

Measuring intimate partner violence



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A number of researchers found domestic violence to be a major contributor of physical and mental health problems in sufferers. (REF) Some studies have reported about rising rates of domestic violence related homicides. (REF) It has been observed that abused women very frequently get chance to be in contact with healthcare system sometimes for routine checkups and at other times to seek emergency care for injuries. Healthcare providers thus are in appropriate position to identify abuse and provide or devise possible interventions. These indications let researchers and human rights activists to approach the problem of domestic violence as a public health problem. Bachman (2000) and Saltzman (2004) strongly recommended for accurate measurement of domestic abuse in healthcare setups as this information could be very useful for identification of abuse as well as for devising intervention activities for victims.

One important methodological concern common to domestic violence research has been measurement of abuse. Although violence is a measurable phenomenon but its accurate measurement is also influenced by perception of people about the act. Researchers have found variability in perception of people about certain abusive acts as 'violent' or not. For instance, forced sex or marital rape is still not considered an abuse in many societies around the world.

A number of international organizations have provided the definitions of Intimate Partner Violence (IPV) with clear description of acts in various categories. For instance, The Australian Medical Association (AMA) (1998) defined domestic violence as, " the domination, coercion, intimidation and

victimization of one person by another by physical, sexual or emotional means within intimate relationships.”

An outline of types of abuse in Intimate Partner Violence (IPV) was provided by Australian Public Health (1990). According to this description:

- Physical abuse is causing pain and injury; denial of sleep, warmth or nutrition; denial of needed medical care; sexual assault; violence to property or animals; disablement; and murder
- Verbal abuse includes humiliation, degradation, intimidation, subjugation, including the threat of physical violence;
- Economic abuse includes deprivation of basic necessities, seizure of income or assets, unreasonable denial of the means necessary for participation in social life; and
- Social abuse is isolation, control of all social activities, deprivation of liberty, or the deliberate creation of unreasonable dependence.

The common acts for physical violence measured in researches on domestic violence include slapping, throwing something that could hurt, pushing, hitting with a fist or anything that could hurt, kicking, dragging, choking, threatening or actually using a gun, knife or other weapon. (Mazza, Dennerstein & Ryan, 1996) Sexual violence has been measured by these acts; physically forcing to have sexual intercourse against her will, having sex because she was afraid of what her partner might do, being forced to do something sexual she found degrading or humiliating.(Brown, Lent, Brett et al, 1996)

Previous researches have shown that how researchers frame their questions about violent victimization can have a profound effect on disclosure rates. (Tjaden, 2000) For instance, it will be more convenient for women to respond accurately to the question framed as, “ Has your partner ever physically forced you to have sex against your will?” than asking question as “ Have you even been “ abused” or “ raped”? (Ellsberg, Heise & Shrader, 1999) It has been recommended by previous researches that asking clearly worded, direct questions about the respondent’s experience of specific acts also obtain correct information from the participants. (Bagshaw et al. 2000; WHO Geneva, 2005)

Studies have also investigated the effectiveness of type of screening procedures for domestic violence screening in healthcare setups. Webster & Holt (2004) reviewed the medical records for evidence of positive partner violence for women attending prenatal clinics. A self-report checklist is an effective alternative to direct questioning in detecting women who are experiencing partner violence and is acceptable to women. It has also been reported that health professionals need to use a variety of questions to elicit women’s experiences of domestic violence. (Hegarty et al, 2000) Some other recent studies compared brief self-report abuse screening instruments with long clinician-administered abuse screening questionnaires