



Division for the Advancement of Women



"Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them"

Expert Group Meeting

Organized by: UN Division for the Advancement of Women
in collaboration with:
Economic Commission for Europe (ECE) and World Health Organization (WHO)
11 – 14 April, 2005
Geneva Switzerland

Domestic violence measurement in the demographic and health surveys:
The history and the challenges

Expert paper prepared by:

Sunita Kishor, Ph.D ¹
MEASURE DHS, ORC Macro

Within the past 30 years, the international community has become increasingly aware of the importance of women's gendered social and health status in relation to key demographic and health outcomes. Violence against women became a key issue in this regard, and early research on the relationship between violence against women and reproductive health in the developing world (Heise, Moore and Toubia, 1995; Heise, 1993) contributed to a deeper awareness of the problem and the adverse health outcomes associated with it. Acceptance of gender-based violence as a threat to women's health and human rights was formalized when 189 governments signed on to the Platform for Action of the 1995 United Nations' Beijing World Conference on Women. This Platform of Action explicitly recognizes that violence against women creates an obstacle to the achievement of the objectives of equality, development and peace at the national level and violates the human rights of women at the individual level. It further recognized that the lack of data and statistics on the incidence of violence against women makes the elaboration of programs and monitoring of changes difficult (United Nations, 1995a).

Violence against women takes many forms. In fact, the 1993 Declaration on the Elimination of Violence Against Women of the United Nations General Assembly defined such violence as '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.' This definition includes all forms of violence against women over the entire lifecycle. While some forms of violence tend to be specific to life-cycle stage, such as female foeticide through sex-selective abortion, female infanticide, and female genital cutting, other forms of violence cut across all ages. Such violence can be in the form of sexual abuse, physical violence, emotional or psychological abuse, verbal abuse, and specific acts of violence during pregnancy. Men can harm women by limiting their access to food and medical care, carrying out dowry deaths and honor killings, and coercing them to have sex through rape and/or sexual harassment. Men who hurt women can be intimate partners, family members, and/or other men. The subset of violence by intimate partners is usually referred to as domestic violence, although the term is not always clearly defined.

It is within this context of increasing global awareness of the problem of violence against women, its linkages to demographic and health outcomes, and the lack of representative information about the phenomenon, that the Demographic and Health Surveys (DHS) program collects data on the prevalence of domestic and other forms of violence against women within the household context. Since its inception, the primary objective of the DHS program has been to provide a comparable body of data on the demographic and health characteristics of populations in developing countries. Traditionally, these data have included nationally representative information on fertility, family planning, infant and child mortality, reproductive health, child health, and the nutritional status of women and children. Since domestic violence is a health hazard in itself¹ and also plays a critical role in women's ability to attain other important demographic and health goals, domestic violence data provide an important complement to the traditional focus areas of the DHS.

¹ This paper was abstracted from: Profiling Domestic Violence: A Multi-Country Study" Sunita Kishor and Kiersten Johnson, Calverton, Maryland: ORC Macro 2004

In one country, domestic violence data have been collected only from men as perpetrators.

DHS countries:		
Where data are currently available	That have or will have more than one round of data	where data are being collected for the first time
From women: Cambodia 2000 Colombia 2000 Dominican Republic 2002 Egypt 1995 Haiti 2000 Kenya 2003 India 1998-99 Nicaragua 1998 Peru 2000 South Africa 1998 Zambia 2002 From men only: Bangladesh 2004 (data to be available later this year)	Colombia 1990, 1995 Cambodia is going into the field Haiti is going into the field India is going into the field Peru has a continuing survey format	Cameroon Malawi Moldova Rwanda Zimbabwe

The DHS is an ideal vehicle for studying not only the linkages between domestic violence and health and demographic outcomes, but also the context in which violence takes place. The household schedule of the DHS core questionnaire collects data on sex, age, education, household headship, relationship to the household head for all household members, household possessions, and household access to various amenities such as toilet facilities, water, and electricity. The individual woman's questionnaire collects data for women between the ages of 15 and 49 years on a variety of characteristics, including their age, marital status, parity, contraceptive use, education, employment, empowerment status, and husband's education, occupation, and alcohol consumption. Women's attributes combined with the reported attributes of their husband provide the characteristics of the marital union. Using this information, it is possible to describe the household context of violence, discuss the characteristics of the women who have experienced spousal abuse as well as the characteristics of the abuser, and identify risk factors stemming from individual, union, and household-level conditions.

Domestic violence measurement in the DHS

The measurement of domestic violence within the DHS project has been evolving in keeping with the research on how to increase the validity of prevalence measurement, and in response to the raising of the bar for ethical standards in the collection of sensitive data (Ellsberg, Heise, Pena, Agurto and Winkvist, 2001; WHO, 2001). In this section, we discuss the steps taken in the DHS project to respond to these changing standards for research in domestic violence, and the extent to which the information in this report reflects these concerns.

Increasing the validity of the DHS violence indicators

The first time domestic violence data were collected as part of the DHS was in Colombia in 1990. In 1995, questions on domestic violence were fielded in Egypt as part of a module of questions investigating the status of women in the country, and in the same year violence was again measured in Colombia. All of these initial attempts at measuring domestic violence were isolated and did not use standardized questions. Realizing this, in 1998-99 the DHS set about developing a more standardized approach to the measurement of domestic violence using the most valid measures available. After consultation with experts on domestic violence measurement, gender, and survey research, the DHS domestic violence module was developed. To design this module, DHS built on the set of questions first implemented as part of the 1998 DHS in Nicaragua. The current DHS domestic violence module is accompanied by guidelines on its ethical implementation. These guidelines have been adapted from the corresponding World Health Organization guidelines (WHO, 2001).

Not all countries for which domestic violence data are available in the DHS have used the module. While data on violence were collected in Egypt long before the development of the module, some of the countries where domestic violence data were collected after the development of the module chose not to use it. In general, however, the different approaches used to measure prevalence of domestic violence in the DHS fall into two categories. The first is a single question threshold approach and the second is one embodied in the DHS domestic violence module that combines the first approach with the use of a modified Conflict Tactics Scale (CTS) to measure spousal violence.

The single question threshold approach: The respondent is asked a single question to determine whether she has ever experienced violence. Women who give a positive response are then asked more questions such as who the perpetrator was/is (including the husband), and the frequency of the violence. No follow-up questions are asked of women who say no to the initial question. Thus the woman is given only one chance to disclose any violence.

The modified CTS approach as embodied in the domestic violence module: This approach involves implementing a modified version of the Conflict Tactics Scale (CTS) to get information on spousal violence, and then a series of single questions to get at violence experienced at the hands of someone other than a husband or partner, as well as violence during pregnancy. The original CTS developed by sociologist Murray Straus in the 1970s consists of a series of individual questions regarding specific acts of violence such as slapping, punching, and kicking. The original scale had 19 items (Straus, 1979; 1990). The modified list used by DHS includes only about 15 acts of physical and sexual violence. If the respondent affirms that any one of the specified acts or outcomes has taken place, she is considered to have experienced violence.

The modified CTS approach has several advantages over a single question threshold type approach, particularly in the context of cross-cultural research. By asking separately about specific acts of violence, the violence measure is not affected by different understandings between women of what constitutes violence. A woman has to say whether she has, for example, ever been 'slapped,' not whether she has ever experienced 'violence' or even 'beatings' or 'physical mistreatment.' All women would probably agree on what constitutes a slap, but what constitutes a violent act or

what is understood as violence, may vary across women, as also across cultures. Nonetheless, not everyone agrees that measuring violence through discrete acts is the most meaningful approach to measurement. For example, Smith, Tessaro and Earp (1995) have argued that surveys that measure discrete violent behaviors are incapable of capturing the “chronic vulnerability and gendered nature of battered women's experiences.” However, the purpose of asking questions about domestic violence in a national-level survey is to get the best estimates of the prevalence of the phenomenon. In order to make valid cross-national comparisons, it is important that the questions mean the same thing in all cultural contexts. In this regard, questions about discrete behaviors travel most easily across cultural and linguistic borders.

Another advantage of the modified CTS approach is that it gives respondents multiple opportunities to disclose their experiences of violence. The level of comfort in disclosing such experiences to anyone, let alone to an interviewer, is likely to vary between cultures as well as between women within cultures. Some women may not be immediately willing to disclose their experience of violence the very first time they are asked, and hence an approach that uses a single gate-keeping question would yield a lower prevalence. Also, a single question is much less likely to be able to capture women's varied experiences of violence than multiple questions. Thus, an approach that asks about violence from many different angles using separate questions is likely to encourage disclosure because it gives women some time to think about their experiences and permits them to disclose when they are ready and/or when they are asked a question describing an experience with which they identify.

The modified CTS approach corrects several inadequacies of the original CTS. While it is the most commonly used quantitative measure of domestic violence, the original CTS has also been criticized on several grounds (c.f. DeKeseredy and Schwartz, 1998), including a) it situated abuse in the context of disputes, disagreements, or differences, rather than allowing for the possibility that abuse can occur even without any other form of conflict, b) it did not include sexual violence, which is often a complement of other forms of physical violence, and c) it grouped acts of violence into categories that suggest that the act determines severity, rather than its consequences. Most of these shortcomings of the original CTS do not apply, however, to the modified CTS recommended by DHS. The modified CTS incorporates questions on sexual violation along with questions on physical violence. Further, the DHS implements the CTS in a way that does not assume that violence takes place only in circumstances characterized by conflict. Finally, the module contains questions that investigate the consequences of violence: one set of questions asks about physical outcomes of the violence, such as bruises or broken bones. Notably, however, there is no further probing into possible motives for the violence that took place, and there is no investigation into the meaning for the woman of a given act of violence. In this report, there is no attempt made to rank the severity of abuse.

Based on one of these two approaches to the reporting of spousal violence, two indicators of the prevalence of spousal or intimate partner violence can be defined, namely, ever having experienced spousal violence, and having experienced spousal violence in the 12 months preceding the survey. While the former measure reflects lifetime experience, the latter identifies women who are currently at risk.

The advantages discussed above of the CTS approach compared with the single question threshold approach suggest that violence data collected with the latter approach may underestimate prevalence. The extent to which this is true is, however, likely to differ across countries, and within countries, by culture and region. The extent of underestimation may also depend on how acceptable the reporting of violence is and the very prevalence of violence that is being measured. Consequently, it is important that comparisons of prevalence across countries be attempted with caution.

Ensuring the ethical collection of violence data

Much of the information typically collected in a DHS is very personal and sensitive in nature, for example, information on sexual behavior and condom use. Consequently, DHS already has strict procedures in place that meet international requirements of informed consent and privacy of information. The precautions include the requirement that names of respondents are never disclosed and are excluded from all data sets. In addition to these precautions, several other safety and ethical procedures and guidelines are recommended when a country considers collecting domestic violence data as a part of the planned DHS. These guidelines, in keeping with WHO ethical and safety recommendations for research on domestic violence (WHO, 2001), include:

- An instruction built into the domestic violence module that requires the interviewer to continue the interview only if privacy is ensured. If privacy cannot be obtained, the interviewer must skip the module and enter an explanation of what happened.
- At the start of the module, each respondent is read a statement to inform her that the next set of questions are very personal in nature and will explore different aspects of a woman's life. The statement also assures the respondent that her answers are completely confidential and that no one else will be told her answers. This statement is in addition to the informed consent obtained at the start of the DHS interview.
- Special training is provided for interviewers and supervisors to sensitize them to the problem of domestic violence and to the specific challenges involved in collecting data on violence. The need to develop a rapport with the respondent and ensure privacy is emphasized both during the training and practice sessions.
- Only one eligible woman in each selected household is to be administered the module questions. In households with more than one woman eligible for the DHS, the woman administered the module is to be randomly selected using a specially designed simple selection procedure. By interviewing only one woman in each household for the domestic violence questions, possible security breaches due to other persons in the household knowing that information on domestic violence was given is minimized.
- Information on organizations that provide services or referrals to victims of domestic violence is made available to any respondent who asks the interviewer for help.
- If men are interviewed, they are not asked domestic violence questions.

It is also recommended that a translator not be used for the domestic violence questions. The use of translators is usually minimized in the DHS since questionnaires are translated into the major languages of the country.

Attempts to minimize underreporting of violence

There is often a culture of silence around the topic of domestic violence that makes the collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experience with domestic violence may find it difficult because of feelings of shame or fear. DeKeseredy and Schwartz (1998), for example, note that while all victims' surveys suffer from a certain amount of underreporting, it is assumed that surveys that incorporate questions on intimate violence are particularly susceptible to this shortcoming.² Building rapport with the respondent, ensuring privacy, providing the respondent with multiple opportunities for disclosure and asking longer, more probing questions following the simple measures embodied in the CTS have all been identified as possible ways to encourage the reporting of violence (c.f. DeKeseredy and Schwartz, 1998; Ellsberg et al., 2001).

There are several ways in which the DHS has attempted to encourage disclosure. The new module, as discussed above, provides respondents with multiple opportunities for disclosure not only by asking them many different times about any experience of violence, but also by asking them about many different forms of violence. The module is generally located in the latter part of the DHS questionnaire. This implies that by the time the respondent is asked about her experience of violence, the interviewer and respondent are fairly well acquainted. Several of the ethical and safety guidelines described above also contribute directly to promoting disclosure of any experience of violence. For example, among other things, the special training focuses on asking about violence in non-judgmental tones. Also, the option of discontinuing the interview if complete privacy cannot be obtained increases the likelihood that violence questions are asked only when the respondent feels secure.

Despite these precautions, a concern about underestimation of violence remains. Thus it is encouraging to note that in at least one country, Cambodia, there is independent corroboration of the DHS spousal violence estimate. The Cambodia DHS estimate is almost identical to the corresponding estimate from the Household Survey of Domestic Violence in Cambodia (Ministry of Women's Affairs and Project Against Violence, 1996). Nonetheless, caution should always be exercised when comparing the overall prevalence of violence between countries, especially between countries that have used different approaches to measure prevalence. Similar caution is also advised when interpreting differentials in prevalence between subgroups of the population in any given country. While a large part of any substantial difference in prevalence of violence between subgroups undoubtedly reflects actual differences in prevalence, differential under-reporting by women in the different subgroups can also contribute to exaggerate or narrow differences in prevalence to an unknown extent.

Challenges and Gaps

Despite the progress made by the DHS project in the measurement of domestic violence, many challenges and gaps remain. Some of these are specific to the nature of the DHS and other similar large-scale surveys that depend largely on face-to-face

²It should be noted that the assumption that shame is associated with domestic violence, with underreporting being a consequence of such shame, might be a cultural artifact (associated with the researcher). To the authors' knowledge, there have been no studies that attempt to discern whether or not domestic violence is a shameful or embarrassing topic in all cultural contexts.

interviewing and have a multiplicity of data collection objectives, and others are more general.

- *Minimizing, while also recognizing as unavoidable, the limitations of data from large scale surveys:* The power of data from high quality nationally representative surveys such as the DHS is widely acknowledged. However, the large samples and stable estimates come at a cost: they require a virtual army of interviewers and the involvement of a large number of organizations. Thus, these surveys are not like small-scale studies, where each interviewer can be hand picked and individually trained. In addition, in the content of these surveys, information on domestic violence must necessarily vie for space and attention with a large number of other health-related topics. Nonetheless, including even a limited number of questions that collect violence information in surveys of this kind gives us the tools necessary to translate mere numbers into convincing arguments. Thus, despite the compromises, if the ultimate goal is to better serve those who are victimized, we must continue to strive to minimize the limitations that these surveys suffer from. Some of the means available include: better training, commitment of those in power, and involvement of groups that work with victimized women.
- *The need to find acceptable ways to further minimize under-reporting:* Face-to-face interviewing techniques have both strengths and weaknesses. On the weaknesses side is the fact that the quality of sensitive data is itself highly sensitive to the quality of the interviewer. There is no real substitute for a good interviewer, skilled at building trust and rapport. Unfortunately, when a large number of interviewers are involved, interviewer skill can be enhanced but not always guaranteed. Alternatives such as the use of CASI need to be explored among other promising methodologies.
- *The need to do more in-depth studies to fill in the questions that DHS-type data cannot answer:* DHS and similar surveys are not good instruments to investigate the ‘*hows*’ and the ‘*whys*’ of events and outcomes. Thus, to meaningfully document the story behind the numbers, other more qualitative studies need to be conducted.
- *The need for panel or longitudinal data:* Cross-sectional data tells us a lot, but cannot be used to sort out causality. For that, longitudinal studies are needed. A very important area for further investigation is the inter-generational effects of violence: we have been able to show with cross-sectional data that they exist. We now need longitudinal data to investigate the *how* and the *why*.
- *Better and more valid information on childhood abuse:* This is a highly sensitive area and large-scale surveys will never be the ideal vehicle to collect such data. Alternatives that have the same convincing power need to be found.
- *The need to go beyond the measurement of prevalence:* The field appears to have made great progress in getting valid measures domestic violence. In several countries, reported prevalence rates exceed 50 percent. However, we now have to start thinking beyond the measurement of prevalence in countries where it has been measured at least once, and focus instead on using this information to bring about change. This requires that we a) analyze the data we have collected on an urgent footing to arrive at a better understanding of the risks and consequences of such violence in each country, as well within the international arena; b) effectively communicate all that we learn from the data to policy makers and other stake holders, and c) promote activities that ensure

that the data raise awareness, create the political will necessary, and build institutions that can prevent and reduce this scourge. Also needed are the social services including safe houses and legal help for abused women, and counseling and other kinds of help for women and in some cases their abusers.

References

DeKeseredy, Walter S. and Martin D. Schwartz. 1998. Measuring the extent of woman abuse in intimate heterosexual relationships: A critique of the conflict tactics scales. U.S.

Department of Justice Violence Against Women Grants Office Electronic Resources (refereed publication) <http://www.vaw.umn.edu/research.asp>

Ellsberg, Mary Carroll, Lori Heise, Rodolfo Pena, Sonia Agurto, and Anna Winkvist. 2001. Researching domestic violence against women: Methodological and ethical considerations. *Studies in Family Planning* 32(1): 1-16

Ellsberg, Mary Carroll, Lori Heise, Rodolfo Pena, Sonia Agurto, and Anna Winkvist. 2001. Researching domestic violence against women: Methodological and ethical considerations. *Studies in Family Planning* 32(1): 1-16

Heise, Lori L. 1993. Reproductive freedom and violence against women: Where are the intersections? *The Journal of Law, Medicine and Ethics* 21(2): 206-216

Heise, Lori, Kirsten Moore and Nahid Toubia. 1995. *Sexual coercion and reproductive health: A focus on research*. The Population Council: New York

Ministry of Women's Affairs and Project Against Violence. 1996. *Household Survey on Domestic Violence in Cambodia*. Phnom Penh, Cambodia

Smith, Paige Hall, Irene Tessaro, and Jo Anne L. Earp. 1995. Women's experiences with battering: A conceptualization from qualitative research. *Women's Health Issues* 5(4): 173-182

Straus, M.A. 1990. Measuring intrafamily conflict and violence: The conflict tactic (CT) scales. In M.A. Straus and R.J. Gelles (eds.) *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. 29-47. New Brunswick: Transaction Publishers.

Straus, M.A. 1979. Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family* 41(1): 75-88

United Nations. 1995. Report of the Fourth World Conference on Women, Beijing 4-15 September 1995. United Nations: New York.

World Health Organization. 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Department of Gender and Women's Health. Geneva, Switzerland.