

Domestic Violence: Substantial Health Problem

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Definition of Domestic Violence

According to the United Nations definition, violence against women includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” [1]

Problem Definition

Domestic Violence is a substantial Health problem that has serious consequences and costs for individuals, families, communities and societies. Efforts, to increase resource in addressing gaps in knowledge and to improve services for the victims, perpetrators and child witnesses, are much needed. It is the actual or threatened physical and or sexual violence, psychological/emotional abuse.

Domestic violence is defined in the law as certain criminal acts committed between persons of opposite sex who live together in the same household or who have lived together in the past; or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household); or persons related to one another in the following ways: spouse, child, grandparent, former spouse, brother, grandchild, parent, sister. Some of the commonly used terms are: Domestic Violence, Domestic Abuse, Spousal Abuse, Intimate partner violence, Battering, Marital rape, and Date Rape.

Current studies regarding the characteristics of the male perpetrators report them as having deficient inter-personal skills (such as a lack of communication, poor spousal assertion) in comparison with non-violent men, in the context of marital discords. [2]

What are the types of domestic violence?

1. Physical abuse: Kicking, shoving, slapping, hitting, punching, pushing, pulling, choking and property damage.
2. Emotional abuse: Jealously, anger, intimidation, controlling, neglect, humiliation, threats, isolation and verbal abuse.
3. Social Abuse: Being stopped from meeting or seeing friends or family, not allowed to leave the home. Being stalked.
4. Sexual abuse: Forcing and coercing sexual acts, rape and having sex without wanting to.
5. Economic Abuse: Controlling access to money and other resources. [3]

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In our society unfortunately, Domestic violence is a private family matter and is entrenched in our cultural practices. Many studies have highlighted the prevalence and severe consequences of Domestic Violence. Findings have indicated that verbal, physical and emotional abuse were common leading to intimidation, emotional trauma, continued depression and suicide in some cases. The pattern of violence is pervasive and insidious. As it is carried out in private domain, many victims may never be identified as the violence can unfortunately continue over a period of time (chronic course). Closed Settings of the violence may also limit avenues of escape for the victim. [4,5]

Physiological effects of Domestic Violence

As a consequence of severe Domestic Violence, females are more likely than males to seek medical attention and suffer from stress, Depression, Post-traumatic stress Disorder, Anxiety Disorders, Substance Use Disorders to Suicide. [6]

Physical effects of Domestic Violence

Emergency Wards receive women with multiple, serious injuries, of unknown etiology. Women are too scared to tell the truth. Broken ribs, fractured jaws, fractured ribs, multiple organ damage, internal bleeding, miscarriages, etc, have been the presenting complaints of women in E.R. [7]

Depression and Domestic Violence

The body of existing research works on the connection between Domestic Violence Victims and Depressive Disorder is overwhelming. Possible explanation for this connection varies from the intrinsic personality traits of the victims and their manifestation of depressive symptoms in response to the stress and powerlessness they feel as a result of abuse. Another explanation is the very presence of the violence itself. The high level of Distress inherent in the relationships characterized by Domestic Violence has been associated with High levels of Depressive symptoms in the victims. Lack of social support as the component of the perpetrator's controlling behavior, has also been linked with psychological symptoms in the victims. [8-11]

Prevention and Interventions

The magnitude of Domestic Violence is enormous and there is a dire need to increase services for Prevention at Primary, Secondary and Tertiary levels. Co-ordinate Community initiatives, School-based prevention programs, Home visitation services and interventions with child-witnesses to violence have shown some positive results in prevention of Domestic Violence. Practice guidelines for Healthcare providers include recommendations to ask all women patients if they have experienced Domestic violence. Healthcare providers may also provide information to women at risk for Domestic Violence about Community resources, such as shelters for battered women and Legal aids. [12]

References

1. United Nations General Assembly Resolution 48/104(1993) Declaration on the elimination of violence against women (Online) 2000 (cited July 3, 2014).
2. Heise L, *et al.* "Violence against women: The Hidden health". *World Bank Discussion Papers* 1.1 (1994): 255.
3. Claudia GM. "WHO Multi-country studies on Women's health and Domestic Violence against women". *World Health Organization*
4. Sheikh MA. "Is Domestic Violence Endemic in Pakistan: Perspective from Pakistani Wives". *Journal of Pakistan Medical Association* 19.1 (2003): 23-28.
5. Fikree F and Bhatti LI. "Domestic Violence and health of Pakistani women". *International Journal of Gynecology & Obstetrics* 65.2 (1999): 195-201.
6. Ali B., *et al.* "Prevalence and factors associated with anxiety and depression among women in a lower middle-class semi-urban community of Karachi, Pakistan". *Journal of the Pakistan Medical Association* 52.11 (2002): 513-517.

7. Sheikh MA. "Domestic Violence against women-perspective from Pakistan". *Journal of the Pakistan Medical Association* 50.9 (2000): 312-314.
8. Sobia Haqqi and Abul Faizi. "Prevalence of Domestic Violence and associated Depression in married women at a Tertiary care hospital in Karachi". *Procedia - Social and Behavioral Sciences* 5 (2010): 1090-1097.
9. Haqqi S. "Suicide and Domestic Violence: Could There Be a Correlation?" *The Medscape Journal of Medicine* 10.12 (2008): 287.
10. Muazzam Nasrullah, *et al.* "The epidemiological patterns of honour killing of women in Pakistan". *European Journal of Public Health* 19.2 (2009): 193-197.
11. Haqqi S. "Honor Killings – Still a Burning Issue in Pakistan". *The Medscape Journal of Medicine* 10.5 (2008): 110.
12. Robert K. SOGC's Violence against women program: Encouraging physician's involvement in the identification and eradication of violence against women (Online) 2004. Cited 2014 July 3).

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