

# TOLERATED PAINS, IGNORED SORROWS

## Domestic Violence as Structural Violence with Cultural Continuity

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In the last few decades, awareness has been raised about the persistence and increase of domestic violence and intimate partner violence. The initial hypothesis developed here is that toward those forms of violence linked to the most intimate sphere – home – we, as a society, practice spatiotemporal “distancing,” thus allowing for this structural and cultural violence to continue. This paper aims to take up this contemporary theoretical premise in order to analyze historical accounts of cultural practices related to DV and IPV.

**Keywords:** domestic violence and abuse (DVA), intimate partner violence and abuse (IPVA), visiting nurses, nurses, social workers, violence triangle

In the final months of 2020, during the full worldwide outbreak of the SARS-CoV-2 pandemic, new awareness was raised about the increase of domestic violence and abuse (DVA) and intimate partner violence and abuse (IPVA) in locked-down homes (Evans et al. 2020; Giussy et al. 2020; Moreira et al. 2020; Ragavan et al. 2020). Domestic violence and intimate partner violence in our society are societal realities and historical truths, but toward which we employ something we could rephrase as the “denial of coevalness” (Fabian 1983) through the existing cultural concealment narratives that they always happen to somebody else, somewhere else, or a long time ago, in the past. Furthermore, through those concealment strategies, we actively practice spatiotemporal “distancing” (Bevernage 2016) from forms of violence that are intimate and linked to the most intimate sphere – the home. To better understand this silence and cover-up, which continually encircles the problems of family violence, in this article, we will analyze the practices related to DVA and IPVA described in quite revealing and shocking archival accounts from the 1930s which we have recently discovered in the archives of the Central Office of Nursing Services in Zagreb.<sup>1</sup> This article thus presents novel research dealing with the newly discov-

<sup>1</sup> Nacrt pravilnika Središnjeg ureda za socijalno medicinski rad sestara pomoćnica, Prva skupina dokumenata: Kutija, Središnji ured sestara pomoćnica u Zagrebu, HR-DAZG-237, sign. 34/1

ered archival data. The importance of discovery refers primarily to one specific case of DVA we have found, since it is rarely well-documented, in minute details, in terms of events, but also in terms of accompanying institutional practices and protocols. Comparatively, we present concealment strategies found in newspaper articles of the time that reveal cultural “distancing” practices, offering an image of masculinity and femininity which masks the violence and provides a completely opposite narrative of who the victims and the perpetrators were. Why do we think that the research of historical data is important and could make a new contribution to the study of domestic violence? Precisely because, in contemporaneity, there is an acceptance that horrific and “bestial” domestic violence – as the newly discovered archival account states – has been common throughout history (Johnson 2002). However, it was not previously recognized as a crime (Johnson 2002) because there was no legislation at the time due to it being hidden behind closed doors. Thus nobody actually knew about it or discussed it. For history, we have invented all kinds of cultural excuses. However, the historical data from the 1930s, which we have analyzed here, has shown that none of that was true, at least not for the city of Zagreb, where the analyzed DVA case occurred. During the 1930s, almost a hundred years ago, domestic violence was actually recognized by institutions, and there were prescribed protocols that had to be followed, including the ways and means of reporting it and sanctioning it. However, it nevertheless occurred.

## New emerging profession dealing with DVA and IPVA: visiting nurses

The archival data this paper analyzes are the written accounts of DVA and IPVA documented by medical nurses who were doing house visits in Zagreb (sub)urban areas during the 1930s. Instigated by their own personal horrors over the all-present, horrendous examples of neglect and abuse of children and women in many families, visiting nurses noted down in detail not only the physical wounds, which had to be treated by physicians, but also the tolerated pains and ignored sorrows which were too familiar in the everyday family life of the time. The accounts are registered and stored in the Central Office of Nursing Services archives in Zagreb,<sup>2</sup> now part of the State Archive in Zagreb. The Central Office of Nursing Services was founded in January 1930, and its primary tasks were coordinating the work of visiting nurses in the Anti-TB Dispensary, Daily Clinic for School Children and Women’s Consultation Service, but also the education of visiting nurses, clinic duty, preventive care of pregnant women, postpartum women, infants, schoolchildren, and patients through house visiting. For better organization of the work of the Central Office of Nursing Services, the whole city of Zagreb was divided into ten districts, with visiting nurses

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<sup>2</sup> Nacrt pravilnika Središnjeg ureda za socijalno medicinski rad sestara pomoćnica, Prva skupina dokumenata:-Kutija, Središnji ured sestara pomoćnica u Zagrebu, HR-DAZG-237, sign. 34/1

covering different districts.<sup>3</sup> Organizing visiting nurses this way was a relatively novel idea at the time. They were educated at the School for Medical Nurses, founded in 1921, just a few years prior to the foundation of the Central Office (Hogräff and Franković 2017: 170). Their mission and job design stemmed directly from the ideas and notions of public health from world-renowned pioneer Andrija Štampar. The school educated the nurses for a “new profession which took over one of the central roles in public health efforts” (Dugac 2013: 254). During the 1920s and 1930s, the job of the visiting nurses covered areas that we would not today classify as nursing (Dugac 2013: 254) but rather as social work.

Nurses of the time were entering workers’ slums, villages, houses, and inns. On the field, among the people, they were (...) trying to eliminate all the factors that could prove hazardous for human health, primarily those connected with poverty and the lack of education. The nurses took care not only of the sick (...) but also of the members of their families. They were placing abandoned and neglected children in foster homes and institutions. They sought support for the poor or jobs for unemployed women, single mothers, and even men who were laid off. (Dugac 2013: 254)

Obviously, their daily working routines were centered around women and children, sick people, people in need, and their everyday lives. According to the accounts from the archives, the nurses frequently encountered cases of severe domestic abuse, which they would immediately report to the authorities. As documented, the nurses could instigate measures that were available and accessible to them through relevant legislation, which they were wholly authorized to impose in order to protect the victims of abuse. Legally, they could even remove children from the homes of abusive parents or remove them from foster families and foster accommodation should they prove inadequate in proven cases of child abuse. When abuse was found in foster homes, the children were immediately removed from those homes. If the abuse was happening in their parents’ houses, the nurses had to recourse to the available guidelines and decisions of the Zagreb Poverty Council. First, they had to file a complaint to the Poverty Council, followed by a short court hearing in which the nurse’s testimony was heard, for which she had to provide doctor’s medical reports detailing the specifics of abuse and bring forward all the potential witnesses.<sup>4</sup> The witnesses were usually neighbors who were the first to notice signs of abuse and neglect of children, and they were frequently the ones who would alert the nurses in the first place. The nurses’ reports were very detailed, and they tried to follow up on a case until a solution was found.

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3 Sestrinski vjestnik. Glasilo Društva diplomiranih sestara pomoćnica Nezavisne Države Hrvatske. Zagreb, 1942. – 1944. & Sestrinska riječ. Organ Jugoslavenskog društva diplomiranih sestara. Zagreb, 1933. – 1940. Vodič kroz fondove i zbirke državnog arhiva u Zagrebu, <http://www.daz.hr/vodic/site/article/hr-dazg-237-sredisnji-ured-sestara-pomocnica-u-zagrebu>. (accessed 16. 10. 2021.).

4 Nacrt pravilnika Središnjeg ureda za socijalno medicinski rad sestara pomoćnica, Prva skupina dokumenata: Kutija, Središnji ured sestara pomoćnica u Zagrebu, HR-DAZG-237, sign. 34/1

In the following paragraphs, we will try to recount an abuse case from the available documentation in an archival case file. This particular case file was chosen for the analysis for two reasons. Firstly, the detail of its documentation enabled us to follow the case over a long period and to establish the chronology of events, protocols, and solution-finding strategies and attempts. Secondly, since the Central Office for Nursing Services was founded in 1930, such an early detailed account – starting from as early as 1935 – showed that the institutional support was organized only five years after the foundation of the Office, with the visiting nurses adequately educated and well-equipped for the tasks before them. However, the direct results, as we shall see, were missing.

### The case study of the seven-year-old boy

The file in question started with a document from 1938, which was a report on an anonymous tip “from a woman” to the municipal Children’s Outpatient Clinic. The visiting nurses who were dispatched to the specified home, a damp basement apartment in Deželićeva Street in the center of Zagreb, found a severe case of long-term physical abuse of a small boy. The seven-year-old boy, born “out of wedlock” and hence dubbed “illegitimate” at the time, was exposed to “daily abuse by the mother’s new partner.” Subsequent archival documents in the file revealed that the nurses had been engaged in that particular case before and had been following it since 1935. It was then that the first complaint came to the Children’s Outpatient Clinic, and the nurse who went to the scene at that time reported the case as an example “of bestial abuse.” That particular nurse found the child with severe burns, intestinal prolapse, and edema resulting from an insufficient and inadequate diet. This first nurse reporting the case wrote that “the mother, together with her lover, severely abused the child, was not feeding him and was leaving him in a cold hallway for hours.” The case was brought before the City’s Poverty Council, and the child was taken away from the mother and her new partner, placed in a hospital, and then brought to the children’s colony in the small town of Krapina. The archived file also contains the original order from 1935 on the basis of which a then “four-year old male child was taken away from the mother, J.C., a housewife.” According to the documents, the child’s father was living at an unknown address. The attending physician who admitted the child, Dr. Štefanija Grossman Winter at the Children’s Outpatient Clinic, established that, upon admittance, the child had bruises on his head and hands, a swollen left knee, and a big festering abscess on his right hand, a consequence of an untreated burn. The child was scared, did not dare to speak, was barely walking, and was suffering from an acute case of rickets. He also had edema on his feet, diarrhea, and *prolapsus ani*, which could suggest anal rape. However, the horror did not end there since the archival documents contained a subsequent note that “for reasons unknown, the child was returned to the parents.” Witness testimonies, also available in the archives, mentioned a neighbor who said that “the mother and her lover did not love that

child and abused him constantly.” At one of the hearings, the mother’s partner publicly stated that he “would not take care of that child ever,” while the mother obviously could not or did not want to do it herself. One letter from the Central Office of Nursing Services to the Poverty Council stated that another nurse in the following period visited the premises three times. Each time, “the child had bruising on the face, which was the consequence of hitting and slapping.” The mother was defensive and told the nurse that she had never hit her child but kept quiet about the doings of her partner. Even when, on a few accounts, the nurses tried to involve the police, nothing happened, and police actions did not improve the situation in any way. On the contrary, the nurse herself was, through the neighbors, threatened by the partner that he would “throw her down the steps should she appear at his doorstep again.” In the meantime, the mother had another child, and when the nurse came again to visit the mother with her new baby, she again found the boy in the case in a deplorable condition. She was, by chance, at the same address a month later and asked other tenants about the boy, only to find out that he was living alone in the cold hallway, beaten again and not being fed. The nurse wanted to see the child for herself but was not allowed to enter their basement apartment. That was enough for her to get a warrant. The child was once again taken from his home and was institutionalized. The file document covering this phase stated, “In 1937, the nurses found the child in a horrible condition again and, due to the prior convictions against the parents, could take the child immediately, so they placed him in a community home in Botić Square.” Shortly after that, the child was placed with a foster mother in Medvedgradska Street. The nurses noted at that time that the child needed institutional medical care since he was physically and mentally underdeveloped. That placement into an adequate medical institution did not go smoothly, and over the next three years, the nurses were still following the case with different decisions, notes, letters, recommendations, and various paper proof of institutional violence committed against a child who was already a terrible victim of all other forms of violence.

The Central Office of Nursing Services archives contain similar reports, comparably shocking and horrifying. The meticulous way in which they were written shows the seriousness and dedication with which the visiting nurses approached the problem of DVA and IPVA. In some cases, the abuse reports mentioned that the perpetrators of the most horrid, hardly imaginable forms of DVA were “people consuming alcohol, prostitutes or new male partners of mothers who already had children from previous relationships.” Due to the nature of their job, visiting nurses mainly centered on postpartum women, newborns, and children whose bruised. Similarly, victimized mothers were just there as part of the repeating pattern. While the severity of the abuse would differ, the reported victims in the archives of the Central Office were always children and women.

Taking all differences into account, there was one striking similarity in all the cases: legislation existed, DVA was recognized as a crime, and the visiting nurses were the representatives of the institutions that had different measures prescribed to deal with DVA and IPVA, even repressive ones, and cases were regularly brought to

the courts. Even if those forms of violence were hidden behind closed doors, many nevertheless knew about it, many talked about it, and some even reported it, mainly the concerned neighbors. Hence, all those historical excuses we have concocted are entirely false. Relevant state legislation was in force, the laws were passed, processes were there, procedures were followed (at least in Zagreb, as we have seen), reports were written, files were being filed, and court hearings were being held. Emphasizing Zagreb here was important since it was a large urban center at the time, and we could only speculate whether the same social services were provided in other rural parts of the then Kingdom of Yugoslavia. The case presented here, of the 7-year-old Zagreb boy, was specific in its detail and meticulousness of reporting, with every single note, scribbling, and jotting preserved in the official documents, yet never adequately addressed since the violence continued.

## Culture of violence

Talal Asad started his seminal essay on violence with the UN declaration on human rights and Article 5: “No one shall be subjected to torture, or to cruel, inhuman or degrading treatment” (Asad 1996: 1081). However, he called this provision “unstable,” suggesting that our culture, and many other cultures, is permeated with violence and that the deliberate infliction of pain, physical, but also emotional, psychological, and verbal pain, which was defined in the UN statement as cruel, inhuman or degrading treatment, has been part of our cultural history and remains part of our cultural present. Even though Asad analyzes events such as capital punishment, events in Guantanamo Bay, or CIA practices, he claims that cultures allow, and even expect or condone, certain types of violence to be present in certain power-driven, contexts. In the first instance, it seems that the contexts of the family, care for women and children, and intimate relationships are definitely not the contexts where our culture should allow or expect violence to appear. In the backstage of our lives, in the private domain, it seems that certain power games have been and still are allowed, tolerated, even expected or condoned, since they, partly following here Asad’s argumentation, have formed a dangerous liaison between punishment and control, contextualizing deliberate infliction of pain. The objects which needed to be disciplined and silenced – as in this case of the 7-year-old-boy and his silent, defensive, obedient mother, an unemployed housewife J.C. – were, obviously, the weak, the defenseless. What makes a person vulnerable in any power game is this constant position of being potentially the victim of torture or violence. This discursive probability, this violence which is on individual occasions physical, but constantly and incessantly present as a threat, as a conceptual weapon, knife, belt, is the core reason why it is structurally embedded and culturally confirmed in our everyday lives across centuries.

Latent violence (violence “that might easily come about”) and the threat of violence are also forms of violence. A person can be influenced through the



positive exercise of violence when being rewarded for obedience, or through the negative exercise, punishment given for disobedience. (Confortini 2006: 338–339)

While Talal Asad's writing of the 1990s specified the uniform existence of violence in cultures, he argued against the uniformity of the forms and practices of violence and against using the Western conceptualization of violence cross-culturally. This raises the question of whether the specific cultural status and the position of women and their children in Western societies contributed to their victimization, demanded their obedience, and punished their disobedience.

Johan Galtung, in 1990 introduced the term "cultural violence," which could be seen as the expansion of the author's initial concept of "structural violence" (Galtung 1969), which will be further discussed later. Galtung, when discussing torture, concluded that the human right of not being tortured is a "shallow" human right. "The deeper right would be the human right to live in a social and world structure that does not produce torture" (Galtung 1994: 133–134).<sup>5</sup> According to Galtung's (1969, 1990) explication of the practices of violence, mass media have also contributed to media glorification of violence and continue to contribute to (re)producing and (re)reporting the settings of injustice and inequality, thus prolonging the contexts of violence. The attitude here, that "violence happens over there," to somebody else, about whom and about which we read in the papers, is another direct confirmation that structural violence is symbolically and discursively rooted in our everyday imaginaries and is, therefore hard to tackle.

## On "rough, violent, and feisty women"

While the home sphere displayed silence and endurance, the public sphere rushed to create narratives that shielded the fact. Newspaper articles from the 1930s, selected from the most popular and widely read daily magazines of the time, brought sensationalist news about men being "mistreated" by their wives and female partners. Those accounts were rather humorous, not only concealing the facts but coating the idea of DVA/IPVA with an aura of amusement and merriment and using humor to create distance from the truth. In the most popular daily newspaper<sup>6</sup> of the time, in an article from 1934, we could read that one "feisty" woman on Tratinška Street "had caused mayhem." One dentist technician there "took a hard beating from his wife when she, somewhat tipsy, burst into his office during office hours." After kicking him with her arms and legs, the woman started demolishing the office, after which the husband called the police. Very soon, the situation developed so that the arriving officer was also beaten, so he was forced to tie the woman up and keep her in

<sup>5</sup> Interestingly enough, Galtung similarly tackles other human rights, such as the right to mental health and the right to a clean environment.

<sup>6</sup> Rabijatna žena na Tratinškoj cesti izazvala lom, *Večer*, 10.1.1934., XV, 3929, 2.

the police station until she sobered up. Another newspaper article from 1939 stated that in the street of Nova Ves, one woman abducted a man, or rather, “something has happened that does not happen even in the novels and not even in America, where unusual things occur.” This man was allegedly beaten on the street by his mistress, who was “rough and violent towards him” and, in the end, came to his home and “dragged him out and forced him to go with her, separating him from his family.”<sup>7</sup> Furthermore, we could also read that after beating his wife and being brought to the police, a young optician proudly exclaimed: “I’d rather go to prison, just to get rid of my wife,” which was also the title of that article.

An apparent clash therefore existed between public and private violence. There was a public display of ideas that women were loud and annoying and were themselves to blame for the beatings since they were impossible to bear. Even though this last article covered physical violence over a woman, the emphasis was on male suffering since the man in question appreciated “freedom” from his “unbearable” wife more, even in jail.

This constant game between latent and manifest violence closes the perpetual and omnipresent cycle of violence. When public awareness of the potential, latent tortures, and cruelties of the private realm is not strong enough – and obviously it was not in the 1930s, since we read of feisty and robust women but not of tortured and abused children – then the private realm remains “untouched” by sanctions which would have otherwise been in force.

## Structural violence and gender disparity

Very recently, on March 8, 2022, almost a hundred years after the analyzed case, the European Commission proposed a new set of EU-wide rules to combat “violence against women and domestic violence.”<sup>8</sup> According to the official EC data, violence against women and domestic violence are still today, in 2022, pervasive throughout the EU and estimated to affect 1 in 3 women in the EU.<sup>9</sup>

Can we then conclude from the archival data analyzed above and the contemporary need to enforce new rules to combat this type of violence that DVA and IPVA are forms of long-term violence, continually embedded in our society, targeting the weak and subordinated? Furthermore, are women and children weak and subordinated in the context of family relations in our culture? It goes without saying that the situation and the context today and a hundred years ago are not the same. Moreover, the reasons why the visiting nurses were primarily focused on women and children were actually medical reasons. As we have mentioned before, their primary job was the care of postpartum women, and a new birth was usually the initial situation in which the nurses would meet the family. Subsequent follow-ups resulted in the nurs-

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7 U Novoj Vesi jedna je žena otela jednog muškarca, *Večer*, 28.12.1939., XX, 5730, 6.

8 [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_22\\_1533](https://ec.europa.eu/commission/presscorner/detail/en/IP_22_1533). (accessed 10. 12. 2021.).

9 [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_22\\_1533](https://ec.europa.eu/commission/presscorner/detail/en/IP_22_1533). (accessed 10. 12. 2021.).



es primarily focused on women and children, but as unfortunately necessary, not only on their medical conditions but also on the instances of violence.

Johan Galtung, a Norwegian sociologist who originally introduced the concept of structural violence, defined it, in his original account, “as the cause of the difference between the potential and the actual, between what could have been and what is” (Galtung 1969: 169) or “in other words, when the potential is higher than the actual, then (structural) violence is present” (Galtung 1969: 170). Any “instance of violence which is not immediately relational,” which does not possess this immediate relation of being a one-time, singular occurrence between subject and object, “is structural, built into structure.” Thus, “when one husband beats his wife there is a clear case of personal violence, but when one million husbands keep one million wives in ignorance, there is structural violence” (Galtung 1969: 171).

Even though the socio-economic and biopsychosocial factors have changed significantly in the last hundred years, this aspect of the mass manifestation of the victims of DVA and IPVA not achieving their potential quality of life, even though their hardships are avoidable, seems to be the constant which connects our societal treatments of DVA and IPVA across the century.

Structural violence refers to the avoidable limitations that society places on groups of people that constrain them from meeting their basic needs and achieving the quality of life that would otherwise be possible. Because these limitations are embedded in social structures that operate normatively, people tend to overlook them as nothing more than ordinary difficulties that they encounter in the course of their daily lives. (Lee 2019: 123)

Furthermore, according to Bandy X. Lee (Lee 2019), a psychiatrist who has recently published a groundbreaking textbook on violence and works with the World Health Organization on violence prevention, DVA and IPVA should be observed and studied in the context of gender disparity, with DVA and IPVA forming just one segment of the structural violence related to family issues. According to Lee:

The key aspect of structural violence is that it is often subtle, invisible, and accepted as a matter of course. From (...) an ecological perspective, all forms of violence originate from a continuum of bio-psycho-socio-environmental causes. This means that no violence is entirely individual or entirely without agency, making structural violence just as much a collective responsibility as any other type of violence. (Lee 2019: 124)

According to numerous writings in feminist studies and many feminist theories, the driving force behind DVA and IPVA as forms of culturally continual structural violence could be gender disparity, which persists in our society today because of the continuation of patriarchy. Even though a recently contested and criticized concept, maybe most famously in the writings of Beatrix Campbell (Campbell 2013), patriarchy has been present in theoretical debates and reports over the past hundred years, beginning as early as Virginia Woolf’s essay *Three Guineas*, first published in 1938.

Speaking from different standpoints and describing various contexts, authors such as Kate Millet (1970), Rosalind Coward (1983), Catherine MacKinnon (1987), bell hooks (1984) or Jacqueline Rose (1985), the latter emphasizing the idea of masculinity, not maleness in its own right, have nevertheless seen gender disparity and/or patriarchy as universal power games resisting the passage of time. Bell hooks' influence on the idea was also significant since she pointed to the fact that the "typical" subordination of women and children within a white family, which, famously according to Engels, started with capitalism itself, could be absent in a black family, and could potentially be replaced by liberation and freedom with the black family representing a welcome shelter, a place of possible refuge from the traumas of white supremacy (hooks 1984). Thus, other factors – political, economic, and cultural – exist besides gender disparity and socially accepted gender roles, which perpetuate the subordination of women and children in certain contexts.

Additionally, to paraphrase another contemporary author on the subject of violence, Clara Han, an anthropologist working at Johns Hopkins, "in this persistent focus on normative ordering," (...) "where violence is largely assumed to be immediately knowable and transparent, (...) we might appreciate the difficulty of coming to grips with its pervasiveness" (Han in Daas 2015: 493). Since, in our normative ordering, violence does not belong to the home and family sphere, it is in our normative ordering not to see it or acknowledge its existence. These two points, Lee's (Lee 2019) and Han's (Han 2015), are crucial for understanding why structural violence is, in the cases of DVA/IPVA, accepted as an ordinary difficulty encountered in everyday life, as something that people "endure," because it is persistently and pervasively "there." The question remains, however: why has structural violence stubbornly continued through time since agencies and biopsychosocial factors have undeniably changed in the last hundred years?

## Cultural continuity of DVA and IPVA

Johan Galtung, who initially inaugurated the term structural violence, was originally inspired by Gandhi, who called poverty "the worst form of violence" (Galtung 1969). There is no doubt that, in the case mentioned above from the 1930s, poverty and deprivation played an important role. The visiting nurses who were working under the propositions of the ideology of social medicine directly saw those cases as evidence that health and personal well-being were the result of (un)supportive socio-economic factors: they reported destitute families living in states of malnutrition in the poorest urban areas in one room apartments, frequently with no hygienic facilities at all, and questionable heating. Frequently the reported mothers were working as sex workers and/or were, together with the fathers, victims of substance abuse. These women were often dependent, financially or otherwise, on those inflicting violence, as was the case with J.C., the mother of the boy described

in the case file. The activities and practices of nurses in the 1930s were directly in accordance with the leading ideas of social medicine of the time, in which poverty and scarcity were social diseases that should be eradicated (Dugac 2015). In his emancipatory notion, the father of social medicine in Croatia and one of the initial founders of the World Health Organization, Andrija Štampar, definitely saw a problem in the general conditions in which people lived, and the visiting nurses were covering impoverished families since that population was targeted by the efforts of social medicine and public health. Our findings here should not be misunderstood as pointing to a conclusion that DVA and IPVA were a direct consequence of inadequate socio-economic conditions and that they were not happening in middle-class or high-class families, as that data is lacking from the nurses' accounts. Furthermore, that conclusion could not explain the fact that DVA and IPVA still exist today, comparatively subtle, invisible, and structural. There are socio-economic factors contributing to certain behaviors in certain sections of society, as Ilze Slabbert, both researcher and practitioner in the field of social work, points out in recent research. In her 2016 article, she argued that low-income families are significantly more likely to have to contend with domestic violence, as poverty can act as a fueling factor in this type of conflict (Slabbert 2016). According to another recent publication, the existing analyses have consistently found vulnerability to DVA/IPVA to be associated with low income, economic strain, and benefit receipt (Fahmy et al. 2016).

It is clear today that DVA and IPVA do not happen only in poverty-stricken families or areas. WHO Europe data from 2021 shows that 10-60% of all women in the EU have been assaulted by an intimate partner in the course of their lifetime.<sup>10</sup> Sadly enough, the average seems to have stabilized in the last twenty years with no indication of the situation improving. Statistics referring to the economic status of women<sup>11</sup> from 2019 also show that economic violence is the least covered by Member States' definitions of intimate partner violence or domestic violence. Only half of the Member States include the dimension of economic violence in their legal definition related to IPVA or DVA. Across Member States there is limited understanding of the need to differentiate between specific forms of intimate partner violence.

Therefore, it is not too surprising that, in spite of many attempts and initiatives happening in the last few decades, patriarchal relations in society are still reflected in family relations. Croatian society, as many other post-conflict and post-transitional societies (and especially today during the economic crisis) is still troubled by problems of economic and personal insecurity, unemployment (...), which are the factors that contribute to an increase of family violence (Dokmanović u Klasnić 2011).

A recent study of economic violence against women in Croatia was conducted in 2010 by psychologist Darja Maslić-Seršić who concluded that "the economic and financial family violence are not independent from general violence" but that they "rather represent some of its manifestations" (Maslić Seršić 2010: 114, 115). Even

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<sup>10</sup> <https://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/areas-of-work/violence/violence-against-women>. (accessed 10.12.2021.).

<sup>11</sup> <https://eige.europa.eu/sites/default/files/documents/mh0218660enn.pdf>. (accessed 10. 12. 2021.).

though research findings have shown that economic and financial violence is slightly more present in families with lower levels of education, but not significantly, the author warns against linking family violence with the socio-economic status of the family (Maslić Seršić 2010: 71).

## Violence triangle revisited

The relations between direct, structural, and cultural violence, including economic and financial violence, could be re-explored and explained using Galtung's famous violence triangle (Galtung 1990: 133–134), in which direct violence constitutes the tip of an iceberg, with the bulk of structural and cultural violence hidden below the surface. Irrespective of the widespread criticism of Galtung's violence triangle as reductivist and positivist, many professionals and researchers in conflict regulation and peace studies (Wright 2005; Gupta 2012) still use it as a practical tool for educating peacekeepers and mediators. Similarly, many women's associations fighting for the protection of women and children use the concept of the violence triangle to explain the complexity of DVA and IPVA, one very recent example being the 2020 web guidelines published by the National Indigenous Women's Resource Center<sup>12</sup> designed as practical help for women who need support and protection from DVA.

Even though we could safely state that Galtung failed to directly "explore the role of gender in the social construction of violence" (Confortini 2006: 339), he did tackle the problem of the symbolic construction of violence, which automatically replays and rebuilds the power relations that give rise to more violence. The husband who beats his wife, from Galtung's own example (Galtung 1994: 134), does not only exert his power or, as the erroneous biosocial approach would suggest, act in accordance with his biological sex, he also constructs, justifies, and confirms his status of power over the weak for potential *future use*. The importance of Galtung's gender-neutral approach is that here we do not have to claim that it is the biological male who exerts violence. Rather, it is anybody and everybody acting under the agency of construction and reproduction of gender relations that are, for the time being, embedded in the concept of power mostly, even though not exclusively, in the hands of the symbols of hegemonic masculinity. Hegemonic femininity, as we have seen from the newspaper articles, was loud and annoying, yet its power to torture and abuse was a matter of ridicule, not fear or horror. Language and culture, therefore, blatantly constitute our social relations and reflect and reproduce existing gender relations (Confortini 2006: 359).

We started this article with the question of why we think that the research of historical data is important and could provide a new contribution to the study of domestic violence through the discussion of socio-temporal distancing and cultural concealment strategies of its existence. Obviously, factors related to socio-temporal

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12 <https://www.niwrc.org/resources/resource/intimate-partner-violence-triangle>. (accessed 10. 12. 2021.).

distancing were present in the past and are still present in the patterns of hegemonic masculinity as aspects of patriarchy, but are today gathering momentum in newly emerging inequalities (Campbell 2013; Srinivasan 2021). It is this play of hegemonic masculinity versus femininity that continues and is evident in the rise of new discussions on patriarchy after the #MeToo movement or in the writings of the new rising star of feminist theories, Amia Srinivasan. Even though it looked like feminist theories were done with the concept of patriarchy as that which provides men with the license to be violent, the continual rise in the numbers and instances of family violence could require a re-reading of the concept. Regrettably, domestic violence continues as a form of structural violence with cultural continuity.

Finally, “violence as a process is embedded in language and all social institutions. It is constituted by and constitutive of gender relations of power. It depends on gendered dichotomies for its existence” (Confortini 2006: 358). Violence or peace can be constituted through language and through culture (Confortini 2006: 358). However, an active rather than analytical approach is needed for their redefinition. To paraphrase William Faulkner, we will not be free by claiming freedom but by practicing it.

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## Pretrpljene boli, prešućene tuge. Obiteljsko nasilje kao strukturalno nasilje u kulturnom kontinuitetu

Posljednjih se desetljeća podigla razina svijesti o učestalosti i porastu nasilja u obitelji i intimnog partnerskog nasilja. Početna pretpostavka razvijena u radu jest da prema oblicima nasilja koji su povezani s domom, najintimnijom sferom, mi kao društvo prakticiramo prostorno-vremensko "distanciranje" te tako dopuštamo da se to strukturalno i kulturno nasilje nastavlja. Cilj je ovog rada uzeti u obzir ovu suvremenu teorijsku premisu radi analize povijesnih prikaza kulturnih praksi povezanih s nasiljem u obitelji i intimnim partnerskim nasiljem.

**Gljučne riječi:** nasilje u obitelji, partnersko nasilje, sestre pomoćnice, medicinske sestre, socijalni radnici, trokut nasilja