

**Brief Communication****Domestic Violence as a Public Health Problem****Awad Mohamed Ahmed MD**Associate Professor of Medicine, University of Bahr Elghazal, Khartoum, Sudan.  
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Violence, in a simple definition, is to exert force so as to injure or abuse. The term "Domestic Violence" (DV) implies the physical or verbal assault exerted by a family member (often the husband) to a women. The drastic cultural and socioeconomic factors underlying the subordinate status of woman, worldwide, made them a "sustainable" victim for violence from intimate partners and other parties such as governments, employers and warriors. Historically DV is an old phenomenon. English sources from the pre-industrial era revealed six broad categories of social harms associated with abuse of alcohol<sup>(1)</sup>. The judiciary records of Portsmouth, UK, in the period 1690-1781 had included 356 cases of wife beating<sup>(2)</sup>. DV has a much greater incidence than has been assumed. More than a half of all couples are violent at some time of their marital life. The major determinants of DV include cultural and social concept that determine gender roles and woman status, poverty, lesser empowerment status of women (as measured by education and employment), abusers' consumption of alcohol and illegal drugs and pregnancy.

The present review aims at discussing why DV is a public health problem, the approach of public health and behavioural science workers to DV, the role and difficulties facing health workers in screening and research on DV.

After a prolonged debate, DV was recognized as public health problem for almost a decade. This had put an end to traditional view and treatment of violent

behaviors including DV as a problem of behavioral scientists such as criminologists, psychologists and sociologists, and practitioners such as police and lawyers<sup>(3)</sup>. In fact these academic and professional sectors have their own approach to the problem of DV. Social scientists notes the importance of taking context into account when explaining outcomes and the necessity of looking at the way in which family, work environment and community factors interact<sup>(4)</sup>. The criminologists, lawyers and police emphasize retribution, deterrence and incapacitation and they target offenders, been concerned with blame and with justice<sup>(4)</sup>. On the other part the public health workers focus on victims and consequences, concentrating on preventing the occurrence or recurrence of assaults and injuries<sup>(5)</sup>. In fact, the past vast success of public health workers in preventing diseases suggest that the health effects of DV can be reduced by application of the public health methods. The most important of these methods is to apply epidemiological investigations to establish the distribution and determinants of disease and injuries and to identify risk groups and risk factors<sup>(4)</sup> On the other hand the criminal justice is more concerned with the legal classification of injuries<sup>(4)</sup>.

The effects of DV on health are beyond doubts. All the body systems and both physical and mental health are severely affected, in a wide spectrum from pain to severe burns and depression or even death. This again indicates that DV is a public health problem. Injuries such as cuts, contusions and fractures may occur. At

least one in five women in the emergency departments has symptoms related to Violence<sup>(5)</sup>. Violence can result in depression, anxiety and even suicide. Some unexplained medical complaints such as chronic headache, fatigue and abdominal pain may be linked to domestic violence<sup>(6)</sup>. Pregnancy, on virtue of hormonal and psychological changes, is reported to increase the risk and pattern of assault to women. In the dental practice injuries to teeth, jaw and oral soft tissues are common indicators of abuse. The reproductive health is not exempted from the harmful effects of DV such as miscarriage, unintended pregnancies, low birth weight and sexually transmitted diseases including the HIV/AIDS. By now, it is clear that the relevance of violence to the patients' health problems can be similar to the relation between, for example, smoking and ischaemic heart disease.

Domestic violence is a pervasive and frequently unrecognized cause of acute and chronic illnesses among women<sup>(7)</sup>. Typically the victim is seen on many occasions by health professionals before the real cause of her trouble is recognized. Some women may use to come repeatedly complaining of longstanding problems such as headache, backache or depression which are the final stage in the syndrome of battering<sup>(7)</sup>. Such patients after several presentations for the health settings may erroneously be labeled as 'neurotic', 'hypochondriac' or 'hysterical<sup>(7)</sup>'. Thus, there is an important role for the medical professionals in screening for DV among the victims, in addition to inform them with the available resources and options to ensure their safety. The long term and trusting relationships between patients and their doctors permit repeated and efficient opportunities for detection and intervention in DV<sup>(8)</sup>. The settings of the health services are the best places for routine enquiry about DV because of the most

frequent and widest contact with the population than all other public services. Women access health services for themselves and their children. In particular, victims of DV access health services more frequently. Thus, the health professionals are ideally placed to identify DV, but really, they do not do so in a proper way. In Australia and USA although 20% of women attending health settings reported experiencing DV, less than fifth of them had discussed the issue with their doctors<sup>(9)</sup>. In a British study less than 5% of the respondents attending a medical centre reported that their doctors had asked them about a partner threatening or abusing them<sup>(9)</sup>. Of course some of doctors might believe that DV is a private family issue. They fear that they may offend women asking if they had been abused or threatened by their partners<sup>(10)</sup>. But such fears are not justifiable. In a study, 67% of women who were surveyed believed that physicians were supposed to be the most helpful resource in case of violent relationships<sup>(10)</sup>. Even more, in other studies women wanted their health care providers to be trained in DV and they wanted to be asked about violence in their relationships<sup>(10)</sup>.

The ill-prepared or uninterested doctor may be harmful by minimizing the abuse and then increases the victims, sensation of entrapment and helplessness. Basically there is a lack of knowledge and training in managing violence victims. Domestic violence is not considered in the differential diagnosis of injuries because of that the abusive partners appear concerned and attentive when accompany their victims to the medical care. Even if doctors realized the occurrence of abuse they fail to go further because of fear of involvement in prolonged court proceedings. Unfortunately, some doctors may share the societal misconception that domestic violence is rare, occurring only in deviant relations (not that appearing

normal), or that it is a private matter (and then to be resolved without outside intervention). In fact any woman can be abused, and any man can be abuser, and many partners in abusive relationships are otherwise leading normal social and professional lives. The Sudanese doctors poorly response to DV neither as a social or a health problem. The author had done a study on response of doctors to DV involved 142 doctors in a teaching hospital<sup>(11)</sup>. The respondents' ages ranged from 25 to 54 years; 53 were female (51.9%); and 32 (31.3%) had experience of more than 10 years. forty three doctor (42.1%) had fair knowledge of the concept of domestic violence, 28 (27.4%) viewed it as a worthwhile health problem and 21 (20.5%) reported encountering 1-2 cases in the last year<sup>(11)</sup>. Barriers to screen women for a possibility of being abused included lack of knowledge and training, insufficient time at clinics and fear of problems with perpetrators. The female gender and long professional experience had positive correlations with the better knowledge about violence and the desire to intervene beyond physical treatment ( $P < 0.005$ )<sup>(11)</sup>.

An important tool at the hands of public health workers is scientific research. Research on DV suffers several deficiencies. There is a possibility of under-representation due to the cultural sensitivity of the issue, thus some people could not speak openly. The questionnaires (usually used), by their nature, depend on self-reporting and then were subject to recall and reporting bias. Also there is a problem in determining the sensitivity or specificity with questionnaires as the actual incidence of DV in many societies is not known. Most of the studies' samples were not randomly selected and institution-based (usually health settings), therefore the generalizability of the results is limited. In addition the cross-sectional design makes difficult the establishment of cause-

and-effect relationship. There is a difficulty in using anonymous and self-administered questionnaires in the developing countries due to high rates of illiteracy and then many women participating in research on DV will not feel free to speak openly.

### Conclusions

As a major threat to health, both physical and mental, domestic violence has been considered as a public health problem. The introduction of DV into the arena of public health may destigmatize it and help victims who are afraid to complain. The public health approach usually adopts epidemiological methods such as investigating the characteristics of victims and abusers and circumstances and reasons of violence. This approach will provide a good basis to formulate prevention programmes to combat DV. The medical profession should participate in the community efforts to establish and strengthen resources for victims and abusers. Some reform in the curricula of medical schools is needed to introduce specific courses to impart knowledge and develop awareness and intervention abilities in the future doctors.

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