Partnership in Development Research

Research Briefs No. 12

COMMUNITY-BASED ADVOCACY TO IDENTIFY AND TO REDUCE DOMESTIC VIOLENCE AGAINST FEMALES. In an Upper- Egyptian village.

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PROBLEM STATEMENT:

Recently, it has been declared that violence is a major and growing public health problem across the world, with serious consequences in both short and long terms for individuals, families, communities and countries. (WHO Report 2002)
Domestic violence is a phenomenon occurring in almost every society. It represents a hidden obstacle to economic and social development. It saps women's energy, undermines their self-confidence and compromises their health, thus depriving society of their full participation. It is considered a major obstacle to women's participation in developmental processes in various countries.

Gender discriminatory cultural beliefs have a direct impact on women's lives in terms of their share in power and decision-making at the household, community and national levels. Such discriminatory beliefs limit women's access to and participation in credit, shelter, education, health care, employment, and land and property ownership.

Gender-based violence is seen as a profound health problem for women across the globe. The World Bank estimates that such violence accounts for 5% of the healthy years of life lost to women in demographically developing countries.
Wife-beating negatively affects the family fabric, as family members involved in patterns of abuse fail to create an environment of economic, social, and emotional support.

Although it is perceived to be an important issue, wife beating is very much under-reported and under-documented. Due to the social conventions and pressures that lead individuals to keep silent about this issue, the human cost in grief and pain is difficult to calculate. Its prevalence is also underestimated around the world as it can be defined only against a backdrop of local cultures, traditions and customs.

Interventional studies are lacking, especially in developing countries. Egypt is no exception—only limited studies can be found on what is acknowledged to be a pressing topic. This study is considered to be the first community-based study having a comprehensive, multidisciplinary, and interventional approach to the problem.

RESEARCH QUESTIONS:

I. What are the causes of intimate partner abuse?
II. What are the forms of violence?
III. What are the effects?
IV. What are the responses of women to the act of violence?
V. What are the risk factors and protective factors in violence?
VI. What are the cultural norms and deeply rooted beliefs of violence?
VII. What measures can be taken to address the problem?

OBJECTIVES OF THE RESEARCH:

The overall objective is to strengthen the role of community–based advocates (NGO's) and health-care providers in identifying and managing cases of violence against women.

In order to reach this objective the following is needed:

1- Assessment of the magnitude and the causes of violence against women in a rural Egyptian village.
2- Identifying the perceptions of women, men, NGO representatives, and health-care providers regarding violence as a problem, its causes, its needs, and suggested solutions.
3- Training NGO leaders and community health care workers on: counseling, advocacy and communication skills, with a special emphasis on domestic violence.
4- Training health care providers to: identify and manage (both physically and psychologically) domestic violence with a better understanding of its causes and its effects within its specific cultural context.

Site selection:

The Giza governorate in Upper Egypt was selected because of its known high prevalence of domestic violence. One district within the Giza governorate, "El-Ayat," was chosen at random. One village, "El Atfa," was chosen to represent the rural area in this district. El Atfa is 39 Km south of Cairo. The population density is about 17,500 inhabitants. The village is divided by a census into 7 zones: 4 main zones and 3 squatter (slum) areas. Using cluster sampling techniques, a house-to-house survey was conducted. All married women in the reproductive age-group were included in the study. 80 randomly selected houses were chosen from the 4 main zones (eligible unit). Sample size was calculated to be 373 females.

Methodology :

I- Team Formation:

The team was composed of the principal investigator, Dr. Mervat El Rafei and co-principal investigator Dr. Shahinaz Mekheimar; together with consultants in the fields of Psychiatry, Sociology, Internist and Public Health, and Forensic Medicine. The team also included the Raedat who were chosen from the community

II-Training:

Field workers were trained to conduct focus group discussions and administer the questionnaire. They were also trained in the following areas: counseling and communication skills; reproductive health, violence and its effect on the individual and the community; social and economic factors which affect women's health: violence and its psychological effects, and the ways to enable women and care providers to provide better reproductive health.

III-Qualitative Research:

The study employed both individual interviews and focus group discussions to gather qualitative information from the study population.

The individual interviews were conducted by a doctor and focused on female health-seeking behavior and female medical problems (reproductive, physical, and mental). The doctor also probed more sensitive matters regarding sexual and marital problems including cases of violence and details regarding the relationship between the husband and wife.

Focus group discussions were held with both the all-male and the all-female groups. There were two male focus groups and eight female focus groups. Both focus groups included discussions of the daily responsibilities of men and women, the treatment and perception of women by men, marriage customs, and general information about the community profile. Also discussed were the rights of husbands and wives in relation to one another and issues relating to marital problems, including causes for the problems, possible strategies for solving them, the mental and physical effects of beating, violence-prevention methods, and the channels of support that exist within the community.

IV-Quantitative Research:

The questionnaire used was pre-tested. It included the violence sheet, Zung test, and the medical sheets.

V - Medical and Psychiatric Examination:

RESEARCH RESULTS:

1. Forms of Violence:

A. Physical Abuse: 227 women (60.9%) were physically abused. 52.8% were abused in the past, 4.0% at present and 4.0% in the past and in the present. Perpetuated and common acts occurred in 11.5% of the total violence cases; 49.4% were isolated incidents described as a rare occasion.
It was mentioned by 64.3% of the respondents that physical abuse is a ***humiliating*** act.

Gender-based physical abuse come most often in the ***form*** of a slap, which accounts for 24.1% alone and nearly half of all forms combined (47%). Thrown objects, beatings with a stick, and kicking while pregnant account for 4%, 1.1% and 0.3% respectively. Combined forms like slapping and throwing an object account for 44.7% of acts, while slapping and hitting accounts for 31.4%.
Severe physical consequences appear in 11.5% of cases, ranging from black eyes in 6.5% (more than 50%), to abortion in 1.3%, to broken bones and disability in 1.1%, and bruises and bleeding in 0.8%.
Reasons given by female for physical abuse identified husband's behavior as the main cause for the act, followed by in-laws, and lastly financial reasons (21.7%, 20.9%, and 11.5% respectively).

Female reaction to physical abuse predominantly takes the form of helpless reaction. Of those women subjected to physical abuse, 26.3% responded by crying, and 8% with surrender.
More aggressive reactions were reported in a minority of the cases. These reactions came in the form of insulting the husband (2.4%) and screaming (0.5%).
Attempts to ***seek help*** from others were infrequent. Such attempts came most often in the form of leaving the house (6.4%). A small minority (0.5%) sought a neighbor's help. The two reasons given by half of the females for their decision to avoid seeking help were their reluctance to have family secrets known outside the house and the fact that 37% of the husbands forbade them from getting any help.

Nearly 2/3^{rds} of women do not tell anyone about the violent act (72.9%). 21.7% will tell their families, 5.1% will tell a neighbor, and only 0.3% will tell a friend.
Reasons given by wives for continuing their lives with their husband after being exposed to violence included concern for the children (31.6%), love for the husband (7.8%), financial reasons (0.8%), and combined factors.

B. Psychological Abuse: Female-perceived humiliation, which is indicative of psychological abuse, was experienced when the husband threatened divorce (88.5%), threatened expulsion from the house (85.3%), when he suspected her behavior (83%), when he embarrassed her in front of others (78.8%), when he ignored her in difficult time (70%), when he discredited her reputation (61.4%), when he took her money (43.5%), and when he prevented her from visiting her family (37%). Physical abuse was perceived as a humiliating act in 64.3% of all abused cases.
This range of humiliation is in accordance with women's perception of husband's rights. Perceived humiliation increases with the belief that certain humiliating acts are not within the rights of the husband.
Certain acts, such as when a husband prevents a woman from visiting her family (57.9%) or takes her money (45.8%), are perceived as being within the husband's rights. This finding shows that many women perceive their husbands as rightfully wielding control over the family's social relationships and monetary matters.
The two humiliating actions most commonly taken by the men were to prevent their wives from social relations and family visits (37%) and to embarrass them in front of others (27.6%). These acts demonstrate a form of humiliation which increases stress and conflict in the marital relationship.

C. Sexual Abuse:
Another form of violence is sex abuse. Forced sex accounted for 13.9% of the women abused.

2- CAUSES OF VIOLENCE:

Several socio-demographic factors were found to have a significant effect on the manifestation of domestic violence. These factors include: the age of the husband at marriage, the duration of marriage, consanguineous marriages, the number of children, the overcrowding index, male financial insecurity, and the extent of female financial contributions. A further relationship was found to exist between acts of spousal violence and the social conditions found within the female family of origin. These conditions include parental denial of the girl's education, the parent's insistence on a forced marriage, and incidents of child abuse (both physical and verbal).

Conclusion and Recommendation:

Our study revealed some factors that explain some of the predisposing attitudes to aggression and other attitudes concerning the interaction within the family where cultural and other external factors create a situation in which violence is likely to occur.
Two forms of violence were identified. The first is a severe and escalating form of violence characterized by multiple forms of abuse and threats and by increasingly possessive and controlling behavior on the part of the abuser. The second is a more moderate form of relationship violence in which continuing frustration and anger occasionally erupt into physical aggression.
In our study some of the **individual factors** that increased the predisposition to violence included *personal history*, of both husband and wife, such as problems in the family of origin (e.g., witnessing physical abuse between parents), along with certain *personality* traits of the husband, such as immaturity, inability to control anger, bad-tempered depressive behavior, and a lack of interpersonal
communication skills. On the other hand, a woman's ability to properly communicate and discuss issues constituted a protective factor against violence.

Demographic factors contributing to a predisposition for violence were pinpointed. These include a husband's young age at marriage, longer duration of marriage, and a low income. Low income was also denoted by the husband's *health condition*, such as his having psychological, sexual or physical illnesses that may require monthly treatment expenses. Living in *poverty* is considered a **community factor**: The overcrowding or hopelessness highlighted in our study most likely generates stress, frustration, and a sense of inadequacy within husbands for having failed to live up to the culturally expected male role of provision.

The reasons for wife abuse include both the spontaneous release of anger and frustration as well as the accumulation of power and control. The extent of control husbands and wives command over material resources determines their relative influence over major familial decisions and their share of marital power. Thus, men who lack control over these material resources feel powerless and resort to force and violence. This factor is highlighted in our study's finding that wives who gave all their money to their husbands were protected from being beaten.

In our study **societal factors** included cultural norms and attitudes, such as those that give priority to parental rights over child welfare and those that entrench male dominance over women. Wife-beating occurred more often in our study when parents abused and discriminated between their children on the basis of gender and when men had sole economic and decision making power in the household.

Our study highlights how attitudes of male dominance and patriarchy can literally engender a culture of violence in which women are the victims.

Gender discriminatory cultural beliefs create an environment in which males are brought up to feel superior to their female counterparts. Men use violence against women to perpetuate and reinforce the gender hierarchy, to keep a woman in her place, to control her sexuality, to stifle her rights to speak, to come and go, and to make decisions.

In the culture of our study a man has the right to control his wife, and women who are the victims of abuse are often forbidden by their husbands to tell the facts to friends, family and neighbors. Hence, they will neither seek legal redress nor will they call the police or the family doctor. It is impossible for a woman to lodge a criminal complaint against her husband; victims, therefore, suffer in silence. One exception to this behavior found in our study reveals a protective factor: Those few women who do tell their families are those women in consanguineous marriages. These individuals are protected from violence, thus indicating that when women have opportunities to tell others and have a source of power they are able to stop violence from breeding in silence.

Perpetrators of violence feel justified in their actions and even seek social legitimation for their conduct. Victims, on the other hand, tend to assume responsibility for their plight—an attitude that leads to self-blame, shame and guilt. The psychological stress wrought upon women by abuse is seen to induce dependence, debility, and dread. This process is labeled variously as "learned helplessness" and "battered women syndrome." This reaction was obvious in our study, wherein most women resorted to crying and surrender when faced with physical abuse. Women do adopt strategies to maximize their safety and protect themselves; these protective responses and strategies, however, are severely limited by the few options available.

This study explored the factors that keep women in abusive relationships: the lack of alternative means of economic support, concern for the children, emotional dependence, and a lack of support from family and friends.

The use of violence as a form of control in marriage is not solely perpetuated through the norms regarding a man's rights in marriage. Through women's continued economic dependence on their husbands, battered women develop a mentality of helplessness. The responsibility women bear for the well-being of their children only exacerbates this mentality. Women's socioeconomic and psychological dependency—coupled with their concern for their children—makes it difficult for them to leave situations of domestic violence. They have neither a place to go nor the means to get away.

This study found several serious and lasting ***health*** and ***mental health consequences*** of gender-based violence. Wife-beating destroys women's psyches, dehumanizing them and setting up a willful mechanism of self-destruction. The negative impact on the quality of life is both severe and long term. Abused women in our study have significantly higher levels of anger. They have sleeping disorders and recurrent nightmares. Many reported constantly feeling tired, tense, and frightened; some expressed a wish to die.

Hence a full psychosocial assessment is needed, together with supportive psychotherapy. Such psychological support can help an abused woman to feel that someone understands her sufferings and, eventually, to feel more empowered to face her abuse more actively.
The issue of violence was a difficult one to ***probe,*** given the very "private" nature of the family, the sensitive nature of the topic, and the fact that, traditionally, it is viewed as improper to wash one's dirty linen in public. The accuracy of the data gathered depended on the quality of interaction between the interviewer and the interviewee and, in particular, the ability of the former to infuse a sense of trust, safety, and intimacy into the interviewing relationship. Interviewers were trained to be delicate in their interviews so as to respect what is a very personal issue and to avoid causing embarrassment. The study's methodology allowed men to have the opportunity to tell their side of the story so as to place the whole issue of conflict and battery into perspective.
Group discussion sessions also helped women to overcome their structural isolation and realize that their individual sufferings have social causes and are, in some ways, shared by other women.

RECOMMENDATIONS AND SOLUTIONS:

Violent acts will not disappear in a day, nor will they decrease in frequency without intervention. Yet a start is being made. The publication of studies is vital if the issue of gender violence is to be taken out of the realm of privacy and silence and into the public sphere of policy.

Any strategy to combat wife-battering must attack the root causes of the problem, challenging the social attitudes and beliefs that underlie male violence and renegotiating its meaning from within the cultural contexts of the society.

It is crucial that additional detailed, scientific research be conducted to establish the reasons behind increasing family violence and to investigate possible strategies that can be adopted to stop the problem.
Any tools used to gather information should give flexibility to respondents; focus group discussion will help the researcher gain insight into the world of batterers and their victims.

Clearly, any systematic effort to root out violence must be multidimensional, drawing on the expertise and resources of many sectors, both governmental and non-governmental.
Strategies should seek to go beyond treating the symptoms. They must focus on eliminating the attitudes and beliefs and must improve women's access to power and resources so as to give them realistic alternatives to staying in an abusive relationship.
Strategies should promote non-violent means to resolve marital conflict. Any strategies should be site specific, emerging from the cultural and political realities of the country.
A health care system should be in place to identify, aid, and refer victims of violence, as it is the only public institution likely to interact with all women at any point in their lives. Women who are unable or unwilling to seek help from other channels may nonetheless admit abuse when questioned gently and in private by a supportive heath care provider. Interpersonal contact with a trained professional can offer the wives in violence relief from isolation and self-blame.

It is recommended that a national program on violence against women be developed, including a countrywide study and advocacy program. Such a countrywide study would investigate prevalence, risk, protective factors, and health consequences of violence against women and compare the findings in different parts of Egypt—upper and lower, rural and urban.

Advocacy requires increasing sensitivity to violence among researchers, policy makers and health providers through the production of an information package on violence against women.

Because violence is a multifaceted problem with biological, psychological, social and environmental roots, it needs to be confronted on several different levels at once.

This can be achieved by:

- ✓ Addressing individual factors and taking steps to modify individual risk behavior.

  Influencing close personal relationships and working to create healthy family environments. Providing professional help and support for dysfunctional families, and providing training on parenting.

- ✓ Addressing gender inequality and adverse cultural attitudes and practices. Such advocacy requires continuous consultation with religious and traditional leaders as well as lay prominent figures in the community such as traditional healers.
- ✓ Addressing the larger cultural, social, and economic factors that contribute to violence by undertaking endeavors such as providing job opportunities.
- ✓ Addressing the issue in public places such as schools, workplaces and neighborhoods, and taking steps to address problems that might lead to violence.

  Concerned action across several sectors will be needed, including education, mass media, the legislative system, the judiciary and the health sector. It will be necessary to use mass media and school curriculum to spread messages of violence prevention and raise public awareness. Other strategies include: developing simple tools to undertake gender sensitization, ensuring educational equality for girls, promoting organized action around human rights, developing women's coping mechanisms, promoting non-violent behavior in young children, and strengthening peace education.

Intervention can be divided in terms of the three levels of prevention:

- ✓ **Primary prevention** aims at preventing violence before it occurs.

  The importance of primary prevention is often overshadowed by the need to deal with the consequences of violence.

  We need to create a social environment that allows and promotes equitable and non-violent personal relationships. It may be possible to achieve this with the new generation of children, who can come of age with better skills than their parents had for managing their relationships and resolving the conflicts within them. There is hope that, through careful intervention, they will reach adulthood with greater opportunities for their future and with more equitable notions of how men and women can relate to each other and share power

- ✓ **Secondary prevention** focuses on immediate responses to violence such as hospital care and emergency services.
- ✓ **Tertiary prevention** focuses on long-term care in the wake of violence such as rehabilitation and reintegration. It attempts to lessen trauma or reduce the long- term disabilities caused by violence.

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The Egyptian Partnership in Development Research Program aims to inform development policies and strategies by linking those who conduct research with those who can utilize its findings to promote development in local communities. It promotes a research agenda which is responsive to the needs and priorities of local communities. The program is characterized by a multi-disciplinary, demand-driven, and participatory approach. The program began in Egypt in 1999. The program is directed by an Advisory Board of prominent members who are concerned with development issues.

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