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Domestic Violence: A Literature Review Reflecting an International Crisis

GRETCHEN E. ELY

The University of Tennessee at Chattenooga, Chattenooga, Tennessee, USA

CATHERINE N. DULMUS AND JOHN S. WODARSKI

The University of Tennessee, Knoxville, Tennessee, USA

This empirical literature review examines and synthesizes international domestic violence literature related to prevalence, types of violence, honor and dowry killings, health/pregnancy effects, and social stigma. The review continues with a summary of international intervention efforts, recommendations for culturally competent practice, suggestions for future social work research, and a summary.

INTRODUCTION

The American Medical Association reports that approximately 2 million women internationally are abused by their domestic partner each year (Marwick, 1998), indicating that domestic violence is an issue worthy of concern and a problem with international significance. Understanding domestic violence from a variety of perspectives is essential to continuing the advancement and success of social work intervention and treatment options designed to combat domestic abuse in the United States as well as in other countries.

Address correspondence to Gretchen E. Ely, The University of Tennessee at Chattanooga, College of Education and Applied Professional Studies, Department of Human Ecology, Social Work Program, 615 McCallie Ave., Chattanooga, TN 37403. E-mail: Gretchen-Ely@utc.edu

EMERGING CULTURAL AND INTERNATIONAL STUDIES IN DOMESTIC VIOLENCE

The authors conducted a review of the keyword 'domestic violence' in three multidisciplinary databases (i.e., PsychInfo, ERIC, Social Work Abstracts), as well as four multidisciplinary electronic databases: (i.e., Infotrac, ProQuest, ScienceDirect, and Web of Science) for the years of 1997–2001. Hundreds of abstracts were reviewed and all published articles related to domestic violence with international populations were pulled and reviewed for this report.

International studies in domestic violence deal with a variety of subjects. Many studies focused specifically on the experiences of Chinese women and families (e.g., Xingjuan, 1999; Yick, 2000; Yick, 2001; Yick & Agbayani-Siewert, 1997), of Japanese women and women of Japanese descent (e.g., Kozu, 1999; Yoshihama, 2000), of women in Lebanon, Israel, Jordan, Egypt, India or Pakistan (e.g., Ammar, 2000; Faquir, 2001; Fernandez, 1997; Fikree & Bhatti, 1999; Gandhi, 1997; Haj-Yahia, 1998; Jejeebhoy, 1998; Keenan, El Hadad, & Balian, 1998; Martin, Tusi, Maitra, & Marinshaw, 1999; Steiner, 1999; Vindhya, 2000), women in Trinidad, Tobago, Nicaragua or the Pacific Islands (Crichton-Hill, 2001; Ellsberg, Caldera, Herrera, Liljestrand, & Winkvist, 1999; Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000; Joseph, Henriques, & Ekeh 1999; Lazarus-Black, 2001; Rawlins, 2000), South Africa (Mwamwenda, 2001); Switzerland (Seith, 2001), Greece (Antonopoulou, 1999), Russia (Post, 2000) New Zealand and Australia (Busch & Robertson, 2000; Kazantzis, Flett, Long, Macdonald, & Millar, 2000; Mertin & Mohr, 2000), the United Kingdom (Stanko, 2000a; 2000b) and of women in or from Mexico, Latin America and other Spanish speaking countries (e.g., Diaz-Olavarrieta, Paz, De la cadena, & Campbell, 2001; Ellsberg et al., 1999; Fawcett, Helse, Isita-Espejel, & Pick, 1999; Finkler, 1997; Glantz, Halperin, & Hunt, 1998; Hirsch, 1999; Lewis, 1998; McWhirtner, 1999; Perilla, 1999). Several studies examined the specific health effects of abuse during pregnancy in a particular immigrant group or country (e.g., Jasinski & Kantor, 2001; Jejeebhoy, 1998; Leung, Leung, Lam, & Ho, 1999; McFarlane, Wiist, & Watson, 1998; Savona-Ventura, Savona-Ventura, Drengsted-Nielson, & Johansen, 2000; Wiist & McFarlane, 1998). Other studies looked at the general health effects of domestic violence in other countries or with particular immigrant groups (Ashford, 2001; Fikree & Bhatti, 1999; Finkler, 1997; Fischbach & Herbert, 1997; Lewis, 1998; Roberts, Lawrence, Williams, & Rafhael, 1998; Turmen, 1998). Studies also focused on samples of international men and issues related to domestic violence (Dankwort & Rausch, 2000; Haj-Yahia, 1998; Wang &

Chou, 2001). One study examined the relationships between domestic violence and divorce in Israeli women (Adelman, 2000).). One study focused on child maltreatment and domestic violence in Korea (Doe, 2000). Other studies reviewed cultural competence and domestic violence in social work and social science practice (Bell & Mattis, 2000).

Prevalence

The prevalence of domestic violence in many countries is similar to rates of prevalence in the United States, while some countries have even higher rates of domestic violence. Estimates indicate that 52% of women in Nicaragua, and 25 to 50% of women in South Africa have been abused by a domestic partner in their lifetimes (Baleta, 1999; Ellsberg et al., 1999). Approximately 80% of violent acts reported in Jamaica occur between intimate couples, and in one month in 1994, 409 violent acts by men against women were reported to police (Haniff, 1998). Domestic violence is considered to be a significant negative factor in women's health in the South Pacific (Lewis, 1998).

Factors Contributing to Domestic Violence

Each country has unique factors that contribute to the nature of domestic violence in that particular area (Walker, 1999). Social factors such as acceptance of domestic violence, low social status of women, oppressive political structures, oppressive fundamental religious beliefs that devalue women, civil conflicts, and the existence of states of war continue contribute to the existing prevalence rates of domestic violence in other countries (Walker, 1999).

Domestic violence research efforts have begun to identify a variety of factors associated with involvement in and protection from domestic violence. In international studies, stress related factors, such as: poverty, lack of education, lack of financial resources, levels of jealousy, excessive drinking, substance abuse and living in a large family have been associated with increased risk of domestic violence (Martin et al., 1999; Xingjuan, 1999). A transnational study of two Mexican communities revealed that more economic opportunities, more rights to privacy and more legal protection gave women in the United States more ability to demand violence free marital relationships when compared to the women remaining in Mexico (Hirsch, 1999).

A surprising number of women in Chiapas cited the victims' transgressions of gender roles as primary causes of domestic violence (Glantz, 1998). These women also reported the following postulated

reasons that men commit women abuse: excessive drinking, violent male tendencies, controlling male tendencies, pressure from another woman/lover, and excessive jealousy. Haj-Yahia (1998) reports that a substantial number of Palestinian women report that wife beating is justified under certain conditions, including sexual infidelity and perceived female challenge of manhood.

Types of Violence and Abuse

Some factors related to domestic violence surface in specific cultures. In addition to typical physical, emotional and verbal assault associated with domestic violence in the United States, unique types of international violence against women and female children also include: non consensual sex-selection abortions, private and public beatings, public verbal abuse, honor killings, acid throwing and stoning, lack of access to education and medical care, forced prostitution, genital mutilation, bonded labor, and violence perpetrated onto young women by older women (Fernandez, 1997; U.S. Government Printing Office, 2000).

Honor and Dowry Killings

Recent research indicates that a vast amount of domestic murders are committed globally in the name of 'honor killings.' Many murders in Jordan are the reported result of an honor killing (Faquir, 2001). Honor killings occur when a woman is killed by a male member of her household, usually a husband, brother, or father, for dishonoring the family status, often because of perceived sexual indiscretion (Faquir, 2001). Although such a practice is illegal in Jordan as well as internationally, social values in Jordan that severely subjugate women allow honor killers to go unpunished for their crimes (Faquir, 2001). Great efforts aimed at social, legal, and political reform will be necessary to advance the status of women and change the social acceptance of honor killings in Jordan (Faquir, 2001) and other countries with similar social value systems. Study results indicate that in India, domestic murders are often perpetrated so that husbands may collect on their wives' dowries (Vindhya, 2000). The low status of women and the limited effectiveness of laws protecting women allow dowry killings to continue virtually unacknowledged in India (Vindhya, 2000).

Knowledge of unique issues is important for social workers in the United States, as it is possible that such honor/dowry killings among certain immigrant groups could occur in the United States as well, creating unique needs for culturally appropriate social work services and interventions.

Health Effects of Domestic Violence

The international health care expenses caused by domestic violence are not quantifiable (Haniff, 1998). The World Health Organization (WHO) indicates that domestic violence puts women at risk internationally for the negative health outcomes of physical injury, mental health problems, sexually transmitted diseases, including HIV/AIDS and unwanted pregnancies (Turmen, 1998). Women in Mexico and women across other cultures report high rates of emotional, physical, and financial abuse and indicate suffering from illnesses, bruises, lesions, loss of teeth, tumors, unwanted pregnancies, shortened life, mental harm, depression, posttraumatic stress syndrome (PTSD), emotional distress, fatigue, sleeping and eating disorders, general fear, other psychological effects and trauma, and exposure to/contraction of sexually transmitted diseases—especially HIV/AIDS, as a result of involvement in domestic violence (Diaz-Olavarrieta, et al. 2001; Ellsberg et al., 1999; Fischbach & Herbert, 1997; Glantz, 1998; Haniff, 1998). Finkler (1997) indicates that domestic violence in Mexican women robs them of their core dignity, which is then associated with the development of symptoms of physical illness being more common in abused women there. Results from one Australian longitudinal study indicate that women who report lifetime adult intimate violence received significantly more psychiatric diagnoses than women who report no history of abuse (Roberts et al., 1998). At-risk girls in Israel and the Arab sectors were found to lack access to medical care when cases of intimate violence arise (Steiner, 1999). These negative health effects are magnified by remaining cultural pressure in these countries for women to endure domestic violence.

Violence and Pregnancy

Perhaps the most significant health effect reported in recent literature reveals the serious relationship between domestic violence and pregnancy. The physical and mental health effects of domestic violence were concluded to be a serious reproductive health concern for women in Pakistan and the Carribean (Haniff, 1998; Fikree & Bhatti, 1999). Evidence suggests that 34% of domestic assaults in Ireland are perpetrated upon pregnant women (Birchard, 2000), while 15% of ever married Pakistani women report being regularly abused during pregnancy (Fikree & Bhatti, 1999). Jejeebhoy (1998) indicates that the patriarchal culture pervasive in rural India encourages the acceptance of domestic abuse, even during pregnancy, and appears to increase infant and fetal mortality. Wang and Chou (2001) indicate that men who father babies with adolescents in Taiwan are much more likely than

other adult men to abuse the adolescent during her pregnancy, thereby putting the health of both baby and mother at serious risk. The existence of pregnancy was found to increase the risk of minor assaults for Spanish-speaking women in the U.S. (Wiist & McFarlane, 1998), Hispanic women (Jasinski & Kantor, 2001) and Latina migrant farm workers (Van Hightower, Gorton & DeMoss, 2000).

Social Stigma and Lack of Acknowledgement

The sensitive, controversial nature of the topic of domestic violence can limit access to information about the subject, especially in cultures where women are ashamed to discuss such matters. Study results suggest that in Jamaica, women are blamed for domestic violence and they are socially responsible to keep quiet about it if it occurs (Haniff, 1998). Research indicates that the notion of domestic violence in Japan is typically not discussed, although domestic violence against women has recently begun to be acknowledged in Japan (Kozu, 1999). Lack of acknowledgement of the problem in such countries limits intervention options and treatment strategies.

Oppressive male attitudes contribute to the prevalence of violence in many countries. Arab men in Israel reported that they are not responsible for their violent behavior towards their intimate partners because such violence is caused by factors such as: lack of communication skills, traditional expectations of marriage, and being reared with and therefore taught to use domestic violence as a family management strategy (Haj-Yahia, 1998). Men in Greece mostly reported that they believe women are equal to men, however women there reported that they regularly experience discrimination. Research shows that rates of domestic violence in Greece are about the same as in the U.S. (Antonopoulou, 1999).

INTERNATIONAL INTERVENTION EFFORTS

The World Health Organization (WHO) indicates that domestic violence is primarily a violation of women's rights (Turmen, 1998). They report that efforts to improve the status of women internationally are being undertaken and supported. In Ireland, the Catholic Church has taken an official stance against marital violence and now condemns such violence at every level and allows marital dissolution as a result of domestic violence (Birchard, 2000). Current interventions aimed at improving life for female dating and domestic violence victims in Israel and the Arab sectors include: newly improved access to medical care,

more educational resources, and enhanced social services (Steiner, 1999). The goals of some of these international interventions have been to empower victims, to improve decision making skills, and to empower females so they may avoid and exit abusive situations (Steiner, 1999). New approaches to dealing with domestic violence in Quebec have placed men who have successfully dealt with masculine-generated problems as the instructors in batterer treatment programs (Dankwort & Rausch, 2000). In Mexico, the reported goals of one community intervention were: to encourage women to recognize/report abuse, and to encourage the community to engage in less victim blaming in cases of domestic violence (Fawcett et al., 1999). Ethnographic interview techniques in Mexico using hypothetical situations have proven to be fruitful ways of opening up the discussion of domestic violence where such discourse was considered taboo (Glantz, Halpern, & Hunt, 1998). The Chilean government has instituted a series of research projects in the last decade aimed at increasing understanding of domestic violence (McWhirtner, 1999). These Chilean and Mexican research efforts have led to increased awareness and concern for the problem as well as grassroots and governmental programs developed to combat the issue at the individual and societal level.

RECOMMENDATIONS FOR CULTURALLY COMPETENT SOCIAL WORK PRACTICE

Recognizing within group diversity among immigrant and international populations is essential if social workers are to effectively design and administer interventions to meet the specific subgroup needs of clients from all backgrounds and cultures (Yick & Agbayani-Siewert, 1997). Societal factors contribute greatly to the propagation and acceptance of domestic violence in all cultures and countries. Attention to such factors is an important dimension that would need to exist in order for social workers to be truly culturally competent practitioners.

Social workers who are responsible for intervening with domestic violence and immigrant populations must take the traditional values of that culture into account (Yick & Agbayani-Siewert, 1997) when assisting clients for activities such as treatment plans, life plans and needs assessments. By respecting cultural diversity, social workers can increase their understanding of factors that may be important components to effective domestic violence programs and interventions. Social work practitioners must consider that Western views about social work treatments and interventions are often in conflict with the traditions and values of immigrant cultures.

Internationally, it is essential that our social work efforts focus on repairing alienated communities so that battered women may seek immediate support within their own societal spheres (Haniff, 1998). Such efforts should also support improvement of the global human rights of women in general which would secondarily reduce rates of domestic violence (Haniff, 1998).

Medical social workers should conduct assessments for domestic violence with all pregnant women. Prenatal care visits are an excellent window of opportunity for women to be screened for domestic violence (Wiist & McFarlane, 1998). Rapid assessment instruments need to be developed and used by social workers with all pregnant women in health settings. These instruments can easily be administered by medical social workers and such screening techniques may result in saving many women and children from injury, permanent scarring, and even death.

Social work practitioners cannot be expected to be familiar with all the nuances of every cultural group. Therefore, culturally appropriate rapid assessment instruments and techniques could greatly improve the service delivery system related to domestic violence services for populations from every culture. Instruments that allow quick and accurate identification of social problems would free social work practitioners of the burden of guesswork often involved in determining the existence of domestic violence, and would better facilitate appropriate service delivery to begin immediately upon the identification of the problem. Such service delivery then targeted to the primary problem of dometic violence can better eliminate client participation in unnecessary interventions.

Social work advocates must express that they do not support policies enacted by the United States that inherently limit the international rights of women. We must take a stand as a profession in support of social justice for women and against punitive international policies enacted by the U.S. that restrict funding and access to women's health agencies and reproductive options.

SOCIAL WORK RESEARCH RECOMMENDATIONS

Hirschel, Hutchinsen, and Dean (1992) contend that domestic abuse rates range from estimates of 2.1 million to 8 million women abused per year. The true extent of the international prevalence and effects of domestic violence is an elusive research topic. Since there is no federal or international agency mandated to coordinate global domestic violence data, no single source of information exists which can estimate the true global proportion of the problem. Instead, most national

and international researchers rely on a composite drawn from a variety of sources including clinical samples and official statistics generated from private and government agencies. The value of uncertain research statistics is limited. We are still a long way from knowing enough about the global scope of domestic violence.

Methodological problems can be seen in many of the major data sources cited herein. It is not possible to generalize from many of the clinical study results as they are often not representative and seldom utilize comparison and/or control groups in the study design. Official data sets from both public and private sources may be flawed by inconsistencies such as varying definitions of key terms, differential methods of data recording and record keeping techniques, and skewed samples. Similarly, retrospective self-report surveys have their own limitations, including response error, recall selectivity, varying interpretation of questions, and reliance on large sample sizes in an attempt to compensate for the low base rate of reported incidences of domestic violence (Weis, 1989). Longitudinal studies of domestic violence are desperately needed. The absence of data on both victims and perpetrators over time leaves serious gaps in our international and national domestic violence knowledge base and therefore limits social work practice efforts.

Efforts to devise data tracking and monitoring systems to collect international rates of perpetration and victimization of domestic violence are needed. Such undertakings, although demanding, would add exponentially to the existing understanding of domestic violence overall. Greater amounts of scientific knowledge generated through thorough international program evaluations would arm social workers with information that could help them eliminate some of the current, well-intended yet remedial treatment and intervention endeavors currently being conducted by social workers.

Social work research efforts that continue to increase the availability of knowledge obtained from multicultural and international subjects are essential. Although this review indicates that a body of such literature does exist, it is far from comprehensive; lacking are longitudinal studies, replication studies, cross-cultural comparisons, and available statistics from all existing countries. Social work researchers should seek funding from multidisciplinary agencies offering grants for research on women's issues, and use such monies to generate more knowledge of domestic violence from multicultural and international perspectives.

Dobash, Dobash, Wilson, and Daly (1992) suggest that some current social science research efforts continue to ignore the fact that domestic violence in all countries and cultures seems to take place within the context of perceived male entitlement and institutionalized

power asymmetry. Social work researchers must take the lead in developing non-patriarchal participatory research projects that could be designed to generate data about the social roots and processes of domestic violence on a national and international level. Such research would allow the field to examine the similarities and differences of the manifestation of domestic violence in a revolutionary way, across countries, and with a variety of cultural, ethnic, and racial groups. The more we know about the problem, the more informed and effective our social work practice efforts will be.

Participatory research efforts are especially important to social work research in an area as controversial and sensitive as domestic violence. Participatory research, also known as action research and critical action research, is consistent with the strengths perspective of the social work profession because its purpose is to more fully engage the research participants, it produces knowledge that should be useful to service providers as well as clients, and the knowledge generated is intended to be used for the purpose of social action (DePoy, Hartman, & Haslett, 1999; Malekoff, 1994; Penuel & Freeman, 1997; Reese, Ahern, Nair, O'Faire, & Warren, 1999; Sarri & Sarri, 1992). Social action could be a major weapon in the fight against international domestic violence. It is essential that social work researchers take the lead in developing such research efforts. If we are not on the forefront of participatory research as an avenue towards inclusive, progressive research projects that examine the problem from the victim's perspectives, then who will be?

SUMMARY

As the preceding review suggests, the current subset of multidisciplinary literature concerning international domestic violence adds much to social work's understanding of domestic violence as a whole. There is evidence that the physical, social, psychological, and monetary costs of domestic violence are high. Reduction in these costs will require informed and comprehensive intervention at the macro and micro levels. Clearly, more research is needed and certain areas of questioning call out for attention. Global longitudinal studies that track and follow victims and perpetrators over an extended period of time will increase our understanding of the long-term patterns and impacts of domestic violence. Resources must be allocated to the study of global domestic violence. Social work research must inform social work practice. Social work efforts to address and treat domestic violence armed with practice wisdom alone have yet to succeed in any significant reduction of the problem, although it has certainly helped in particular

individual cases. Treatment technologies must be developed and tested for their effectiveness using sound research methodology. The efficacy of such interventions must be effectively disseminated to the practice community. Similarly, researchers must lobby to have their findings guide policymakers.

The oppression and degradation from which domestic violence operates is destructive to all families and all societies. The nature of domestic violence makes it a social issue of pertinent importance to the social work field, a field with a mission of social justice meant to improve the lives of those victims of such oppression. The social work field must do more to research and treat this problem of pandemic proportions, as research indicates this problem is not soon to disappear.

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