

Domestic Violence: Its Prevalence and Profile

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Domestic violence is considered to be part of a pattern of coercive behaviour exhibited by one individual with the aim being to establish and maintain power and control over another person with whom he or she has or had an intimate relationship (1). The phenomenon of violence has been shown to have a significant impact on interpersonal interaction within and without the home (2, 3). This has prompted the development of a public health approach to managing this aspect of human behaviour with the underlying belief being that violence is a part of the nature of human beings but not a defining characteristic (4). The evidence suggests that the sanctuary of the home may also be a place of peril, incubating horrendous acts of violence. These acts of violence may be manifested through physical, sexual, psychological and economic or financial abuse (5, 6).

An accurate estimation of the prevalence of domestic violence along with a determination of associated factors serves as a useful tool towards preventing and treating this public health concern (6, 7).

Violence in the domestic sphere is usually perpetrated by men against women. Women can also be violent, but they account for a small percentage of the perpetrators of domestic violence (5). The lifetime prevalence of physical abuse of women by an intimate partner ranges from ten to fifty-two per cent. Sexual violence by an intimate partner was found to be experienced by ten to thirty per cent of women (8, 9). The killing of women by their intimate partners (femicide) accounts for approximately half of all homicides of women internationally (5, 10). The extent of the public health challenge posed by domestic violence may be under-reported because of the shame and fear associated with this experience (11, 12).

There are limited numbers of prevalence studies done in developing countries (3, 10, 13). However, it has been estimated that thirty to seventy-five per cent of adult women report psychological abuse and ten to thirty per cent, physical violence (3). In Latin America and the Caribbean, intimate partners are the main assailants and femicide has been shown to account for half of the cases of murdered women in the Bahamas and Trinidad and Tobago (10, 14). Reports from Jamaica indicate that approximately 80% of violent acts occurred between intimate couples (15, 16).

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The causes of domestic violence are undoubtedly multi-factorial, with social and cultural factors interacting to varying degrees to keep women particularly vulnerable to being the victims of violence. There has been a longstanding unequal power-sharing between men and women. The unequal power relations is influenced by socio-economic forces, issues related to the fear of and control over female sexuality, the belief in the inherent superiority of males, and legislative and cultural sanctions (5, 6, 7, 17). The variability in the prevalence of domestic violence, based on the socio-economic status of the persons involved, is reported in the article in this issue of the Journal where the authors found a greater prevalence of domestic abuse in the working class and lower-middle socio-economic classes of central Trinidad (18).

While the characteristics of persons who abuse are not homogenous, research has identified some psychological risk factors which are common among abusers. These include a low-self concept resulting from physical or sexual abuse and/or disapproval or neglect by a parent or authoritarian figure from the abuser's childhood. The abuser's life may have been characterised by a failure to achieve some of his goals, low frustration tolerance, inability to delay gratification or tolerate criticism (5, 6, 7, 17). Extreme insecurity and an inability to trust others is also a common feature of the abuser (6). Perpetrators of domestic violence have difficulty examining their own behaviour and often deny that an abuse has occurred. Attempts are often made to diminish the effect of their aggressive acts and frequently project responsibility for an incident to their partner.

Personality problems (antisocial, borderline and narcissistic personality disorders) lead to relationship instability through role distortions, dominance and control issues and distorted dependency feelings. The aim is to control the victim and the suggested or actual use of violence is an effort to make the partner comply with their wishes (19). Persons who carry out acts of domestic violence are disturbed by feelings of abandonment, entitlement and a need for admiration. They are often arrogant in their interpersonal style and display a lack of empathy towards others. There is some objectification of their partner and suicidal or homicidal thoughts may emerge out of a fear of loss of that object (5, 6, 7, 17). Additionally, there may be recent along with previous personal history of assaults (20, 21). Their impulsivity may be reflected through frequent traffic violations, repeated suicide attempts, hypersexuality and emotional lability.

Correlates of domestic violence victimisation have been found to include observing violence in the family of origin, experiencing childhood abuse, as well as the victim's own substance use. Furthermore, a woman's own perception of danger from her partner appears potentially important in predicting future victimisation (22). Domestic violence's end result is a cycle of violence described as having tension-building, acute-battering and honeymoon phases. As the relationship goes through the three phases, there is an escalation of tension, leading to an explosion of violence followed by a period of calm, loving and contrite behaviour (23). Physical violence may occur in any phase and is frequently associated with excessive alcohol or drug use and jealousy, leading to increased hostility and friction (18, 19, 24, 25).

The interventions required need to be comprehensive (involving criminal justice, health and social services) and strategies used should address the structural causes of domestic violence while providing immediate services to victim-survivors (5, 6, 7, 17, 19). All interventions need to be guided by the principles of prevention, protection, early intervention, rebuilding the lives of victim-survivors and accountability. The level of advocacy against and awareness of domestic violence needs to be elevated to address the issues of silence, stigma and shame that have become associated with the victims of this violence. Women need to be empowered through education and employment opportunities to help them reconnect, rebuild and recover their lives after violence (5, 6). Battered men likewise need assistance. There is also the necessity to interrupt the escalating cycles of violence and reduce stress through family therapy which will help the members to ventilate and put their thoughts, behaviours and childhood experiences in perspective (26). Members of a family should learn how to identify the warning signs of impending violence and arguments should be avoided as much as possible. Social skills training has been shown to improve social competence of the abuser and the victim. This allows for the development of healthy differentiation among the members of the family and the replacement of hostility with mutual respect (3, 26).

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