Emotional abuse: a neglected dimension of partner violence

Emotional abuse is well recognised as a form of intimate partner violence that is widespread in abusive and dysfunctional relationships. It is often overshadowed by physical and sexual partner violence, which are closely related. The prevalence of exposure to emotional abuse in women can range from 9% to 70%.1,2

Ana Ludermir and colleagues’ report in The Lancet today that emotional abuse during pregnancy might be more important than are physical and sexual violence in determining the development of postnatal depression. Today’s finding supports a population-based study from Japan, in which women who experienced only emotional abuse had poorer self-reported health status, suicidal ideation, difficulty in daily activities, increased use of health services in the previous month, and symptoms of distress.3 Such findings suggest that a radical re-evaluation of the importance of emotional abuse in women’s mental health is necessary.

Emotional abuse is more diverse than physical and sexual abuse because it takes many different forms, including verbal abuse, threats of violence, engendering fear, humiliation, destruction of property, enforcement of social isolation, taking or withholding earnings, and flaunting other sexual partners. There is variation in acts between different cultures, and the way the victim perceives the emotional abuse also influences the effect of the act. In violent relationships, women often experience pervasive emotional abuse compared with the more discrete acts of physical and sexual violence; at times, emotional abuse might be the only form of abuse. The association of emotional abuse with ill-health has been hard to assess because of strong overlaps with physical and sexual violence, especially in settings with a high overall prevalence of partner violence. Emotional abuse generates fear and anxiety, removes social support, impoversheds, and undermines self-esteem; it is therefore unsurprising that such abuse is important in postnatal depression. Emotional abuse probably has a greater importance in women’s mental ill-health than originally thought, and should therefore receive more attention from researchers and health services.

Ludermir and colleagues’ study has important implications for health services. Postnatal depression is an important and prevalent health problem in women worldwide and affects both mother and baby. Today’s findings suggest that 10% of postnatal depression could be prevented if partner violence was eliminated, and that a substantial proportion of women at risk of postnatal depression could be identified during antenatal care if midwives or doctors inquired about partner violence, including emotional abuse. Women at risk need psychological support and mental health services, which are often inadequate in low-income and middle-income countries and so compound the problems for female victims.4 The high prevalence of postnatal depression reported in today’s report shows the great need for improved mental health care.

Emotional abuse has not been part of many screening recommendations to identify women who experience abuse during prenatal care, such as those from the American Congress of Obstetricians and Gynecologists.5 However, there is mounting evidence that guidelines

I declare that I have no conflicts of interest.

Comment

should include questions about emotional abuse, as well as physical and sexual abuse. Prevention of all forms of intimate partner violence is very important for improving women’s health, particularly their mental health.

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I declare that I have no conflicts of interest.

1 Dude AM. Spousal intimate partner violence is associated with HIV and other STIs among married Rwandan women. AIDS Behav 2009; published online Feb 10. DOI:10.1007/s10461-009-9526-1.

Philip Morris versus Uruguay: health governance challenged

One prominent feature of the challenges in global health governance is the ability of nations to protect health through legislation within a global market economy that is governed by bilateral and multilateral trade regimes. Although nations have a right to regulate imported products, such as tobacco, this right is constrained by World Trade Organization rules and other bilateral and multilateral agreements. In principle, health considerations are protected by Article XX (b) of the World Trade Organization’s General Agreement on Tariffs and Trade, which states that trade agreements must not have a negative impact on human health. However, in 2005, the Framework Convention on Tobacco Control (FCTC) became the first global health governance tool to become international law. The FCTC seeks to facilitate and legitimise the implementation of national tobacco-control legislation. The relation between health protection and trade facilitation was salient in the negotiation of the FCTC. FCTC negotiations sought to clarify the relation between health governance and trade or investment regimes. The relation eventually remained implicit; but with what consequence? The answer to this question might occur sooner than we thought.

The following correspondence highlights a recent case that could bear on the health-trade dialogue. On Feb 19, 2010, Philip Morris presented a case against Uruguay under a Switzerland–Uruguay Bilateral Investment Treaty. Philip Morris is challenging Uruguay’s decision—a party to the FCTC—to increase the coverage on tobacco packs of tobacco-warning labels to 80% and to require the use of coloured or plain packaging. According to Investment Arbitration Reporter, Philip Morris argues that these measures infringe on their intellectual property rights and hamper their competitiveness in the Uruguayan market. The company investigated the case against plain packaging well before the Uruguay case was filed. Legal consultants for the company issued a report on July 23, 2009, stating that “A plain packaging measure would...create a two-tier...