

Prevention of Intimate Partner Violence



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Learning Objectives

- To gain an awareness of intimate-partner violence as a global public health issue
- To be familiar with the causes of intimate-partner violence against women
- To get an understanding of the prevention efforts of intimate-partner violence

Outline

- Intimate partner violence as a global issue
- Definition and types of partner violence
- Causes of partner violence against women
- How can partner violence be prevented?
 - Community-based Intervention Project in Bangladesh

A 28-year old Woman in Rural Bangladesh

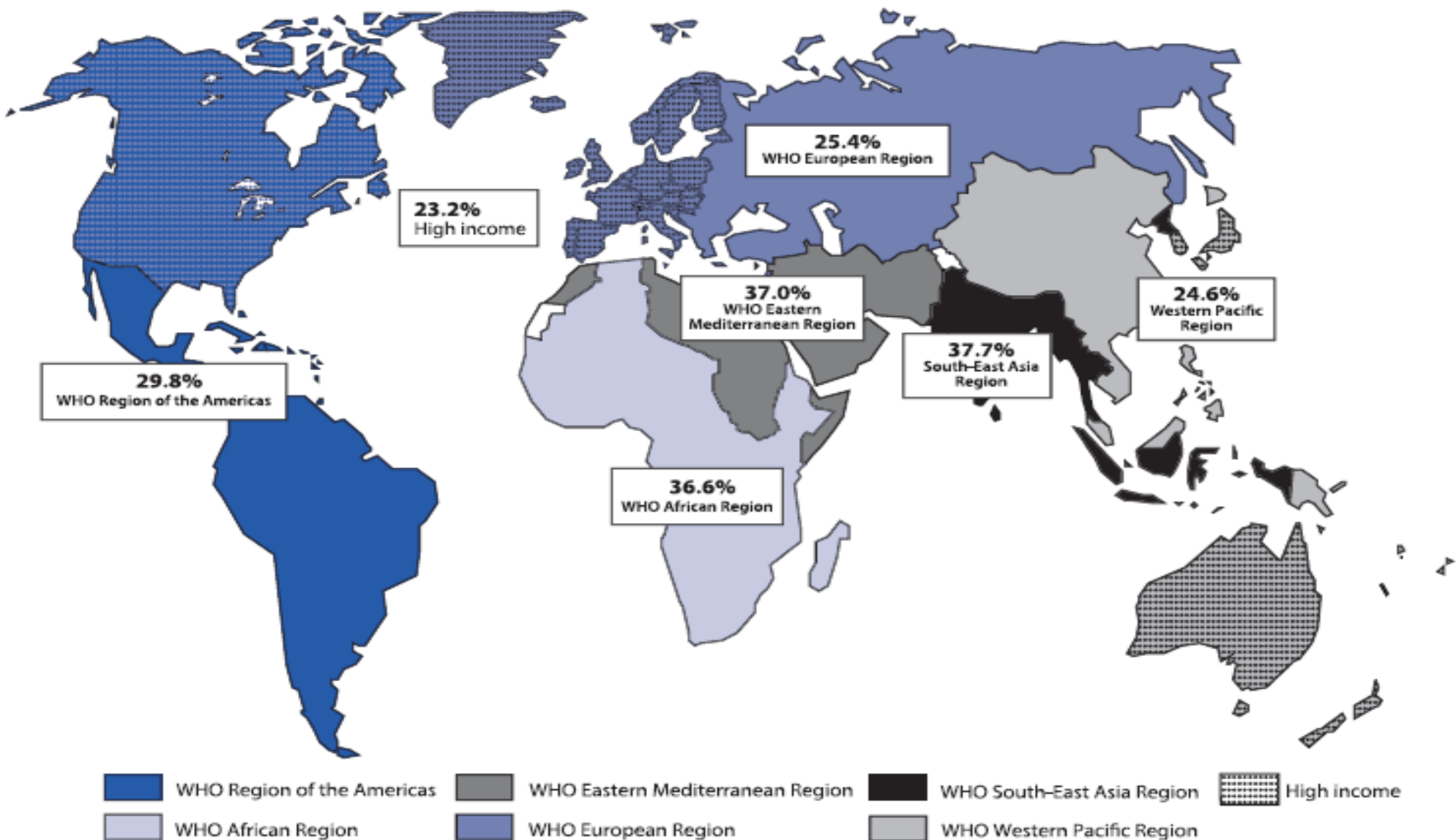
I saw that my water was finished when I had just started cooking rice for the evening meal. I asked my mother-in-law to look after the cooking. . . I went to collect water. . . . Water was important to complete other cooking tasks. . . . I also had to make dinner ready before my husband returned home in the evening . . . but I had to go far away to collect the water . . . and there was a long line, . . . so it took time. . . . When I came back, . . . the food was burnt. . . . My mother-in-law forgot to take the dish out of the fireplace on time. . . . I was beaten by my husband as he said that cooking was not the responsibility of his mother, so I had to be punished!

Intimate-Partner Violence (IPV) as a Global Health Issue

- Intimate-partner violence against women is a serious public health problem globally.
- One in three women worldwide experience physical and/or sexual IPV in her life time.



Lifetime prevalence of physical/sexual IPV



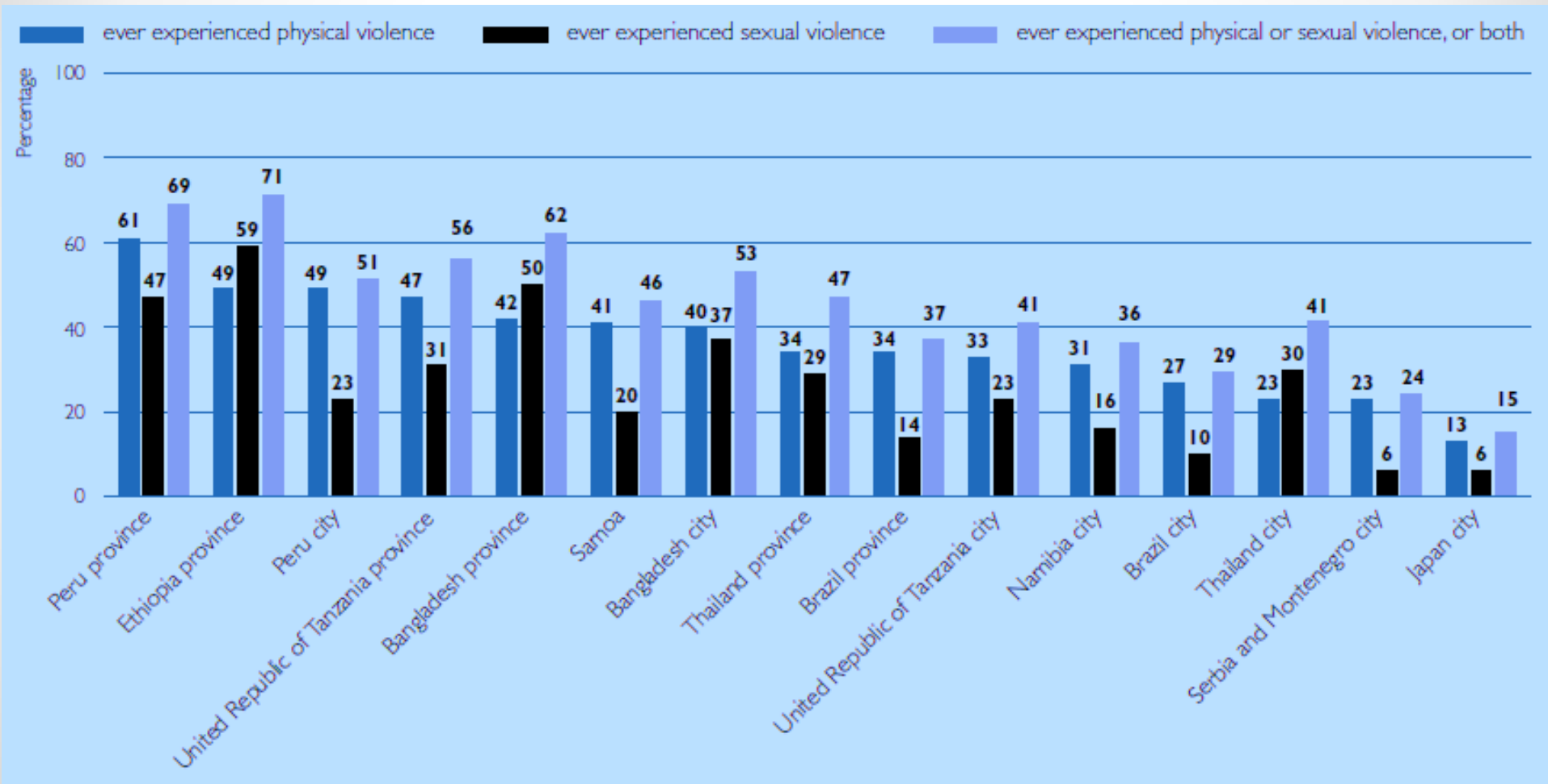
Lifetime prevalence of physical and/or sexual IPV

WHO region	Prevalence, %	95% CI, %
Low- and middle-income regions:		
Africa	36.6	32.7 to 40.5
Americas	29.8	25.8 to 33.9
Eastern Mediterranean	37.0	30.9 to 43.1
Europe	25.4	20.9 to 30.0
South-East Asia	37.7	32.8 to 42.6
Western Pacific	24.6	20.1 to 29.0
High income	23.2	20.2 to 26.2

CI = confidence interval.

World Health Organization, 2013

Lifetime prevalence of physical and/or sexual IPV



(García-Moreno et al. 2005)

What Constitutes Partner Violence?

- Intimate-partner violence against women is defined as one or more acts by a current or former spouse or intimate partner that results in physical, sexual, or psychological harm or suffering to his wife/partner.

(WHO 2010, Heise & Garcia-Moreno, 2002)

What Constitutes Partner Violence?



Physical violence

- *Moderate violence:*
 - *Slapping, throwing something, pushing, shoving*
- *Severe violence:*
 - *hitting with fist, kicking, dragging, beating up, choking, burning, using knife or gun etc.*

What Constitutes Partner Violence?

- **Sexual violence**
 - forcing to participate in sex or in unwanted sexual activity etc.



What Constitutes Partner Violence?

- **Controlling behaviors**
 - Tried to keep her from seeing friends
 - Tried to restrict contact with her family of birth
 - Insisted on knowing where she was at all times
 - Ignored her and treated her indifferently
 - Got angry if she spoke with another man
 - Was often suspicious that she was unfaithful

What Constitutes Partner Violence?

- Financial
 - Overwhelming family properties, controlling income
- Spiritual
 - Forcing religious dress, beliefs/values



Health Implications of Partner Violence

- IPV victim women are 16% more likely to have a low-birth-weight baby
- Twice as likely to have an abortion
- Twice as likely to experience depression
- 1.5 times more likely to acquire HIV

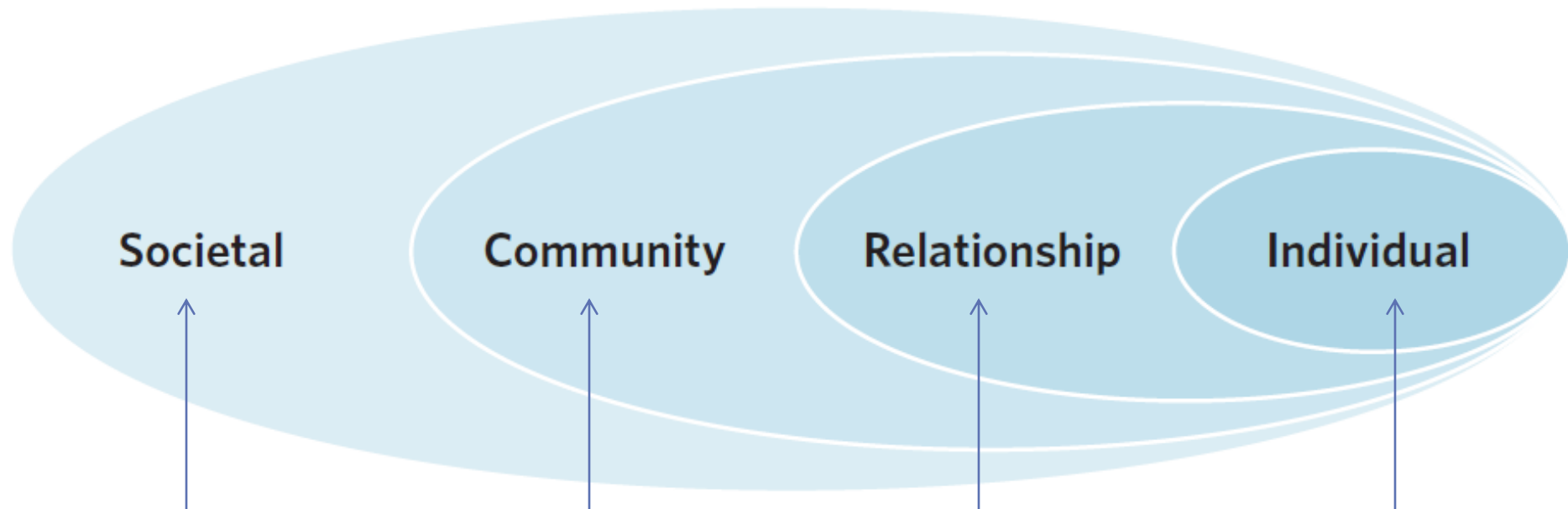
(World Health Organization, 2013)

Causes of Partner Violence

- Intra-individual theories
- Psycho-social theories
- Socio-cultural theories
 - *Risk factors*
 - *Protective factors*

Factors of Partner Violence (WHO, 2010)

The ecological model



- Gender norms
- Gender equality
- Legislations
- Legal sanctions

- Poverty rate
- Unemployment
- Education rate
- Support services
- Community sanctions

- Marital duration
- Inconsistency
income,
education,
power
- Marital quality

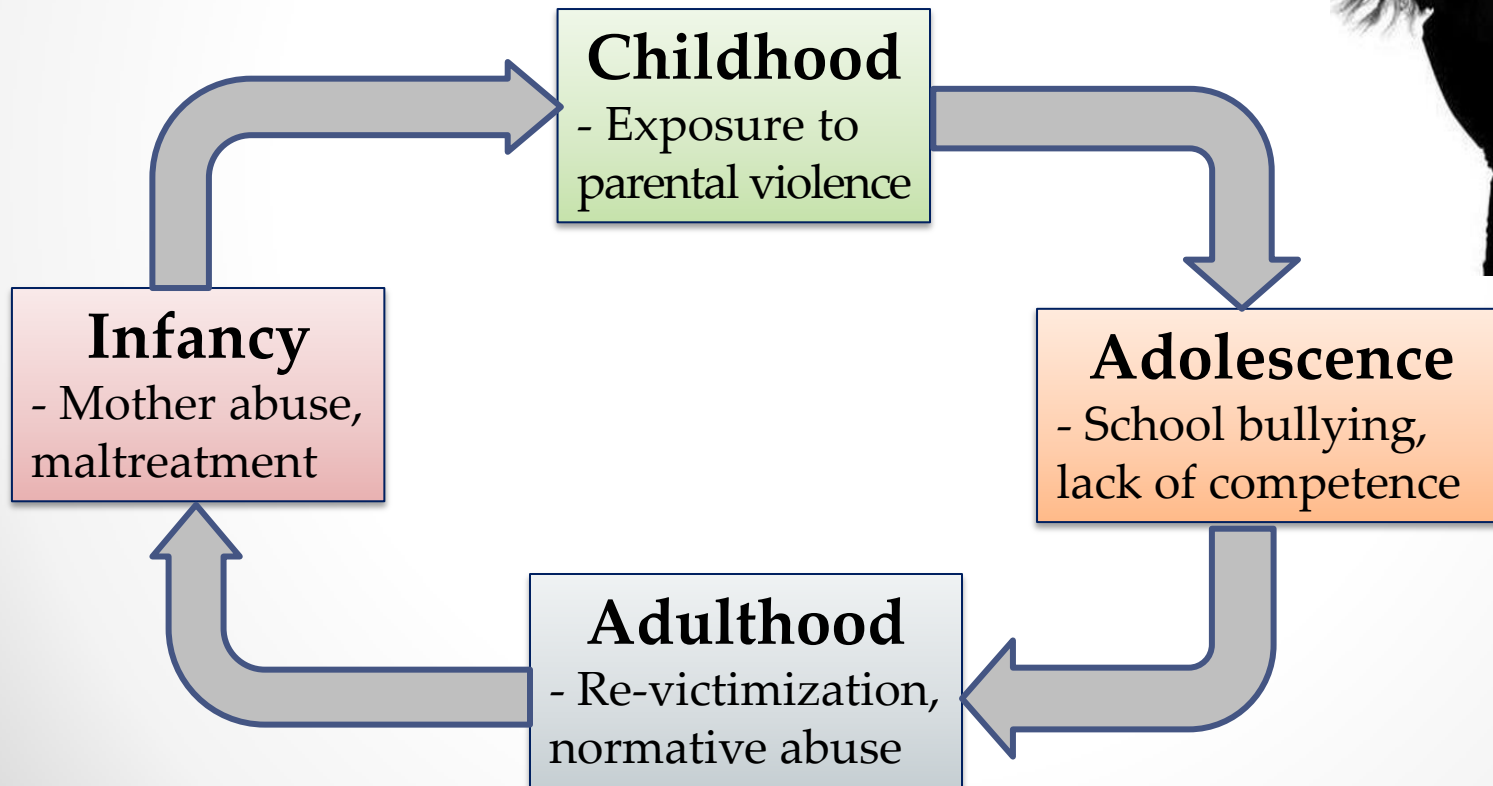
- Age, income, education
 - Childhood exposure to DV
- Mental disorder
- Substance abuse
- Gender ideology

Prevention Efforts of IPV

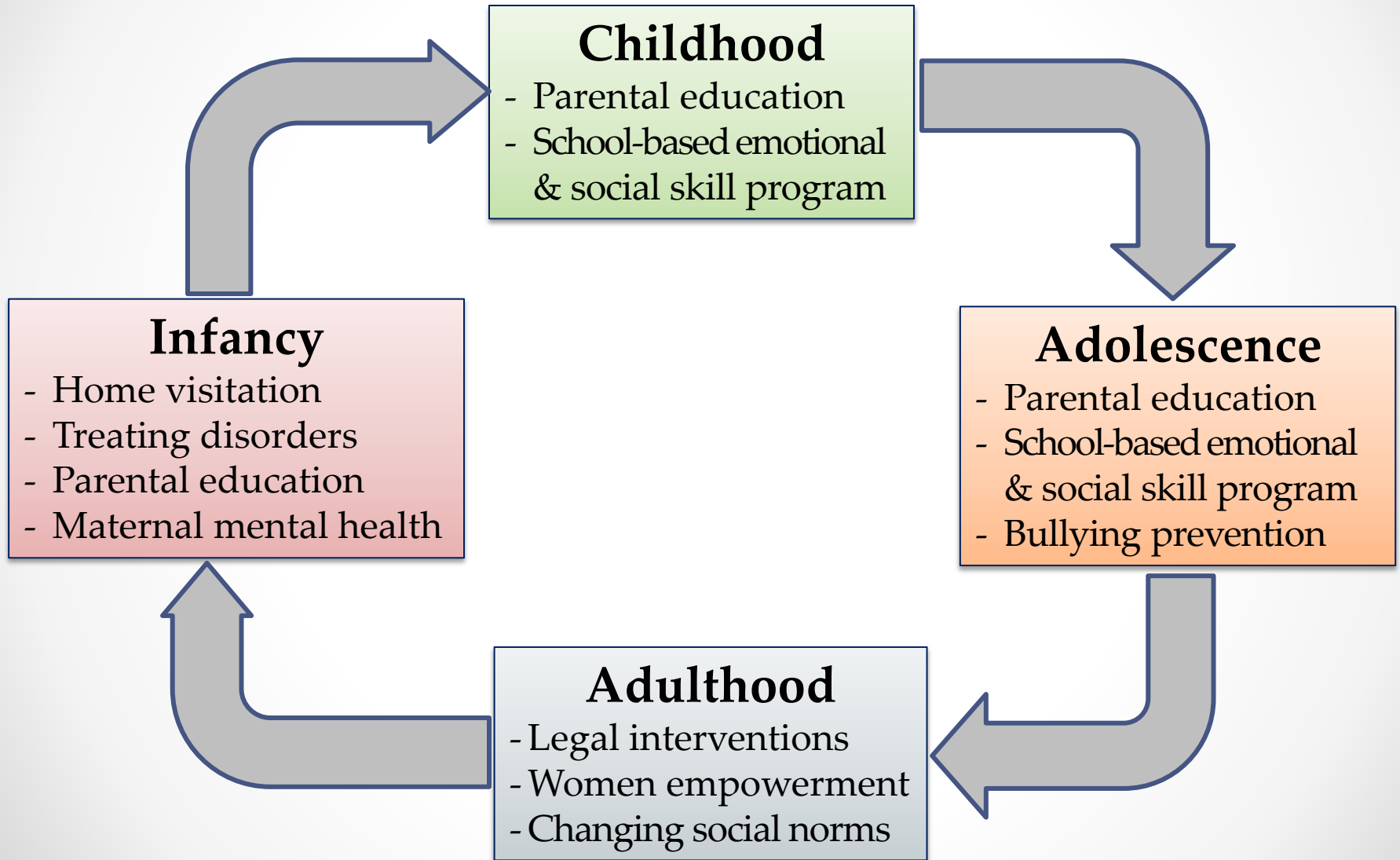
- **Primary prevention** –
 - aim to prevent violence before it occurs
- **Secondary prevention** –
 - focus on more immediate responses to violence
 - to reduce the occurrence of revictimization
- **Tertiary prevention** –
 - focus on long-term care in the wake of violence

A Life-course Perspective

- IPV is considered as learned behaviors
- IPV perpetration/re-victimization is often occurred as a part of learning process



A Life-course IPV Prevention Efforts



Research Project

Sociocultural factors and prevention efforts for domestic violence against women among ethnic *Garo* and *Santal* as well as mainstream Bengali communities in Bangladesh

Bangladesh Context

- 70% women experience physical or sexual IPV
- 82% experience psychological abuse from husband
- 55% women are suffering from strict control and restrictions from their husband or families.
- 80% rural women believe that IPV is acceptable

Bangladesh Bureau of Statistics (BBS), 2013

Contextual Causes of Partner Violence

- Not cooking/preparing meals on time,
- Not wearing the veil or religious dress
- Refusal to bring dowry from natal home
- Failure to have children (infertility),
- Giving birth to too many daughters,
- Dark complexion of the children,
- Suspected extra-marital affairs, etc.

Risk Factors of Partner Violence

- Household Poverty – low income
- Illiteracy – Lower level of education
- Women's economic dependence
- Widespread gender inequality/patriarchy
- Dowry arrangement during marriage
- Childhood exposure to DV and revictimization
- Social acceptance of DV, Patriarchal Attitudes


Naved & Persson, 2010; Wahed & Bhuiya, 2007

Interventions to Address Violence

Support Services for Abused Women : 109

- Child marriage prevention
- Rescue operation
- Police intervention
- Legal aid/justice
- Shelter homes
- Medical treatment
- Counseling

নারী ও শিশু নির্যাতন আর নয়, কখনও নয়
নারী ও শিশু নির্যাতন প্রতিরোধে ন্যাশনাল হেল্পলাইন সেন্টার





টোল ফ্রি
১০৯
দিন রাত ২৪ ঘন্টা সেবা

বাল্য বিবাহ প্রতিরোধ
যৌন হয়রানী প্রতিরোধ
সাইলেন্ট সহায়তা প্রদান
বিশেষ ক্ষেত্রে উদ্ধার
মনোসামাজিক কাউন্সেলিং
পুলিশি সহায়তা

প্রয়োজনীয় তথ্য ও পরামর্শের জন্য যে কোন
নম্বর থেকে ফোন করুন

নির্যাতন প্রতিরোধকল্পে মাল্টিসেক্টরাল প্রোগ্রাম
মহিলা ও শিশু বিষয়ক মন্ত্রণালয়
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার



Aim of the Study

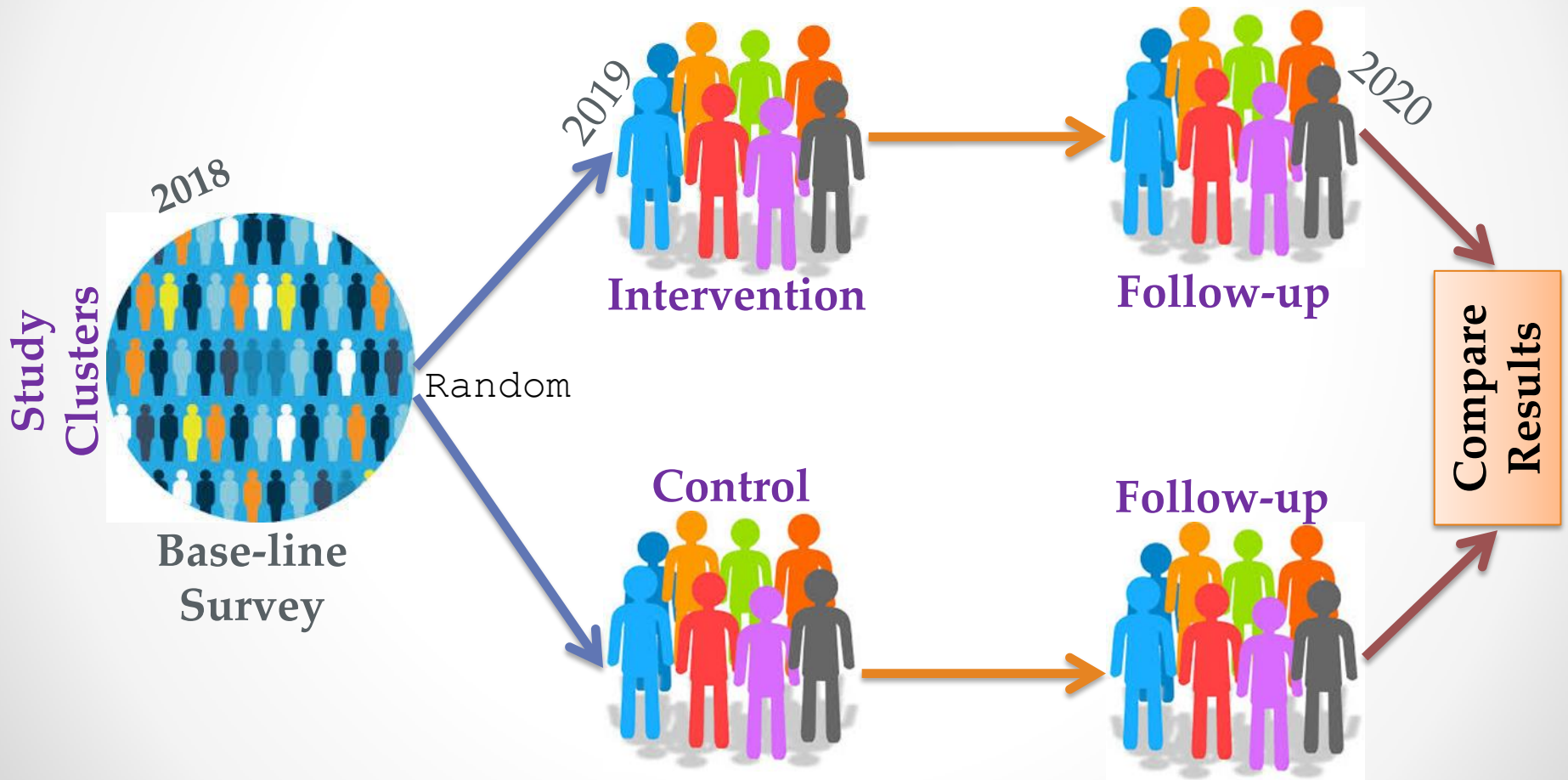
- Prevention of IPV is lacking priority in Bangladesh
- No studies/projects for ethnic minority communities
- There are around 30 ethnic minority communities
- Our research aims
 - to examine the sociocultural factors of IPV
 - To test the efficacy of an IPV prevention effort
among ethnic Garo, Santal and Bengali communities.

Communities under Study

- **Bengali** - patriarchal society: gender inequality is widespread, men exercise full control over his wife
- **Garos** - matrilineal, matrilocal community, women enjoy greater status and freedom; husbands move to live in the wife's house, women head household
- **Santals** – the largest ethnic community living in the north-western part of the country. *Santal* women also enjoy freedom to work in public spheres...

Research Design

A cluster-randomized control trial (cluster-RCT)



Proposed Prevention Intervention

First Step	Second Step	Third Step	Fourth Step
<p><i>Learning Community</i></p> <ul style="list-style-type: none"> - Cases/features of DV - Community leaders and local resources - Acceptance of DV - Awareness of DV - Cultural issues that suggest to stop DV 	<p><i>Engaging Leaders</i></p> <ul style="list-style-type: none"> - Finding activists: including influential and religious persons - Training of leaders - Developing agenda through workshops with local leaders 	<p><i>Connecting Members</i></p> <ul style="list-style-type: none"> - Engaging community members to critically think about DV issues - Supporting leaders to connect with members - Establishing networks to prevent DV locally 	<p><i>Fostering Change</i></p> <ul style="list-style-type: none"> - Inspiring/supporting men/women who adopt new behaviours - Establishing a tool for rewarding the families - Rewarding the local network to end DV

- The MCI community mobilization intervention will focus on both awareness building for men and personalized skill development for women

What do we want to assess?

- Prevalence and incidences of IPV
 - NorVold Abuse Questionnaire – prevalence, incidence, severity
- Childhood exposure to violence
- Community Approval of Partner Violence
- The Level of Gender Equality
 - women's mobility,
 - economic security
 - contribution to family support

What do we want to assess?

- Community Awareness of DV Laws
- Community Awareness of Support Services
- Support-seeking Behaviors
- Natural Safety Measures used by Victims
- We will use both qualitative and quantitative data

Determining Samples

- Both currently married men and women of *Garro, Santal and Bengali* Communities

$$\text{Sample Size } n = z^2_{\alpha/2} p(1-p)/E^2$$

$P = \text{Proportion of IPV (24.1\%)}$

$\alpha = 0.05, \text{ therefore, } Z_{\alpha/2} = 1.96$

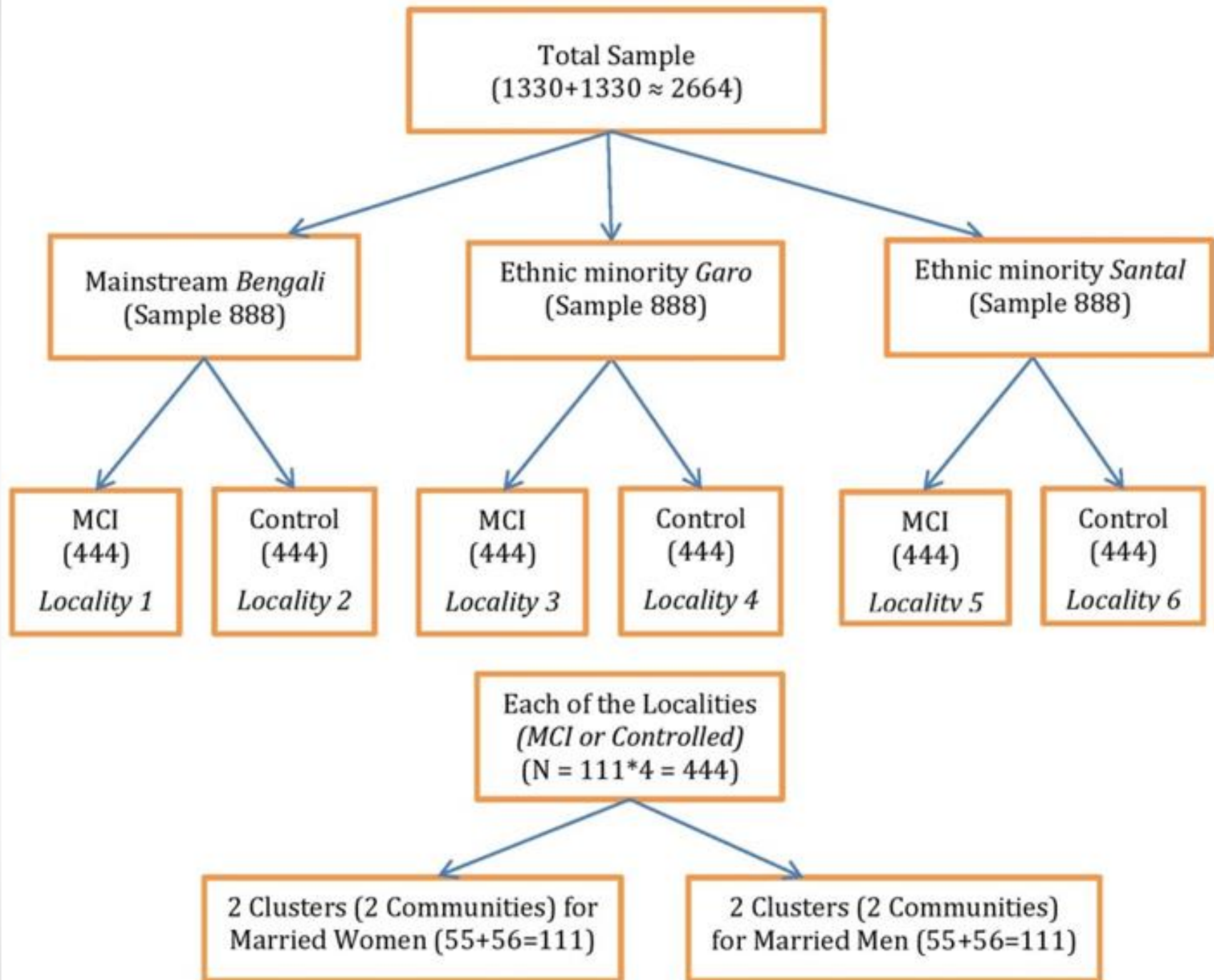
$E = p/10$

- **With 10% over sample :**
 - $N_1=1330$ (*Intervention*)
 - $N_2=1330$ (*Controlled*)

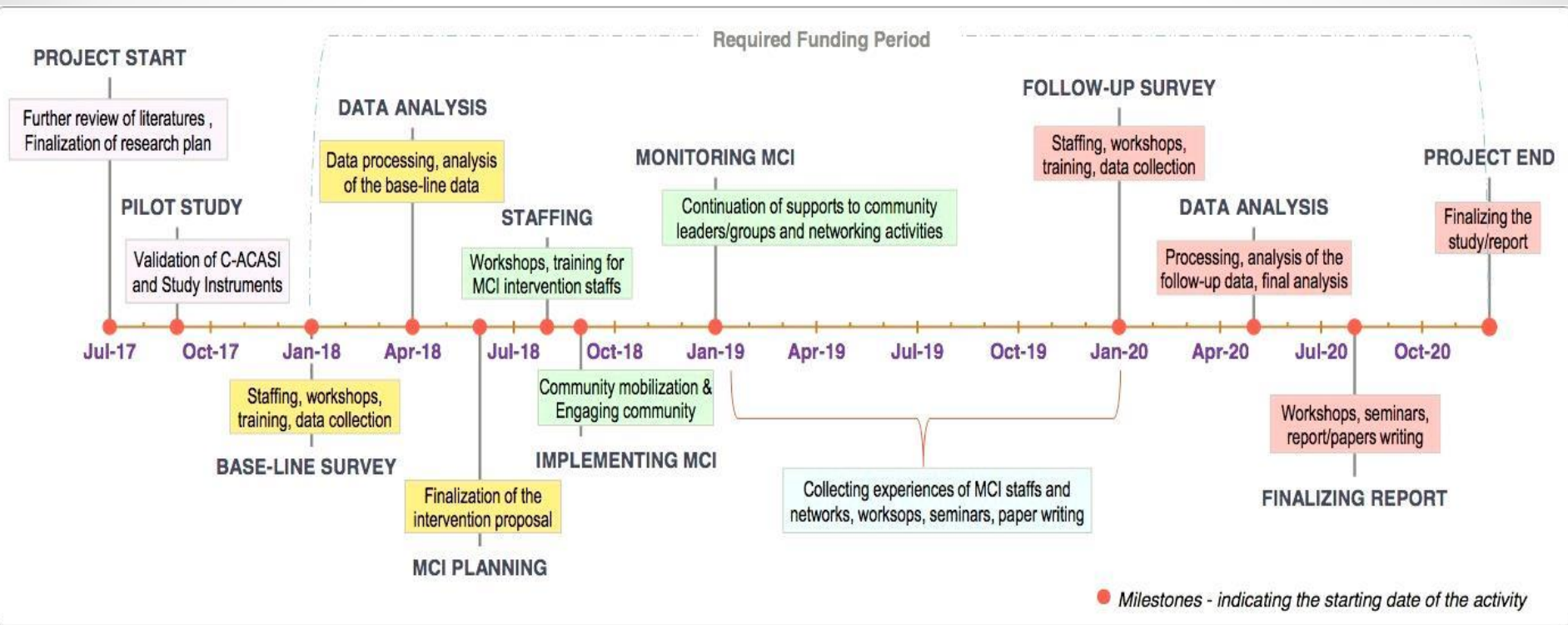
Recruiting Samples

- Multi-stage cluster sampling
- 24 clusters/communities will be included
- 8 clusters from each of the communities:
 - 4 clusters receive Interventions
 - 4 clusters will be controlled

Multi-stage Distribution of Samples



Time Frame



Ethical Issues

- Oral consent - a suitable place and time, privacy.
- Participation will be completely voluntary
- Both male and female interviewers will collect data
- Intensive training on safety and sensitive issues
- Anonymity and confidentiality of the interviews
- Victim supports - with the help of local organisation.

What do we expect to learn?

- What knowledge we may learn from this project?
- How can we use the findings for IPV prevention?
- What are the possible alternative approaches one can apply for effective prevention of IPV in Bangladesh?

Key References

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