DEAR EDITOR,

Based on Bronfenbrenner’s ecological systems model,[1] individuals are embedded in the society and human behavior is influenced by the physical and social environment.[2] Empirical data has documented an association between witnessed[3] and perceived[4] violence at the community level and aggression and violence at individual level, after controlling for individual level predictors and confounders. Distribution of intimate partner violence (IPV) is not at random, but clustered. In other words, place of residence may explain a part of variation of IPV risk. Rate of exposure to IPV is higher among communities that endorse more tolerant attitudes toward domestic violence.[5] The effect of neighborhood on IPV and its related attitudes seems to be independent of individual level risk factors.[6] Place of residence may influence or modify the effect of individual level risk and protective factors associated with IPV. Strength of the association between women's education and IPV for instance has been shown to vary from one community to the next. Evidence suggests that acceptance of mistreatment at the community level may even mute the protective effect of education of women. By this view, in addition to enhancing education of women, interventions should also target community level attitudes towards the acceptability of mistreatment.[7] The picture may be even more complex than this. One study suggested that gender may moderate the associations of individual and neighborhood level factors and IPV or related attitudes. For instance, women with low education may be more likely to justify IPV than men with low education. The association between neighborhood socio-economic disadvantage and IPV may also be more pronounced among women than men.[6] Recently, Shrivastava and Shrivastava reported a 37% rate for 12-month prevalence of victimization of domestic violence among a community sample of married women in an urban slum of Mumbai.[8] Mumbai is the capital city of the Indian state Maharashtra, located in the Western India. This is the most populous city in India, with a population of more than 20 million. Although Shrivastava and Shrivastava have reported individual level risk and protective factors of IPV, their study is limited due to lack of a multilevel conceptual model. Thus, we do not know if the effect of individual level factors on IPV is independent of community level factors, and if the associations between individual level risk and protective factors depend on community characteristics. Such questions could be answered by introducing cross level interactions into multilevel models. National Research Council’s Panel on Research on Violence

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Against Women recommended that prevention of violence against women should take into account the context in which women live.\(^9\) Future studies on protective and risk factors of IPV should go beyond individual level risk and protective factors and should explore how physical and social aspects of the environment relate to this type of violent behavior.\(^2\) Public health interventions designed to reduce IPV should also target community level outcomes.\(^5\) One example is a community advocacy intervention that has been successful in reducing IPV victimization.\(^{10, 11}\) As structural approach to prevention of IPV is currently absent in most communities, community organizations should become more active in preventing IPV.

REFERENCES


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