



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

Expert Group Meeting

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

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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 abu

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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		
Domini		

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 cultur

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. 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.

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

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