Psychologists around the world have made contributions in research, clinical assessment, and intervention and prevention of domestic violence. Although each country has unique factors that determine the services and resources available to battered women, children exposed to domestic violence, and abusive partners, it is the interaction among gender, political structure, religious beliefs, attitudes toward violence in general, and violence toward women, as well as state-sponsored violence, such as civil conflicts and wars, and the migration within and between countries that ultimately determine women’s vulnerability and safety. This article reviews the latest psychological research and applications to intervention and prevention programs. An introduction to the various articles that compose this international perspectives section is also included.

This section on psychology and domestic violence around the world presents a variety of different efforts by psychologists to apply our knowledge and skills in several different countries. The issues encountered by psychologists studying domestic violence and providing services to assist victims, children, and their abusers appear to be similar from country to country. Certainly each country’s unique factors highlight the interaction among gender, political structure, religious beliefs, attitudes toward violence in general, and attitudes toward violence against women. In addition, both state-sponsored violence, such as civil conflicts and wars, and the migration within and between countries also contribute to many of the factors that increase women’s vulnerability to becoming violence victims inside and outside of their homes.

Although psychologists have been more active in collecting data on various areas of violence and the family in North America, the information that has been obtained from around the world suggests that the issues confronting psychologists are quite similar from one country to another (Barnett & La Violette, 1993; Batres & Claramunt, 1992; Campbell, 1995; Chalk & King, 1998; Dutton, 1992; Hansen & Harway, 1993; Herman, 1992; McGrath, Ketta, Strickland, & Russo, 1990; van der Kolk, 1994; Walker, 1979, 1984, 1997; Yilo, 1993). Despite the many years of trying to determine the incidence and prevalence of domestic violence, few reliable statistics are available. The fourth United Nations (UN) International Conference on Women, held in China in 1994, asked all member countries to report on the incidence and prevalence of domestic violence and present plans to assist women and children in overcoming its debilitating effects. No country reported an absence of domestic violence, although statistical surveys and actual intervention plans had great variation, as might be expected (United Nations, 1996). It is interesting to note that during the 20 years between the first UN Conference on Women in 1975 and this last one, understanding, stopping, and preventing domestic violence and violence against women rose to the highest priority. Member delegates and the nongovernmental organizations (NGOs) that participated in the China meeting gained better understanding of the ways in which both the actual experience and the fear of violence in the home can rob women of the health, self-esteem, and confidence needed to take their rightful places in the world. Naimark’s (1996) review of the most recent UN report on the causes and consequences of violence against women around the world indicates the high priority still being given to the eradication of such abuse.

Human Rights and Violence Against Women

Women’s organizations and social service organizations around the world, many responding to the various international initiatives during the last few decades (see, for example, United Nations, 1989, 1993, 1996), have pressured...
governments to consider domestic violence as a human rights issue rather than just a psychological, legal, or social issue. Violence against women, in general, has been conceptualized as gender-based, and interventions are stressed by using advocacy, victim services, and educational efforts. The feminist perspective on domestic violence is accepted worldwide; where women and girls are the primary targets of male abuse, violence cannot be eradicated without looking carefully at the gender socialization issues that maintain if not actually facilitate such violence in the home. In the United States, the 1994 Violence Against Women prevention legislation passed by Congress includes statements defining domestic violence as a human rights violation punishable under federal civil rights laws. However, the American psychological community has not been as focused on the human rights aspect of domestic violence as has the international community. Instead, the focus has been on intervention and prevention for victims.

The international community has used the force of governmental agencies and NGOs to help address the larger human rights issue of violence against women. The Violence Against Women Act of 1994 gives women the right to demand compensation for denial of their constitutive right to be safe from violence in the community and in the home. Together with the Domestic Violence Prevention Act of 1985, which authorized the creation and funding of state domestic violence organizations, shelters, agencies, and other services for battered women around the country, victims and survivors in the United States have many options for services to help them end their abusive treatment. Canada has similar programs to assist battered women. In Europe, the Council of Europe’s Committee on Equality For Women and Men and the European Union’s funded programs to eliminate gender-based violence have contributed to the development of services to those exposed to domestic violence in various countries who apply for grants to fund programs. Although the North American Free Trade Agreement (NAFTA) has yet to target violence and the family as a priority issue, other not-for-profit groups working in Latin America have focused on these issues in various countries. Public health issues as addressed by the World Health Organization’s Pan American Health Organization (PAHO) and justice issues led by the ILANUD project of the UN in Costa Rica have been leaders in South and Central America. Changing laws and training police in better protecting women has occurred in many countries, including Great Britain (Edwards, 1989), the Netherlands, and Brazil (America’s Watch, 1991). The UN and its various branches around the world have encouraged member countries to deal with eliminating the social conditions that breed all violence against women. Naimark, the 1997 chair of the Committee on International Relations in Psychology, assisted in the preparation of Table 1, which lists world organizational resources with further information on the multitude of programs that are in place all over the world.

State-sanctioned violence, such as civil and interstate wars, often increases the amount of violence against women; rape and brutal physical beatings of the enemy’s women have been considered the just spoils of war. Better understanding of the relationships among civil war, domestic violence, and women’s mental health is important to help countries provide both prevention and rehabilitation strategies. Ellsberg, Caldera, Herrera, Winkvist, and Kullgren’s (1999, this issue) study of Nicaraguan women increases understanding of the contributions of exposure to each form of violence as it relates to women’s ability to function in a country that has been torn apart by civil war for many years. It is interesting to note that Ellsberg et al.

Table 1
Organizations and Documents on Domestic Violence

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<th>United Nations Departments and Agencies</th>
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<tr>
<td>• Centre for Human Rights</td>
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<tr>
<td>S2914, New York, NY 10017</td>
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<tr>
<td>Tel: (212) 963-5930</td>
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<td>Fax: (212) 963-4097</td>
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<tr>
<td>• Division for the Advancement of Women, Department for Policy Coordination and Sustainable Development DC2:12th Floor, New York, NY 10017</td>
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<tr>
<td>Tel: (212) 963-5086</td>
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<tr>
<td>Fax: (212) 963-3463</td>
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<tr>
<td>• International Research and Training Institute for the Advancement of Women, Liaison Office Room DC1-1106, 1 United Nations Plaza, New York, NY 10017</td>
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<tr>
<td>Tel: (212) 963-5684</td>
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<td>Fax: (212) 963-2978</td>
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1996: The Beijing Declaration and Platform for Action [DPI/17666Wom]
1989: Violence Against Women in the Family, Vienna, Austria Centre for Social Development and Humanitarian Affairs [E.89.IV.5]

Center for Women’s Global Leadership, Rutgers University, New Brunswick, NJ 08903

Council of Europe 1986 Recommendations No. R.85.4 of the Committee of Ministers, Adopted March 26, 1986
• Population, Health, and Nutrition Department
The International Bank for Reconstruction and Development The World Bank, 1818 H Street, NW, Washington, DC 20433.
Tel: (202) 477-1234
Fax: (202) 458-2805

Note. The information here was compiled with the assistance of Hedwin Naimark, 1997 Chair of the APA Committee on International Relations in Psychology and former NGO representative to the United Nations from the Society for the Psychological Study of Social Issues (APA Division 9).

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found that the prevalence of emotional distress for ever-married and never-married women was 20% and 10%, respectively, and that over 50% of the population they sampled had experienced domestic violence. Both severity and recency of abuse helped predict the amount of emotional distress that a woman experienced. In addition, lack of social networks, greater marital control by the husband, distress of their children, and history of marital violence in either the wife’s or husband’s family of origin were all found to be more important than typical factors such as age, education level, poverty, and urban–rural region.

The single most powerful risk marker for becoming a victim of violence is to be a woman. In the United States, even though accurate statistics are difficult to gather, the estimates of domestic violence are alarmingly high (American Psychological Association [APA], 1996). The heterogeneity of samples of battered women studied indicates that there are no major differences between different demographic groups, although there is some argument as to whether poor women, who are often overrepresented in convenience samples studied, are more likely to become victims because of their poverty or because of the interaction of variables that converge to result in a lack of resources and power over their lives (APA, 1996). Strong cultural traditions tying women to small communities with few resources, state-sponsored conflicts, and greater acceptance of gender inequities all contribute to the greater risk for a woman to be battered in her home (Goodman et al., 1993; Heise, 1994; Koss et al., 1994; Root, 1992; Walker, 1994).

APA’s 1994 President, Dr. Ronald Fox, chose domestic violence as part of his special presidential task force theme, which focused on violence and the family. The task force reviewed the research literature and clinical experience in psychology in such areas as child abuse, partner abuse, dating violence, elder abuse, and adult survivors of childhood abuse and issued a report summarizing its findings (APA, 1996). The task force found that the ability to collect accurate statistics has been hampered by the difficulty of identifying and defining what should be considered domestic violence. Furthermore, there is a contradiction between the need to accurately define the incidence and prevalence of the problem and the strong tradition of privacy inside the family. Resistance to change from the police and law enforcement, the judicial system, the health and social services system, and organized religion, many of whom view the home as sacrosanct, all serve to condone and maybe even facilitate continued abuse in the family. More recently, clashes between the advocacy groups and recognized scientists suggest that many of the early domestic violence policies based on nonpsychological information may need some revisions now that researchers have collected better data. One example is in the popular community-sponsored programs for rehabilitating batterers who are often court-ordered into only one type of intervention program without any psychological assessment to see what type of treatment might work best for that particular person (Geffner, Barrett, & Rossman, 1995; Jacobson & Gottman, 1998; Walker, 1994, 1996; Walker & Meloy, 1998).

**Defining and Reporting the Problem of Domestic Violence**

Defining the problem always has been the most important first step when examining a scientific or social problem. Although some have argued against psychological involvement in such definitions, primarily to avoid pathologizing the victims, it seems reasonable to expect that those who study human behavior would have a lot to say about interpersonal violence. The APA Task Force on Violence and the Family (APA, 1996) defined domestic violence as a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person’s misuse of power, control, and authority. Psychological studies showed that when one form of violence was found in the family, other forms were more likely to also occur and that violence in the family has a direct relationship to community violence and other forms of aggression and gender-based violence. Even the terms “violence” and “abuse” were found to be used differently by different disciplines and lay people. For example, when discussing domestic violence, the term “violence” typically includes physical, sexual, and psychological abuse that usually, although not exclusively, is directed against women partners. Yet, when discussing the same types of physical, sexual, and psychological abuse against children, the term, child “abuse” rather than “violence” is used.

The original terms used in North American studies to identify domestic violence include wife abuse, male violence against female partners, woman abuse, battered women, and partner abuse (Goodman et al., 1993). Some continue to use the term, “family violence” synonymously with “domestic violence.” However, battered-women advocates who work in the shelters prefer to use the term “family violence” when dealing with multiple forms of abuse such as child and elder abuse. Although it is an interesting discussion for North Americans, terms for violence and abuse in different languages have different meanings; thus, precision in comparing actual acts that occur from one culture to another become even more complicated. When collecting data, therefore, it is important to be precise in describing the actual acts about which the information is requested, rather than using summary terms that leave the interpretation unclear. Many North American psychologists continue to use the term “domestic” violence to define battering of women by their partners, to be consistent with the legal definitions, despite the problems that arise.

Each discipline studying the problem uses different terms to describe domestic violence, further complicating the ability to compare one study with another. This is especially true when trying to compare data collected by psychologists with data collected by those in the legal system. The legal profession makes distinctions among different kinds of assaults, often using the intent of the
actor as the defining criteria, whereas advocates and psychologists often use the actual impact on the victim as the defining criteria. One problem in using statistics collected from two different places in the justice system of the United States illustrates the problem. The U.S. Department of Justice, National Institute of Justice's Uniform Crime Survey (see National Institute of Justice, 1994) takes data from victims without ensuring their privacy when giving untrained reporters information responses to questions about any violence that they may have experienced. Accurate family violence data will be affected by whether or not the victim feels comfortable and safe in reporting honestly.

The Federal Bureau of Investigations (FBI) reports collected from law enforcement agencies around the country depend on summary data accurately collected on police response to domestic violence calls. In some jurisdictions, "domestic" violence is the term used for community street and barroom fights. Looking at just those two data sets, one can expect to find variance that makes the gathering of statistics to guide intervention resources quite difficult. Statistics gathered from hospital emergency room visits, private doctor visits, clinical psychologist and other therapist visits, and battered women shelter telephone calls and visits provide a different look at the problem than those gathered by the legal system. Each discipline tends to view the problem from its own lens. Those who are concerned with helping victims overcome any psychological or physical effects from the violence prefer data dealing with the victims' experiences as these data give more relevant information to guide treatment planning than do the strict legal definitions that are crucial when dealing with the criminal justice system's ability to prosecute and hold the batterer accountable for the past violence. Some countries have placed emphasis on gathering statistical data within the Public Health Minister's offices, where the goal is prevention and early intervention in order to help victims heal, rather than data from the Justice Minister's office that does not give as much information about victim impact.

Psychology and the Legal System

Law enforcement in many countries still will not intervene in what is often called a "domestic quarrel" even though psychological research indicates that without such intervention, abusers are unlikely to seek help to stop their battering behavior. Psychological research demonstrates the strong relationship between violence in the home and violence in the community. Furthermore, psychological evidence clearly demonstrates that violence is learned behavior that is passed down from one generation to the next (Eron, Gentry, & Schlegel, 1994). The highest risk marker for a man to use violence against his wife and child is early exposure to violence in his childhood home (Geffner et al., 1995; Hotaling & Sugarman, 1986; Jacobson & Gottman, 1998). Psychological interventions can work to reduce the harm to victims and eliminate and prevent future violence (Walker & Sonkin, 1995; Walker, 1994).

Many countries have passed new laws that treat domestic violence, child abuse, and other forms of abuse in the family and against women as a crime, assuming responsibility for the rehabilitation of both the victims (usually but not always women and children) and the offenders (usually but not always men). In fact, those countries that report say their data are similar to the U.S. Uniform Crime Statistics report on domestic violence estimates (National Institute of Justice, 1994) that 95 out of 100 arrests for domestic violence occur because of incidents where men abuse their women partners, even though some surveys find a larger number of aggressive women, many of whom are using aggression to fight back (Straus, 1993). However, there are serious problems with these data, including the lack of definition of what constitutes aggression (the greatest type of aggression by women reported has been biting, which obviously is used as a defensive strategy to get out of a stronghold) and what occurred before and after the incident reported. Further, women are more likely to report violent acts whether or not they intentionally used aggression (such as kicking their partner in their sleep), whereas men are more likely only to report intentional acts of aggression, creating a gender difference that undermines the accurate comparison between male and female self-reports (Walker, 1989).

In those countries where arrests and prosecutions are actually taking place, new techniques for dealing with the large number of cases that come to the courts have been developed. In England, Edwards (1996) has been training police departments to better understand gender-based crimes including domestic violence. In Brazil, where the government developed special police stations for women who have been victims of gender-based crimes, there are trained women police officers to help women feel more comfortable in making accurate reports. The success of these police stations in getting women to report violence has spread to other countries where they are also experimenting with establishing similar services (Heise, 1994). Unfortunately, these police stations do not have sufficient therapists to deal with the many psychological and social problems that women begin to talk about once they start describing their experiences.

During these past 20 years, advocacy and intervention for battered women and their families has been expanded to include changes in the legal and mental health systems to better accommodate the complexities of domestic violence. Although it was originally believed that if a battered woman could be persuaded to leave the battering relationship, the violence would stop, today it is widely accepted that leaving often does not stop the abuse. Many batters continue to harass, stalk, and harm the woman long after she has left him, sometimes even resulting in someone's death (Browne, 1987; Walker, 1989; Walker & Meloy, 1998). In one U.S. study, 70% of the reported injuries from domestic violence occurred after the separation of the couple (Liss & Stahly, 1993). Such data also suggest that custody and access to children after divorce must be evaluated differently when it is known that domestic violence has occurred (Geffner et al., 1995). Expert witness testimony from psychologists who have evaluated the woman is becoming more common in countries other than the United States and Canada, especially because the psychologists'
tests, assessment instruments, and other diagnostic tools are being used in forensic evaluations (Pope, Butcher, & Seelen, 1994).

Many working in the field believe that an arrest and incarceration for domestic violence is the most successful technique for getting violent men to stop their abuse (Heise, 1994; Sherman & Berk, 1984). Others have found that arrest can increase physical violence in some cases, particularly when the men do not have good community ties or a need for social conformity (Dunford, Huizinga, & Elliot, 1990). More battered women are being arrested and detained in jail, making treatment courts an imperative way to assist them (Walker & Levant, in press). Again, it is suggested that psychology and the legal system must work together to stop domestic violence.

In North America, a new counseling model to stop male violence against female partners has developed outside of the mental health system. Attached to the criminal justice system, where judges can order a batterer over his objections to attend approved counseling sessions, there is controversy about its effectiveness. Harrell (1991) found that this short-term psychoeducational model had a high rate of recidivism along with increased amounts of psychological abuse, whereas Edleson and Gruszniski (1988) and Pence and Paymar (1993) found better results from the short-term psychoeducational model at the Domestic Abuse Project in Duluth, Minnesota. On the other hand, D. Dutton (1995) and Hamberger and Ambuel (1997) found the best results in stopping men from using violence with those who attended a minimum of a two-year program. D. Dutton’s research suggests that many of these batterers have serious mental illnesses in addition to their problems with power and control that underly their use of violence.

Jacobson and Gottman’s (1998) findings help explain these differences. In the 200 seriously violent couples they have studied, they found that there are at least two kinds of batterers, who they call “pit bulls” and “cobras.” Pit bulls are men whose emotions quickly boil over, whereas cobras are men who are cool and methodical as they inflict pain and humiliation on their partners. O’Leary (1993) and Geffen et al. (1995) have found that special techniques in family psychotherapy also can be effective in helping stop violence in the family. Corsi (1999, this issue) has developed a model that appears to incorporate the best features from available programs and is easy to apply across cultures because of its additional ecological approach.

In Argentina and Uruguay, there are innovative training programs for batterers, as described in this section by Corsi (1999), that use an ecological approach better suited to Latin America than the more educational or clinical approaches that have been popular in North America. Similar to programs developed by Sonkin, Hamberger, Saunders, and others in the United States (Geffner et al., 1995; Hamberger & Ambuel, 1997; Saunders, 1992; Walker & Sonkin, 1995) and Canada (D. Dutton, 1995), these programs use both psychological intervention and psychoeducational sex-role resocialization when working with men who use violence in their homes. Newer research on men who batter women has suggested that there are three major types of batters: (a) those who use violence as a strategy to gain power and control within their family, (b) those who use violence as a strategy and are also mentally ill, and (c) those who have serious personality flaws that permit them to use violence to commit other criminal acts as well as abuse their partners (D. Dutton, 1995; Holtzworth-Monroe & Stuart, 1994; Jacobson & Gottman, 1998; Meloy, 1988, 1998; Saunders, 1992; Walker & Meloy, 1998). Designing intervention programs for batterers must take these data into account, or their fundamental psychological issues will cause relapses in men who have just received the psychoeducational components (Harrell, 1991; Walker, 1994, 1996). Hopefully, the new psychology of men and masculinity will help change men’s socialization patterns so that power over women will no longer be a necessary part of the definition of what it means to be a man in all cultures (Levant, 1996).

Overview of the Section

Psychologists all over the world have attempted to study the problem as well as design intervention programs to stop, prevent, and heal those who have been exposed to domestic violence. This special section focuses on psychologists’ attempts to collect data from four different countries on four different continents, Chile, Japan, Russia, and Greece. It includes a study measuring the impact of domestic violence on women’s physical and mental health in Nicaragua as this country attempts to recover from many years of civil war; it reports on the designing of programs to rehabilitate the men who commit domestic violence in Argentina and Latin America; and it describes several different demonstration projects to prevent violence in high-risk populations, such as in Mexico with poor, lower class women, in Israel with high-risk teenage girls, and in the United States with immigrants from Mexico. These articles were chosen as representative of the variety of interventions by psychologists and other scientists and advocates working together in the area of domestic violence research, theory, clinical, and social prevention strategies rather than for their comprehensiveness in dealing with the complexities of the problem. The research techniques for collecting data vary depending on the country, ranging from Ellsberg et al. (1999), who use fairly sophisticated population-sampling techniques in Nicaragua, a country without much technological support, to Kozu (1999, this issue), for example, who uses best estimates in technologically sophisticated Japan. Clearly, the assignment of priorities and resources allocated to study a problem has political as well as economic limitations.

The reports by McWhirter (1999, this issue) on Chile, Kozu (1999) on Japan, and Horne (1999, this issue) on Russia give us some insight into how violence against women is viewed in three different countries in different parts of the world with very different cultures and social organization. It is interesting to note that there may well be more similarities than differences when only looking at the social issues for women in each country. The collection of articles here indicates that any strategy to end violence will have to deal with eliminating the social causes that support
continued violence against women. This means challenging the underlying attitudes that support male aggression, renegotiating the meaning of gender and sexuality, and renegotiating the balance of power between women and men at all levels of society. Antonopoulou’s (1999, this issue) study of the attitudes of Greek men and women helps us to understand that sex and sex-role socialization patterns do impact on attitudes toward violence against women and must be changed. Her program using university students to study the problem focuses on changing attitudes in both the students and their participants.

It is interesting to look at how adapting to a new culture that has more exposure to the new socialization patterns between men and women may impact on men’s use of violence to control their partners. Valencia and Van Hoorn’s program (1999, this issue) looks at domestic violence in Mexican Americans who have migrated to the United States. In addition to highlighting the need for culture-specific intervention and prevention programs, these authors, together with the article by Fawcett, Heise, Isita-Espejel, and Pick (1999, this issue) that provides attitudinal data from Mexican nationals, support the need to understand the many different forces that impact on people’s lives, in addition to data on violence and the family. Their data help establish an approach that integrates changing societal norms with empowerment and healing for women. The identification of women who are at high risk to develop more serious mental problems is an important prevention component of the authors’ work.

Programs to help change the socialization patterns of women so they will not accept violence from their male partners have begun around the world, and this special issue gives a sample of the different forms they take. Antonopoulou’s (1999) research in Greece indicates that major changes are needed in the sex education of men and women in that country and perhaps around the world. Her data support the belief that sexual interaction between men and women as well as other forms of sex-role socialization are critical in developing attitudes that support the continued violence against women. Her surveys of politicians’ attitudes toward sex and sex education have underscored her point that social policies are often created by those who have the least amount of knowledge and most traditional attitudes toward women, despite the academic and social changes among the people (Antonopoulou, 1997). She has advocated public sex education beginning with young children that deals with new sex roles between women and men. These views are supported by Pick, who together with her colleagues at the Instituto Mexicano de Investigacion de Familia y Poblacion have developed programs and published training materials for educators in Latin America and around the world (see Fawcett et al., 1999). The description of Antonopoulou’s study makes it clear that there is a direct relationship between attitudes toward women and attitudes toward those who commit violence against them in Greece as in many other countries, including the United States and Mexico. It is interesting to note that although each author starts out with a different focus, they all seem to meet where their own primary interest area intersects with violence against women in their homes.

Public Health Approaches

Migration from one country to another seems to foster isolation that breeds more domestic violence no matter where a woman lives. Because many women are forced to immigrate to a new country after wars that produced other forms of violence such as rape and police or soldier brutality, it is consistent with clinical psychological judgment to expect such greater vulnerability. Steiner’s (1999, this issue) description of a prevention program for high-risk teenage girls is an interesting attempt to empower these girls in Israel, where its neighboring countries have waged war for the past 50 years. As Israel began to integrate new immigrants forced out of their own countries by hostile conditions and war against the Jews into an already overtaxed social welfare system, domestic violence surfaced as a priority issue. Prostitution, often found to be highly associated with incest survivors and those girls exposed to other forms of violence in their homes, is one of the high-risk areas that Steiner’s program carefully addressed by attempting to deal with the underlying social conditions that support teenage prostitution. Valencia and Van Hoorn’s (1999) and Fawcett et al.’s (1999) descriptions of programs for women from Mexico are examples of programs using psychological data to help provide early intervention for women who are at high risk of developing serious emotional problems from domestic violence. Antonopoulou’s (1999) study of attitudes toward women in Greece follows some 20 years after a dictatorship had ruled over that country. This is an example of how a social psychologist’s research can provide the data that is needed to identify attitudes that maintain and facilitate violence against women and domestic violence.

One of the major prevention strategies has been an educational campaign that presents information that links violence against women with health and other social problems. This takes a public health approach. McWhirter (1999) emphasizes the importance of education by labeling domestic violence as “la violencia privada,” or the private violence, underscoring the need to make it public so the underlying beliefs that maintain violence in the family can be openly challenged. Understanding that violence is also experienced privately by the battered woman does not lessen the knowledge that social and cultural forces must be changed in order to prevent and intervene in domestic violence. In Central America, the PAHO, with links to the World Health Organization, has trained health officers in the seven countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) to provide interventions for battered women and children. Although it is difficult to get batterers to attend treatment programs without the court mandating their attendance in lieu of jail, the public health approach offers victim services that are not based on legal definitions of domestic violence but rather are based on victims’ definitions and needs emphasizing prevention programs. In Costa Rica there are also several battered woman shelters and court-ordered treatment for
batterers; in Nicaragua there are numerous women’s organizations that provide services for battered women and their children; in Mexico City (see Fawcett et al., 1999) there are special programs being set up right in housing developments to assist in empowering women and children who have been victims. Presentations at recent international meetings, such as the International Association of Applied Psychology, make it clear that new and creative programs to work with battered women and their families across many different cultures are appearing regularly.

It is interesting to compare the public health approach with the political, economic, and legal reformation approach also described in different countries. In Nicaragua, for example, as in most Latin American countries, the laws have been changed or updated to better protect women both inside and outside of their homes. Although laws have been changed to protect and empower women in cultures where they have not had many of the civil rights that North Americans take for granted under democratic political rule, implementation and enforcement of these laws, as well as changing the mind-set of the people to accept women’s equality with men, is a longer term goal. The plight of abused women during economic and political upheaval is clearly described in Horne’s (1999) article on Russian women. She describes the worsening of women’s situation in Russia, where there are no shelters, a significant housing shortage, a high value placed on the institution of marriage, a lack of support for women in the legal system, and even a lack of words to define and describe a “batterer” and a “battered woman” in the Russian language. It is interesting that after many years of communism, which many of its initial supporters hoped would redefine women’s and men’s roles, Russia was unable to put new structures into place that could withstand its economic and political collapse. This also appears to be true in China from my own personal experience there, where changing to unisex dress and educational opportunities have not completely succeeded in changing the sex-role socialization and attitudes toward violence against women.

**Sociocultural Factors**

Changing social roles in Japan, as described by Kozu (1999), also demonstrate how difficult it is to compare one culture with another. Kozu clearly describes what was originally considered family violence in Japan—children’s violence against their parents! No other culture has given this type of violence priority, although clearly it exists and gets publicity in the United States when a child kills his or her parents, as the California case of the Menendez brothers in the mid-1990s attests. Also a priority in Japan has been abuse against elders, which has been largely ignored or an afterthought in other cultures, including in the United States. In fact, the APA Presidential Task Force on Violence and the Family (APA, 1996) had a great deal of difficulty in locating research on the abuse of the elderly, although once it was found it became clear that if elderly battered women are included in the statistics, it is not caregiver violence, but again violence of husbands against wives, that is most prevalent. New programs are being developed in Japan that tie together these various forms of family violence with other forms of woman abuse. Again, the experience in Japan underscores the need to carefully look at the unique factors of the individual society and its culture as well as the common factors found across societies that support its different forms of violence.

Even in countries that have experienced great civil upheavals from state-sponsored violence, whether it be wars against their enemies in other cultures or countries from religious, social, political, or economic differences, the social norms must be carefully analyzed when trying to understand the common themes of violence against women. Much has been written about the spoils of war being the rape and pillage of the enemies’ women and children. Although there are no articles here that focus on the aftermath of the fighting between the Croats, Serbs, and Muslims in the former Yugoslavian region, much has been written about the rape of women in Bosnia-Herzogovena, Serbia, and other countries, and the high rate of domestic violence there (personal communication with U.S. Ambassador Swancee Hunt, 1993). Many of the psychologists who work there have focused on providing treatment for crisis and long-term effects of trauma. In Israel, Steiner (1999) describes the creation of a class of prostitutes among girls to service soldiers, whether they are friends or enemies of the state. Designing prevention programs to better protect these young girls has required economic as well as psychological and social support. In a political climate where social welfare and democracy exist, and traditionalism and fundamentalism in religion dominate, it has been difficult to get assistance to prevent girls from turning to prostitution because sexual matters are often ignored, even when they occur in the home. This is also seen in child abuse studies where girls are described as being used by family members to satisfy the power and sex needs of men. Many of these early victims then become the victims of violence in their own homes.

An interesting comparison between Nicaragua and El Salvador demonstrates how violence against women can weaken women’s will to survive as well as destroy the infrastructure of the country. In El Salvador, which does not have the numerous women’s groups that were present both during the civil war as well as afterwards as described by Ellsberg et al. (1999) in Nicaragua, the women were raped on the streets and their children were taken from them, many of whom have never been found. Nicaraguan women may have prevented this aftermath of war by retaining their collective strength in groups. Salvadoran women were unable to resist once their children were taken from them, and their sense of hopelessness, heightened by the violence at home, was increased by their inability to escape from physical or sexual violence anywhere. Although Nicaraguan battered women are more depressed than other Nicaraguan women, it would be interesting to compare the depression rates across the Salvadoran, Bosnian, and Serbian populations of women whose experiences under state-sponsored violence were all quite different.
Conclusion

Although the articles and program descriptions in this section are from different parts of the world with very different sociocultural, legal, and political structures, they all concentrate on those countries that consider themselves not to be a part of the North American–European industrialized areas. Most of the countries reported on here have been slower than many others in identifying and condemning domestic violence. However, as is obvious from these articles, they have benefited from advances made elsewhere during the past 20 years, adopted some of the unifying theoretical principles, and designed interventions that take the best features of what we know about programs to date. Many of the typical communication problems have been ameliorated to an extent by the numerous international conferences dealing with the issue of violence against women, the emphasis and focus on violence in the family by governmental and nongovernmental organizations, and the Internet, which makes it easier to communicate quickly even in less-developed countries.

This collection of articles demonstrates that psychology has much to offer the field of domestic violence. Psychologists can collect research data; help develop theories to assist in the understanding of what promotes, facilitates, and maintains violence against women and family violence; develop and apply clinical interventions to assist battered women and children in healing from the psychological effects of violence; teach rehabilitation strategies to help men learn alternatives to violence; and spur the development of prevention strategies to eradicate domestic violence from the world. It is hoped that this section will provoke discussion by psychologists in different countries, stimulate cross-cultural research, and aid in the development of more creative intervention and prevention strategies.

It seems clear that many of the APA Presidential Task Force on Violence and the Family recommendations apply to domestic violence. Men, who more often use violence, do so in order to obtain and maintain power and control over others. Psychologists with expertise in this area suggest that it is important to provide some standard definitions of key terms in this area and approach the issues in a more unified manner by linking together the common dynamics of abuse and violence in the world, so that when partner abuse is uncovered, for example, other forms of abuse in the home, gender-based violence against women, violence on the street, in the community, and within the country are also investigated. Hopefully, the more we learn about domestic violence, the more psychology can assist in the changing of societal attitudes and practices that support and facilitate violence, including sex-role socialization patterns, and design universal and target population prevention programs, and provide clinical interventions to assist victims and perpetrators to stop violence in the home.

REFERENCES


