly, urban or rural residence are not factors.[7,11] The exception is number of children, which is frequently associated with intimate partner violence.[21] However, in a study in Nicaragua, the first incident in almost all violent relationships occurred within a couple of years of marriage.

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Thus, rather than a large family causing intimate partner violence, the causation was in the reverse direction.[8]

In North America, belonging to a minority ethnic group has been thought to be associated with intimate partner violence, but associations have been largely explained by differences in education and income.[22,23] Risk of intimate partner violence varies between countries and between otherwise similar settings within countries. These differences persist after adjustment for social and demographic factors, relationship characteristics, and other risk factors.[7,9,11] Some of the difference may be explained by factors such as study design and willingness to disclose violent experience in interview settings. However, other factors also seem to be involved. Research has not been undertaken to identify exactly what these factors are. Possibly they relate to cultural differences in the status of women or acceptability of interpersonal violence. Research aimed at understanding the roots of substantial differences in prevalence between otherwise similar social settings is likely to provide important insights into the causes of violence.

Poverty

Poverty and associated stress are key contributors to intimate partner violence. Although violence occurs in all socioeconomic groups, it is more frequent and severe in lower groups across such diverse settings as the USA, Nicaragua, and India.[8,11,18–20,24] An influential theory explaining the relation between poverty and intimate partner violence is that it is mediated through stress. Since poverty is inherently stressful, it has been argued that intimate partner violence may result from stress,[25,26] and that poorer men have fewer resources to reduce stress.[5,21] However, this finding has not been supported by results from a large study of intimate partner violence in Thailand in which several sources of stress reported by men and their relation with intimate partner violence were analysed.[6]

Research has shown the importance of levels of conflict in mediating the relation between poverty and abuse.[6,7] In a study in South Africa, physical violence was not associated in the expected way with indicators of socioeconomic status including ownership of household goods, male and female occupations, and unemployment. Intriguingly, women are protected from intimate partner violence in some of the poorest households, which are those that are mainly supported by someone other than the woman or her partner (43% of all women in the study). Further analysis indicated that this form of extreme poverty reduced the scope for conflicts about household finance.[7]

Financial independence of women is protective in some settings,[27,28] but not all.[7,8] Circumstances in which the woman, but not her partner, is working convey additional risk.[9] This finding suggests that economic inequality within a context of poverty is more important than the absolute level of income or empowerment of a man or woman in a relationship. Violence is associated with the product of inequality, whether in the form of advantage to either party. Because socioeconomic injustice at a community or societal level is increasingly being shown to be important in other forms of violence,[29] it might be important in explaining differences in prevalence of intimate partner violence, but there are no data on this factor.

Poverty, power, and sex identity

Within any setting ideas vary on what it means to be a man and what constitutes successful manhood.[30] Gelles[25] first postulated that the link between violence and poverty could be mediated through masculine identity. He argued that men living in poverty were unable to live up to their ideas of "successful" manhood and that, in the resulting climate of stress, they would hit women. Some social scientists have become especially interested in the effect of poverty on male identity and relations between male vulnerability and violence against women. They have argued that such relations are mediated through forms of crisis of masculine identity,[31–35] which are often infused with ideas about honour and respect.[31,34,35]

Bourgois[31,32] described how Puerto Rican men growing up in New York slums feel pressurised by models of masculinity and family of their parents' and grandparents' generations, and present-day ideals of successful manhood that emphasise consumerism. Trapped in urban slums, with little or no employment, neither model of masculine success is attainable (figure 1). In these circumstances, ideals of masculinity are reshaped to emphasise misogyny, substance use, and participation in crime.[31,32] Violence against women becomes a social norm in which men are violent towards women they can no longer control or economically support. Violence against women is thus seen not just as an expression of male powerfulness and dominance 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. Male identity is associated with experiences of power.[34] Challenges to the exercise of power by men can be perceived by them as threats to their masculine identity. An inability to meet social expectations of successful manhood can trigger a crisis of male identity. Violence against women is a means of resolving this crisis because it allows expression of power that is otherwise denied.

Associations between intimate partner violence and situations in which husbands have lower status or fewer resources than their wives[25,36,37] may also be substantially mediated through ideas of successful manhood and crises of male identity. The salient forms of inequality vary between settings. For example, in North America differences in education and occupational prestige convey risk,[25,38] whereas in India employment differences are more important.[9]

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Figure 1: **Street scene, eastern Cape, South Africa**

These crossnational variations probably result from differences in cultural ideas of successful manhood. This finding shows the need for renegotiation of ideas of masculinity, and recognition of the effects of poverty and unemployment on men in prevention of intimate partner violence.

Figure 2: **South African poster aimed at changing attitudes**

Women and power

High levels of female empowerment seem to be protective against intimate partner violence, but power can be derived from many sources such as education, income, and community roles and not all of these convey equal protection or do so in a direct manner. In many studies, high educational attainment of women was associated with low levels of violence.[5,7,11,21,39,40] The same finding has been noted for men. Education confers social empowerment via social networks, self-confidence, and an ability to use information and resources available in society, and may also translate into wealth. The relation between intimate partner violence and female education, however, is complex. In the USA and South Africa the relation has an inverted U-shape, with protection at lowest and highest educational levels.[21,41]

Crosscultural research suggests that societies with stronger ideologies of male dominance have more intimate partner violence.[42] These ideologies usually have effects at many levels within a society. At a societal level they affect, for example, female autonomy, access to political systems, influence in the economy, and participation in academic life and the arts. Such ideologies also affect laws, police, criminal justice systems, whether violence against women is criminalised, and the seriousness with which complaints from women about abuse are treated by law enforcers. At an individual level, men who hold conservative ideas about the social status of women are more likely to abuse them.[7,43] Women who hold more liberal ideas are at greater risk of violence.[7,43] The degree of liberality of women's ideas on their role and position is closely and positively associated with education—ie, more educated women are more liberal in these respects.[7] The most likely explanation for the inverted U-shaped relation with education is that having some education empowers women enough to challenge certain aspects of traditional sex roles, but that such empowerment carries an increased risk of violence until a high enough level is reached for protective effects to predominate. Thus, during periods of transition in gender relations women may be at increased risk of violence.[12]

Social support is another source of power for women. In studies from several countries, good social support was shown possibly to be protective against intimate partner violence.[9,12] Temporal issues need clarification as abusive men often restrict their partner's movement and contact with others, and so abused women become isolated. This isolation is compounded by the effects of abuse on women's mental state, which can result in them withdrawing into themselves, and also by problems of compassion fatigue in those who are asked to play a supportive part.[44] Social support during relationship problems has also been associated with increased risk of violence, but it seems likely that the explanation is that some women are more likely to discuss relationship problems when these become more severe.[7] Not withstanding this factor, social support, especially from a woman's family, may indicate that she is valued, enhance her self-esteem, and be a source of practical assistance during violent experiences or afterwards.[12] Anthropological research indicates that in settings where women are valued in their own right,[42] and the social position of single women is sufficiently high to make being unmarried or unattached a realistic option,[45] divorce is relatively easy to obtain and women are less likely to be abused.

Ethnographic research suggests that protective effects of social empowerment extend outside the home. Women who have respect and power outside the home through community activities, including participation in microcredit schemes, are less likely to be abused than those who do not.[12,27,42]

Relationship conflict

The frequency of verbal disagreements and of high levels of conflict in relationships are strongly associated with physical violence.[6,7,21,46] Violence is often deployed as a tactic in relationship conflict[21] as well as being an expression of frustration or anger.[35] Not surprisingly, marital instability—ie, a partner considering leaving the marriage—is a time of especial risk of violence.[47,48] Women who leave relationships are afterwards more at risk of stalking,[2,49] murder, and attempted murder.[50]

Forms of conflict especially likely to be associated with violence centre on women's transgression of conservative gender roles or challenges to male privilege, as well as matters of finance. If many sources of conflict are analysed with multiple logistic regression analysis, conflicts about transgressions of gender norms and failure to fulfil cultural stereotypes of good womanhood are among the most important variables for risk of intimate partner violence.[7,26] In South India, pertinent factors include dowry disputes, female sterilisation, and not having sons,[28] whereas factors in South Africa include women having other partners, drinking alcohol, and arguing about their partner's drinking.[7] The differences between the variables identified reflect crosscultural differences in expected gender roles or manifestations of male privilege.

Alcohol

Alcohol consumption is associated with increased risk of all forms of interpersonal violence.[51,52] Heavy alcohol consumption by men (and often women)[7] is associated with intimate partner violence,[6,9,53] if not consistently.[6] Alcohol is thought to reduce inhibitions, cloud judgment, and impair ability to interpret social cues.[54] However, biological links between alcohol and violence are complex.[55] Research on the social anthropology of alcohol drinking suggests that connections between violence and drinking and drunkenness are socially learnt and not

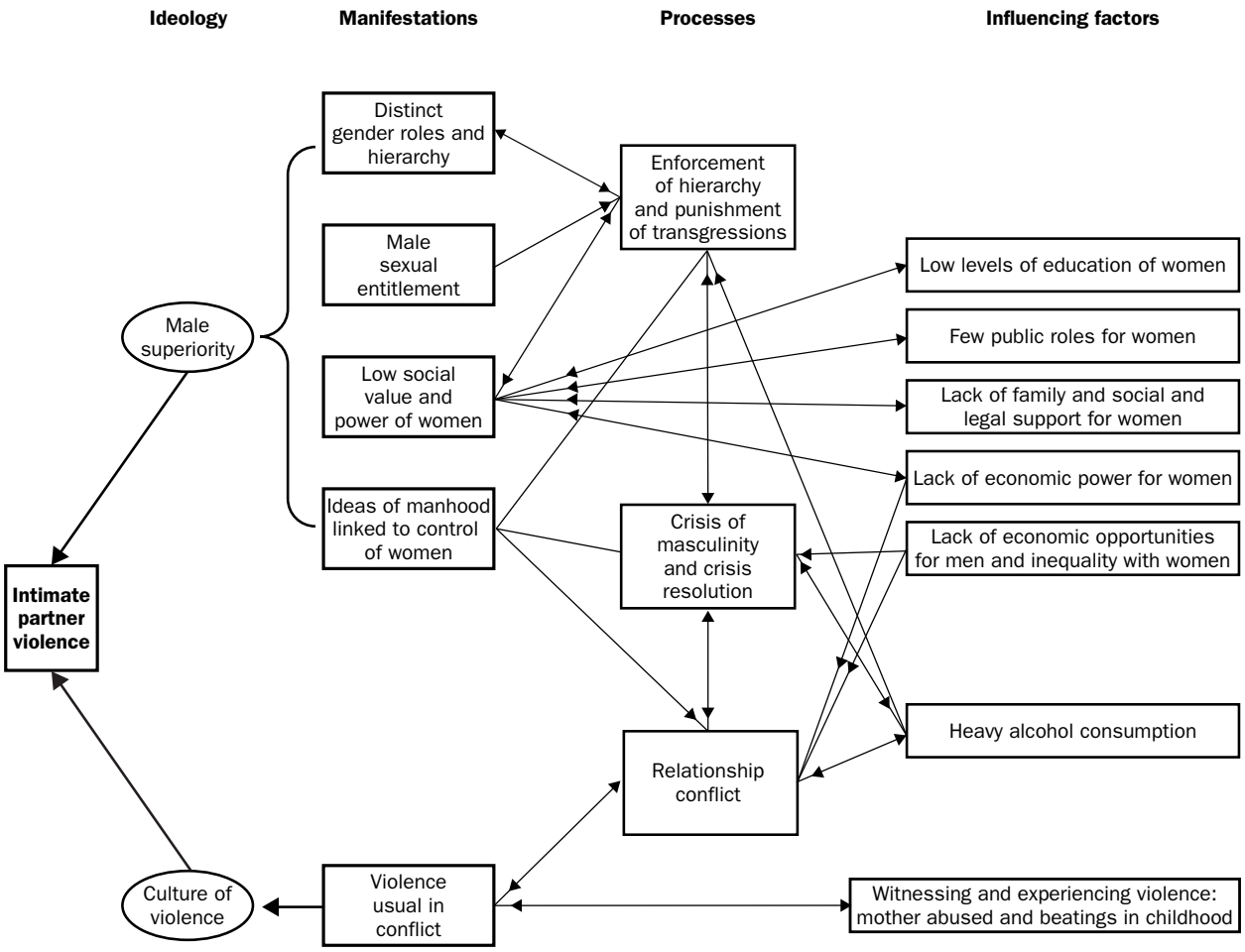

Figure 3: **Causes of intimate partner violence**

universal.[56] Some researchers have noted that alcohol may act as a cultural "time out" for antisocial behaviour. Thus, men are more likely to act violently when drunk because they do not feel they will be held accountable for their behaviour.[25] In some settings, men have described using alcohol in a premeditated manner to enable them to beat their partner because they feel that this is socially expected of them.[10,57] It seems likely that drugs that reduce inhibition, such as cocaine, will have similar relations to those of alcohol with intimate partner violence, but there has been little population-based research on this subject.

Social norms

Many researchers have discussed intimate partner violence as a learned social behaviour for both men and women. The intergenerational cycling of violence has been documented in many settings. The sons of women who are beaten are more likely to beat their intimate partners[8,10] and, in some settings, to have been beaten themselves as children. The daughters of women who are beaten are more likely to be beaten as adults.[7,20] Women who are beaten in childhood by parents are also more likely to be abused by intimate partners as adults.[7] Experiences of violence in the home in childhood teach children that violence is normal in certain settings. In this way, men learn to use violence and women learn to tolerate it or at least tolerate aggressive behaviour.

Crosscultural studies of intimate partner violence suggest that it is much more frequent in societies where violence is usual in conflict situations and political struggles.[42] An example of this relation is South Africa, where not only is there a history of violent state repression and community insurrection, but also violence is deployed frequently in many situations including disputes between neighbours[41] and colleagues at work.[10] Verbal and physical violence between staff and patients in health settings is also very common and contributes to violence being accepted as a social norm (figure 2).[58] Many cultures condone the use of physical violence by men against women in certain circumstances and within certain boundaries of severity. In these settings, so long as boundaries are not crossed, the social cost of physical violence is low. This tolerance may result from families or communities emphasising the importance of maintenance of the male-female union at all costs, police trivialising reports of domestic strife, or lack of legislation to protect women.

Conclusions and implications for prevention

The causes of intimate partner violence are complex. However, two factors seem to be necessary in an epidemiological sense: the unequal position of women in a particular relationship (and in society) and the normative use of violence in conflict. Without either of these factors, intimate partner violence would not occur. These factors interact with a web of complementary factors to produce intimate partner violence (figure 3). The figure shows how ideologies of male superiority legitimise disciplining of women by men, often for transgressions of conservative female gender roles, and the use of force in this process. Within such ideologies, women are also defined as appropriate vehicles for reconfirmation of male power.

Primary prevention of intimate partner violence

Prevention strategy	Interventions by the health sector	Interventions by other sectors for which the health sector should advocate
Creating a climate of non-tolerance of intimate partner violence	Health-information campaigns to inform women of their rights, the law, and how health services can help Training health-sector staff about intimate partner violence and equipping them to help abused women and address abuse in their own lives	Comprehensive legislation on sex equality, intimate partner violence, sexual violence, and sexual harassment Training and monitoring the police and criminal justice system to ensure that legislation is satisfactorily enforced Raising awareness through the media, especially use of educational dramas such as *Soul City* in South Africa or *The Archers* in the UK Support for community action and supporting non-governmental organisations assisting abused women Public-information campaigns based around basic messages—eg, "No woman deserves to be beaten"
Empowering women and improving their status in society	Empowering women to control their fertility through accessible contraceptive and abortion services Promoting sexual equality in employment and empowering female employees within health services Promoting sexual equality in clinical practice and training	Improving opportunities for women's employment and access to credit Improving levels of female education Improving levels of female involvement in political activities locally and nationally—eg, through quota systems Positive role modelling of women in the media Measures to reduce the objectification of women in society—eg, by pornography and beauty contests Promotion of sexual equality in schools by appropriate training of teachers Legislation to facilitate women's access to divorce and maintenance
Reducing use of violence	Improving staff-patient relationships in the health sector with firm action against verbal and physical abuse of patients	Parenting programmes and measures to reduce physical punishment in child rearing Legislation banning corporal punishment Reducing portrayal of violence in the media Gun-control activities
Changing community norms	Addressing issues of gender and violence in community-based sexual and reproductive health and HIV-prevention education and training programmes	Addressing gender issues, violence, and non-violent conflict resolution in school life-skills programmes Supporting community theatre, action, and campaigns in the media on violence against women Promotion of men's groups addressing issues of male violence against women
Research and monitoring	Collection of data on violence against women including fatal and non-fatal injuries, information on perpetrators, and support for research Allocation of funds to support medical research into the epidemiology of violence against women and development and assessment of interventions	Allocation of funds to support research into development and assessment of interventions in all sectors
Risk factor		
Poverty		Measures to reduce poverty for women and men Employment creation for women and men
Alcohol	Health-promotion activities to reduce alcohol consumption	Legislative and fiscal-policy measures aimed at reducing alcohol consumption

Violence against women is a demonstration of male power juxtaposed against the lesser power of women. Where women have low status they often lack the necessary perceptions of self-efficacy and the social and economic ability to leave a relationship and return to their family or live alone, and thus are severely curtailed in their ability to act against an abuser. Women might also have no legal access to divorce or redress for abuse. Conversely, at higher levels, empowerment of women protects against violence. Intimate partner violence is increased in settings where the use of violence is normal, and in these settings, sanctions against abusers are often also low. Childhood experiences of violence in the home reinforce for both men and women the normative nature of violence, thus increasing the likelihood of male perpetration and women's acceptance of abuse. Alcohol contributes to intimate partner violence by reducing inhibitions and providing social space for punishment. Similarly, the effects of poverty and economic inequality are mediated through their effect on levels of conflict over resources, women's ability to leave relationships, and men's ability to perceive themselves as successful men.

Figure 3 shows that many of the complementary factors are inter-related; however, the effects are not unidirectional. The many interconnections between factors can mean that a change in one factor in what seems to be the right direction, for example, a small increase in women's education, can have a net result of added risk of interpersonal violence. The implication of this finding is that prevention of intimate partner violence must involve engagement with both sides of a relationship. Coordinated action seems to be needed at

many levels to ensure that material efforts to improve the status of women are coupled with a focus on men to promote acceptance of the need for change, whether at an individual level, for example, redefinition of successful masculinity in the classroom, or through interventions focusing on men with low socioeconomic status.

The panel shows activities to address risk factors that could form an intervention strategy for primary prevention, although priorities for a particular country will depend on national circumstances. Clearly this approach encompasses, but extends beyond, the health sector, including many other sectors of society and government. Inputs are needed from individuals, families, governments, and societies. There is very little evidence of the effectiveness of primary prevention interventions in this area or the relative importance of the suggested interventions. Given the urgency of the problem of intimate partner violence, development of such an evidence base is a priority, but one that should be undertaken in parallel with development of policies and programmes. The challenges for the health sector are to recognise that addressing intimate partner violence should be part of a public-health agenda, develop meaningful intersectoral partnerships to further this work, and ensure that measures are put in place for a competent and appropriate response to violence against women. There is an enormous potential for detailed assessments of intervention strategies, not only to guide future policy, but also to provide insights into inter-relations between causal factors and develop knowledge of the causes of intimate partner violence.

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