

Women's Health Exchange

A resource for education
and training

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Issue No. 2, 1998

Why women live with violence at home

by Manisha Gupte

In one of our health education meetings in Pune, India, the women were consoling Maya, who had borne a third daughter. She wept bitterly, showing her swollen back to the other women.

Rubbing on a soothing lotion, Khadija said, "Don't you cry. My husband beats me even though I have two sons." After a moment of silence, Radha said, "I get beaten when I talk back. Men don't like that." Deepa asked in a confused voice, "Then why did Minu's husband throw her out of the house? She never answers back." Nobody had an answer to that.

Then Poonam, the health worker, said, "Men beat women to show that they have power over us, not because it's our fault. Jaya's husband beats her because she is dark-skinned he says, but remember how fair Roopa was? She got burnt to death because her husband is a jealous man." The whole mood of the meeting changed after that. Amina, the oldest woman there, said, "It makes me so angry. It also makes me realize that there are some bigger reasons behind wife-abuse."

It can be very liberating for women to know that the violence we suffer is not our fault. But even when a community understands this, the response is usually to label families 'good' and 'bad' and hope that the bad husbands can be changed through counseling or group pressure. While these steps may make some men less violent, they are not enough to end domestic violence. Without equal access to assets, resources, and basic human rights, people (especially women) will remain vulnerable to violence.

To show the extent to which women are denied equal control over the conditions of their lives, ask some of the following questions: Who owns the land? Who owns the home? Who owns the children? Who owns a

their husbands, can be considered homeless and landless.

Because they have nowhere else to go and no one to turn to, a great number of women all over the world stay in violent relationships, accepting domestic violence as a way of life. In India, a woman will often put up with verbal abuse to avoid a beating, will put up with a beating to avoid her husband taking a second wife, will put up with the second wife to avoid being thrown out of the house, and will put up with being thrown out of the house to avoid being killed.... The list is endless.

In addition, the violence itself can also cause a woman to become even more powerless. The daily pain, the bruises, the shame of having to hide the marks, the fear about the next episode, all on top of her daily duties of looking after the house, the children, the fields and the elders, create terrible mental and physical stress, and leave little room for a woman to improve her situation.

A battered woman can often list many ways in which her abuser isolates her both physically and mentally—by manipulating her, by misrepresenting

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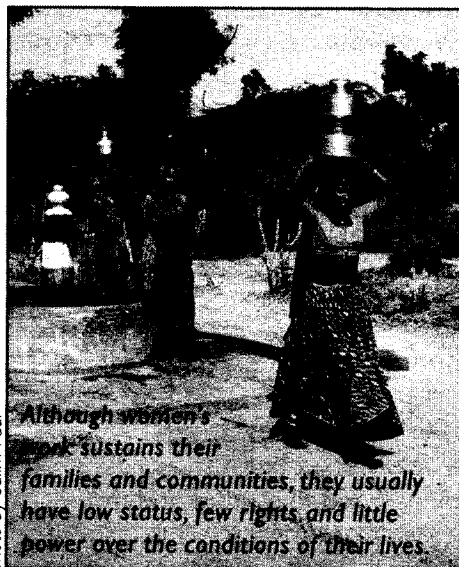


photo by Salim Paul

Although women's work sustains their families and communities, they usually have low status, few rights and little power over the conditions of their lives.

woman's body and her name? If the answer is the men or the husbands in the community, then the level of inequality is easy to see.

In India, when a girl marries, she must leave her parent's home to live with her new husband's family, leaving behind

what family and community support she had. While her own parents may be happy to see her married off, she never regains a home-space of her own. Her husband's home never really belongs to her. By this measure, most women, even those who live with

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Making violence a health issue

All over the world, women are beaten by their male partners. In response, women in many countries have created services such as crisis centers—places where a woman who has been abused can go for legal and medical help.

But many women's groups have found that crisis centers do not work very well when the community as a whole does not believe that violence against women is wrong. One group in Papua New Guinea has begun exploring other ways to help victims of domestic violence, as well as to persuade the rest of the community that violence against women is a serious health problem that must be addressed.

by Elizabeth Cox

In Papua New Guinea there is a strong commitment to provide crisis services for women who are victims of violence. But there is also a widely held belief that men are supposed to be aggressive and dominate women. Even some churches tell women they must put up with a violent or abusive husband to save a marriage. Those of us who work against domestic violence or who advocate enforcing the law often face hostility and political harassment from men in the community. We get little support from police, lawyers and doctors who may beat their own wives. Under these conditions, opening and keeping a crisis center going is very difficult.

At the East Sepik Women and Children's Health Project, we work with volunteer village health workers in remote rural areas where there are many serious cases of assault, rape, and sexual abuse of women. Few of these cases are ever reported. The women in these areas have nowhere to go because there is almost no support against violence in these communities, and the only crisis centers are far away in urban areas.

The East Sepik project has been helping teach health workers how to talk with women in their communities about HIV/AIDS and other sexually transmitted diseases, along with other reproductive health issues. Now, health workers in East Sepik are also beginning to learn how to include in their talks the subject of violence against women as a problem that seriously affects women's health.

Since all of the health workers are volunteers, chosen by their communities to work in their own home villages, they are not strangers from whom much can be hidden. We hope that while talking with their health workers, women in the communities will themselves begin to discuss violence, and that more and more survivors of violence will talk about what they are going through.

We will also be training health workers to look for signs of abuse, and to write down what happened each time they see a woman or girl who has been a victim. These reports can be used by women trying to get police and magistrates to enforce the law. Also, health workers will keep records about the number of times women from 160 villages report

abuse each month. This information will be used to prove to village leaders, councilors, magistrates, church leaders, lawyers, and doctors how serious a problem violence against women is in rural areas.

By expanding our health worker training to include domestic violence, we are trying to create a broader program of community-based health. Women and children's health care

should go beyond basic primary health care and Safe Motherhood services to include freedom from violence. We hope that by speaking out in small communities and educating on women's rights, by listening to women and caring for their health concerns, and

by officially recording and reporting more cases of abuse, we can stop men from using as much violence. We believe this will also empower communities to work together to improve the status and health of women and girls.

Elizabeth Cox has worked for 25 years with health and education in Papua New Guinea, with a particular focus on women. She currently manages a women's health project and for the past 8 years has been actively supporting the establishment of crisis centers in the Pacific region.



Women's Health Exchange—future issues

The next issue of the Women's Health Exchange will focus on health problems caused by work, including a training guide about helping women become more aware of health dangers in the work place. The issue after that will explore creative, practical methods of teaching about safer sex.

To contribute to these issues, suggest future topics, give us feedback, or to get on the mailing list, please write to us. We are eager to hear from you!

Training guide for community discussion about domestic violence

People are starting to identify the importance of violence as a women's health issue. While many other kinds of violence also affect women, this training guide focuses on domestic violence, which means violence within the family.

Many people think violence is only when someone gets beaten up. But there are many other kinds of violence or abuse that cause harm. So in this guide, along with physical abuse, we also discuss emotional and sexual abuse (for some definitions and examples, see the page of "Facts about Domestic Violence").

In many communities, domestic violence is mostly committed by husbands or boyfriends toward their wives or girlfriends. But it can also involve abuse:

- by a father or brother toward children or sisters or brothers
- toward an elderly parent
- by a mother-in-law toward her son's wife or children
- between lovers of the same sex (2 men or 2 women)

Goals of this training guide

This guide gives ideas to help an organizer or health educator conduct group discussions to:

- 1) raise awareness about the causes and results of domestic violence.
- 2) create a common understanding of what domestic violence is.
- 3) think of community actions to reduce domestic violence.

This guide is designed to be used with women and men together. Much important work can be done in groups of just men or just women to address domestic violence (to change violent behavior or raise self-esteem). But working together is important to address the underlying causes of domestic violence most effectively, especially beliefs that men are more important than women.

Because domestic violence is rarely talked about in public, people may feel uncomfortable discussing this material. Try to avoid presenting too many ideas at one time. If possible, use the material included in this training guide during several sessions.

This guide focuses mainly on increasing community awareness of domestic violence as a problem. But raising awareness is only a first step. It is also necessary to carry out actions that address the consequences and



root causes of violence against women.

Role Plays and Educational Theater

For more information about theater and role plays, see chapters 14 and 27 in Helping Health Workers Learn.

In role play, participants act out real-life situations. In educational theater, a short play or skit is prepared ahead of time and presented to a group. Both methods are useful for developing awareness of and exploring alternative solutions to social problems. When followed by an organized group discussion, these methods can help a group look at attitudes, customs and patterns of behavior—and how they affect women's health.



For a community event with a large audience, prepare a theater piece ahead of time; it will be better organized because it will have been rehearsed. With a smaller group, role plays can be more rewarding because everyone participates and this can make the session more enjoyable for everyone.

Both of these methods are very useful to promote discussion about domestic violence. Through role play or theater, the difficult issues regarding women's rights and their power and roles within a family and a community can be addressed in a realistic and non-

threatening way. Role plays and theater also permit a public discussion of relations within a family—a topic which is often felt to be private or personal.

Sarah Shannon worked with the following contributors to develop this training guide: Gillian Fawcett from IMIFAP in Mexico City; Manisha Gupte from MASUM in Pune, India; Teresa Rios from La Familia Sana in Hood River, Oregon, USA; Janey Skinner,

based on her work in Colombia; and Noel Wiggins, who trains health workers and is currently based in Portland, Oregon, USA. Many other groups sent us their ideas and experiences which were also incorporated into this guide.

Learning activities guide:

The following activities can be used to encourage a group to think about and discuss domestic violence. Before beginning

the activities, introduce the topic and ask the participants to briefly say what "domestic violence" means to each of them.

I. Theater or role plays

A small group can prepare and rehearse short plays to present to others (theater), or the participants can develop and act out the plays themselves (role plays).

If you involve the participants in role plays, divide them into groups of about 5 people each and give each group a short description of a situation that might lead to a violent confrontation. Invent situations that are believable to people, but not real events that might shame or anger the people who experienced them. The plays will be more realistic if the actors use costumes and props to show the part they are playing.

Ask the groups to spend 15 to 20 minutes preparing a 5 minute play. Each group presents their role play for the other participants. Encourage everyone to play a part. Here are some examples of situations which can be used to create theater and role plays:

Calling attention to gender by having men play the roles of women and women act out men's roles can make role plays and theater even more effective.



Situation 1



Characters

Abuser: Raúl

Victim: Margarita, Raúl's wife

Witnesses: Margarita's children and her younger sister

Margarita comes home late from a community meeting. Since she had missed her bus, a colleague from the meeting gives her a ride home on the back of his motorcycle. Her husband Raúl is already very angry because he has come home to find Margarita gone and no dinner ready. He is also mad because his boss had yelled at him. Margarita's younger, unmarried sister who lives with them has been taking care of the children. They are all at the house waiting for Margarita to arrive home.

What do you think happens now?

Situation 2

Characters

Abuser: Rajesh

Victim: Rina (a young woman about 14 years old)

Witnesses: neighbor women



Rina is a young woman who was recently married to Sadeep. Sadeep is addicted to alcohol, and Rina suspects that his younger brother, Rajesh, got him to start drinking in order to gain control of the family's land. Now Rajesh has begun to come around the house when Sadeep is out, saying that he and his brother share everything... Rina feels very uncomfortable and scared.

What do you think happens now?

Situation 3

Characters

Abuser: son-in-law

Victim: mother-in-law

Witnesses: daughter/wife and children

After an older woman's husband dies, she goes to live with her daughter's family. She does not like being dependent on them, especially because her daughter's husband is not a kind man. Things get worse when her son-in-law loses his job and there is often not enough food for everyone.

What do you think happens now?



domestic violence

2. How did you feel?

After completing the theater or role plays, ask the participants to form 3 new groups, based on their roles as "victims," "abusers," and "witnesses." Ask each group to describe how they felt in these roles. If you have done prepared plays, ask the participants how they felt as they watched, and how they think the different characters might feel to be victims, aggressors and witnesses.

A facilitator should be sensitive to the fact that role plays about violence may have a strong emotional impact on some of the participants. Be prepared to offer support if necessary. During role plays, always be careful to create a safe and confidential environment where people are not afraid to speak.



3. Discuss each role play

Having the actors "step out" of their roles before beginning the discussion prevents the groups from labeling one of the participants as a villain or victim. It's important not to confuse the person with the role he or she was playing.



Ask the "actors" from each play to leave their props or costumes in a pile at the front of the room, and then return to the group. Then ask questions that lead the whole group to:

- tell what happened in the play
- identify the "triggers" (see the page of "Facts about domestic violence") that started the violent behavior
- identify the root causes of the violence
- consider the impact that the violence has on the victim, the family, the witnesses, and the community

Repeat this process with each of the plays. The leader may want to write the important ideas on a large piece of paper or a chalk board.

Q: Why was he angry?

Q: But why did that make him so angry?

Q: Why didn't he shout at his boss or hit HIM?

Q: So then why did he hit her?

Q: If this happens a lot in a family, what happens to the woman?

Q: Does that harm her? How?

Q: How could it harm the children?

Q: How could it harm the family?

Q: Will it harm the community?

Q: Why didn't the sister do anything?

A: Because she had been at a meeting with other men instead of making him dinner... because his boss yelled at him.

A: Because he is jealous... he thinks her role is to serve him... because he's afraid of losing his job and hates to feel stupid...

A: Because his boss can fire him.

A: To show her that he makes the rules in the family... to keep her from going to another meeting... because she can't do anything about it...

A: She will stop leaving the house and will try not to do anything that might anger her husband. She may also be afraid that her husband will make her leave.

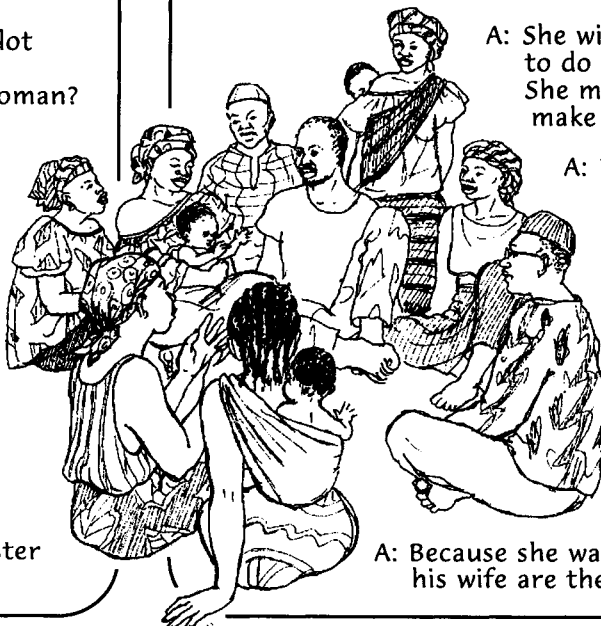
A: Yes, she will lose contact with her friends and will not feel good about herself.

A: They will fear their father and grow up thinking that women who do not do what men want should be hit.

A: They will not be happy, and the husband will always be angry because you cannot always control another person.

A: Yes, because the woman will not participate...

A: Because she was taught that relations between a man and his wife are their own affair... because she was afraid...



4. The causes of violence

Summarize the different ideas about the causes of violent behavior that the group has given and help the group to decide which of those causes are "triggers" and which are "root causes." When we look at the triggers and underlying causes of violence, it is easier to understand that violence against women is not natural or inevitable.

When working with mixed groups it is important to have a constructive discussion where men do not feel as though they are all being blamed, and where men can be made to understand that reducing violence against women benefits everyone.

5. The results of violence

Summarize the different ideas about the harms or results of violence against women. Help the group to understand that violence against women harms the woman in many different ways, and it also harms her children, her family, the entire community, and even the abuser.

When we look at the different ways that violence harms us, it is easier to understand that violence is not something private between a man and his wife. Violence against women is everyone's concern!



6. Create a common understanding of abuse

Ask the group to think about the conflicts between family members or couples that are common in their community. Help the group make a list of all their ideas about what situations and types of behavior they think might be abuse. The facilitator should write the answers on cards or pieces of paper and give them back to the people to hold.

Then, one at a time, ask each person to tape his or her card on a wall or blackboard. After the different cards are presented, work together to put similar types of abuse in groups.



If members of the group are not comfortable reading, you can also draw simple pictures of different types of abuse on the cards.



Note: the facilitator should help the group to decide categories of abuse. Creating categories can help make a long list easier to think and talk about. Also, when a group works together to organize the different types of abuse into these categories, this helps them begin to think together about ways their community can address them.

7. Alternative or "happy ending" role plays

Ask the group to spend 15 minutes thinking again about the role plays that they did earlier (or the plays that were acted out for them). Give them back the scenes they originally worked with. Ask them to think about how it might have been possible to avoid violence and/or what could have been done afterward to reduce the harm done. Challenge everyone to think about different actions the victim, the abuser and the witnesses could take. Act out the role plays again, this time changing what happens to improve the outcome.

8. Actions to prevent violence in your community

Ask the group questions such as: "What can you do to raise awareness in your family? In your community? As you reflect on your own situation, is there something you would change in your life? How has domestic violence affected children in your community? What would you tell them?"

Based on the answers that the group gives to these questions, help them think about specific actions that can be taken to prevent violence in the community.

Women live with violence at home

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reality, or by breaking her spirit and self-respect. She may have to give up a job or friends because of persistent violence or to prevent violence. Also, a woman's social position often depends on her ability to make her marriage work, at any cost. She is forced to make sacrifices every day that can make even her well-meaning supporters lose respect for her. In this way, her abuser gains more and more economic and psychological control over her.

In traditional societies like India, relationships outside marriage—and even re-marriage after a woman's husband dies, deserts, or divorces her—are severely disapproved of for women. In contrast, a husband is allowed to take a second wife immediately if his first one dies, leaves him, or is thrown out of the house. A large number of men have two or

more wives at the same time, even when the law forbids this. Because women are not allowed to remarry or develop other relationships, a woman will usually stay in a violent relationship as long as humanly possible, as the only source of sexual and emotional bonding she may ever have.

Since many women in violent relationships lose the support of their families, their only recourse may be to seek legal or medical support. But these institutions are often dominated by unsympathetic men. Doctors, police and lawyers are not even trained to understand the health consequences of violence or to document violent episodes such as rape, beatings, starvation, mental torture or death threats in a proper fashion.

As health workers who believe in women's equality, we must help break the vicious cycle in which many women

are trapped. As long as men have power over women, especially ownership of their assets, and as long as women have nowhere to go, violence against women will continue. So we must create women's groups that tackle issues of violence and provide women with counseling and shelter. Income-generation projects and credit facilities for women may help women become more self-sufficient. Training in leadership, para-legal skills and para-medical support within the community is also important. Further, we must join with like-minded groups to lobby for changes in law and put pressure on the legal, medical and political system to consider violence against women as the serious issue it is.

Manisha Gupte works with village women in Maharashtra, India on issues related to health, sexuality and economic empowerment. She is currently a Visiting Scholar in the Dept. of International Health at Johns Hopkins University.

— New developments in women's health —

Emergency Family Planning

Many women and girls get pregnant when they did not plan to. Many of these pregnancies could be prevented by using **emergency family planning**.

It works by taking larger-than-usual amounts of the same birth control pills that some women take each day to prevent pregnancy. This larger amount prevents the egg from attaching to the wall of the womb before pregnancy has started. Used correctly, this method is effective 75 percent of the time. But it only works if the pills are taken soon after having sex. **It will not work if you wait more than 3 days (72 hours).**

Emergency pills are less effective than other forms of family planning, and can change a woman's monthly cycles. For these reasons, they should not be used instead of a regular family planning method.

Important: Large doses of birth control pills can cause headaches and nausea. Try eating something at the same time you take the pills. If you vomit within 2 hours of taking the pills, you should take them again.

How to take Emergency Pills (start as soon as possible after having unprotected sex):

Low-dose pills (these are ones with 35 mcg [micrograms] of the estrogen called ethinyl estradiol): First take 4 tablets, then 12 hours after the first dose take 4 more. Some common brands are: *Brevicon 1+35, Lo-Femenal, Lo-Ovral, Microgynon 30, Microvlar, Neocon, Nordette, and Ortho-Novum 1/35, 1/50.*

High-dose pills (these are ones with 50 mcg of ethinyl estradiol): First take 2 pills, then 12 hours after the first dose take 2 more. Some common brands are: *Ovral, Femenal, Primovlar, Norlestrin, Ovcon 50, Nordiol, Eugynon, and Neogynon.*

Mini-pills (progestin-only pills): These pills only work if taken within 2 days (48 hours) after having unprotected sex. Take 20 mini pills and then 12 hours after the first dose take 20 more.

If the pills worked, your monthly bleeding should start around the normal time. If you do not begin to bleed within about 3 weeks of taking the emergency pills, they probably did not work, and you may be pregnant. For more information about emergency family planning, see *Where Women Have No Doctor* (pages 224 to 225).



— Sharing Solutions —

La Familia Sana:**Reaching out to families affected by domestic violence**

Many health workers all over the world know women in their communities who are victims of domestic violence. These women are often isolated and afraid to speak to anyone about their troubles. Finding a way to reach them is one of the biggest challenges health workers face. Here is an idea that one group uses to create a safe and supportive environment where abused women can feel free to talk about their problems.

by Jane Maxwell

La Familia Sana (which means The Healthy Family), is a community health program in a rural area of the northwestern United States. It works with Spanish-speaking men, women and children who migrate from Mexico to the area to earn money as farm workers.

Though they started with a focus on child health, they now provide services for the entire family. This includes training health promoters from the farmworker community in areas such as domestic violence, crisis counseling, nutrition, parenting and sex education.

In 1988, some of the health promoters had been making house-to-house visits with families to talk with them about their health concerns. They found that many of the women were very unhappy or depressed and had low self-esteem. After a while, the health promoters began to realize that many were victims of domestic violence.

Married but separated from their extended families, in a country where most people do not speak their language, the women were often living in isolated conditions in farmworker camps.

When La Familia Sana saw how much domestic violence there was in their community, they wanted to develop services to address it. But they knew that no one in the community would come to a class dealing with violence against women because it is a topic that people do not talk about in public. So they decided instead to combine the discussions with cooking classes in which they teach family nutrition. While the food is cooking, and before eating it together, the health promoters give short programs, about 30 minutes long, in which they discuss different aspects of violence like: the cycle of violence (see the

"Facts about domestic violence" inside), the risk factors for violence (such as alcoholism), and different types of abusive behavior.

Techniques

include games, story telling, songs, and informal theater (skits). Each program also features activities to develop better self-esteem, and stresses the fact that women have value as individuals, in a family, and in a community.

The classes allow women to get together with other women in a way

that their husbands do not object to. It is a safe environment, and the sessions are structured so that the women can share experiences, support each other, and begin to feel more self-assured about themselves as women.

La Familia Sana uses this song to help women improve their self-esteem.

How could anyone ever tell you?

*How could anyone ever tell you,
that you're anything less than beautiful?*

*How could anyone ever tell you,
that you're less than whole?*

*How could anyone fail to notice,
that your loving is a miracle,
how deeply you're connected to my soul.*



The **Women's Health Exchange** is a publication of the Hesperian Foundation.

The Hesperian Foundation is a non-profit organization committed to improving the health of people in economically poor communities throughout the world by providing tools and resources for informed self-care. We believe that people can and should take the lead in their own health care.

English-language editor: Jane Maxwell

Spanish-language editor: Elena Metcalf

Coordinating editor: Susan McCallister

Design and Layout: Elena Metcalf

This issue of the Women's Health Exchange was produced with the help of the following people:
Hilary Abell, Susan Anderson, Sadja Greenwood, Lari Heise, Todd Jailer, Felicia Lester, Lauri Poolinetti, Felicia Stewart, Colin Wood

Training guide: Sarah Shannon, Gillian Fawcett, Manisha Gupte, Teresa Rios, Janey Skinner, Noel Wiggins
Logo: Sara Boore

Artists: Sara Boore, Heidi Broner, Elizabeth Cox, Regina Faul-Doyle, Sandy Frank, Anna Kallis, Petra Röhr-Rouendaal, Lucy Sargeant, Akiko Aoyagi Shurtleff

For more information, contact:

The Hesperian Foundation
1919 Addison Street, Suite 304
Berkeley, California 94704 USA
tel: 1-510-845-1447, fax: 1-510-845-9141
e-mail: hesperianfdn@igc.apc.org



Facts about domestic violence and abuse

What is domestic violence?

Domestic violence is violence within the family. This can take many forms. In this guide we use the word *abuse* as well as *violence*, because sometimes people think violence is harming only a person's body. However there are many kinds of abuse that cause great harm, not only to the victim, but to others within a family and to the wider community.

Most domestic violence is *gender violence*, which means it is violence directed by men at women (or girls). Women are the main victims because they have lower status and less power in society than men. But domestic violence can be directed against anyone who has less status or power than the abuser, including male children or elderly parents. And sometimes a woman will use violence against a family member (or female lover).

Here are some examples of domestic violence and abuse:

- hitting, punching, slapping, beating, burning, stabbing or shooting a family member
- insulting someone, treating her with disrespect or shaming her, blaming her without reason
- making violent threats
- forcing a woman or child in the family to have sex, or to watch or take part in sexual activities
- not letting a woman go out or see her family and friends, finding out everywhere she goes, not letting her work outside the home
- threatening to take away emotional or financial support
- spending money on alcohol when the family needs food
- forcing someone to work and taking the wages
- feeding girl children less food than boys

Most abuse is one of these 3 kinds:

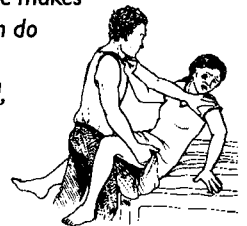
When someone hurts another person's body, this is **physical abuse**.



When someone threatens, insults, humiliates, isolates, or neglects another person, this is **emotional abuse**.



When someone makes another person do sexual things against her will, this is **sexual abuse**.

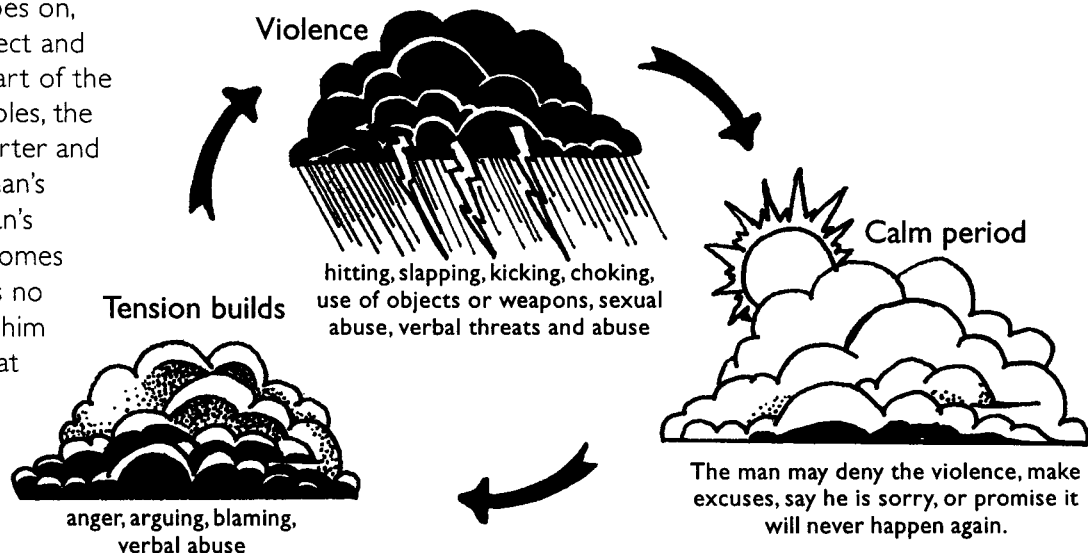


All of these kinds of abuse are violence.

The cycle of violence

With many relationships that become violent, the first attack often seems like an isolated event. But in many cases, after the violence first happens the following pattern, or cycle, develops:

As the violence goes on, women learn to expect and even plan for each part of the cycle. For many couples, the calm period gets shorter and shorter. As the woman's will is broken, the man's control over her becomes so complete that it is no longer necessary for him to make promises that things will get better.



Causes of domestic violence and abuse

Most boys and girls are brought up to behave in ways that encourage domestic violence. Men are taught to be aggressive and dominating and to have authority over women. Women are taught to be submissive and dependent upon men. Domestic violence is a social tool for controlling women's lives and keeping them from having rights that most men take for granted.

Factors that increase risk

A woman who has seen or suffered abuse as a child is more likely to suffer domestic abuse as an adult. Also, men who were abused as boys are more likely to become abusers themselves.

Some people think that abuse is caused by:

- alcohol or drugs
- stress or money worries
- feelings of jealousy
- a woman's pregnancy

However, these things do not cause abuse, even though some men become violent when they are drunk or jealous. If a man has not learned other ways to resolve problems and express his feelings, these are things that may make violence more likely or more extreme. Because they seem like causes, sometimes they are called "triggers."



Women with disabilities are also more likely to be abused.

Root causes of abuse

Domestic violence cannot be stopped without addressing root causes, such as:

- unequal distribution of power within the family and community
- lack of skill in communicating and resolving problems without using violence
- the belief that women should be economically dependent on men, even though most women earn at least a little money
- the belief that women and children are possessions a man can control
- lack of action by the community, witnesses, friends and neighbors to prevent or stop abuse

Harmful effects of domestic violence and abuse

Violence hurts others besides the girls and women who are usually its direct victims. Domestic violence also affects their children, and the whole community.

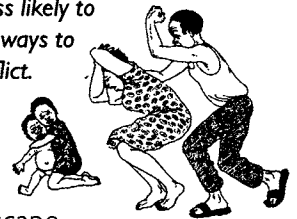
Women who are the targets of domestic violence can suffer:

- serious pain, injuries and permanent disabilities, like broken bones, burns, black eyes, cuts, bruises, as well as headaches, asthma, belly pain, and muscle pains that may go on for years after the abuse.
- mental health problems, like constant fear, depression, lack of motivation, lack of a sense of self-worth, isolation, shame and self-blame, and problems eating and sleeping. As a way to cope with the violence, women may begin harmful or reckless behavior—such as using drugs or alcohol, or having many sex partners.
- sexual health problems. Many women suffer miscarriages from being beaten during pregnancy. They may also suffer from unwanted pregnancies, sexually transmitted diseases (STDs) or HIV/AIDS as a result of sexual abuse. Sexual abuse can also lead to a fear of having sex, pain during sex, and a lack of desire. Sexual abuse in childhood can cause confusion and fear of developing a healthy sexual relationship later on in life.
- death.

In children, being abused or witnessing abuse can cause:

- strong feelings of helplessness, anger, shame or guilt.
- angry or aggressive behavior—copying the violence.
- nightmares and other fears, bed-wetting, thumb-sucking and other emotional problems. To escape notice, children may become quiet and withdrawn.
- injury and death if the violence is turned on them.

Children who see a lot of domestic violence may grow up thinking that is how girls and women should be treated. They are less likely to learn other ways to handle conflict.



Children in abusive families often do not eat well, grow and learn more slowly than other children, have trouble concentrating at school, and have many illnesses, like stomach aches, headaches, and asthma.

In a community, domestic violence can cause:

- everyone to believe that violence is a reasonable way to solve problems.
- the continued false belief that men are better than women, and that women deserve to be beaten.
- everyone's quality of life to suffer because women who are frightened, silenced or killed by domestic violence take part less in the community.