SPECIAL EDITORIAL

Intimate partner violence: An evil we must eradicate

Male violent behavior seems caused by “a vast cultural reservoir of phallocentric aggression directed against women” [2] that exists in every human culture and, indeed, the cross-cultural linkage between sex and violence is well established, not only through neuroscience, but also in a number of folk theories. It is beyond dispute, with a wealth of ethnography, history, and fiction suggesting that manhood should be achieved assertively, womanhood more quietly [3]. Thus, the persistence of VAW is rooted in gender inequality and is still often justified at the societal and interpersonal level.

Looking back in time, it has been hypothesized that when humans started relying on hunting for their survival, women—burdened by children who needed to be cared for over a long period—became dependent on men for their well-being. At this stage men became aware of the advantage of having a female “guarantee” their paternity rights, especially at the time when Homo sapiens sapiens discovered agriculture and land ownership began, creating awareness of “property rights.” Since properties needed to be left as inheritance, to become an heir a man’s lineage had to be provable. Therefore, at this stage it is likely that men pretended to subdue their women, to be considered their owners with exclusive possession, thus being reassured of the paternity of their children [4]. This theory suggests that male violent behavior is the consequence of a social construct maintained through the ages but, as such, is perfectly modifiable if conditions change. Given the social revolutions that have taken place during the 20th century, the time seems ripe for yet another fundamental social change: the elimination of any attempts on the part of men to exercise dominion over their female partners or prospective partners, too often through violence. This means that social norms surrounding VAW must change and societies must evolve to recognize women as individuals who possess equal rights and aspirations as men. Without this, we will continue to see high levels of VAW.

VAW takes many forms and evolves as time changes. It is shocking that for millennia this violent behavior has been condoned, or not recognized as a crime, even in modern societies [5]. For instance, for nearly 3 centuries the common law of England provided that a man could not be guilty of raping his wife. Only in the second half of the 20th century did the UK criminalize marital rape [6].

Fortunately, since the early days of its existence, the United Nations (UN) has determined that fighting VAW is an international priority and, in 1979, it created the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) [7]. This was followed, in 1993, by a UN General Assembly solemn Declaration on the elimination of VAW [8]. When, at the beginning of the 21st century, the UN defined the Millennium Development Goals (MDGs), Member States committed themselves to a series of fundamental targets. One of them recognizes that equal rights and opportunities for women and men are a cornerstone of social and economic
progress [9]. Several UN agencies went to work to enact the new agenda and, in 2005, praising their work, the Secretary General reminded the world of the struggle ahead: “Violence against women remains pervasive worldwide. It is the most atrocious manifestation of the systemic discrimination and inequality women continue to face, in law and in their everyday lives, around the world. It occurs in every region, country, and culture, regardless of income, class, race or ethnicity” [10].

WHO fully understood that the MDGs included the need to fight VAW and decided that policies to prevent it should be implemented as part of the agenda for equality, development, public health, and human rights [11,12]. Thanks to such recognition, this most serious social issue has now moved to the forefront of the international agenda and 3 major levels at which violence can be expressed have been identified: the family, the community, and the state.

It is regrettable that men’s violent behavior starts in the family, where women are vulnerable to infanticide, genital mutilation, a child’s marriage without her consent, dowry-related violence, battery, and sexual abuse [5].

To positively address IPV, WHO has conducted a series of standardized, population-based surveys evaluating women’s experience of physically and sexually violent acts by a current or former intimate male partner. The study, carried out in 10 countries, represents the first global across-borders effort to gather reliable and comparable data on domestic violence and its effect on the health of women. The novelty of WHO’s approach is the creation of a partnership between researchers and women’s organizations, which represents an invaluable tool to collect evidence on all aspects of IPV, while at the same time helps strengthen national efforts to address VAW [13].

Overall, the study involved around 1500 interviews per site, reporting a lifetime prevalence of physical or sexual partner violence, or both, ranging between 15% and 71%. In general, perpetrators of violence were more often the woman’s own partner than other people. As expected, when men used more controlling behaviors, such as not letting a woman see friends or family, or not letting her go out without his permission, a violent behavior was more likely to occur [14].

The study documented a frightening reality: the great majority of women in many societies believe there are justifiable reasons for a man to beat his wife; and indeed research from several other countries shows that sexual violence is motivated by sexual entitlement, with a large proportion of rapists stating that sexual entitlement was a motivating factor in the rape [15]. These findings highlight that sexual violence and IPV are justified and condoned by social norms [16].

Pooling data from all sites, a significant association emerged between experiencing IPV and self-reported poor health, ranging from difficulty in walking and in carrying out daily activities, to pain, loss of memory, dizziness, and vaginal discharge. In addition, women who experienced IPV reported significantly more emotional distress and suicidal thoughts and attempts [17].

In the paper published in the December issue of IJGO, the authors complete the picture by showing that women with a history of IPV are often at a significantly higher risk of unintended pregnancy and abortion [1].

In conclusion, the work carried out by WHO has shown that men’s violent behavior against women is still widespread in all areas of the world; that violence is most frequently carried out by the woman’s partner; that—in addition to being a breach of human rights—IPV is associated with serious health consequences; and that reducing its incidence could potentially reduce unintended pregnancy and abortion. Health providers, particularly in prenatal and postabortion care, should be aware of this problem and have the skills to know how to respond appropriately. The international community must also continue to put pressure upon individual countries to create and enforce legislation and to initiate actions to prevent this violence. Achieving success will not be easy because it requires, above all, political will not only to pass legislation, but to strictly enforce it. WHO is promoting a primary prevention agenda that includes interventions to change social and cultural norms to promote women’s empowerment and gender equality, interventions to reduce child abuse, to prevent dating violence, and to control alcohol use, among other things. This battle can and must be won, since human progress is at stake.

References


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