

Comments made by Dr. Sunita Kishor, MEASURE DHS, ORC Macro on measurement of violence at the Panel on the study of violence against women and violence against children at the UN on October 14, 2005

I believe that gender-based violence or violence against women does not need any introduction for this audience. Such violence takes many forms, affects women at every stage in their lives from infancy to old age, is perpetrated by all types of persons, loved ones, persons in power, as well as strangers, and is often culturally sustained, upheld and rarely questioned. One such form of violence is domestic violence, also known as intimate partner violence. Several features mark such violence as particularly pernicious. Consider the following:

- almost by definition, intimate partner violence is perpetrated by persons women trust: husbands, boyfriends and lovers;
- persons perpetrating domestic violence are those with whom the nature of the relationship is such that the violence affects not just women's own emotional and economic stability but the emotional and economic stability of their children too;
- such violence is rarely a one time event—once initiated, it usually continues throughout the lifetime of the relationship;
- it occurs in relationships (largely marital relationships) that are highly valued in society and thus difficult to end;
- it is highly stigmatized. Think of the number of times women who are abused are asked, even by their own parents: What did you do wrong? You must have done something to bring it on! and advised not to talk about it to others;
- and perhaps most importantly, it is a form of violence with consequences that extend well beyond the lifetime of the abused woman: increasing amounts of research shows that children of abused mothers are at much higher risk of being abused or becoming abusers as adults.

Accordingly, I will use the few minutes I have available to address the issue of measurement of domestic violence and try to briefly answer each of the following questions:

- Why measure?
- What to measure?
- How to measure?
- What is already known? and
- Finally what remains to be done?

Let me start with: *Why measure?*

Well, we need to measure because good data make evidence-based decision making possible. Only through measurement can we properly document, monitor and evaluate. Comprehensive documentation is not just desirable, but essential in a world in which resources are scarce and priorities must be set. To have those in power sit up and take notice we must demonstrate a) how serious the problem is; b) how widespread it is; and c) how common its adverse consequences are. In fact to rank high as a priority, we have

to be able to demonstrate that domestic violence is not a problem restricted to a handful of women, but affects enough women to constitute a widespread violation of human rights and results in a health burden that is multi-generational. Once acknowledged as a problem, we need reliable data to monitor and evaluate progress towards meeting specified goals.

It follows that the question of *what to measure* must include all of the following as possible answers:

To show the extent of the problem we must document prevalence; to show the immediacy of the problem we must document incidence. *Prevalence* because we now know that any experience of violence can have lifetime effects on women's physical and mental health; *incidence* because we need to be able to see how many women are currently in continuing danger.

To explore the harmful effects of violence we must be able to measure and document severity. Severity is a tricky customer: should we focus on the severity of the act, or the severity of the outcome? To the extent that any act can have a severe outcome we must try and measure both. Outcomes to be measured should, as far as possible, include mental, physical and behavioral outcomes. An abused woman's ability to lead a normal life is as seriously hindered by a black eye or a broken bone, as it is by constant thoughts of suicide or by an eating disorder. This also means that violence should not be measured in isolation: this information should be collected along with information on health status and consequences for the same women.

*How to measure?* Clearly, what is violence for you may not be violence for me. Thus reporting of violence is greatly improved when words that do not depend on culture-specific or individual-specific interpretations are used. So do not ask "Have you ever experienced violence?"; ask (for example) "Have you ever been slapped?" A slap is a slap across cultures and does not leave room for differences in interpretation. By asking about a sufficient number of acts, prevalence data will be greatly improved.

This brings us to another important aspect of the 'How to measure' question: What is the vehicle or tool that must be used to collect the necessary data? Data on violence should be collected both through surveys and through service statistics. Neither is a substitute for the other. Surveys have the advantage that they can be nationally representative. The Demographic and Health Surveys for example have provided nationally representative data on domestic violence for several developing countries now; and the WHO multi-country study of violence has greatly enhanced our knowledge in yet other countries. However, nationally representative surveys are expensive to conduct and cannot be a routine source of data in every country. While smaller-scale, less expensive surveys are useful as monitoring or evaluating tools, they often lack the power of a representative prevalence rate. Service statistics, maintained by the police, the legal court system, and health services have the *potential* of being important sources of data on violence. I say potential because few abused women present to the police, fewer still move the courts for

help, and in most countries health services lack the capacity, and sometimes the willingness, to identify treat and refer victims of domestic violence.

*What have we learned so far about domestic violence:* Very briefly, there is now little doubt that in most countries around the world, between 20 and 50 percent of women have ever experienced intimate partner violence; generally, at least, half these percentages have experienced violence in the past year. We also know that abused women suffer a lifetime of physical and mental disorders: the risk of reproductive ill health, pregnancy loss, unwanted pregnancy, gynecological problems, and STIs among others is higher for abused women than women who have never experienced violence. Most women are not beaten for any specific reason; violence against women has at its core the low status of women and the gender inequities in roles and power. We also know that children exposed to domestic violence have a high risk of revisiting these behaviors as adults.

Despite what we now know, a lot remains to be done. Reliable prevalence data are unavailable for a large part of the world—documentation in most countries, if and when it occurs, is often by chance with few systematic efforts to maintain a data base. Member states must support the inclusion of validated survey instruments in nationally representative data collection efforts whenever possible and must do so in surveys that provide insight into the consequences of such violence. Information on prevalence alone can only go so far in convincing authorities to act. We must provide information on the consequences of violence including the burden of intergenerational ill-health.

In addition, countries must work to build capacity of the police and legal services to document the characteristics of victims, offenders, offences, and outcomes of cases. The health information systems must be strengthened through increased awareness of the health consequences of violence and through building of capacity to identify, treat and refer abused women. But this is not enough. Member states must also work to increase the faith people have in these services.

As a starting point, all member states should take stock of what data they do have, and what these data tell. Because, almost all data on domestic violence indicate the urgent need to make the elimination of violence a priority not just for women, but for children, for families and for entire nations.