Curbing violence against women: Time for a paradigm shift

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Abstract
Violence against women (VAW) especially in the realm of intimate partner violence (IPV) borders on human right violation of women; and constitutes a major health problem. The World Health Organization (WHO) [1] estimates that about a third of women experience violence in their lifetime. Such experiences adversely affect physical, mental sexual and reproductive health; and put the afflicted in need of health services with huge financial burden. Quality of life (QOL) suffers as a consequence. VAW is usually seen in the context of men visiting it on women, ignoring the fact that it has been recorded in lesbian and other all-female relationships [2]. This position tends to focus attention on characteristics of men who perpetrate this act. Whereas it is not out of place to focus on men being the physically stronger, a paradigm shift is called for. This is because all-female intimate relationships are not spared. Again the author’s experience in the course of researching into the relationship between premenstrual syndrome (PMS) and arterial hypertension in women is constructing a hypothesis that sees premenstrual syndrome as linked in some significant way to violence against women. This paper is suggesting a different approach, a paradigm shift to the subject; that of evaluating female victims of violence against women for premenstrual syndrome and offering treatment. Men in such relationships also need counselling and education to as it were “lengthen their fuses” and avoid short-circuiting to explosion with the slightest provocation.

Vignette 1

Many years ago, a young doctor whose duty implies some days away at work on call duty got entangled with a charming young lady who could be marvelous on a good day. The relationship was however cyclically turbulent; and given away as female mannerisms of not wanting to come across as “cheap”. On this fateful day he came home to his girl who despite knowing that he was on call, jumped on him demanding to know why he was returning late; tearing at him in the process. Attempts at easing off the grip and the question “what has come over you?” were all that caused her to visit arson to the house and leaving. One week later she returned looking desirable and asking to be let in; but it was all over. Had the man not restrained himself, it would have been a scene of VAW.

Vignette 2

In the course of evaluating a female hypertensive with features of PMS, the women in an attempt to give emphasis to the author’s question on mood, angry outbursts and irritability said, “Doctor I am plain nasty at those times”. She continued with “That he does not beat me up surprises me”. “When he walks calmly away saying that I am plain nasty at those times” . She continued with “That he does not beat me up surprises me”. “When he walks calmly away saying that I must be in my bad moods, I would burst into tears, go on my knees and thank God for giving me such a husband”. “However deep down I worry about when I would exhaust his patience”. “Consequently I asked to take a holiday hoping to find a solution to my cyclical problems away from him”. There are several incidents of VAW averted by the calm disposition of the man.

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Vignette 3

A man was once presented with complaints of how nasty his wife had been to neighbors. She was known to be cantankerous and neighbors wondered why her husband had not taught her a couple of lessons. The man pleaded that it was a cyclical routine at home, asking the complainants who attended the same church with his wife if their clergy did not preach good neighborliness. His wife was very religious and the contrast in her conduct put him off being religious. He prayed the neighbors to ignore those irritations the same way he had managed to cope at home. This is another situation where a man’s disposition saved constant VAW.

Vignette 4

A working-class woman was periodically verbally abusive to her husband. This went on without response until the man lost his job. Frustrated, economically dependent on his wife and low on patience, he no longer condoned those verbal outbursts. He now saw those irritating outbursts as arrogance based on economic advantage. On this fateful day, he jumped on her visiting physical trauma on her. That was VAW, and the beginning of what became marriage failure with huge physical and mental toll.

Understanding IPV is said to be difficult, more than studying a disease [3]. Many things are at play and it would be too simplistic to posit that it is always the fault of women. It is more complex than that. Socio-cultural characteristics like ethnicity, religion and spousal age differences have been considered [4]. Men who visit VAW on their significant others are known to have low education, history of childhood maltreatment, exposure to domestic violence while growing up, alcohol and substance abuse issues as well as attitudinal acceptance of violence as a way of putting their women where they belonged [5]. This is a typical phenotype for those who have a short fuse [6] that when PMS supplies the spark would see them blowing up. The above features appear incomplete to the author. Though harsh economic conditions can strain family dynamics and create a favorable ambient for quarrels [7], economically subordinate position in the home will also reduce his wife's cyclical irritation to lose his calm and visit her with VAW. A man's disposition towards his wife's cyclical misdemeanor.

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In the case vignettes

1. The woman acted out of character in a manner potentially provocative of VAW. The man was shocked and so ended the relationship
2. The woman realized her helplessness with certain periodic behaviors and wondered for how long she would escape VAW. She would pray for the man in her “off period” and opted to temporarily relocate to seek help.
3. A man’s calm disposition led him to adjust and permanently ignore his wife's cyclical misdemeanor.
4. An economic reversal led a man who would usually tolerate his wife's cyclical irritation to lose his calm and visit her with VAW.

Though the family violence perspective views intra family conflict as universal and inevitable with no basis of individual pathology [12], it is one's humble submission that incidence of VAW is tied in some way to the biology of the woman regarding the presence of PMS or more typically premenstrual dysphoric disorder (PMDD). These were captured in some works that showed PMS leading to marital discord and loss of relationships on the one hand and their (PMS sufferers) being more verbally critical and physically violent towards their family members [13,14]. It has been posited that during the menstrual period some women with PMS experience a feeling of indescribable tension, irritability and a desire to find relief by foolish and ill - considered actions [15]. These features usually cluster in the luteal phase of the menstrual cycle. PMS and especially PMDD make women act out of character and figuratively speaking turn them into raging animals [16]. No insult or humiliation is intended. They may at such times become impatient with and confront established norms that would accept male dominance, in such ways that attract violence.

Some authors believe that wife beating may be triggered by behaviors brought about by irritability in the premenstrual period [17]. Therefore, the context in which VAW occurs is important. It has been said that in measuring domestic violence, the context in which it occurs should be considered [18]. Going further, the author alluded to the opinion of feminist advocates that all acts of intimate partner violence especially perpetrated by men on women amounted to battery; in an attempt to exert power and control, not minding that some of those were actually provoked. Some women attribute their violence in the setting of IPV to uncontrollable anger [19] which is a feature of PMS [15]. Another group of women reported expression of anger, frustration and emotional dysfunction as being predictive of their perpetrating IPV [20]. Since violence begets more violence, their vulnerability increases.

The recommended difference in approach would be to view VAW from a PMS prism and assess victims of VAW for PMS. When discovered, appropriate treatments would reduce their vulnerability to VAW and mitigate this public health problem with huge morbidity and potential mortality. Husbands in such relationships would also need counselling to become more tolerant to their significant others and avert such resort to battering. For them the cliché that “Real men do not batter women” should become a life-style. That in the author's humble opinion is the path to navigate.

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