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managers to ask the right questions, make sense of the answers, and look in the right direction for solutions.

Compared with many other organisations, hospitals have been slow in adopting operational research as a means to improve their performance. Applications are scattered and the results not always used, even if they are relevant and reliable. The implication is that, so far, hospitals have largely failed to use one of the most potent methods currently available for improving the performance of complex organisations.

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Preventing domestic violence

Most women welcome inquiries, but doctors and nurses rarely ask about it

Domestic violence can be physical, sexual, or psychological. Physical and sexual violence by an intimate partner are common problems, affecting 20-50% of women at some stage in life in most populations surveyed globally. Between 3% and 50% of women have experienced it in the past year. Domestic violence has a profound impact on the physical and mental health of those who experience it. As well as injuries, it is associated with an increased risk of a range of physical and mental health problems and is an important cause of mortality from injuries and suicide. Review of international literature on risk of domestic violence shows that although it is greatest in relationships and communities where the use of violence in many situations is normative, notably when witnessed in childhood, it is substantially a product of gender inequality and the lesser status of women compared with men in society. Except for poverty, few social and demographic characteristics define risk groups. Poverty increases vulnerability through increasing relationship conflict, reducing women’s economic and educational power, and reducing the ability of men to live in a manner that they regard as successful. Violence is used frequently to resolve a crisis of male identity. Domestic violence is often associated with heavy alcohol drinking. Research suggests that the different factors have an additive effect.

Although interventions that alter the prevalence of any of these risk factors may alter the prevalence of domestic violence, few programmes that seek primarily to reduce, for example, poverty or consumption of alcohol evaluate the impact on the prevalence of domestic violence. A notable exception was the Grameen Bank project in Bangladesh, where ethnographic evaluation suggested that women participating in the microcredit programme were protected to some extent against domestic violence by having a more public social role.

Evidence suggests that domestic violence can be prevented in populations in developing countries that have not been specifically identified as affected through life skills type programmes that address gender issues and include relationship skills. A review of qualitative evaluations and experiences using the Stepping Stones, a training package to promote sexual and reproductive health in various communities in Africa and Asia, found a reduction in conflict and violence in sexual relationships to be a major impact in all communities studied.

Most interventions on domestic violence focus on women and men who have been identified as abused or abusing. Evaluation of initiatives has been sorely lacking. The only review of programmes to prevent domestic violence found 34 projects that had been evaluated, two thirds of which were in the criminal justice system. In many countries interventions focus on legal redress and secondary prevention through protection orders, shelters, counselling services, specialised police units and courts, and mandatory arrest laws. Although many women find these helpful, evidence of their effectiveness in preventing domestic violence is limited. Treatment programmes for abusers are similarly found in many countries but, unless compulsory, they are plagued by very high drop out rates. Again the evidence for their effectiveness is weak.

The two papers in this issue confirm previous research that shows that domestic violence is a common underlying problem in clinical practice (pp 271, 274). Bradley et al show strong associations with anxiety and depression. The papers also confirm research findings from the United States that show that most women welcome inquiries, but doctors and nurses rarely ask about it. One obvious explanation for this is that they are not trained to do so and are uncertain what they can do. Gender and health issues, including domestic violence, feature little in under-
“uncovering and reframing a hidden stigma” and that inquiry is in itself beneficial, even if no action immediately follows from it. The impact of domestic violence on health has been well established and the rationale for prioritising prevention, including addressing it in clinical practice, is strong. A need exists for much more research on screening outcomes, acceptability, effectiveness, and effective interventions in changing clinical practice. Fresh medical graduates need to be equipped with an understanding of gender issues in society, the impact of gender inequality on health, and of the dynamics of the problem of domestic violence so that they are better placed to respond to the issue, understand the possibilities and limitations of their role, and adjust their practice to emerging scientific evidence. Socio-economic inequalities have become a mainstream part of medical teaching—it is now time for the medical establishment to embrace the issue of gender.

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13 Garcia-Moreno C. What is an appropriate health service response to intimate partner violence against women? Dilemmas and opportunities. Lancet (in press).

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