



DOMESTIC VIOLENCE AND MENTAL HEALTH: CORRELATES AND CONUNDRUMS WITHIN AND ACROSS CULTURES

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Abstract—Gender-based violence, only recently emerging as a pervasive global issue, contributes significantly to preventable morbidity and mortality for women across diverse cultures. Existing documentation suggests that profound physical and psychological sequelae are endemic following intimate partner violence. The presentation of domestic violence is often culture specific. A new lexicon, prompted by the expansion of human rights analysis, describes particular threats to local women including dowry deaths, honor murder, *sati*, and disproportional exposure to HIV/AIDS as well as globally generic perils including abuse, battering, marital rape, and murder. While still fragmentary, accruing data reveal strengthening associations between domestic violence and mental health. Depression, stress-related syndromes, chemical dependency and substance (ab)use, and suicide are consequences observed in the context of violence in women's lives. Emerging social, legal, medical, and educational strategies, often culture specific, offer novel local models to promote social change beginning with raising the status of women. The ubiquity, gravity, and variability of domestic violence across cultures compel additional research to promote the recognition, intervention, and prevention of domestic violence that are both locally specific and internationally instructive. © 1997 Elsevier Science Ltd

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INTRODUCTION

Gender-based violence has only recently emerged as a global issue extending across regional, social, cultural, and economic boundaries. As a near universal phenomenon, gender-based violence threatens the health, well-being, rights, and dignity of women in the streets, in the workplace, and most troublesome, in the home. This review focuses on domestic violence perpetrated by intimate partners, a social crisis which constitutes an urgent public health concern. The sequelae of violence against women will impact future generations, each nation's development and productivity, and the sense of cultural preservation, social harmony, and societal integrity in a multiplicity of different settings.

Despite the disturbing findings revealed by the available preliminary epidemiologic data, the impact of direct morbidity and mortality from domestic violence remains overshadowed in countries where infectious disease, malnutrition, and war pose critical challenges to survival. Yet the impact of even minor physical trauma perpetrated by an intimate partner may be more significant in the context of severe underlying disease.

Injury and death are only the most immediate visible consequences of gender-based violence. Even in developed countries, researchers are just beginning to articulate the deeper associations between domestic violence and a broad range of serious health and social problems, including chronic pain, depression, substance abuse, suicide, homelessness, and increased poverty. The impact of these related sequelae is likely to be magnified in regions with fewer material resources, greater cultural or political disruption, or more oppressive governmental structures.

Of particular importance to our discussion are the following three issues which form the central focus of this article:

1. existing systematic documentation reveals domestic violence to be endemic and to represent a significant cause of physical morbidity and mortality to women in virtually every culture in the world (Heise, 1994). In most cultures, simply being female puts women in jeopardy of physical violence;
2. evidence suggests a direct association between domestic violence and psychiatric morbidity, although less information is available from developing nations than from the industrialized world. Maslow's classic work located safety immediately after basic survival in the hierarchy of

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interpersonal needs (Maslow, 1986). Ethnographic data from Oceania, South America, and China provide further evidence that wife-beating is widespread and is associated with depression and suicide (Counts, 1987 and Counts, 1990a,b; Gilmartin, 1990). International human rights monitoring bodies include information about the psychological sequelae of physical violence in their data collection schema, and the fragmented existing epidemiologic evidence supports the significance of psychological distress due to domestic violence; and

3. historically, the human rights community failed to recognize the varied experiences of women which constitute violations of their universal human rights. Many violations against women's rights are perpetrated by someone the woman knows; frequently violations occur in the privacy of the home. When these incidents were described solely as idiosyncratic interpersonal events, they fell outside of the scope of human rights scrutiny. They were defined as "private matters" and tolerated as acceptable cultural patterns. As the nature and extent of intimate partner violence directed against women has become better documented, though, human rights organizations have begun to scrutinize the role of the state in the equal protection of female citizens. In many places, failure to prosecute perpetrators of domestic violence against women reflects a pattern of gender-based, systematic, discriminatory non-enforcement of national criminal law which differentially disadvantages women and puts their mental health and, indeed, their lives at risk simply because of their gender (Beasley and Thomas, 1994).

The simultaneous efforts of many activists working through non-governmental organizations, often at the grassroots level, as well as with governmental commissions, intergovernmental agencies, and international human rights monitoring groups have produced a climate in which there is increasing official recognition of gender-based violence. These efforts place domestic violence as a high priority on the global health and human rights agenda.

CONTENT AND GOALS OF THIS REVIEW

Despite cultural variations in the manifestations of domestic abuse, the underlying factors which promote and perpetuate violence are remarkably similar. A cross-cultural perspective allows us to learn *about* violence against women in other regions while simultaneously learning *from* the experiences of people working to define and combat this problem within the context of their communities.

Our review consolidates data from low income countries to provide a description of the prevalence and nature of domestic violence. The data accentuate

the diversity of terms used to define domestic violence; we include these terms in a lexicon. The varied presentations emphasize the challenge to researchers who are documenting the global prevalence of domestic violence. We locate the understanding of this fragmentary epidemiologic information within the framework of the human rights discussion as a way of invoking "one of the few moral visions ascribed to internationally" (Bunch and Carillo, 1991). Three specific experiences faced by many women—marital rape, dowry death, and exposure to sexually transmitted diseases and HIV—illustrate complex cultural meanings which surround domestic violence. These experiences provide the direction and guidance needed to respond to this global problem.

Most battering remains hidden, undisclosed to neighbors, relatives, clinicians, and researchers due to differing cultural constructs about its importance, as well as the individual shame, guilt, fear of recrimination, and social taboos associated with victimization. This invisibility supports the hypothesis that a significant proportion of the physical and mental disorders, as well as emotional distress ascribed to women, that is likely to be a response to physical and sexual violence and/or to psychological abuse, will remain concealed (Stark and Flitcraft, 1979).

Health care professionals maintain a vital position in recognizing, diagnosing, treating, and preventing injury to women. But health care professionals, by themselves, cannot resolve the problem of domestic violence. The status of women in each society must improve.

Domestic violence is not just a woman's issue. Therefore, this paper includes selected examples of collaborative, sustainable, culturally integrated strategies from around the world where women and men are working together to curtail gender-based violence against women.

LEXICON FOR DOMESTIC VIOLENCE

No common, mutually agreed on language exists to describe gender-based intimate partner abuse and violence in any part of the world, despite the fact that domestic violence results in substantial disability and death. The United Nations definition of gender-based violence includes any act "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 private life" (Article 1, Declaration adopted by the General Assembly, 1993). The draft *Pan American Treaty Against Violence Against Women* goes beyond that consequentialism:

Any act, omission or conduct by means of which physical, sexual or mental suffering is inflicted, directly or indirectly,

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