

Full Length Research Paper

Characteristics of abused women and factors that enhanced abuse

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The aim of this study was to assess the characteristics of abused women who visited Masonwabisane Women Support Centre (MWSC) in Butterworth, Eastern Cape, South Africa. Data was collected at MWSC, an NGO operating under Mnquma local municipality. A descriptive quantitative approach was used where records of abused women (245) were reviewed retrospectively with effect from the 1st of July to 31st December 2007. The records were divided according to the areas served by the organization and the sub-sample randomly selected from each area. The analysis was based on the information that was generated from the records at the centre. The study showed that the majority of the women (94%) were below the age of 40 years of which 49% were single and almost all were living in the rural or informal settlement. Only ten (4%) of the participants had no formal education while close to 82% had at least a secondary school education and the rest 14.3% had tertiary education. About 24% of the participants were unemployed and 26.9% were students. The rest of the respondents were either in full-time (15.1%) or in part-time (33.9%) employment. At the time of presentation at the centre, two third (75%) of the participants were traumatized or injured 24%, 13% confused while 8.6% were reserved and 2.9% not well groomed. Over half (55.5%) of the cases were emotional abused, followed by physical abuse at 31% while sexual abuse were 7.3. % and economical abuse were 6.1%. Over a quarter (33.5%) of them used tobacco, 10.2% used alcohol and 3.3% used illicit drug while over half (53.1%) of them did not use any form of substance. Almost half (44%) of the abused women were angry, 26% were stubborn and 15% were submissive while 14% were aggressive. One tenth (12%) of women were abused during their pregnancy and 25% during their menstrual period. Because of the abuse, 24% were physically disabled. Two thirds (66%) of the women with children between 1 and 4 were abused. Majority (80%) of women were abused by their husband or partners. Results showed that employment and obstetric status were significantly associated ($X^2 = 96.24$, $P < 0.001$). Type of abuse was not dependent on any other variables in the study. Frequency of reporting was associated with type of substance used ($X^2 = 18.94$, $P = 0.04$) and relationship with perpetrator ($X^2 = 94.78$, $P < 0.001$). Occupation of the perpetrator was related to obstetric status ($X^2 = 193.58$, $P < 0.001$), disability ($X^2 = 34.51$, $P < 0.001$) and number of children the women had ($X^2 = 116.23$, $P < 0.001$). The most common form of abuse reported among participants were emotional abuse (emotional abuse showed highest incidence) and physical abuse.

Key words: Domestic violence, Characteristics of abused women, patterns of reporting.

INTRODUCTION

It is believed that every twelve seconds in South Africa, a woman is a victim of domestic battery (Bohn, 1990). Battered women are defined as women who have

suffered one or more episodes of battery from their male partners or ex-partner. Battery includes slapping, kicking, punching, torture and sexual assault. Women who are physically abused also suffer psychological and emotional stress (Bohn, 1990).

World Health Organisation (2004) defines intimate partner violence as "the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male

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partner". Intimate partner violence is of great concern because it is global, and violates fundamental human rights of women, and is a major public health problem. There is no racial, ethnic or socio-economic predictor of abuse, all women are at risk of being abused. It is predicted that overwhelming 50% of all women will experience physical violence in an intimate relationship (Bohn, 1990). Women in rural areas may be at increased risk due to social isolation, cultural traditions and lack of resources which inhibit reporting of domestic violence (WHO, 2004).

Domestic violence is one of the most pressing social problems in the world and statistics on domestic violence are increasing daily in Southern African countries (Asling-Monemi et al., 2003). A study of 10 countries found that between 13 and 62% of women have experienced physical abuse by a partner over the course of their lifetime and between 3 and 29% of women reported violence in the past year (Bott et al., 2005). Internationally, 8-26% of women and girls reported having been sexually abused as children or adult. An estimated one of every three women globally is beaten, raped or otherwise abused during her lifetime (Asling-Monemi et al., 2003). A recent study in South Africa found that a woman is murdered by an intimate partner every six hours (Buzawa and Buzawa, 2002). Research evidence shows that women who experienced domestic violence tend to suffer psychological effects such as low self-esteem, depression and post-traumatic stress disorder (Buzawa and Buzawa, 2002).

Umberson et al. (2003) believe that there are high numbers of women who are abused by their husband or spouses, and these women continue to think that situation will improve, and do not report such abuse and that battered women tend to be autistic and that loneliness has been observed from battered women all over the world. Kleint (2000) believes that women who have experienced violence or abuse tend to be disturbed emotionally. According to Roy (1999) women who have children claim that their partners abuse them and tend to extend the violence to their children. These women indicate that one particular child is more likely to be a victim of violence or abuse. Some women claim that their husband's violent behaviour had made them to become hesitant in having more children and the issue of birth control receives much more consideration. It is likely that the family which is characterised by violence will produce emotional unstable children (Seltzer and Kalmuss, 1988).

There are about twenty victims of domestic violence who reported to the Masonwabisane centre daily (personal communication with the managing director of Masonwabisane Women Support Centre). It is against this background that the researchers intend to conduct the study with the aim to identify the types of abuse commonly experienced by women who visited the centre and determine the pattern of reported abuse at the women support centre.

MATERIALS AND METHODS

The study design

This is a descriptive quantitative study where records of abused women who visited Masonwabisane women support centre were reviewed. Data was collected retrospectively and analysed.

Study population

All records of abused women from Butterworth areas who visited Masonwabisane Women Support Centre in Butterworth between the 1st of July and the 31st December 2007 were reviewed. According to the records, women who visited the centre were 780 including women coming from other areas rather than Butterworth. The desired sample size was 360. However, only 245 records were reviewed after excluding records of women from areas outside Butterworth.

Study setting

The study was conducted in Masonwabisane Women Support Centre located in Mquna local municipality (Butterworth). Butterworth is a small town under Amathole District Municipality. The centre operates from 08h00 to 16h30 during week days (Monday to Friday). Because of time and geographical terrain of Mquna local municipality, the researchers deliberately choose the MWSC in Butterworth for this study.

Sampling procedure

The records were divided according to the areas served by the organization and then randomly selected sub-samples from each using systematic approach.

Data sources

Computerised demographic data and clinical data of abused women from Butterworth areas who visited Masonwabisane women support centre in Butterworth between the 1st of July and the 31st December 2007 was reviewed. Data included the following variables: victim age, education, marital status, employment status, substance use, personality traits. The average age of the participants was 45 years. Besides records, a questionnaire was used to collect data from abused women; no interviews were done with them.

Data collection tools

Computerised demographic data and clinical data of all abused women who visited Masonwabisane women support centre were collected. Data included the following variables for victim age, education, marital status, employment, substance use, personality traits, frequency of reporting, and time of reporting, obstetric status, disabilities, number of children, relationship with the perpetrators and occupation of perpetrators.

Data collection method

A close-ended questionnaire (a template) for extraction of appropriate data was used and all women who visited the organization were assisted in filling-in this template.

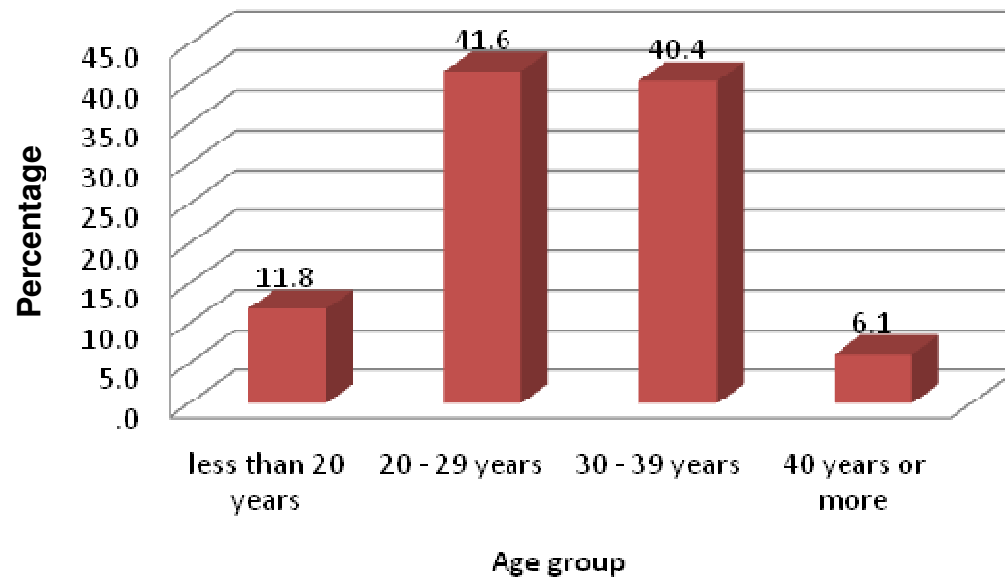


Figure 1. Age distribution of participants.

Data analysis

After data collection, the questionnaires were transferred into codes for data entry. Data was analysed with *epiInfo*TM6 Software. Analysis included frequency distribution according to place, age, marital status, education, employment, abuse type and substance use. The variables were classified as demographic data and clinical data which includes; type of abuse, substance abuse, personality traits, frequency of reporting, time of reporting, obstetric status, disabilities, number of children, relationship with the perpetrator and occupation of the perpetrators.

Reliability

During a pilot study, the researchers administered the same template to two respondents. The researchers assisted the two respondents in filling the template. The results were compared by going through the template and correlation showed that the template was reliable.

Ethical consideration

Confidentiality in reviewing records of abused women was maintained by using numerical identification of files and presenting aggregate, not individual data. The ethical clearance was obtained from the Research and Ethics Committee (REC) of the School of Public Health, University of Limpopo, Medunsa Campus. Permission to conduct the study was also obtained from the managing director of Masonwababane women support centre and the Department of Health (DOH), Eastern Cape.

RESULTS

Study description

This study was carried out with the aim of gaining a better

knowledge and understanding of the pattern of women abuse in the Butterworth area of the Eastern Cape. The centre operates with a register where details of abused women are recorded. Records of 245 women who attended the Masonwababane Support Centre in Butterworth were randomly selected from the centre's registry. The variables recorded for the participants are socio-demographic characteristics as well as clinical condition variables.

About 94% (230) of the respondents were under the age of 40 years and about 42% (102) of the 94% were 20-29 years old (Figure 1). Most of them were single 48.6% (119) while 37.7% (92) were married, 11% (27) divorced and 2.9% (7) were separated (Figure 2). Six cases came from low density suburbs and the rest were almost equally distributed across townships, rural areas and informal settlements (Figure 3). Ten of the cases had no formal education while close to 82% (200) had at most a secondary school education and the rest 14.3% (35) had tertiary education (Figure 4). About 24% (59) of the cases were unemployed and 26.9% (66) were students which amount to about 50% (125) of cases who are economically inactive. The rest of the respondents were either in full-time (15.1%) or in part-time (33.9%) employment (Figure 5). Most participants presented at the centre were traumatized 51% (125), 24% (60) were injured followed by 13% (32) confused while 8.6% (21) were reserved and 2.9% (7) not well groomed (Figure 6). The most common form of abuse was emotional 55.5% followed by physical abuse at 31% while sexual abuse was 7.3% and economical abuse was 6.1% (Figure 7). Over a quarter 35.5% of them used tobacco, 10.2% used alcohol and 3.3% used illicit drugs while 53.1% did not use any form of substance (Figure 8). Less than 1% of

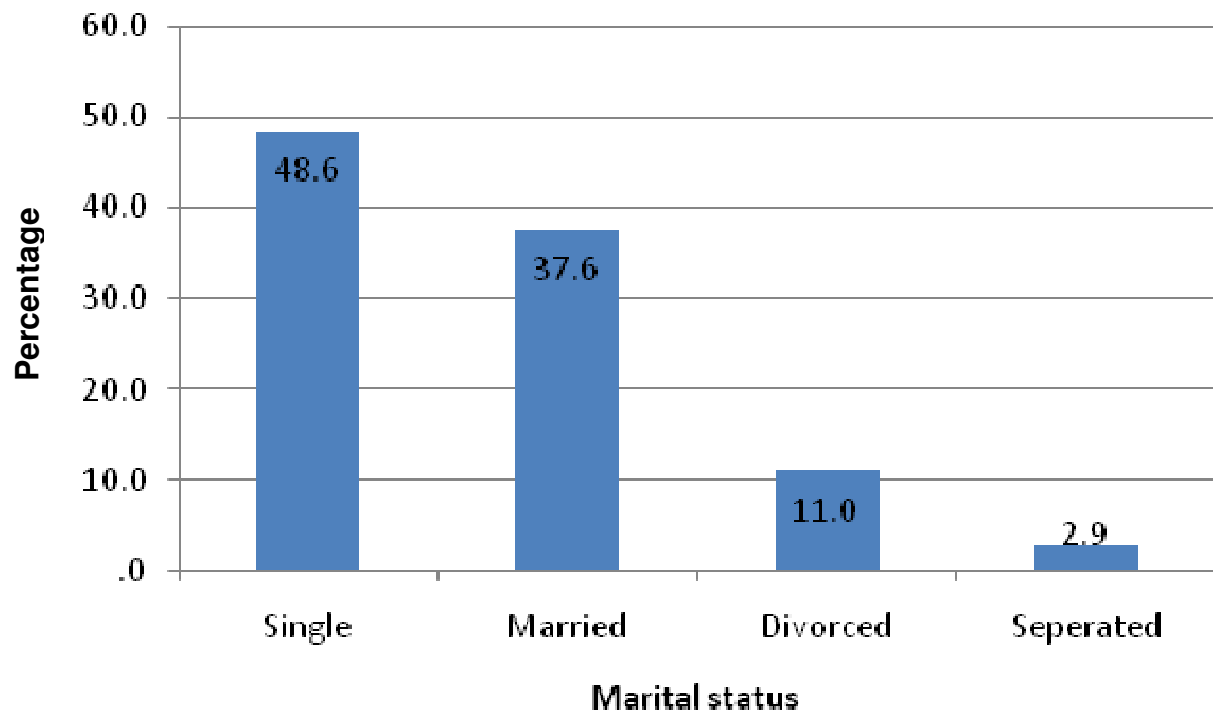


Figure 2. Marital status of participants.

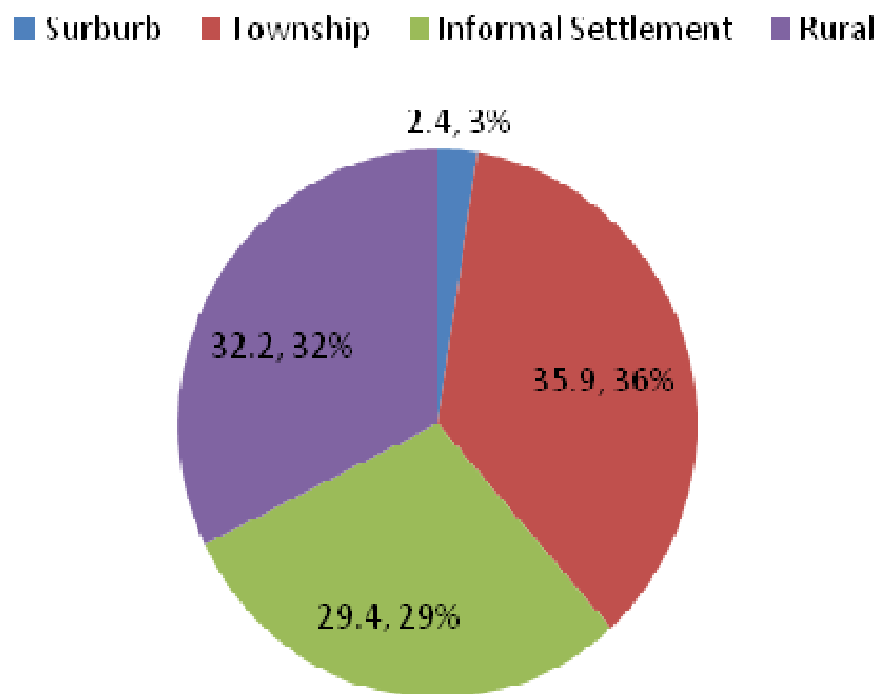


Figure 3. Place of residence of participants.

the cases were found to be oversensitive while most 44.1% (108) were angry. Stubborn cases were 25.7% (63) and 15% (37) were submissive while 14.3% (35)

were aggressive (Figure 9). Of the 245 cases included in this study, about 55.9% (137) had reported abuse only once and 26.5% (65) twice to five times while 17.6% (43)

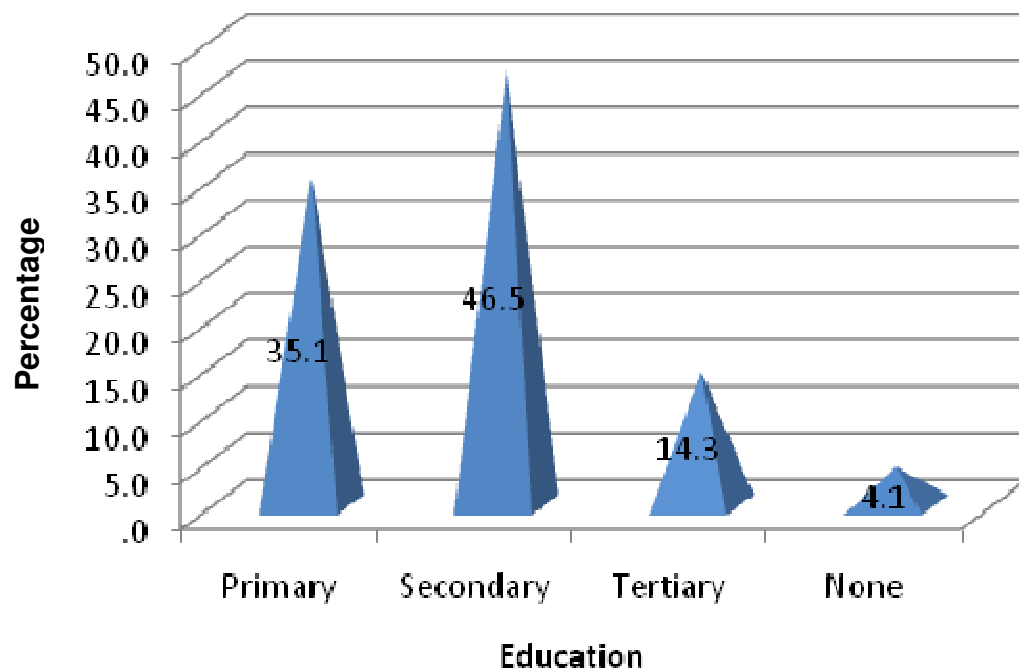


Figure 4. Educational level of participants.

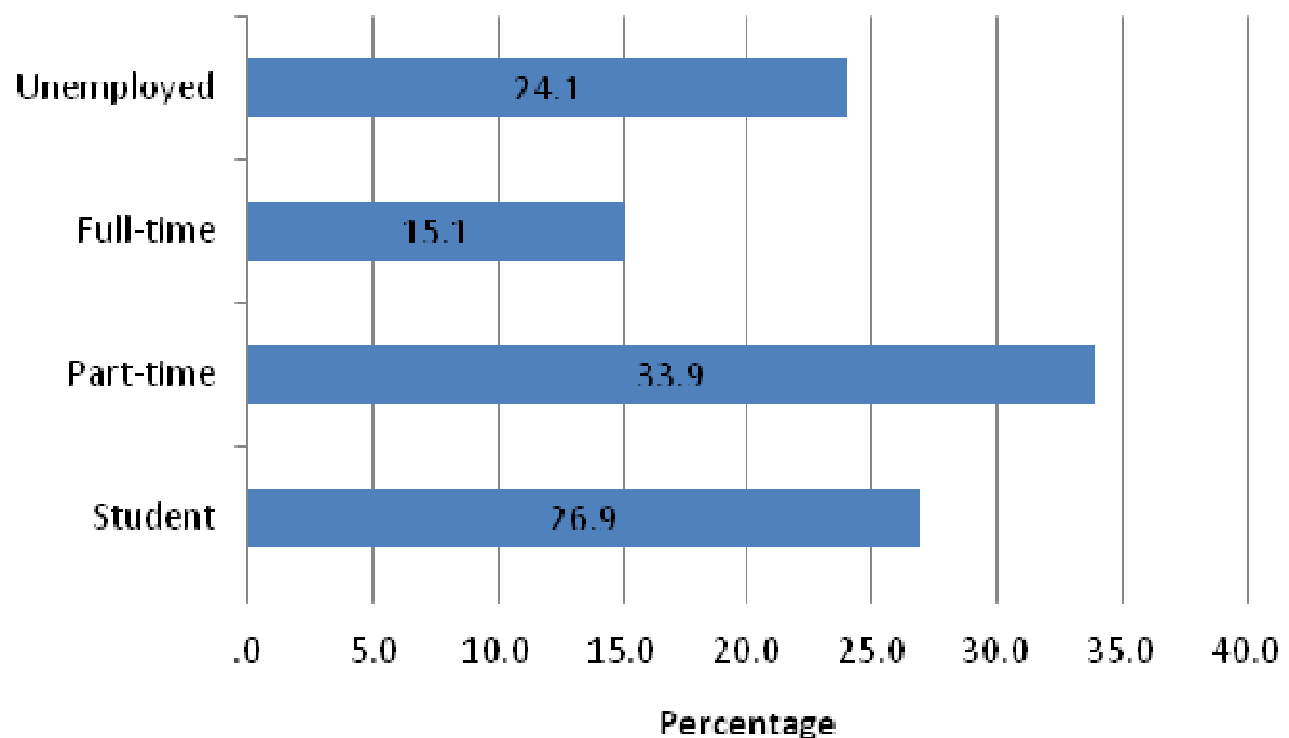


Figure 5. Employment status of participants.

reported more than five times (Figure 10). Majority of the women 80% (195) reported their abuse during midweek while 20.4% (50) of the women reported their abuse by

the end of the month (Figure 11). Twelve percent (29) of the women were abused during their pregnancy and other 25% (62) during their menstruation period. Sixteen

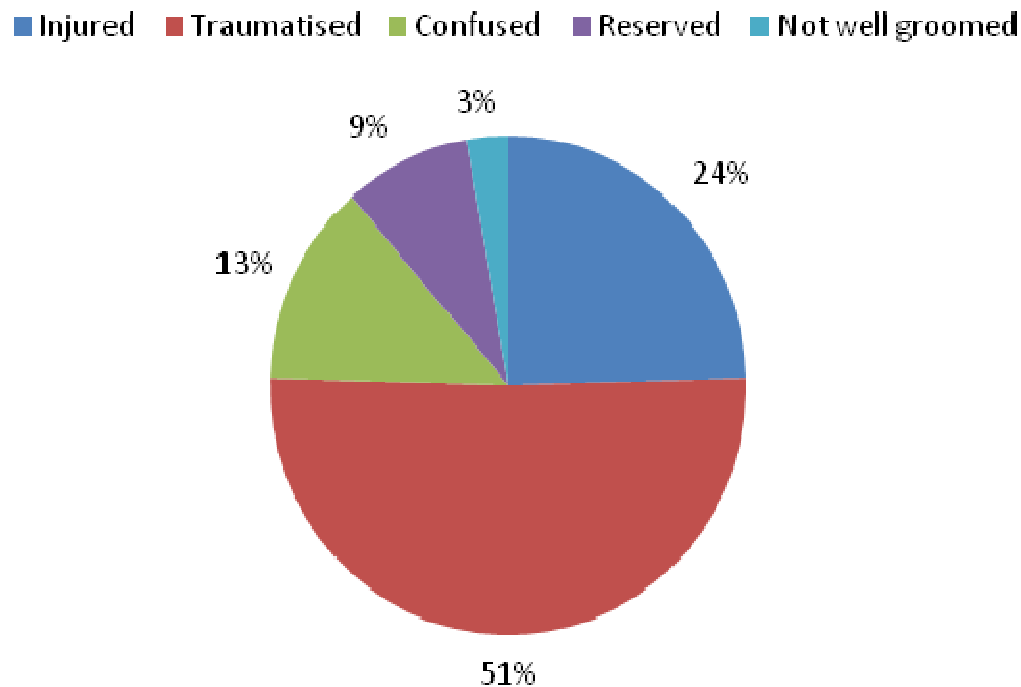


Figure 6. Presentation of participants.

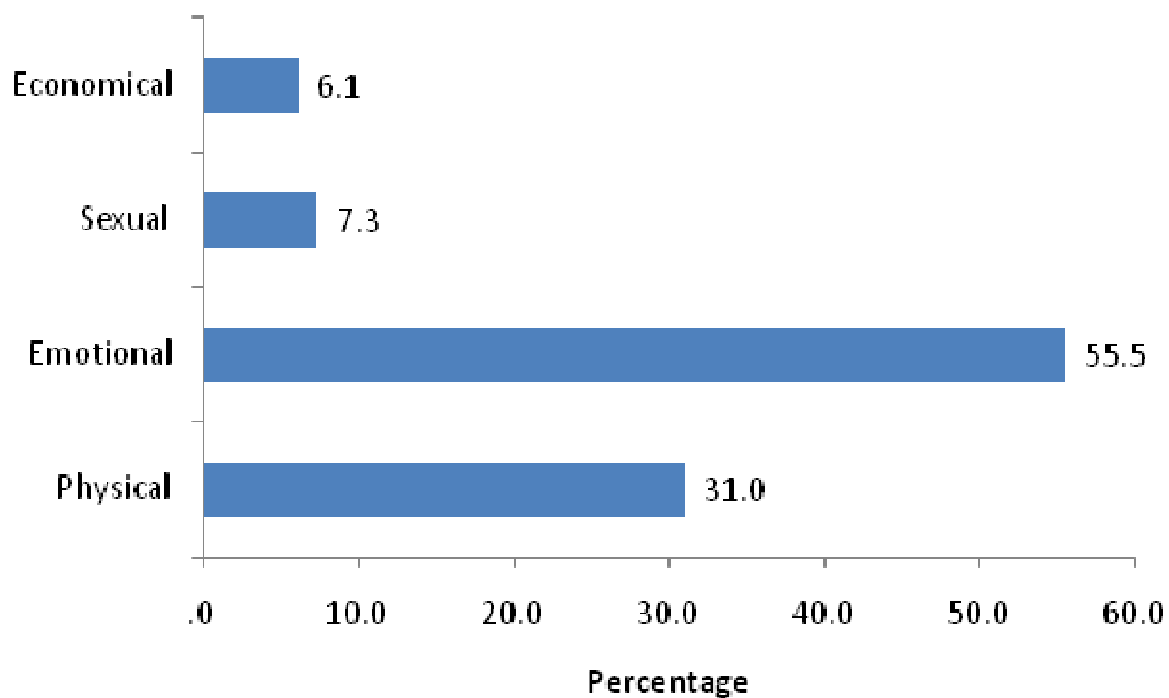


Figure 7. Distribution of types of abuse among participants.

percent (40) of the women were abused whilst breastfeeding and the rest 46.5% (114) of the women presented at the centre without any obstetric history

(Figure 12). Almost a quarter 24% (59) of the women were physically disabled resulting from an abuse, 17% (42) suffered psychiatric problems while 59% of the

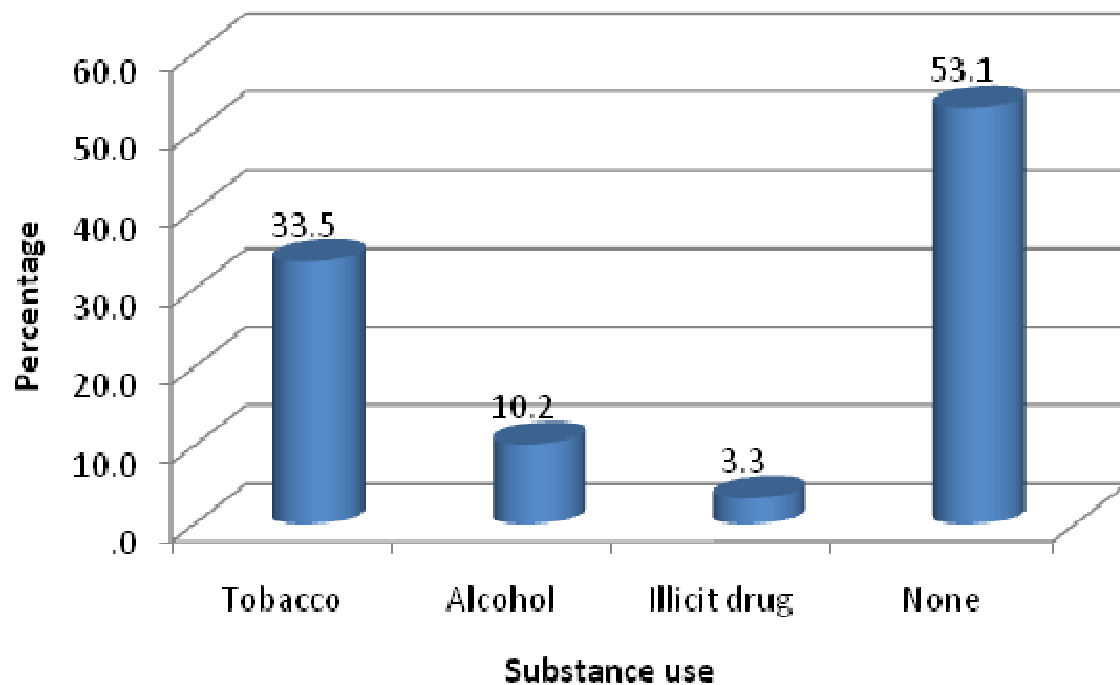


Figure 8. Substance used by participants.

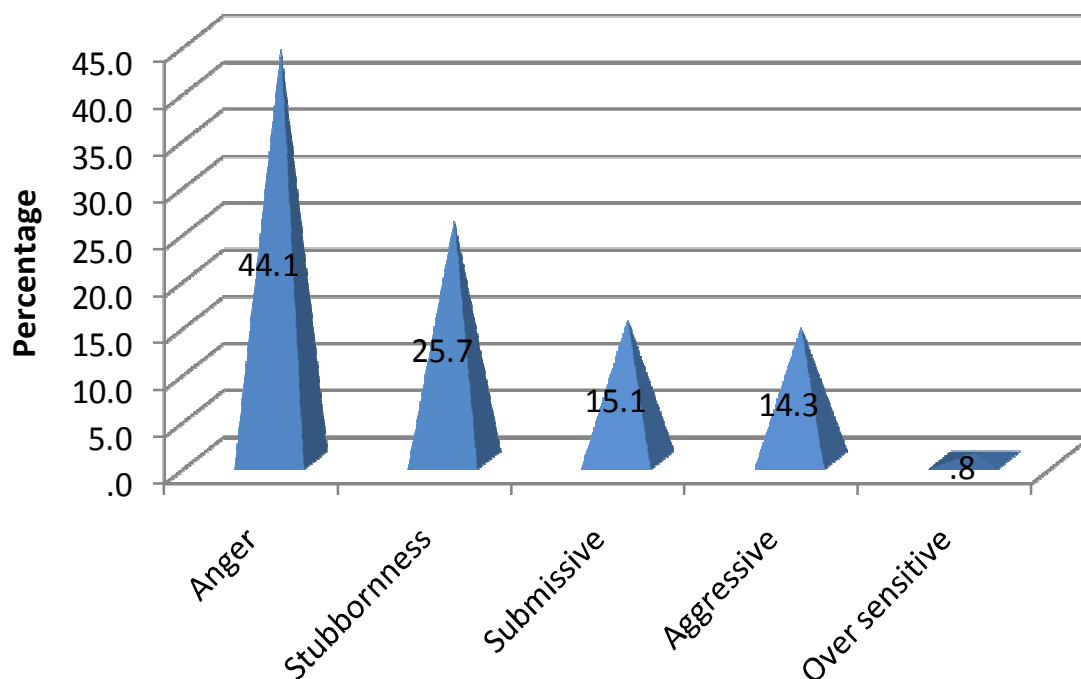


Figure 9. Personality trait of participants.

women had no disabilities (Figure 13). Two thirds 66% (102) of the women who had between 1 and 4 children were abused. 15.9% (39) of the abused women had more

than 5 children while 18% (44) had none (Figure 14). Most abuse was perpetrated by either husbands (37.1%) or partners (42.5%). These two perpetrator types

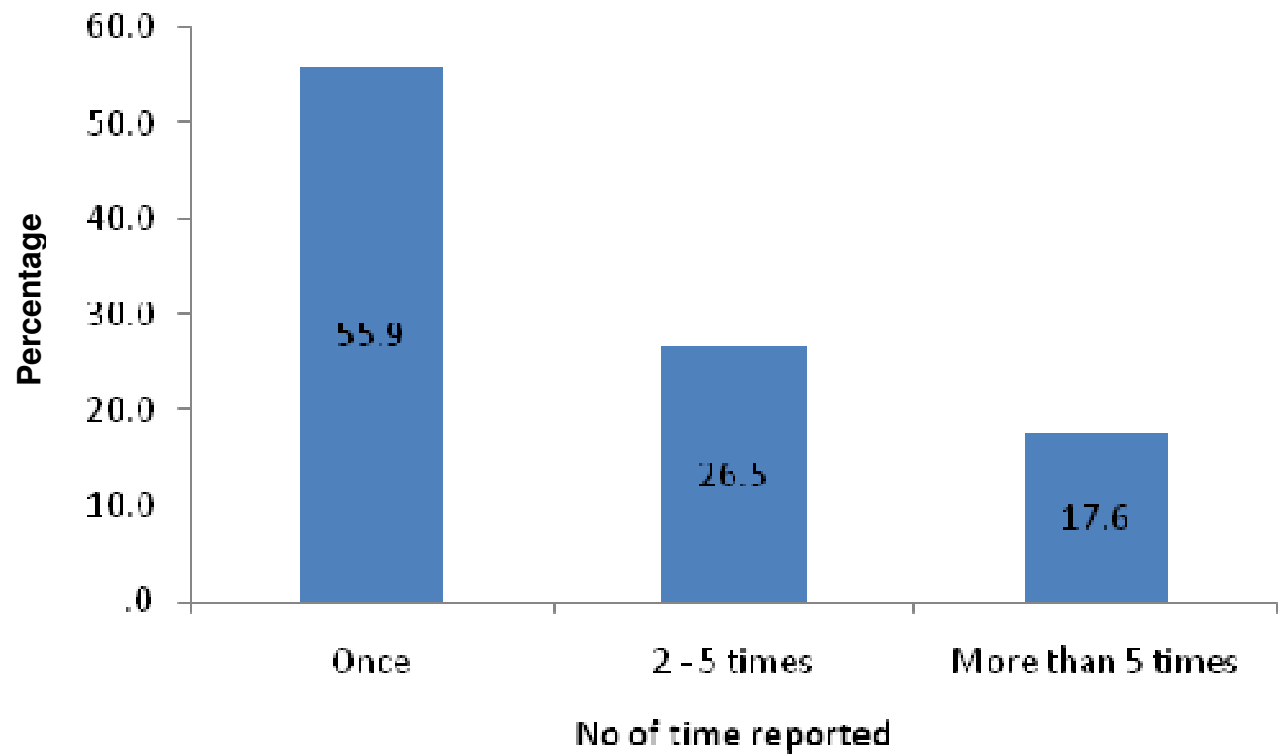


Figure 10. Number of times participants reported abuse.

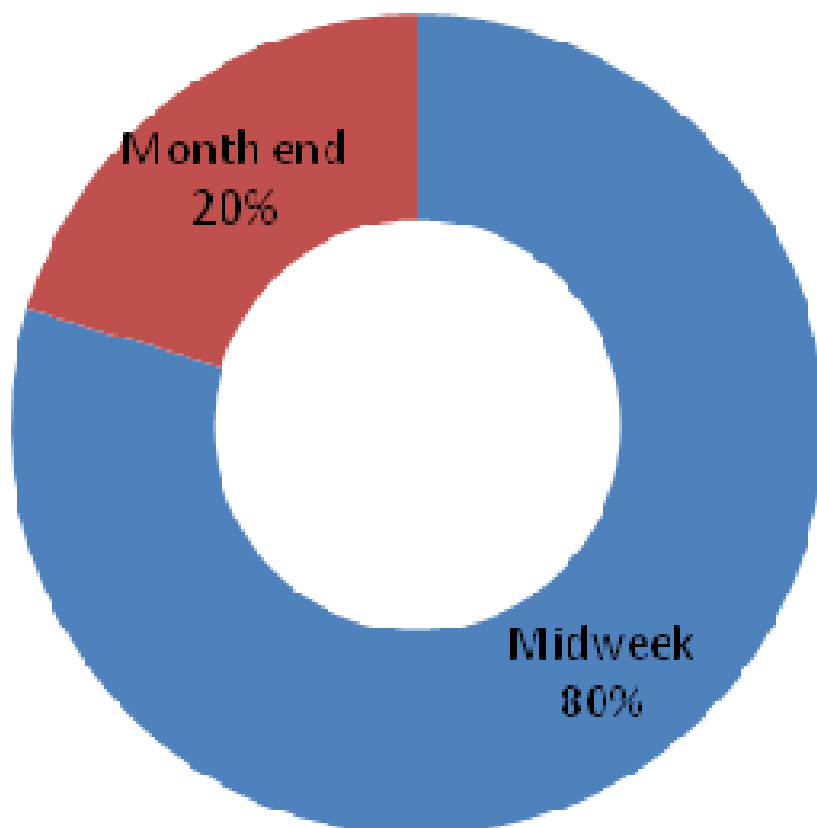


Figure 11. Time of reporting an abuse by participants.

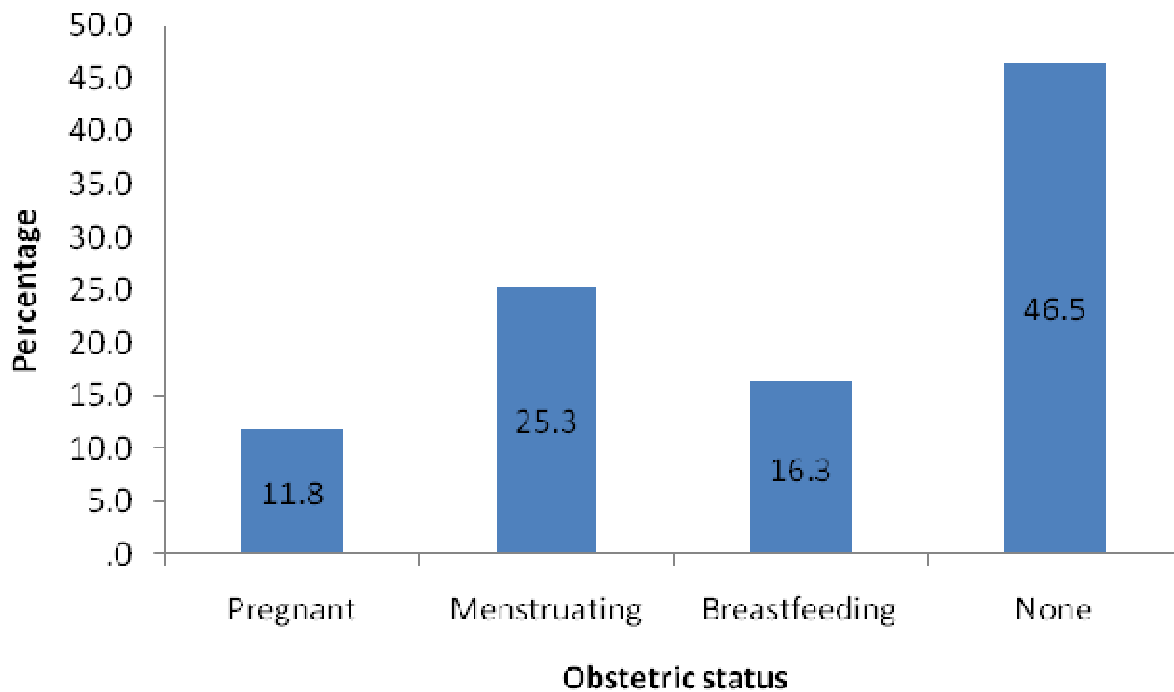


Figure 12. Obstetric conditions of participants.

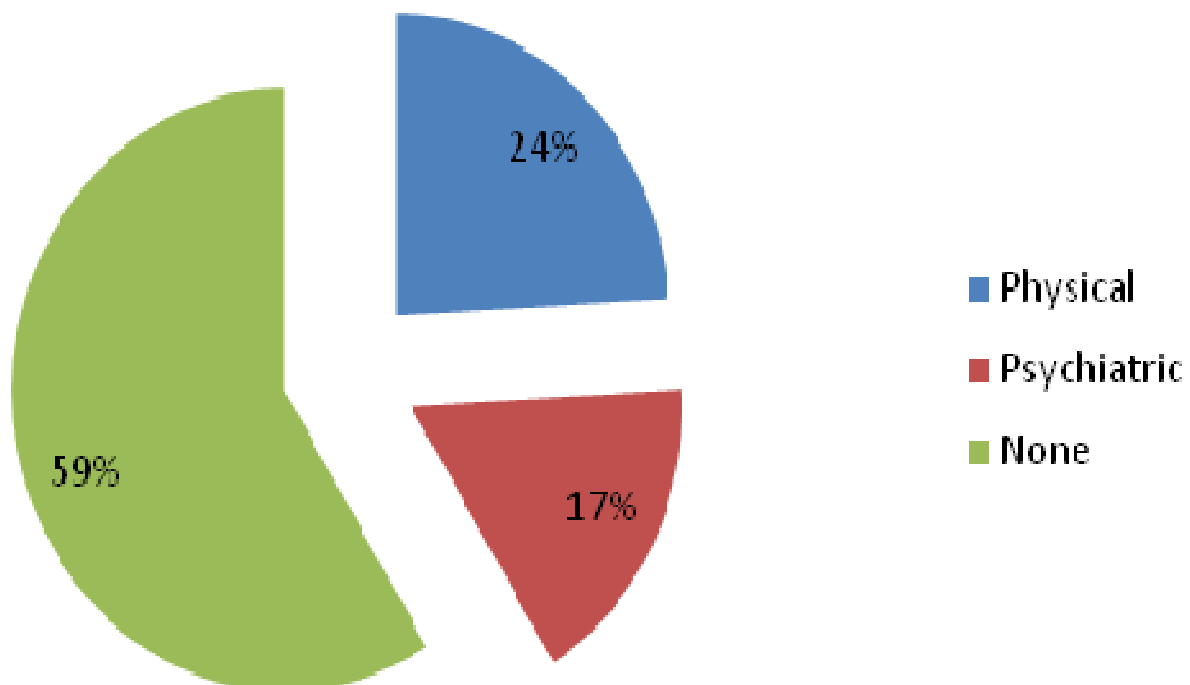


Figure 13. Distribution of disabilities of participants.

accounted for close to 80% of the cases included in this study while 11.4% (28) of the abuse perpetrated by parent and 9 % (22) by others (Figure 15). About a

quarter 24% (58) of the perpetrators were clergymen, 6% were teachers while another 6% were policemen (Figure 16). The employment status and obstetric status were

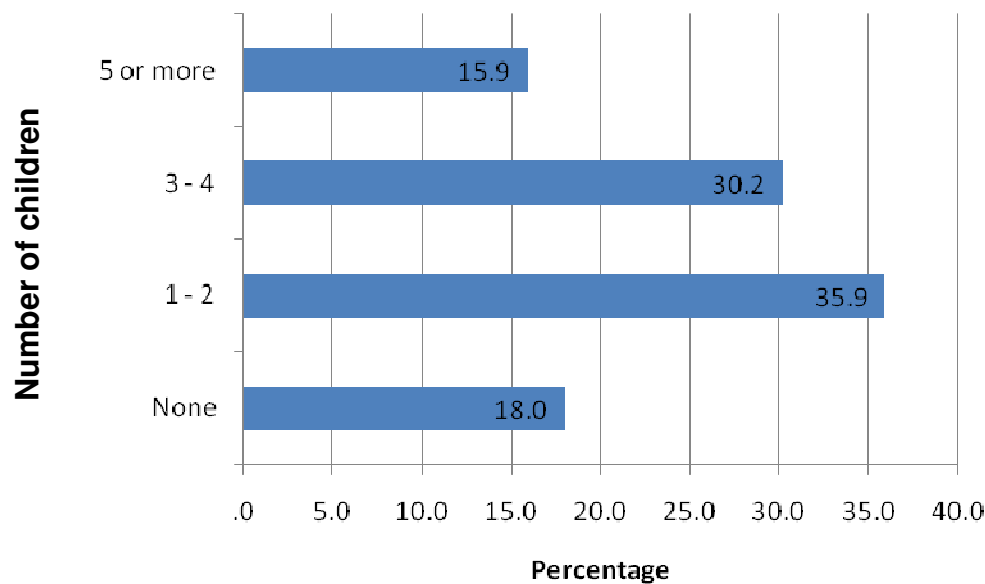


Figure 14. Number of children of participants.

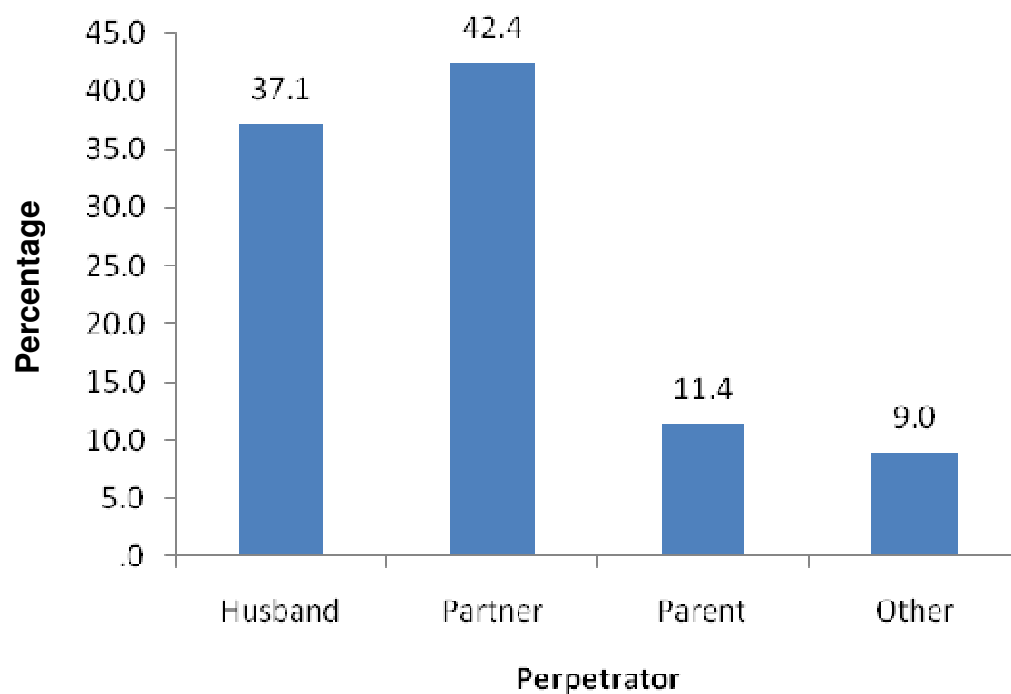


Figure 15. Relationship between Participants and their Perpetrators.

significantly associated ($X^2 = 96.24$, $P < 0.001$). Students were more likely to be abused during menstrual period. Type of abuse was not dependent on any other variables in the study. Frequency of reporting was associated with type of substance used ($X^2 = 18.94$, $P = 0.04$) and relationship with perpetrators ($X^2 = 94.78$, $P < 0.001$).

Occupation of the perpetrator was related to obstetric status ($X^2 = 193.58$, $P < 0.001$), disability ($X^2 = 34.51$, $P < 0.001$) and number of children the women had ($X^2 = 116.23$, $P < 0.001$). Results showed that employment and obstetric status were significantly associated ($X^2 = 96.24$, $P < 0.001$).

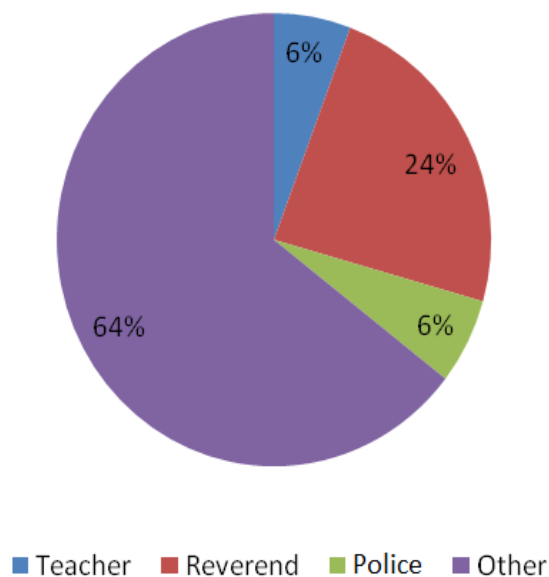


Figure 16. Occupation of perpetrators.

DISCUSSION

Demographic data

This study shows that the majority of respondents were under the age of 40 years and most of them between the ages 20-29 (Figure 1). This is consistent with earlier findings that older women are less likely to report current experience of abuse than young women (Fernandes, 1997; McClusky, 2001).

Among the abused women, majority of them were single, some were either separated or divorced and the rest were married (Figure 2). According to Umberson et al. (2003), there are high numbers of women who are abused by their husband or spouses and these women continue to think that situation will improve and do not report their cases.

Six cases came from low density suburbs and the rest were almost equally distributed across townships, rural areas and informal settlements (Figure 3). A look at educational level reveals that only 10 cases had no formal education, 82% had secondary education and 34 had tertiary education. This is in line with status constituency theories which see violence as resulting from resource imbalance among family members where resources include both material and non material (such as education and prestige) assets (Asling-Monemi et al., 2003).

About 24% of the participants were unemployed and 27% were students. The rest of the respondents were either in full-time (15%) or in part-time (34%) employment. These findings support what has been hypothesized in previous study that women who are engaged in paid employment have more say over

financial and other household matters than women who are not in active labour market (Malhotra and Matter, 1997).

Clinical data

Most participants present at the centre were traumatized 51%, some injured 24%, confused 13%, 8.6% reserved, 2.9% not well groomed. The findings are supported by what has been said concerning the effect of domestic violence on women's general health: has a serious consequence for women's health and well-being ranging from fatal and non-fatal outcomes that include manifestations of mental, physical, and reproductive health outcomes and negative health behaviors (Heise et al., 1997).

The study shows that the most common form of abuse was emotional (55.5%), followed by physical (31%), sexual (7.3%) and economically, 6.1% (Figure 7). This is in line with the study of Heise et al. (1999) on non-fatal outcomes of violence against women.

A look at substance abuse by abused women reveals that over 35.5% of them use tobacco, 10.2% alcohol while 53.1% did not use any form of substance. Although, substance abuse is not a major problem among the participants, but the fact that over 10% of them use alcohol is something to look into with a view to check any possible increase in its use in the future.

The results indicated that most of the respondents were angry, became stubborn consequent to abuse while others became aggressive. Dulton (1992) believes that anger and aggressiveness are common among abused women. Anger is commonly directed to husband or boyfriend. This anger is prolonged and in some cases may be directed to society, policemen or family members for not helping when the victim is crying for help. It has been reported that an abused wife is always ashamed, embarrassed, and angry about what is happening to her (Kishor, 2000).

A glance at the time of reporting reveals that majority of the women (80%) reported their abuse during mid week while 20.4% of the women reported during month end (Figure 11). This may be due to the operating hours of the centre as it operates only during week days.

The results indicated that one-tenth of the women were abused during their pregnancy and 25% during their menstruation period, 16% abused whilst breastfeeding and the rest 46.5% presented at the centre without any obstetric history. Review of relevant literature (Heise et al., 1999; Campbell, 2002) emphasized the linkage between the experience of domestic violence and both fatal and non-fatal outcomes for women and their children. Fatal outcome relating to domestic violence for women can result directly through homicide or indirectly through suicide and maternal or AIDS-related mortality. Non-fatal outcomes include manifestations of mental, physical and reproductive health outcomes, and negative

health behaviours (Heise et al., 1999). Abused women's reproductive health is also compromised through much high rates of gynaecological problems, HIV, sexually transmitted infections (STIs), miscarriages, abortions, unwanted pregnancy and low birth weight (Campbell, 2002).

The study shows that because of abuse almost a quarter of the women were physically disabled and 17% psychiatric while 59% of the women had no disabilities. In a situation where a woman suffers disability consequent to physical abuse, it shows cruelty on the part of the man and poses danger to the life of the victim but also to her social and economic life. This demands that urgent measures be put in place by government and non-government agencies in addressing women abuse and providing some form of security to safeguard the lives of women in our society.

The results showed that two thirds of the women who had between 1 and 4 children were abused. About 16% of the abused women had more than 5 children while 18% had none. Studies indicate that the risk of experiencing violence is positively associated with women's number of children (Ellisberg, 2000; Martin et al., 1999). The relationship between violence and the number of children a woman has can be conceptualized such that when there are more children in the household, there is less income per capita and insufficient resources may lead to exacerbated level of stress for the head of the household, which may lead to violence in some instances, hence the more the children the greater the likelihood of violence (Martin et al., 1999). According to multi-country domestic violence study, results showed that women with no children have the lowest rates of ever-experience of violence and in most countries women with five or more children have the highest experience of violence.

The study shows that most abuse was perpetrated by either husbands or partners. These two perpetrator types accounted for close to 80% of the cases examined in this study.

LIMITATIONS OF THE STUDY

This study only focused on records of abused women who visited Masonwabisane Support Women Centre under Mquma Local Municipality. This is due to time constraint and the geographical terrain of Mquma Local Municipality in the Butterworth magisterial area. Therefore, the results of this study cannot be generalised to other centres in the Eastern Cape and to other centres in South Africa.

RECOMMENDATIONS

The struggle to end violence against women in South Africa is central to our National liberation. South Africans

cannot be said to be free as long as women are vulnerable to abuse, rape and murder, it is recommended that violence against women must be fought at all levels.

Programmes that would empower women with skills so that they can enter the job market should be pursued. The government with assistance from the private sector and international donors need to come up with programmes that could empower women with skills and employment opportunities.

The response to domestic violence should typically be a combined effort between law enforcement agents, social services and health care professionals. Social norms that support and condone violence need to be changed. Awareness campaigns that promote tolerance at family and community levels should be encouraged.

Medical professionals (especially nurses and doctors) should be trained to easily identify and assist women experiencing any kind of abuse especially HIV/AIDS, maternal health and mental health-related abuses.

CONCLUSION

This study shows that women suffer abuse from their sexual partners and family members, but mostly from sexual partners and that the predominant factors that enhanced such abuse include economic and sexual factors. It was also observed that some of the abuses were alcohol-related. In the majority of cases, the women were traumatized emotionally and in few instances suffered physical disabilities consequent to the abuse.

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