

**VIOLENCE AGAINST WOMEN AND ITS MENTAL HEALTH
CONSEQUENCES IN NAMIBIA**

by
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DECLARATION

I declare that this thesis of masters in Clinical Psychology has not previously been submitted by me for a degree at this or any other University, that it is my own work in design and in execution, and that all material contained therein has been duly acknowledged.

Signed: L.H.N Nangolo
Date : 21/01/03

DEDICATION

I sincerely dedicate this project to my son Etuna Eino Ronaldo Uukule. He is so precious a blessing from God. My life is filled with joy and blessings to have him as my son.

To my mother and my younger sister Maria for their outstanding support throughout my studies. Thank you for taking care of my son when I was outside the country for my studies.

Above all, I dedicate this project to Almighty God, my creator and my everything for being my source of strength and courage during the hard times I went through during my studies.

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ABSTRACT

Violence against women is a manifestation of historically unequal power relations between men and women, which has led to the domination of women by men and to the prevention of the full advancement of women. It is an old phenomenon that was kept secret, and people pretended that the problem did not exist. It wasn't until the feminist activists openly addressed the issue of inequality that included women's lack of rights and low status within marriage and society as well as battering that the taboo topic was changed into a subject extensively investigated. Extensive research on the topic now exists.

As is the case in many developing countries, research on violence against women in Namibia is relatively rare. Research regarding the mental health consequences of abuse is virtually non-existent. It is to this area of research that the present study addressed itself. This study aimed at describing and determining the mental health consequences of battering to which Namibian women are subjected.

The study followed both qualitative and quantitative research approaches. Qualitative research used in-depth interviews based on a semi-structured questionnaire. The measures utilized was an Abuse Disability Questionnaire (ADQ). A demographic questionnaire identifying battered women variables was also utilized. A total of 60 battered women were surveyed and all 60 women completed the questionnaires. In quantitative methods, data were analysed in terms of descriptive statistics. In qualitative methods, closely related data were grouped together under specific titles to serve as categories.

The results indicated that Namibian battered women endure physical, emotional, sexual and financial abuse. The results has shown that age, education, religion, employment status and marital status do not matter. Women are still being battered. The results also indicated that Namibian battered women are indeed subjected to various negative mental health consequences.

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CHAPTER 1

INTRODUCTION

*"You grab her, you hit her, you slap her, she is false, disobedient, a witch....."
You charge. Next - you stab her, drip, drip, drip Her priceless blood, you spill.
Tapping your chest, you shout, you brag : "I am a man"
"No, my dear brother, you are a batterer and a killer."*

(from: Rosemary Kyalimpa, Kenya, 1997).

This passage illustrates the pain and agony of the survivor of battering. This poem was written and read at the memorial service held for three women victims of domestic violence in Kampala in January 1997. It reflects the experience of violence against women and its fatal outcomes.

As a Registered Nurse in Windhoek Hospital Complex, I personally became aware of the trauma experienced by battered women and the subsequent impact on them. It also came to my attention that services provided to these women were minimal, and that psychological intervention was virtually non-existent. Some of the victims are my family members. It was this experience that prompted and guided my interest in this topic of violence against women and its mental health consequences. This present study is, therefore, an attempt to explore and elicit the experiences of battered women in Namibia to better understand the context and their everyday lives as women and their attempts at dealing with their battering.

The objective of the study is to determine and describe the mental health consequences of battering to which Namibian women are subjected. Quantitative and qualitative methods of data collection are used in this instance. The measures utilized are the Abuse Disability Questionnaire (ADQ) and in-depth interviews based on a semi-structured questionnaire. A demographic questionnaire identifies family characteristics (e.g. marital status, education levels, etc.), battered women's age, and that of their partners and women abuse variables (e.g. the time lapse since the violation). Descriptive statistics are used in analysing the qualitative- quantitative data results.

1.1 The Context

Violence against women is a manifestation of historically unequal power relations between men and women, which has led to the domination of women by men and to the prevention of the full advancement of women. Violence against women is also regarded as an old phenomenon that was kept secret, and people pretended that the problem did not exist (Moore, 1979). It wasn't until the feminist activists (in 1960's) openly addressed the issue of inequality that included women's lack of rights and low status within marriage and society as well as battering that the taboo topic was changed into a subject extensively investigated. As a result the community, for the first time, acknowledged the extent and seriousness of the problem (Schurink, Snyman, Krugel & Slabbert, 1992). In addition, violence or battering against women has also come to be acknowledged as a serious social and psychological problem by many professionals as well as the general public (Scarpitti & Anderson, 1992).

An extensive body of research on violence against women now exists (Schurink et al. 1992). Research areas on the subject include but are not limited to historical and cultural contexts, prevalence rates, definitions, theories concerning the nature and the dynamic of abuse, theories about the victims and the perpetrators, dynamics and treatment studies and protection as well as prevention studies.

Although violence against women received little attention in the literature prior to the 1970's, many countries now conduct research in this area. Starting in the early seventies the problem of violence against women became an issue of national and international concern. However, it remained hidden and invisible in the sense that people in developing countries believe that a man has a right to control his wife or a lover and to be the head of the family (Davies, 1994). It is also viewed in many traditional countries as an acceptable means of social control (Taylor & Stewart, 1991).

As in many developing countries, research on violence against women or women

battering in Namibia is relatively rare. As the problem has received much attention, particularly in the media (radio, TV and newspapers) since the 1990's, Namibian professionals as well as the public have become more sympathetic to the issue of domestic violence.

Although much attention has been focused on violence against women, little research has been conducted with an emphasis on the victims themselves.

Violence against women occurs within and outside families and research indicates that in most cases, the main perpetrator is often someone a woman is cohabiting with or a husband rather than a stranger. Alcohol, drugs and other substance abuse, cultural beliefs/ideology, divorce and single parenthood are the contributing factors to violence against women. Furthermore, unemployment and poverty are also among the contributing factors (Schikwambi & Ithindi, 1996). In addition, victims of battering experience a number of psychological effects. These include self destructive behaviours such as depression, suicide, anxiety and fear, anger, hostility towards men, low self-esteem, substance abuse, post traumatic stress disorder, feelings of isolation and stigma, tendency towards re-victimization, sexual dysfunction, difficulty in trusting men and shame (Kirkwood, 1993; Freedy & Hobfall, 1995).

It has been shown that the degree of support a person receives from parents and others following disclosure of battering can moderate the negative long-term effects of abuse (Hoff, 1991; Donaghy, 1995). Different people experience the effects of battering or violence to a different degree, depending on their individual coping mechanisms. According to Lazarus and Folkman's theory of stress and coping, cognitive re-appraisal, one's perception of the stressor, can be an effective strategy for coping with stressful life events in general (Lazarus & Folkman, 1984). Research suggests that coping strategies play an important role in the adjustment of the victim and survivor (Hoff, 1991; Coffey, Leitenberg, Turner & Bernett, 1996).

Although much has been learned in the fields of violence against women and its mental

health consequences internationally, such research in the Namibian context is still in its embryonic stage. Therefore, these well-established dynamics of violence against women / women battering models form the basic guide of this thesis.

1.2 Overview of Chapters to follow

A detailed review of violence against women/battered women and its mental health consequences will be presented in chapter two, following the introductory chapter. The historical context of violence against women is initially examined, after which violence against women is defined. Based on results from various international studies, the prevalence of the phenomenon is presented followed by a subsection on factors relating to violence against women within the Namibian context. A subsection on mental health consequences follows and the factors influencing the degree of trauma are outlined. Diagnostic and treatment issues are presented, following the discussion of violence against women / women battering.

In the third chapter the problem is formulated and significant factors that have been taken into consideration are addressed. The research study's specific aims are stated. The method used in the research study is reported and a description of the research study is given and includes a description of the research design, the composition of the sample, the procedures followed in collecting data and the statistical measures used to analyse the data. The results of the statistical analyses are provided in the fourth chapter.

In the fifth chapter the results obtained from the statistical analyses and interview are comprehensively discussed. Finally, conclusions of the research study and recommendations for future research are presented in the sixth chapter.

Throughout this thesis, words such as spouse, women, wives and partner as well as lover will be utilized to refer to women who are/were in the abusive relationships. Thus, my discussion will focus on physical and psychological violence against women by men to whom they are married or with whom they are cohabiting. Furthermore, the feminine grammar (e.g. her, she and the women) will also be utilized to refer to a battered woman.

CHAPTER 2

VIOLENCE AGAINST WOMEN AND ITS MENTAL HEALTH CONSEQUENCES: THEORETICAL BACKGROUND.

2.1 Introduction

The aim of this chapter is to give a brief overview of the literature regarding violence against women leading to mental health consequences following the abuse as a theoretical background. Owing to the large amount of currently existing information on the subject, it was necessary to present the salient information in this thesis merely in a summarized form. The historical context of violence against women is initially examined, after which definitions are discussed. The prevalence of the phenomenon, internationally and in Namibia, is presented. Subsections on the mental health consequences and factors influencing the degree of trauma experienced are outlined. Recent theories about the nature and dynamics of women battering are presented, followed by a discussion of diagnostic and treatment issues.

2.2 Historical Context of Violence against Women

Violence against women or women battering is not a new problem; it is assumed by some researchers to have begun with the first monogamous pairing (Moore, 1979). It can be traced back to early times, during which women were looked on as property and as a method of ensuring that a man's heritage and life continued. Husbands were allowed to beat, torture and even kill their wives (Hubbard & Wise, 1998; Wallace, 1996; Sister Namibia, 2001).

In Rome, where the first laws of marriage were enacted, a husband was the absolute ruler who controlled all properties and persons in his household. The wife was required to obey her husband (Kanagawa, 1995) and he was given the legal right to punish his wife for any misbehaviour. Even today, many marriage ceremonies and relationships still

include instructions for the wife to love, honour and obey her future husband (Wallace, 1996; Le Beau, 1996).

In France, in the early 1800's, Napoleon Bonaparte also enacted the civil code, which stated that women are the property of men. According to that code, women were first owned by their fathers, and then in marriage that ownership was transferred to their husbands. Under English common law, wives and children were property of the husband. Women in the United States of America had no voting power until in the early 1970's. All these are manifest power imbalances (Wallace, 1996; Kanagawa, 1995).

The dimension of violence against women, especially in the family has been disregarded for so long that its seriousness had not attracted international attention.

However, during the last 20 years, recognition of the fact that violence against women is a major problem has grown in industrial countries such as Australia, Canada, Europe USA and concern has escalated to the point that the subject has become a priority on the international agenda (Dobash & Dobash, 1992). In addition, it wasn't until the 1960's and 1970's with the explosive growth of the women's movement, that women began to be viewed as equals. It was also during this time that women began to seek help and protection against abusive spouses. In 1974, a feminist organisation known as Women's Advocates opened a women's house in St Paul, Minnesota. This was the first unrestricted shelter for abused women in the United States of America. From this humble beginning, women's shelters have sprung up in every metropolitan centre in USA (Wallace, 1996; World Health Organization, 1997).

In developing countries, the issue of violence against women also emerged in the context of increased organization by women as part of either national democratic movements, international development projects, urban community struggles or emerging feminist movements (Schuler, 1992).

In Brazil, Argentina, Chile and Phillipine the movements had its roots in women

organizing against authoritarian regimes. As women came together to protest repression, they began to analyse the gender oppressions in their own lives (Edleson & Eisikovits, 1996).

In both the industrial and the developing world organized action by women generally began with isolated groups of concerned middle class women, professionals, psychologists, activists and lawyers coming together to provide training, information and other support for women. Such coalitions used diverse strategies to achieve their goals. For example, in Malaysia the joint action group against violence against women sponsored a 5-year multifaceted campaign consisting of workshops, media campaigns, demonstration, lobbying and petitions (Fernandez, 1993 in Glanz, Andrew & Spiegel, 1996).

In 1988, Mexico's Red Vocacional Contra La Violencia Lacia la Meyer held a national forum on sex crime, which presented 88 papers and testimonials about rape and domestic violence to the Mexican House of Deputies (Shrader- Cox, 1992). In Bolivia, La Platform de la Meyer also organized a major campaign to reform the country's rape laws including widespread media coverage and dialogues with parliamentarians. In one month, the campaign collected more than 40 000 signatures denouncing violence against women (Montana, 1992 in Edleson & Eisikovits, 1996).

Nevertheless, violence against women continues to be a global epidemic that kills and tortures both physically, psychologically, sexually and economically (Unicef, 1993). It is present in every country cutting across boundaries of culture, race, class and status. It is not restricted to the working class or poor or to a particular age (Dobash & Dobash, 1992). The only variation is in the patterns and trends that exist in countries and regions (Innocenti Digest, Unicef, 1999). Violence against women is one of the most pervasive of human right violations, denying women and girls equality, security, dignity, self worth and their right to enjoy fundamental freedom (International Centre for Research on Violence against Women, 1999; Innocenti Digest, Unicef, 1999).

Even though most societies proscribe violence against women, the reality is that

violations against women's human rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. Furthermore, when the violence takes place within the home, as is very often the case, the abuse is effectively condoned by the tacit silence and the passivity displayed by the state and the law enforcement machinery (Hubbard & Wise, 1998; Wallace, 1996).

In addition, battered women themselves kept their abuse secret and they pretended as if the problem did not exist (Moore, 1979). The reason for this could be that women feared to be blamed for the assaults upon themselves (that they provoked violent acts against themselves). It could also be that violence that happened inside the house was regarded as a private matter (Davies, 1994; Hubbard & Wise, 1998), and some women regarded themselves as the property of their husbands and violence was not really an abnormal thing to them. For example, Zambian women interviewed in a recent Zambian study thought that physical and mental abuse was a normal part of marriage (Unicef Namibia, 1997). In Kenya, another study found that many girls viewed male jealousy and abuse as a sign of love, and thought that a man did not love them if he did not beat them (United Nations - The World's Women, 1995).

Another reason why women kept their battering secret is because people in developing countries believed that a man does have the right to control his wife or lover and to be the head of the family ("the boss") (Davies, 1994). A man's violent acts were also viewed as an acceptable means of social control (Taylor & Stewart, 1991; Hubbard & Wise, 1998).

The International Centre of Research on Women (ICRW, 1999) played a crucial role in further increasing the focus on violence against women. According to this centre, violence against women is not customarily acknowledged and has remained invisible - a problem thought unworthy of legal or political attention. It adds that social construction of the divide between public and private underlies the hidden nature of domestic violence against women. It further indicates that jurisprudence has historically considered the domain of the house to be within the control and unquestionable authority of the male head of the household (ICRW, 1999; Moore, 1979; Sister Namibia, 2001). Thus, acts of

violence against members of the household, whether wife or child, were perceived as discipline, essential for maintaining the rule of authority within the family (Taylor & Stewart, 1991; Le Beau, 1996; Hubbard & Wise, 1998).

In the last two decades the Indian women's movement has also called attention for a growing public awareness of violence against women. Women activists have mobilized and pressed for significant changes in the criminal code and police procedures in order to address various acts of violence. For example, throughout the 1980's, Indian society witnessed numerous protests by women's organizations against dowry death, custodial rape, abductions of women, sati (the burning of widow on the funeral pyre), amniocentesis used for sex selection of children, sexual harassments of young girls and women in public places, trafficking and prostitution (World Health Organization, 1997; Visaria, 1997; ICRW, 1999). Except for the sensational cases, the insidious everyday violence experienced by huge numbers of women has remained hidden in the private domain (Moore, 1979; Davies 1994; WHO, 1997).

Despite the invisible violence against women generally, considerable efforts have been made by feminist activists who openly addressed the issue of inequality that included women's lack of rights and low status within marriage and society as well as battering. These have been aimed at changing the taboo topic into a subject now extensively investigated. As a result the community for the first time acknowledged the extent and the seriousness of the problem (Schurink et al., 1992).

In addition, violence against women has come to be acknowledged as a serious social and psychological problem by many professionals as well as by the general public (Scarpitti & Anderson, 1992). As a result of increased awareness, international conferences involving a variety of professionals have been held, journals have been established, and a large amount of literature now exists on violence against women (Schurink et al., 1992). For example, the Nairobi Forward Looking Strategies for the Advancement of women documented the following paragraph:

“Violence against women exists in various forms in everyday life in all societies. Women

are beaten, mutilated, burned, sexually abused and raped. Such violence is a major obstacle to the achievement of peace and the other objectives of the decade and should be given special attention. Women victims of violence should be given special attention and comprehensive assistance. To this end legal measures should be formulated to prevent violence and to assist women victims. National machinery should be established in order to deal with the questions of violence against women within the family and society. Preventive policies should be elaborated and institutionalised forms of assistance to women victims provided (Sister Namibia, 2001 p. 6).

The UN Convention of the Elimination of all Forms of Discrimination against Women (1993) was also instrumental in creating awareness of violence against women in general in the United States of America. At first it did not address the issue of violence against women explicitly. In 1992, the UN committee responsible for monitoring the implementation of the Convention issued general recommendations, which formally identified gender based violence as prohibited gender discrimination. In 1994, the UN General Assembly gave a strong recognition to violence against women as being a human rights issue by adopting a declaration on the termination of violence against women (Hubbard & Wise, 1998; Connors, 1999).

Hubbard & Wise (1998) noted that this is the first international human rights instrument which deals exclusively with violence against women, and it explicitly includes violence which occur “in public or in private life”. In their recognition of violence against women, the UN General Assembly made the following statement: “*States should condemn violence against women and should not involve any customs, traditions or religious considerations to avoid their obligations with respect to its elimination.*” (Page 10). With that idea, governments are expected to develop penal, civil, labour and administrative sanctions to punish and redress wrongs caused to women who are subjected to violence. Furthermore, governments must make sure that laws, which are insensitive to gender considerations, do not result in the re- victimization of women (Hubbard & Wise, 1998; Connors, 1999).

Since the Vienna Accord of 1993 and now with the recent World Conference on Women in Beijing, 1995, interest in violence against women in general has grown among women's organizations and local governments. Increasing numbers of workshops and symposia are being conducted (Kanagawa, 1995; Sister Namibia, 2001). To date, the strategies for dealing with violence against women are also becoming clearer and there is no excuse for lack of action.

2.3 Definition of Violence against Women

There is no universal definition of violence against women. Some human rights activities prefer a broad definition that includes "structural violence" such as poverty and unequal access to health and education. Others have argued for a more limited definition in order not to lose the actual descriptive power of the term. In any case, the need to develop specific operational definitions has been acknowledged so that research and monitoring can become more specific and have greater cross-cultural applicability (Levinson, 1989; Innocenti Digest, Unicef, 1999).

A frequent perception of domestic violence against women is that it is limited to physical harm perpetrated on adult women within a marital relationship (ICRW, 1999). While this understanding may capture a large universe of the experience of women, it is predicated on the assumption that women primarily live in nuclear families. Moreover, women may be in an established relationship or in the process of divorce or separation. Violence is not restricted to the current husband, but may extend to a boyfriend or a former husband (Taylor & Stewart, 1991). Thus, a definition that acknowledges these multiple possibilities would lead to interventions that are more inclusive of the experiences of all women (ICRW, 1999).

According to the ICRW (1999), definition of violence against women rests upon not only the nature of relationship between the perpetrator and the victims but also norms of acceptable behaviour. It adds that there is considerable difference of opinion regarding

which behaviours should be considered violent as well as the level of intensity and frequency required to label a relationship as violent. It further argued that another contentious issue regarding violence is how to evaluate the intent of the act, why the act was initiated and whose view should determine this.

However, the United Nations Declaration on the Elimination of Violence against Women (1993) and Angless, (1990) defines violence against women as any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life. This definition refers to the gender based roots of violence, recognizing that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men (Innocenti Digest, Unicef, 1999). Furthermore, it broadens the definition of violence against women by including both the physical and psychological harm done towards women and it includes acts in both private and public life (ICRW, 1999; Hubbard & Wise, 1998).

The Declaration also defines violence against women as encompassing but not limited to three areas: violence occurring in the family, within the general community and the violence perpetrated or condoned by the State (UNDEVW, 1993).

Pagelow (1984: 303) defines an abused or battered woman as “..... one who has been subjected to physical assault or emotional abuse or both by her intimate partner on more than one occasion”. Violence is also defined by Bradby (1996: 248) as a “severe and intense exercise of force of power usually resulting in injury or destruction”.

Furthermore, violence consists of all acts that constitute violence (Scarpitti & Anderson, 1992; Angless, 1990). Violence is manifested through Physical Abuse such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapons and murder. It also includes traditional practices harmful to women such as a female genitalia mutilation and wife inheritance (the practice of passing a

widow and her property to her dead husband's brother) (Le Beau, 1996; Arriaga & Oskamp, 1999; Innocenti Digest, Unicef, 1999; Hubbard & Wise, 1998; Gondolf, 1998).

Sexual Abuse includes activities such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual act on a woman or forcing her to have sex with others (Hoff, 1991; Roberts, 1995; Dutton, 1995; Gondolf, 1998; Innocenti Digest, Unicef, 1999; Unicef, Namibia, 1993; Le Beau, 1996; Campbell & Humphreys, 1993).

Psychological Abuse includes behaviour that is intended to intimidate and persecute and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation. Yelling and screaming at the women constitute psychological abuse (Innocenti Digest, Unicef, 1999; Le Beau, 1996; Gondolf, 1998; Campbell & Humphreys, 1993; Roberts, 1995; Dutton, 1995; Hubbard & Wise, 1998).

Economic Abuse includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care and employment (World Health Organization, 1997, United National Declaration on the Elimination of Violence against Women, 1993; Roberts, 1995; Dutton, 1995; Hubbard & Wise, 1998).

Despite these definitions, other theorists argued that the critical element in the definition of violence should be seen in a special way, whether it is framed as an exclusively interpersonal act or seen more broadly as an expression of power that perpetuates the subordination of women. If it is the former, the definition would only include those acts which might be seen as crimes and thus focus only on acts which results in physical evidence. If it is the latter, the definition of violence would include all acts of "physical, verbal, visual or sexual abuse that are experienced by women and girls as threats, invasion or assaults, and that have the effect of hurting her, or degrading her and or taking away her ability to control contact (intimate or otherwise) with another individual"

(Koss, Goodman, Browne, Fitzgerald, Keita & Russon, 1994). Such a definition captures more fully all the different processes by which women undergo subordination within relationships and fits more directly into human rights perspectives (ICRW, 1999).

2.4 Prevalence

While reliable statistics are hard to come by, studies estimate that from country to country between 20 and 50 percent of women are believed to have experienced physical violence at the hands of an intimate partner or boyfriend with whom they are cohabiting (United Nations Declaration on the Elimination of Violence against Women, 1993; ICRW, 1999). This average is based on available national surveys across industrialized and developing countries (World Health Organization, 1997).

According to Kaplan & Saddock (1998), spouse abuse in USA is estimated to occur in 2 to 12 million families. They indicated that there are 1.8 million battered wives in USA, excluding divorced women and women battered on dates.

In India, the few studies available indicated that physical abuse of Indian women is quite high, ranging from 22 percent to 60 percent of the women surveyed (Mahajan, 1990; Rao, 1996).

In Japan, a survey documented a high rate of physical violence including slapping, slugging with a fist, kicking, throwing around, grabbing, choking, shaking, twisting, arms, or pulling hair. In addition, some women reports being assaulted with a deadly weapon or household items ranging from bottles, ironing boards, hammers, umbrellas to vacuum cleaner, hoses, baseball bats and wooden sticks. Despite the incidents of physical violence, non-physical forms of violence, such as debasement and verbal or behavioural acts violence as well as destruction of property, are said to occur very often in India (Kanagawa, 1995). Other forms of abuse such as sexual abuse, restricting or prohibiting the contact with family or friends and frequently checking on women's whereabouts are also common. However, Kanagawa (1995) indicated that the prevalence

of violence against women is higher in USA than in Japan.

In South Africa, statistics taken by Jewkes, Penn-Kekana, Ratsaka & Schrieber (1999) from three provinces indicate high rates of physical violence, varying between 19 - 28%. These statistics were however, opposed by Heise, Raikes, Watts & Zwi (1994) saying that the prevalence of violence against women is likely to under represent the true magnitude of violence against women, as under reporting is a common problem in surveys. They add that the main reasons for this could be that women are afraid of recriminations, feel ashamed, see it as a private matter, do not want to be disloyal to their husbands or partners or do not see themselves as abused (because owing to socialization, they accept physical chastisement).

Jewkes et al. (1999) compared the prevalence of violence against women reported in the three province study with those selected from other countries -South Africa (Mpumalanga province \pm 30%, Eastern Cape \pm 28%, Northern Province \pm 20%), Uganda 40% (Blanc, 1996), Kenya 42% (Raikes, 1990), Egypt 36% (El Zanaty, 1996), and Korea about 38% (Kim & Cho, 1992). Another study undertaken in Cape Town by Abrahams, Jewkes, & Laubscher (1999) revealed 41% of men who physically abused their wives. Jewkes et al. (1999) also imply that violence by women against men is also found in RSA but usually occurs in situations of conflict where the men use force first and is usually less severe.

Although there is consistent evidence that both men and women engage in physically violent behaviour during their marriage or relationships, Strauss & Gelles (1990) believe that women's use of violence is likely to occur in self defence, that is, in response to male use of violence (Yllo, 1994 in Arriaga & Oskamp, 1999). Thus, Jewkes et al. (1999) also view the prevalence of abuse of men to be lower than that of abuse of women. They supported their arguments with a study made in Scotland by Wright & Kasiya (1997) which identified a series of 235 victims of violence in an emergency department. This study indicated 35% of women who were victims of violence as compared to men of whom only 21% were victims of violence at the hands of women.

According to Jewkes et al. (1999), prevalence of abuse in hospital or clinic population is often found to be much higher than that in the community generally owing to different consultation patterns of abused women. They add that the pattern of abused women is not always seen especially in developing countries where access to services and the cost of care are more critical issues. However, a prevalence of 49% was found in a random sample of women who attended a community centre in Cape Town (South Africa), but was not found in a sample of women who consulted general practitioners where the prevalence of violence was 22% only (Marais, De Villiers, Moller & Stein, 1999).

Rape is believed to be a major problem in countries like South Africa and USA. The prevalence of reported rapes in South Africa is the highest in the world. To date, community based research has shown the incidence of rape to be 1.5%. However, Jewkes et al. (1999) feel that the prevalence may have been under estimated as studies of adolescents' sexuality indicate that one third of teenage girls experience forced sexual initiation. In addition, coercive sex within dating and marital relationships are very common in RSA (Abrahams et al., 1999).

According to Abrahams et al. (1999), 43% of the surveyed men reported having raped or attempted to rape their wives or one of their girl friends during the few years prior to the study.

In India, women and girls are tricked or forced by their husbands or lovers into prostitution (Kanagawa, 1995).

In the poor rural areas of Thailand, where poverty has given rise to the phenomenon of debt bondage, it is believed that it is the daughter's duty to sacrifice herself for the well-being of her family. Traffickers buy the "labour" of young women and girls in exchange for money. This could be the reason why there is a high incidence of HIV/AIDS in this country today (Innocenti Digest, Unicef, 1999).

In Northern Ghana and parts of Togo, girls are donated to priests and are forced to live as

wives and submit sexually to the shrine priests in return for protection for the family. A similar practice exists in Southern India where young women and girls are donated to serve a temple and very often end up in prostitution (Kanagawa, 1995, Unicef, Namibia, 1993; Innocenti Digest, Unicef, 1999).

Although rape is reported to occur in intimate relationships, it is believed to be under reported in surveys because women may not really want to recall important and humiliating experiences (Unicef Namibia, 1997; Le Beau, 1996) and also may fear being blamed or actually blame themselves for it (Gondolf, 1998; Hubbard & Wise, 1998). Additionally, it is also likely that experiences of non-consensual sexual initiation are subsequently re-interpreted as “normal” or as “unimportant” in the light of frequent unwanted sexual experiences and are not referred to in surveys of adults. All of which serves to remind us that our gender data is highly vulnerable to extraneous factors, which influence levels of reporting (UNAIDS, 1999; Sister Namibia, 2001). However, Jewkes et al. (1999) found that half of the women they interviewed have experienced sexual abuse by their current husbands or ex- partners.

Physical violence is usually found associated with various types of psychologically or emotionally abusive practices. Often these are said to be the hardest for women to tolerate (UNICEF Namibia, 1993, UNDVW 1993; Kanagawa, 1995, United Nations - The World's Women, 1995).

Prevalence results are however, complicated by the fact that clinical studies and mandated agencies can only provide reports of prevalence based on those cases which come to their attention (Gelles & Loseke, 1993). Thus, broader population studies are required to determine absolute prevalence as many cases go unreported.

Furthermore, the question of which groups are at greater risk of violence against women is difficult to answer from community based studies as there is very likely to be differential underreported cases between women of different ages, races and social problems. Stereotyping “at risk groups”, however, is highly unreliable as research

indicates that gender based violence occurs in all social groups. (Kanagawa, 1995, Jewkes et al., 1999). However, studies attempting to investigate prevalence among adult populations are not entirely valid, since results depend on the kind of definition and methodology employed as well as the willingness of abused victims to take part in the surveys (UN, The World's Women, 1995; Innocenti Digest, UNICEF, 1999).

Survey results on the percentage of adult women who have been physically assaulted by an intimate partner who took part in the survey from different countries are as follow: Zambia 40%, Kenya 42%, Tanzania 60% and Uganda 46% (United Nations, The World's Women, 1995).

2.4.1 Violence against Women and the Namibian Context

2.4.1.1 Introduction

In Namibia, as in many developing countries, research on violence against women has been largely neglected and is thus very minimal. Violence against women and children is, however, very common, the main perpetrators being men (UNICEF, 1993; Adams, 1996; Schikwambi & Ithindi, 1996; Hubbard & Wise, 1998). In September 1990, Namibia signed the United Nations Convention on the Rights of the Child, thus highlighting the need to provide services to the children (Adkisson, 1995; Zama, 1994). This was followed by the establishment of the Namibian National Women's Organization that emphasized the protection of women and children against violence (Adams, 1996; Sister Namibia, 2001).

To support the victims of violence, the Namibian National Women's Organization and the Namibian Women's Movement, worked together with the government to establish the country's first rehabilitation centre (Women and Child Abuse Centre) which opened in July 1993 in Windhoek (Adams, 1996; Schikwambi & Ithindi, 1996). Later this centre was renamed the Women and Child Protection Unit (WCPU). It was from then that services have been provided to battered women, abused children and their families in accordance with the Convention (Adkisson, 1995; Adams, 1996; Dippenaar, 1998)

The establishment of this centre and the expansion to Oshakati (February 1994), Keetmanshoop (August 1994), Walvisbay (February 1997), Rundu (August 1997), Tsumeb (September 1997) and Mariental (1998) was a great step towards the provision of services to battered women, abused children and their families in Namibia. Needless to say, these services need to be strengthened and expanded to include adequate psychological services.

2.4.1.2 History

The history of violence against women in Namibia is not documented in the literature. Despite the lack of such scholarly publications, violence against women is probably as old a phenomenon as the Namibian nation. Although increasing attention has been given to the subject primarily in the 1990's, violence against women in Namibia is not a 1990's invention.

2.4.1.3 Prevalence and Awareness

To date, no prevalence studies on violence against women have been carried out in Namibia. Thus, how much violence against women occurs in Namibia is not clear, because there is no specific crime of domestic violence which is documented. Cases, which are reported to the police, are hidden within larger crime categories, such as rape and assault. (Hubbard & Wise, 1998). As a result, it is difficult to accurately measure the incidence of violence against women in Namibia, as it remains under- reported (Le Beau, 1996; Unicef, Namibia, 1997; Sister Namibia, 2001).

Le Beau (1996) also noted that is hard to assess or to measure the extent of violence against women because it frequently occurs in private, carries stigma and women are reluctant and /or afraid to bring it out into the open (Hubbard & Wise 1998).

The absence of prevalence studies in the Namibian context does by no means imply the absence of the phenomenon in the country. As elucidated by Sister Namibia (2001), reasons for the lack of formal research in Namibia (as in many developing countries) are varied and beyond the scope of this thesis. In sum, difficulties in defining violence against women in the African context, the importance of male domination and female subservience, socio-economic and political factors, and specific areas of abusive practices, cause further complications.

Moreover, violence of men against their partners is also viewed in many traditional societies as an acceptable means of social control and may not have any legal consequences for the man even if a case is brought against him (Taylor & Stewart, 1991; Hubbard & Wise, 1998).

In addition, Le Beau (1996) indicated that it is difficult to define violence against women in Namibia. According to her, if you mentioned domestic violence against women to people in Namibia, you would hear different points of views. More so, since everyone has different personal and professional views of what constitutes domestic violence against women in Namibia generally.

Recent reports from various institutions such as the Women and Child Protection Unit, the Legal Assistance Centre and the Department of Women Affairs indicate that violence against women does occur in Namibia. A number of known cases have been the focus of few professionals' thesis (Dippenaar, 1998). For example, Le Beau (1996), in her interviews with medical personnel estimated that almost half of all the women they treated showed signs of being victims of violence.

In recent years a number of violence against women cases have received attention in the media. One example is the notorious 1998 Florin case in Swakopmund in which a man killed his wife and then dismembered her body, cooking some body parts and throwing others into the sea. Another notorious video incident was shown by the Namibian Broadcasting Corporation (NBC) in 1999 is about the stabbing to death of a female student at the University of Namibia (UNAM) by her 24-year-old ex-boy friend. He

stabbed the young women more than 30 times. He pleaded guilty saying that he knew what he was doing although he committed this crime while he was under the influence of alcohol.

The Namibian newspapers (10 April 2002) recently reported a case of a man who was accused of fatally assaulting his wife with a stick and his fists. Lastly, *the Namibian* newspaper (12 April 2002) also reported a 51-year-old man being held by Stampriet Police after he allegedly hacked his wife to death with an axe at a farm near Stampriet.

Despite the increasing reports in the media and by Women and Child Protection Unit as well as the Legal Assistance Centre the prevalence of violence against women in Namibia still remains under-reported.

According to the Women and Child Protection Unit reports in Adams (1996) the number of domestic violence cases reported to social workers nationwide is increasing. For example, 176 cases of domestic violence were reported in 1994 which includes abused children. In 1995, 283 cases were reported and 394 cases in 1996. These numbers include child abuse as well.

Table 2.1

Cases reported countrywide: January - December 2001 to the Women and

Child Protection Units:

UNIT	DOCKETS ON HAND	FINALIZED	PENDING	WITH-DRAWN
Windhoek	182	2	160	18
Keetmanshoop	52	6	30	16
Walvisbay	122	63	59	18
Tsumeb	34	5	29	-
Oshakati	119	12	88	19
Mariental	118	26	53	39
Luderitz	35	17	18	11
Opuwo	34	6	26	11
Gobabis	66	25	24	17
Rundu	42	4	38	1
Caprivi	43	12	31	10
Otjiwarongo	13	1	12	0
TOTAL	825	173	544	149

*** These numbers include child abuse as well.**

In general, the low rate of reported cases of women battering does not necessarily imply that woman battering is a rare phenomenon. Therefore, there are reasons to believe that the number of reported cases grossly underestimates the prevalence of violence against women in Namibia. It seems logical to assume that the figures reported above are merely what we see through a keyhole and not a reflection of the entire picture.

The abuse of women poses a serious threat to the Namibian family, values and the moral fabric of the society, as women are the bearers, care providers and socializing agents of children. Therefore, their mental and physical health is of the utmost importance to facilitate the effective carrying out of their roles and duties.

2.5 Cause of Violence against Women

There is no one single factor to account for violence perpetrated against women. Increasingly, research has focused on the inter-relatedness of various factors that should improve our understanding of the problem within different cultural contexts. (Innocenti Digest, Unicef, 1999).

Several complex and interconnected institutionalised social and cultural factors have kept women particularly vulnerable to violence. All of them are the manifestations of historically unequal power relations between men and women. Factors contributing to these unequal power relations include: socio economic factors, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status. (Coomarasuamy, 1994; Heise, 1994; Innocenti Digest, Unicef, 1999; Unicef Namibia, 1993; Hubbard & Wise, 1998).

In addition, Heise (1998) also mentioned that violence against women should be viewed as a multifaceted phenomenon. It is influenced by the personal experiences of individuals which they bring to a relationship, dynamics of the immediate relationship, the immediate social context within which the relationship is located, including socio-economic circumstances, attitudes towards abuse of women in the community, the extent to which others intervene in this problem and the availability of formal or informal sanctuary for abused women and the broader social context, particularly reflecting views on the positions of women in society or the degree of protection offered by the law (Scarpitti & Anderson, 1992).

The cause of violence against women is most likely to be rooted in individual psychological factors as well as broader micro- and macro-social factors rather than being an innate feature of male nature, since there are societies where spousal abuse is not found at all. According to Mager (1998), men deploy violence against women in

attempts to maintain particular self-images and social evaluations in the face of real or imagined threats. That is, to prove that they are “real” men and their women are under their control (Taylor & Stewart, 1991; Sister Namibia, 2001).

Violence against women could also emanate from the political, economic, and social powerlessness of African men who lived under apartheid. This resulted in situations where many men took their frustrations out on their female partners (Ramphele, 1989).

2.5.1 Lack of economic resources

Lack of economic resources that underpins women’s vulnerability to violence and their difficulty in extricating themselves from violent relationships are also thought to be amongst the causes of violence against women. However, the link between violence and lack of economic resources and dependence is circular. On the one hand, the threat and fear of violence keeps women from seeking employment, or, at best, compels them to accept low-paid, home-based exploitative labour. On the other hand, with limited economic independence, women have no power to escape from abusive partners or relationships (Dobash & Dobash, 1979; Pagelow, 1981, 1984; Coomarasuamy, 1994; Heise, 1994, 1998; Le Beau, 1996; Innocenti Digest, Unicef, 1999).

Despite the above argument, the **increasing economic activities and independence of a woman** are also viewed as threats which lead to increasing male violence practices (Innocenti Digest, Unicef, 1999). This particularly is true when the male partner is unemployed and feels his power undermined in the relationship or household (Hubbard & Wise, 1998). Studies have linked a rise in violence to the destabilization of economic patterns in society. Furthermore, macro-economic policies such as structural adjustment programmes, globalisation and the growing inequalities these have created, have been linked to increasing levels of violence in several regions, including Latin America, Africa and Asia (Ramphele, 1989; Innocenti Digest, Unicef, 1999; ICRW, 1999).

The transition period in the countries of Central and Eastern Europe as well as the former Soviet Union with increases in poverty, unemployment, hardship, income inequality, stress and alcohol abuse have led to a rise of violence in society, particularly violence against women (Le Beau, 1996; Schikwambi & Ithindi, 1996; Hubbard & Wise, 1998; Innocenti Digest, Unicef, 1999). These factors also act indirectly to raise women's vulnerability by encouraging more risk-taking behaviour, more alcohol and drug abuse, the breakdown of social support networks, and the economic dependence of women on their partners (Yllo & Bogard, 1988; Miller, 1990; Gelles & Loseke, 1993; Arriaga & Oskamp, 1999).

2.5.2 Social oriented approach.

The social oriented approach argued that the patriarchal system is to be blamed for the problems of violence against women because girls are taught to accept male domination and to be helpless, complying, passive and dependent on males (Moore, 1979; Pagelow, 1984; Taylor & Stewart, 1991; Schurink et al., 1992; Dobash & Dobash, 1979; Martin, 1976). For example, nine studies done in China indicate that the Chinese community believe in the self-other-relationships and their beliefs were built on the traditional collectivity of the extended family kinship network. Such a collectivity extends even beyond the living relatives to include the ancestors. Thus, a Chinese woman sees herself as a daughter, a sister, a wife and a mother, but not as an independent woman striving for self-actualization (Yllo, 1994; Kanagawa, 1995; Roberts, 1998). This indicates how culture has an influence on abuse of women (Innocenti Digest, Unicef, 1999; Unicef Namibia, 1993).

The patriarchal system limits the occupational opportunities and earning power of women. As a result, women are forced to be dependent upon their husbands/partners financially (Dobash & Dobash, 1979; Russell, 1988; Scarpitti & Anderson, 1992; Innocenti Digest, Unicef, 1999; Pagelow, 1981, 1984; Unicef, Namibia, 1993, 1997; Hubbard & Wise, 1998; Kirkwood, 1993).

2.5.3 Social learning theories

The Social Learning theories also contributed to the topic of violence against women. According to Bandura (1973), violence against women is a learned behaviour and not a psychopathological conditions or character deficiency. Thus, experiences during childhood such as witnessing domestic violence and experiencing physical and sexual abuse may put children at risk, both of abusers and of abused, when they grow older.

Furthermore, violence may be learnt as a means of resolving conflict and asserting manhood for children who have witnessed such patterns of conflict resolution (Pagelow, 1981, 1984; Strauss & Gelles, 1990; Anderson, Boueille & Swartz, 1991; Wallace, 1996; Sister Namibia, 2001). As regard to women, the Social Learning theory believes that a woman who endures violence will have been brought up in a violent family and have learnt that violence is acceptable. This means that these women also expect their husbands or lovers to ill-treat them (Taylor & Stewart, 1991; Sister Namibia, 2001).

In addition, **psychological entrapment** also contributes to the violence against women. This happen when women begin a relationship with the intention of making it work. She tries by every means to make it work smoothly and thereby invests more of herself in it (Strube & Barbour, 1983; Wallace, 1996; Barnett, Miller-Perrin & Perrin, 1997).

Although there are many men who drink without becoming violent, and many men who do not drink but beat their wives/ lovers, **alcohol** has been implicated as a factor in provoking aggressive and violent male behaviour towards their wives and children (Miller, 1990; Resnick, 1994; Sorenson, Stein, Siegel, Golding & Burman, 1987; Gelles & Loseke, 1993). Moreover, excessive consumption of alcohol and other drugs may make violent behaviour emerge (Le Beau, 1996; Hubbard & Wise, 1998; Innocenti Digest, 1999; Unicef, Namibia, 1993, 1997; Sister Namibia 2001).

Wallace (1996) agreed with Le Beau (1996), Hubbard & Wise (1998), Unicef Namibia (1993), Innocenti Digest, Unicef (1999), and Sister Namibia (2001) that alcohol itself does not cause violent acts but it is present in many abusive relationships. Thus, alcohol

exacerbates violence and results in loss of self-control (Pagelow, 1984). However, if the woman believes that if her husband or her abuser did not drink the abuse would stop, this fantasy logic may lead the woman to believe that alcohol is the cause of the abuse.

The **isolation** of women in their families and communities is known to contribute to increased violence, particularly if those women have little access to family or local organizations (Innocenti Digest, Unicef, 1999). The abuser isolate the woman so that no one is available to give her support (Wallace, 1996). This means that the battered women's entire world is linked to the values and action of her abusive partner. This leads to domination and control by the abuser (Kirkwood, 1993).

Lack of legal protection particularly within the sanctity of the home, is a strong factor in perpetuating violence against women. According to Innocenti Digest, Unicef (1999), violence against women in many countries is exacerbated by legislation, law enforcement, and judicial systems that do not recognize violence against women (Moore, 1979; Taylor & Stewart, 1991; Coomarasuamy, 1994; Kanagawa, 1995; Le Beau, 1996; Wallace, 1996; Hubbard & Wise, 1998; Sister Namibia, 2001). For example, police officers say that love affairs are private matters and they do not wish to be involved.

In addition, investigations by Human Rights Watch (1995) have found that law enforcement officials frequently reinforce the batterers' attempts to control and demean their partners. Moreover, the batterers' attacks are often tolerated as the norm rather than prosecuted as infringements of the law. Furthermore, even though several countries have laws that condemn violence against women, those who commit the violent acts against their partners are prosecuted less vigorously and punished more leniently than perpetrators of similarly violent crimes against strangers (Heise, 1994, 1998; Innocenti Digest, Unicef, 1999, Sister Namibia, 2001).

2.5.4 The Intra-psychoic approach

According to the Intra-psychoic approach, the cause of violence against women is to be found within the individual. It argues that the prominent characteristic of violent relationship is the husband's **pathological jealousy** and the struggle to remain in control of his wife/partner. This jealousy then causes the man to continuously accuse his wife of infidelity, for example, which become a source of conflict in the relationship (Anderson et al., 1991; Schurink et al., 1992; Arriaga & Oskamp, 1999; Shainess, 1979).

Feelings of rejection and abandonment, low levels of frustration tolerance, impulse control problems, poor self- concept, rage and depression as well as self hate have been implicated in the development of violent behaviour within an intimate relationship (Segel & Labe, 1990; Anderson et al., 1991; Wallace, 1996). Because the batterer is incapable of expressing anger and frustrations openly, he will resort to violence as a mean and a form of communicating with his partner. Lack of self-assertiveness, low self esteem, and mood swings may also lead a man to violent behaviour towards his intimate partner (Pagelow, 1984; Anderson et al., 1991) to compensate for his feelings of inadequacy.

Although abusers gain a great deal of satisfaction from their spouses' achievements, this also causes them to feel threatened and they may respond with violence. Furthermore, the abusers believe that they are losers, especially if their spouses are working whilst they are unemployed (Strauss, 1990; Pagelow, 1981, 1984; Le Beau, 1996; Innocenti Digest, Unicef, 1999).

2.5.5 General System Theoretical Approach

While the Intra-psychoic approach sees the violent behaviour as emanating from within the individual, the general system theoretical approach sees both parties as contributing to violence in the relationship. Violence is likely to occur if communication patterns between the two parties is poor. For example, patterns of enmeshment; power dynamics and/or escalated conflict (Barker, 1986; Minuchin, 1974; Cahn, 1996). Interactions

sequence such as negative reciprocity may also lead to violence between couple (Barker, 1986; Lloyd & Emery, 1994; Sabourin, 1996; Cahn, 1996; Arriaga & Oskamp, 1999).

2.6 Violence Against Women and Mental Health Consequences

Violence against women is perhaps the most powerful element in producing behaviour that characterizes victims in general and battered women specifically. It has far-reaching physical and psychological consequences. In addition, woman battering has been related to a number of serious health problems, some fatal (Kirkwood, 1993; WHO, 1996).

Non fatal outcomes

Physical health outcomes

- Injury (from lacerations to fractures and internal organs injury)
- Unwanted pregnancy resulting from rape by a partner
- Gynaecological problems
- STD's including HIV/AIDS
- Miscarriage
- Pelvic inflammatory disease
- Chronic pelvic pain
- Headaches
- Permanent disabilities
- Asthma
- Irritable bowel syndrome
- Self injurious behaviours (smoking and unprotected sex)

Mental health consequences

- Depression
- Fear
- Anxiety

Low self-esteem
Sexual dysfunction
Eating problems
Obsessive-compulsive disorder
Post-traumatic stress disorder

Fatal outcomes

Suicide
Homicide
Maternal mortality
HIV/ AIDS (WHO, 1996).

Violence against women destroys intimate relationships and has devastating effects on the victims and children. The effects which may be felt by abused women, can be categorized as emotional/psychological and physical and will be discussed below.

2.6.1 Physical effects

Information is available that battered women have suffered severe physical injuries such as lacerations, head injuries which lead to occasional seizures in some victims, broken bones, concussions, facial injuries and myriad cuts as well as bruises and abortions (WHO, 1996; Innocenti Digest, 1999). In addition, wife rape also leads to serious physical effects. This may include nausea and vomiting, soreness, bruising, muscle tension, headaches, fatigue and injuries to the genital area (Adams, 1996). Studies have also shown that wife rape survivors commonly suffer from serious health problems such as vaginal stretching, miscarriages, still births, and bladder infections (Gelles & Loseke, 1993; UNDEVW, 1993; WHO, 1996).

2.6.2 Psychological effects

Violence against women occurs within the family, in the home where women should be safe, a place thought to be women's refuge. In addition, women are violated by an intimate partner to whom they are married or with whom they are cohabiting (Moore, 1979; Schikwambi & Ithindi, 1996). As a result of violence, battered women are unable to make their own decisions, voice their own opinions or protect themselves and their children from fear of partner repercussions (Le Beau, 1996; Hubbard & Wise, 1998; Innocenti Digest, Unicef, 1999). Furthermore, their human rights are denied and their lives are stolen from them by the ever-present threat of violence (Schurink et al., 1992).

Allen (1995) also argued that traumatic events may come to an end but the consequences will never end. He adds that the intrusion of the past into the present is one of the main problems confronting persons who have developed psychological symptoms as a result of traumatic experiences such as domestic violence.

Barnett, Miller-Perrin & Perrin (1997) agreed with Moore (1979) and Kirkwood (1993) that battered women experienced a number of negative outcomes including but not limited to fear, feelings of helplessness, stress and stress related illnesses such as post traumatic stress syndrome, panic attacks, depression, sleeping and eating disorders. Anxiety, anger, hostility, aggression, low self-esteem, substance abuse, feelings of isolation and stigma, tendency toward re-victimization, sexually inappropriate behaviour, difficulty in trusting males, are also amongst the psychological effects resulting from victimization (Pagelow, 1981, 1984; Moore, 1979; Walker, 1979, 1985; Yllo & Bogard, 1988; Mercy & Saltzman, 1989; Kelkar, 1992; Hoff, 1991; Kirkwood, 1993; Allen, 1995; Dutton, 1995; Freedy & Hobfoll, 1995; Le Beau, 1996; WHO, 1996; Hubbard & Wise, 1998; Gondolf, 1998; Arriaga & Oskamp, 1999; Jewkes, 2000). For some women who are very depressed and demeaned by their abusers, there seems to be no escape from a violent relationship except suicide or homicide, maternal mortality and HIV/AIDS (Campbell, 1986; Kumari, 1989; WHO, 1996, 1997; Jewkes et al., 1999; Innocenti Digest, Unicef, 1999, Sister Namibia, 2001).

The Human Rights Watch Report (1995) agreed with the World Health Organization (1996) that intimate partners kill women. For example, in South Africa, every sixth woman in an abusive relationship is killed by her partner. In Zimbabwe, a review of 249 court cases also revealed 59 % of homicide cases of women committed by their intimate partners (Watts, Osam, & Win, 1995). In addition, maternal deaths are also reported in South Africa (Department of Health Report, 1999) and in the UK (1998).

2.6.2.1 Violence and Fear

A battered woman is more fearful of her husband or boy friend especially when he threatens to beat or kill her and her children when he gets home. As a result of the threats the battered women remain hypervigilant, live in fear and wait with trepidation for the expected assault or for swear words. She also observes any action that may lead to aggressive behaviour or future abuse and the associations of intimacy with experiences of abuse elicits a deep fear in battered women about being involved in a new relationship. Moreover, some battered women, as a result of battering remain fearful of the unknown, that something tragic could happen to them at any time, and that they must be always vigilant for impending danger in order to protect their safety. (Barnett & Lopez-Real, 1985; Kirkwood, 1993; Heise et al., 1994; Kanagawa, 1995; Arriaga & Oskamp, 1999).

2.6.2.2 Violence and Denial

Most battered women do not find it easy to openly accept that they are in abusive relationships. Such a denial may be precipitated by the myth that violence against women is a private and family matter. Battered women are ashamed and embarrassed to talk about their battering (Hubbard & Wise, 1998). They often feel helpless and lack enough self-esteem or confidence to reveal the violence or to seek help. They also deny their anger at being abused (Davies, 1994; Kirkwood, 1993; Moore, 1979; Anderson et al., 1991; Unicef Namibia, 1997; Graham, Rawlings & Rimini, 1988). However, denial of any battering taking place might be an attempt by the battered woman to cope with her situation (Kirkwood, 1993).

2.6.2.3 Violence and Guilt

It is mentioned that myths, such as the belief that a woman provoked her partner therefore, deserves to be battered are responsible for a woman's guilt feelings of blaming herself for the battering (Walker, 1977; Moore, 1979; Wallace, 1996; Hubbard & Wise, 1998; Le Beau, 1996). The abusers themselves blame their spouses for their aggressive behaviour saying that "if she had only carried out the duties better, he would not have had to hit her". After a period of time, the woman will accept this blame and start blaming herself for the battering (Hoff, 1991; Dutton, 1995).

2.6.2.4 Violence and Anger

Most battered women are afraid to show or to express their anger towards their abusers for fear of aggravating the situation. Their failure to communicate their anger easily leads to depression (Campbell, 1995, 1998). Usually the batterer is not in a position to detect his partner's feelings even when they are expressed. Most battered women then become angry at themselves for having allowed the abusive partner to take advantage of them or for being involved with such a spouse (Dutton, 1995). The overwhelming feelings of anger reflect the women's desperation to effect changes to her situation (Kirkwood, 1993).

2.6.2.5 Violence and Humiliation

The husband may put down his wife in front of others (friends, children and family members). He can demand some degrading action to be performed in front of children and friends. This includes sex or swearing or undressing the partner in public (Le Beau, 1996; Gondolf, 1998). A wife or a lover may be requested to ask permission before leaving the room or before going to the bathroom. This type of behaviour or action lead to feelings of unworthiness, and inability to resist further acts of control by the abuser as well as to low self-esteem (Moore, 1979; Kirkwood, 1993; Wallace, 1996; Sister Namibia, 2001).

2.6.2.6 Violence and Self-esteem

Self-esteem is a fundamental belief in ourselves as worthy of respect, love, and fair treatment from others. If an individual's self-esteem is weakened, it is easy for that person to believe that she deserves to be ill treated, that she is a failure, and that she is inherently less valuable than others (Cardwell & Meldrum, 1996). Moreover, degradation, isolation and objectification experienced over time promote low self-esteem (Wallace, 1996). In addition, low self-esteem is related to control in the sense that feelings of worthlessness that arise from relationships with abusive partners reinforced women's sense that they should accept the battering (Dobash & Dobash, 1992; Cardwell & Meldrum, 1996). Furthermore, low self-esteem often leads battered women to the feelings of loss of identity (Kirkwood, 1993). However, battered women's reactions to their battering depend on the frequency and the severity of abuse. In certain situations battered women have lost their ability to respond and act because of learned helplessness (Walker, 1979).

A women's acceptance of responsibility for the violence in her home, linked with her inability to end it, causes confusion and frustrations. This interferes with certain forms of effective problem solving skills (Barnett & Lopez-Real, 1985). If the battered woman is unable to trace the cause of what is happening to her, it is likely that she will feel overwhelmed, helpless and eventually depressed. If she is unable to end the violence and perceives that she has no other options, she may make the fatal choice of either killing herself or her abuser (homicide) (Mercy & Saltzman, 1989; Pawar, 1990; Stark & Flitcraft, 1991; Kirkwood, 1993; Yllo, 1994; World Health Organization, 1996; Innocenti Digest, Unicef, 1999; Jewkes et al., 1999).

2.6.2.7 Violence and Learned Helplessness

The abused women develop a feeling of being completely alone with no-one to turn to and cannot look for a way out of their situations. These women believe that there is no way they can prevent violence. They give up and accept the abuse.

Barnett & Lopez-Real (1985) indicated that helplessness is the most immediate feeling that abused victims experience following an assault. They add that depression and anxiety usually set in later. In addition, a woman learns that there is no way that she can escape from the painful situation after learning in a previous, similar situation that escape is not possible (Seligman, 1975; Walker, 1977; Gerow, 1989; Shepherd, 1990; Barnett & Lopez-Real, 1985).

Barnett & Lopez-Real (1985) add that helplessness is usually evoked by the fear and frustrations experienced by the abused women. Walker (1977) also adds that battered women, owing to their unsuccessful efforts to end their violent relationships, may eventually resign themselves to the inevitability of the abuse and simply give up the struggle to be free of violence. This means that repeated battering diminishes the woman's motivation and her cognitive ability to perceive success is changed, hence learned helplessness (Seligman, 1975; Gondolf & Fischer, 1988).

2.6.2.8 Violence and Loss of Hope and Depression

Congruent to learnt helplessness theory is depression in battered women (Sato & Heiby, 1992). Campbell (1995) and Strauss (1990) agreed with Sato & Heiby (1992) that battered women are more likely to suffer from depression and suicide than women who are not violated. Battered women feel disappointed, discouraged, saddened and even suicidal as a result of repeated battering (Yllo, 1994; World Health Organization, 1996; Le Beau, 1996; Freedy & Hobfoll, 1995; Hubbard & Wise, 1998; Gondolf & Fischer, 1988; Gondolf, 1998; Heise, 1994; Schurink et al., 1992; Innocenti Digest, Unicef, 1999; Sister Namibia, 2001). In addition, the trauma of being battered itself may well contribute to a sense of loss and dejection, hence depression (Gondolf & Fisher, 1988; Hoff, 1991).

According to Campbell (1995), battering destroys one's ideals about relationships, love, and home. Furthermore, the appearance of depression may also be a response to the

verbal and psychological abuse that usually accompanies physical battering (Casadi & O'Leary, 1992; Gondolf, 1998). Moreover, women who are continuously degraded, yelled at and put down may incorporate a negative view of themselves and the world (Beck, 1976; Pawar, 1990; Stark & Flitcraft, 1991; Casadi & O'Leary, 1992; Roberts, 1995; Freedy & Hobfoll, 1995; Cardwell & Meldrum, 1996; Gerdes, 1999). They start to blame themselves as a result of invalidation and a sense of personal responsibility (Dutton, 1995; Hubbard & Wise, 1998).

Batterers also frequently isolate their victims by limiting their contacts with family and friends, keeping them from going out alone and preventing them from going to work or attending school. Thus, the lack of social support itself contributes to a sense of loneliness, disconnects and ultimately depression (Hoff, 1991; Donaghy, 1995; Gondolf, 1998). Many battered women become depressed owing to the lack of effectiveness of services, police response and help from friends and family (Davies, 1994; Hubbard & Wise, 1998; Le Beau, 1996). As a result battered women feel that nothing can be done to stop the abuse. They feel trapped, deserted, and helpless, hence depressed (Walker, 1977, 1979; Backman & Coker, 1995; Gondolf, 1998; Campbell, 1995).

2.6.2.9 Violence and Stress

Battering, like other forms of violence, is especially likely to produce environmental stress that in turn manifests itself in a vast array of symptoms. The stress associated with prolonged physical and emotional victimization has many overlapping symptoms. Psychological reactions to stress include cognitive ones (e.g. confusion, frustration), emotional response (e.g. anxiety, anger, aggression and depression) and physical response (e.g. headaches, gastro intestinal problems and hypertension as well as anorexia nervosa (Koss, Koss, Woodruff, 1991; Maclear & Anwar, 1989). Not only do individuals differ in their ability to handle stress but also environments differ dramatically in the amount of stress they produce (Barnett, Miller, Perrin & Perrin, 1997).

2.6.2.10 Violence and Dissociative Disorder

Dissociative disorder tends to be associated with women who have an extended history of abuse and trauma, including incidents of child abuse and rape (Koss et al., 1994). Battered women experience a wide range of symptoms that constitutes clinical symptoms of dissociation disorder, including confusion about one's identity or inability to recall important personal information. However, Chu & Dill (1990) viewed the above-mentioned symptoms as coping strategies that protect the battered women from the influence of traumatic events and the pain experienced in recalling them.

In addition, battered women have been diagnosed as having a wide range of **personality disorders** (Gondolf, 1998). For example, they tend to be diagnosed as having a hysterical, borderline, dependent or passive aggressive disorders (Stark & Flitcraft, 1988), but no personality or characterological commonalties have been established for battered women (Walker & Browne, 1985). Now, the concern here is that these diagnoses are often confused with women's efforts to cope with the abusive situation (Chu & Dill, 1990). Furthermore, a battered woman may appear manipulative or antisocial as a means of fighting back or asserting some control with an otherwise dominating partner (Brown, 1992). However, symptoms related to a dependent personality may reflect a woman's inability to make decisions in a very controlling relationship in which her partner treats her like an infant, degrades her for her input and punishes her for initiatives. Thus, addressing these symptoms without considering the dynamics of the battering may, in some cases, curb a woman's means of coping and protecting herself (Chu & Dill, 1990; Brown, 1992).

2.6.2.11 Violence and Post-Traumatic Stress Disorder

The inability to recall important personal information can be paired with avoidance which is a symptom that constitutes clinical manifestations of **post traumatic stress disorder (PTSD)**. The disorder is well defined by the DSM IV (1994) and Kaplan & Saddock (1998) as an anxiety disorder produced by extremely stressful events (e.g. assault, rape and war) and characterized by a number of adverse reactions.

- (a) Re-experiencing the trauma in painful recollections or recurrent dreams.
- (b) Diminished responsiveness with feelings of detachment and estrangement from others, and
- (c) Persistent symptoms of increased arousal such as exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, guilt about surviving when others did not and avoidance of activities that call the traumatic event to mind (Herman, 1992).

As elucidated by Gondolf (1998), post-traumatic stress disorders in battered women are a response to abuse or battering. It represents a configuration of factors including high arousal, high avoidance of talking about the swearwords used by the spouses, intrusive memories, memory loss and cognitive confusion (Barnett et al., 1997). Saunderson (1994) and Houskamp & Fox (1991) in their studies found a huge number of women who met the criteria of PTSD. Thus, they concluded that the extent and the severity of exposure to violence significant correlate with the severity of post-traumatic stress disorder symptomatology in battered women.

Battered women generally experience repeated traumatization over an extended period of time. The source of the trauma often continues e.g. there is a current trauma and present danger, rather than a "post" experience. The sustained contact with the batterer through such events as "court appearance" is likely to have a significant influence on symptomatology (Strauss, 1979). For instance, battered women with PTSD may appear hysterical because intrusive symptoms are triggered by stress, pressures and fears. At another time a battered women may be accused of being neglectful of herself as avoidance symptoms appear (Gondolf, 1998).

However, not all battered women suffer from post traumatic stress disorder. Battered women are, in fact, known to respond in a diversity of ways to abuse. Their response may be affected by their personality, social supports, abuse history and previous interventions (Cardwell & Meldrum, 1996; Campbell, 1995; Donaghy, 1995; Gondolf, 1998).

Despite post-traumatic stress disorder, battered women appear amazingly resilient and strong at times. Gondolf (1998) elucidated that the strengths battered women have to resist might also put a different light on women's apparent symptoms and contribute to a different psychiatric diagnosis or no diagnosis at all (Sampsel, 1992; Freedy & Hobfoll, 1995).

2.7 Why Battered Women Stay in an Abusive Relationship

There are many factors that force battered women to stay in abusive relationships. One of the most compelling reasons or factors for a woman to remain in a violent home is that of dependency, physical, financial and emotional pressure, fear, social stigma and love (Walker, 1979).

2.7.1 Emotional Pressure

According to UNICEF, Namibia (1997), many girls (when interviewed) argue that if a man ever hit them, they would just pack up their bags and leave immediately. But women (married) who have been abused say that it is not easy. These statements are supported by Horton & Johnson (1993) who stated that battered women who do leave their abusive partners do so but their decision making process may be painful. This means that they don't just pack up and go. They have many things to consider.

In addition, the violence starts slowly and does not happen every day. By the time a pattern has emerged, there may be children and other emotional and financial bonds that are difficult to break (Sister Namibia, 2001). Thus, as long as all these dilemmas persist and her situation is not immediately life threatening, a battered woman chooses to stay.

Most women, in fact, do not want to leave, rather they want the battering to stop and just leaving does not guarantee either physical or emotional health to a woman (Walker, 1979; Kirkwood, 1993; Unicef, Namibia, 1997; Renzetti, Edleson & Cambell, 1998).

Most women also take their marriage vows seriously. Therefore, they often leave and return several times, on average six times (Benett et al., 1997) before making their departure permanent (Gondolf & Fischer, 1988; Gondolf, 1998; Snyder & Scheer, 1981; Unicef Namibia, 1997).

In addition, women stay in the relationships because they believe that leaving will just make things worse (Miller, 1989). Moreover, women's response to violence is shaped by their own diverse cultural, racial, ethnic class, and sexual orientation, experiences and expectations (Rasche, 1988). Furthermore, society makes people believe that their home is a safe and a happy place no matter what (Innocenti Digest, Unicef, 1999; Vavaro, 1991; Kirkwood, 1993; Renzetti et al., 1998) and that marriage and relationship are based on love. When this is not the case, women tend to blame themselves and feel deeply ashamed that they should become victims of marital violence (Walker, 1979; Hoff, 1991; Unicef, Namibia, 1997).

2.7.2 Shame

Because of **shame** many women find it hard to accept the reality and make excuses for their men to justify their behaviour such as "he was drunk or he had a hard day, difficult life and it is my fault" (Moore, 1979; Hubbard & Wise, 1998). In fact, violence is so entrenched that many women all over the world think that violence is a normal part of relationships and of marriage in particular. This is especially so if they or their lovers or husbands have witnessed violence between their own parents or have been abused themselves. Wallace (1996) would call this condition the pre-existing beliefs that battered women had formed as a result of their early childhood experiences. That is, a women may have been brought up in a violent household and had come to believe that all women are abused; that it is part of being a woman (Unicef, Namibia, 1997) or she may confuse battering with love (Kirkwood, 1993; Sister Namibia, 2001).

2.7.3 Hope and Love

According to Walker (1979), some battered women stay with their abusive partners owing to a combination of **hope and love**. He adds that there is always a strong bond between the batterer and the battered woman despite the abusive atmosphere. Thus, a battered woman may stay because she loves her husband or boyfriend and holds out the hope that each beating will be the last. Furthermore, the woman continues to hope that her partner will change since he tells her after each beating how "sorry" he is and how he intends to change (Dutton, 1995). This is a very romantic time which feeds right into her traditional background and the notion that love can conquer all (Moore, 1979; Schurink et al., 1992; Gondolf, 1998).

Additionally, the failure of a marriage or a relationship to meet one's expectations causes bitter disappointment (Procci, 1990). Thus, battered women keep hoping that their abusers will stop the violence, a need Muldary (1983) conceptualised as **learned hopefulness**. Learned Hopefulness made women to stay or even return after they have left their abusive partners hoping that things will get better (Pagelow, 1981; Barnett & Lopez-Real, 1985). These women also wish to save their marriage or relationships (Renzetti et al., 1998). Learned Hopefulness is also encouraged by the fact that an abusive partner's behaviour is intermittently rewarding and promising to stop rather than continuously abusing her. That's why Hasting & Humberger (1988) stressed that batterers can be romantic, intimidating and violent at the same time.

However, the periods of romance does not last long. It is interspersed with sporadic violence, which creates hope on one hand and allows the battered women to deny the side of the abuse that terrifies her on the other hand. This means that violence brings about ambivalent feelings of peace and confusion on the part of the battered woman (Graham, Rawlings & Rimini, 1988).

2.7.4 **Fear**

Battered women also stay in this abusive relationship because of **fear**. A battered woman fears that her batterer will come after her and harm her (Kirkwood, 1993; Hubbard & Wise, 1998; Le Beau, 1996; Unicef. Namibia, 1997; Bradby, 1996; Legal Assistance Centre Report on violence against women in Namibia, 2001).

For many women staying in the abusive homes is endangering their lives and also for their children, but they fear to leave and experience the **loneliness** (caused by financial devastation, possible loss of friends and family). Battered women also consider things like: "if the one who loves me treats me like that, what might the rest of the world do to me" (Moore, 1979; Hoff, 1991). Women also fear the stigma of being divorced (Le Beau, 1996). They also fear to be blamed for the beating and for provoking their spouses (Walker, 1979; Scarpitti & Anderson, 1992; Taylor & Stewart, 1991; Shapiro & Turner, 1991; Hoff, 1991; Vavaro, 1991; Sister Namibia, 2001).

2.7.5 **Lack of Social Support**

Unlike widows, a battered woman who leaves her spouse may not receive social support to offset her losses and the support given may be of doubtful value. Additionally, friends and family will always encourage her to tolerate the abuse just to protect the family image rather than end the relationship. Thus, she feels that it is better to stay in the abusive relationship (Shepherd, 1990; Vavaro, 1991; Hoff, 1991; Renzetti et al., 1998; Moore, 1979; Walker, 1979).

Battered women need more social support than other victims of violence to restore their faith in people (Janoff-Bulman, 1985). Thus, the perceived lack of social supports, both personal (Barnett, Martiness & Keyson, 1992) and social (Gelles & Harrop, 1989), tends to impede battered women's attempt to leave (Tan, Basta, Sullivan & Davidson, 1995).

2.7.6 Economic Factors

According to a report by LAC National Conference report in Windhoek (2001), many women are reluctant to leave their abusers because they have never held a job and fear having no money to feed themselves and their children (Strube & Barbour, 1983; Barnett & Lopes-Real, 1985).

In addition, many African men require to control their wives' money. The wife or lover does not have a say regarding her own salary. This means that the abuser requires the spouse to work and then give her salary to him. He will control all finances and ensure she never has any money that he does not authorise (Le Beau, 1996; Hubbard & Wise, 1998; Dobash & Dobash, 1992; Innocenti Digest, Unicef, 1999). Moreover, the batterer may use physical force or threats to control the women's ability to participate in the work place (Pence & Paymore, 1986). Furthermore, he controls the funds in order to isolate the spouse or deny her opportunities to improve through education (Wallace, 1996; Le Beau, 1996; Sister Namibia, 2001). This financial dependency adds to the feelings of **helplessness and entrapment or bonding**. Taking into account the above mentioned, even if the battered woman wanted to leave she will just stay because she does not have money to take care of herself, not even to rent a room for a night. Thus, abuse can bind the abused spouse to the perpetrator far more effectively than chains or ropes (Wallace, 1996). It also explains why abused women choose between having a home and financial security (with an abuser) and having no home and little income (without an abuser) (Frisch & Mackenzie, 1991; Bowker, 1993).

2.7.7 Adjustment

Another reason why battered women remain with their violent partners is that they have learned to make numerous **adjustments** to their abusive situations. Furthermore, a prerequisite to learning how to live with an abusive partner is finding a way to make the violence acceptable. Moreover, basic psychological defence mechanisms of **rationalization and denial** make them achieve this adaptation. By denying that their partners harmed them or even intended to harm them, battered women can negate the

danger they confront (Douglas, 1991; Sampsel, 1992). Adaptation also works well when the battered women tells herself that "if he did not love me so much he would not be so jealous or he would not be beating me like this" (Le Beau, 1996).

2.7.8 Self-blame

Congruent with adaptation is **self-blame** (Hoff, 1991; Kaner, Bulik & Sullivan, 1993; Dutton, 1995; Roberts, 1995; Gerdes, 1999). Battered women believe that they provoked the violence or that they should have been able to prevent it by changing their own behaviour (Roberts, 1995). A study by Frieze & Browne (1989) indicated that women who were or are sexually abused are more likely to blame themselves for the abuse. Furthermore, the violent partners themselves tend to blame their spouses by holding them responsible for the abuse (Le Beau, 1996; Arriaga & Oskamp, 1999).

There seems to be controversy in the literature regarding self-blame among battered women. Walker (1985), in her study indicated that battered women realized that nothing they do makes a difference, so it is not necessary to blame themselves for the abuse. Another study by Barnett et al. (1997) indicates a high rate of self-blame in battered women. Barnett et al. (1997) indicates that battered women blame themselves for having failed to listen to their abusers, for tolerating the abuse and for being too afraid to leave.

2.7.9 Relational commitments and culture

Relational commitment and culture also makes battered women remain in an abusive relationship. A battered woman may perceive her choice as either to leave and abandon her commitments or to stay and be beaten. In addition, society praises marital partners and criticises those who give up too easily. Saying that "sticking together through thick and thin or I married him for better and worse" captures these social tenets (Unicef, Namibia, 1997; Le Beau, 1996). Thus, women who believe in commitments may remain in their abusive relationships hoping to make things work. These women feel legally bound to the relationship and approach the clergy for help. Alternatively, a battered woman may want to protect her abuser, children and family or avoid hurting him, hence

she remains (Legal Assistance Centre Report, Windhoek, 2001; Gondolf, 1998; Schurink et al., 1992; Renzetti et al., 1998).

Culturally, extended family members also pressurize the battered women to remain with words like: “you made your bed, now lie in it” (Unicef Namibia, 1997, Barnett & Lopez-Real, 1985). Some battered women may be worried that if they leave their husbands or boyfriends they will not be able to find a new lover or husband, especially when told regularly that they are bad, stupid and ugly or no-one would ever want them (Gondolf, 1998; Le Beau, 1996; Heise, 1994). These women live with the belief that all relationships have problems (Sister Namibia, 2001). Believing that they should stay with the partner no matter what is significantly related to battered women’s decision to stay (Strube & Barbour, 1984; Frisch & Mackenzie, 1991). Their commitments are also related to their levels of failed investment (Bauserman & Arias, 1992). That is, battered women may have stayed and worked hard to make the relationships work to justify the time and effort already expended on the relationship.

2.8 Diagnostic and Evaluation Concerns.

According to Gondolf (1998), Campbell (1998), the professionals begin their treatment by conducting an evaluation to determine the nature and extent of the client's psychological and/or psychiatric problems. Professionals are particularly intent on establishing a diagnosis that categorizes these problems and implies certain treatment. The diagnosis is done based on the DSM IV (1994), which ranges from major mental health disorders AXIS I to AXIS II. Furthermore, clinicians identify situational problems such as adjustment disorders or mild depression. Gondolf (1998) points out that the evaluation process includes screening, assessment, establishing a diagnosis (as mentioned before), treatment recommendations and clinical reports. Firstly, evaluation is done to screen for serious problems that require extensive and immediate response, such as suicide and alcoholism.

Very often, battered women deny or minimize their battering out of fear, distrust, or

subjection. Asking about a range of indications, therefore, is helpful in exposing the possibility of severe abuse. In addition, a positive answer to any one question warrants follow-up and further investigation of women abuse (Russell, 1994).

Another means used to investigate the extent and the nature of abuse and the battering is the **assessment**. The most used instrument is the Index of Spouse Abuse (Hudson & McIntosh, 1981; Marshall, 1992; Shepard & Campbell, 1992; Strauss, 1979). These instruments use from 15 to over 50 closed-ended questions in the form of a structural inventory of abuse behaviours, and provide a scoring system for the total severity of abuse. However, Strauss (1990) feels that even though the validity and reliability tests are offered for the instruments, the debate remains over their interpretation. The added advantage of this assessment instrument is that about two third of the items address non-physical abuse in the form of both instrumental (controlling) abuse and emotive (anger-based) abuse. These instruments offer weights for the severity or potential effect of each item. A composite scoring, therefore, offers a measure of overall severity that includes the non-physical abuse (Gondolf, 1998).

The Conflict Tactic Scale is also indicated to be a most widely used assessment instrument in evaluating battered women (Strauss, 1979; Saunders, 1992). Despite screening instruments, Gondolf (1998) indicates that none of the instruments is a substitute for an in-depth abuse history conducted face- to face with open-ended questioning and discussion. He, however, adds that the above mentioned instruments may be used as a basis for the abuse history or to facilitate a history interview. According to Browne (1993), Dutton (1992) and Warshaw (1993), the abuse history is essential to discern the dynamic, type, pattern, and effect of abuse. They add that screening and assessment instruments do not by themselves, determine the effect and consequences of abuse and battering.

In addition, the abuse history provides a fuller picture of the woman's experiences with abuse that is needed for determining the trauma she has experienced. Moreover, identifying this trauma is important for diagnosis and treatment recommendations.

Furthermore, it provides information needed to develop a safety plan for the woman. The abuse history can help a woman more accurately assess her own situation and reinforce the need for her to make necessary decisions about her well-being. It also helps counter the tendency to cope with abuse by denying or minimizing it, accepting the rationalizations of one's abuser, or listening to other caretakers who have dismissed or neglected the abuse (Dutton, 1995).

Realizing the dynamic of one's abuse facilitates an attribution shift in which a battered woman begins to see her batterer as responsible for the battering rather than blaming herself.

Investigating the extent of abuse and making a diagnosis is needed for hospital admission and insurance reimbursement. In addition, a battered woman is more likely to receive treatment for the trauma and effects of abuse and battering if she has a specific diagnosis related to it. Moreover, a battered woman might have chronic mental health problems that need extensive psychiatric care that comes only with diagnosis. Thus, making a proper assessment will lead to a correct diagnosis and effective treatment (Dutton, 1992; Herman, 1992; Janof-Bulman, 1992).

2.9 Treatment Concerns

Investigating whether or not a woman has been battered has a number of implications. Among those implications is the need for treatment. In reviewing the literature, it is clear that battered women can be treated, both physically and psychologically. The particular unit of treatment such as individual, group, marital, couple or family therapy is especially indicated in the treatment of battered women.

According to Stein, Heigh & Stein (1999), group therapy is especially suitable for treating battered women. It allows them to experience a reduction in isolation, shame and guilt, and to receive direct support and encouragement from each other. Alternative experiences to the isolation, shame, guilt and damaged sense of self is offered in a group

setting (Corey, 1987; Yapko, 1994; Jack & Gorman, 1996; Stein et al., 1999). Cognitive restructuring can be utilized as part of the group process, as beliefs influence feelings and action. It is useful in healing unhealthy beliefs such as dichotomous thinking and over-generalization (Freedy & Hobfoll, 1995; Gondolf, 1998).

The treatment of battered women, whether individually or in a group, focuses on various central considerations (Meichenbaum, 1977, Jack & Gorman, 1996). Some researchers broadly conceptualize these considerations as relationship healing, emotional healing and sexual healing (Corey & Corey, 1987). The overall goals of therapy, regardless of therapeutic conceptualisations, are to help survivors express their feelings and acceptance of a full range of emotional responses, to put the abusive experiences into historical and emotional perspective, and to empower the battered woman to rebuild self-esteem and confidence (Campbell, 1998).

The goal of family therapy or couple therapy should also be the provision of support and empathy as well as teaching family system new communication strategies. It also aims at identifying and validating growth enhancing strategies (Minuchin, 1974; Baker, 1986; Gill, 1994; Stein et al., 1999).

2.10 Summary

As evident from the large amount of information available on violence against women the field is well researched. The phenomenon dates back to the beginning of human civilization and is now viewed as a serious psychological and social problem. Prevalence studies suggest that violence against women exists almost everywhere. As is the case in other countries, Namibia is no exception in the large amount of women battering. Currently, research on the subject is virtually neglected in the Namibian context. What is encouraging, however, is the fact that awareness of the plight of violence against women is on the increase. Explanatory frameworks have been formulated to explain the impact of women battering. Similarly, criteria for consideration in assessing whether the woman has been battered or not, as well as therapeutic needs, have been proposed.

The literature documents a host of serious physical and psychological effects on the victims. Furthermore, studies suggest that woman battering is a stressful event, which alters the family's balance and interferes with women's intellectual functioning or abilities.

Given the theoretical background on the subject and its mental health consequences, the next chapter aims at discussing the research methodology used to conduct this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

In Chapter Two the background literature relating to women battering has been reviewed. It has been discussed that women battering is a common and old phenomenon dating back to antiquity that has been kept secret and people pretended that the problem did not exist. Credit for addressing the issue of inequality that included women's lack of human rights, low status within marriage and society as well as battering is given to the feminist activists since in the 1960's. Since then, the taboo topic has been changed into a subject extensively investigated. The mental health consequences of women battering have also been well documented.

Drawing on the literature described in the preceding chapter, the current chapter sets out to elucidate the objectives of the study and the methods utilized. Specific aims are formulated and the instruments utilized in the study will be described. The chapter outlines the procedures used in recruiting participants, the research design and the methods of data analysis.

3.2 Aims and objectives of the current study

The aim of this study is to explore or elicit the experiences of battered women in Namibia to better understand the context of their everyday lives as women and their attempts to deal with their battering. The objective is to determine and describe the mental health consequences of battering to which Namibian women are subjected.

3.3 Research methods

This study used both qualitative and quantitative research approaches. Qualitative research used in-depth interview to elicit the women's own experiences to better understand the context of their everyday lives as women and their attempts to deal with their battering. The quantitative approach was also employed in this study. The data were collected using standardized, written, and self-report questionnaires, which identified the type of abuse the women experienced, the impact the abuse had on them, reasons women had for leaving their batterers as well as their self-concept. The study also attempts to describe the reactions of battered women to victimization and towards their abusive partners.

Qualitative studies tend to be more flexible, since there are no set questions or answers and the researcher can change questions as the data collection takes place in a more natural context. Furthermore, qualitative researches tends to allow more in-depth data collection (Giddens, 1991), and it plays an important role in understanding or reaching a deeper understanding of phenomenon (Armstrong and Grace, 1997). In addition, interviews yield highly detailed information through follow-up questions or probes. It also reduces the problems of unclear questions. Moreover, the interviews can clarify some of the vague statements on the spot (Goodwin, 1995).

A quantitative approach also has its advantage in that participants can complete their questionnaires at their convenience according to their own schedule. Thus, their replies are likely to be more complete.

Generally, the survey method of data gathering was chosen as an appropriate method for collecting sensitive information and there is greater assurance of anonymity and confidentiality. This method avoids the potential for interviewer bias (Schweigert, 1994).

However, the disadvantages of this method, such as low response rates, lack of non-verbal data and unanswered questions, remain difficult to control.

3.4 Participants

A non-probability convenience sample was utilized in this research study. The sample consists of 60 black women living in the four regions of former Ovamboland, who have been battered by their husbands or lovers and whose cases had been reported to a Woman and Child Protection Unit. For the purpose of the current study, Pagelow (1984) definitions of violence against women is utilized and includes all categories of woman battering as outlined by Scarpitti & Anderson (1992). (A woman is operationally defined as a female above the age of 18 years in accordance with Namibian laws, and who is able to engage in a relationship. A female under the age of 18 years is regarded as a child. Family refers to a unit of relatives living together).

Social workers working at the two Units in the former Ovamboland were approached in order to trace women who had or were still experiencing violent relationships.

3.5 Procedures

The Ministry of Health and Social Services was contacted to grant permission for the research data to be collected through the Women and Child Protection Unit, which are inter-ministerial units.

Battered women were approached at the Women and Child Protection Unit in the two branches (Oshakati and Eenhana). Some women had come for the first time and some were old cases. The social workers at the two Units introduced them to me. I first did an interview with them and told them the purpose of the study. After explaining this and obtaining consent from the interviewee, I conducted a semi-structured interview and also administered a questionnaire. Anonymity and confidentiality were assured. Consent form, see Appendix 1.

The interviews were conducted in Oshiwambo. The questionnaire had been translated into Oshiwambo and translated back according to scientific standard procedures. Initially, it was intended to tape record the semi-structured interviews. This was dropped after 90% of the respondents refused to be tape-recorded. Therefore, the interview content was written down by the researcher during and immediately after the interview.

3.6 Data analysis

Both quantitative and qualitative methods of data analysis were used. In qualitative methods, closely related data were grouped together under specific titles to serve as categories (Rosnow & Rosental, 1996). Interview content was translated from Oshiwambo to English by the researcher. 20 % of the interviews were also translated by an independent researcher and 85% agreement was achieved. Quantitative analysis was analysed in terms of descriptive statistics to provide the researcher with important summary information.

3.7 Measures

Semi-structured interview. The questions were selected from the literature review (Le Beau, 1996; Gondolf, 1998). See appendix 2.

A 30 item Abuse Disability Questionnaire (ADQ) developed by Mcnamara and Booker (2000) was utilized as a means of measurement. It consists of three sections. The first part comprises questions about demographic factors (e.g., age, education, marital status, regions, economic status, and so forth). The second part comprises a yes and no scale, which assesses the amount of abuse experienced in the following areas: physical, emotional, financial and sexual. Questions dealing with developmental issues about the abuse were also included in this section. The third part consisted of 30 ADQ items, comprising a five-point rating of the extent to which, respondents strongly agreed to strongly disagreed with the statements about their life experiences.

3.8 Summary

Bearing in mind the background literature on violence against women and mental health consequence this chapter outlined the research methodology of the current study. The broader and specific aims of the study, the research design, the sample, the measures utilized, the procedures employed to recruit participants and the method of data analysis were outlined. The results obtained from the measures used will be outlined in the fourth chapter and discussion of the results will be given in the fifth chapter. Conclusion and recommendations will follow in the sixth and final chapter.

CHAPTER 4

RESULTS

SECTION A

4.1 Demographic data

The sample consisted of 60 battered women who were seen at the Woman and Protection Units in Oshakati and Eenhana.

4.1.1 Marital status.

The results show that 16.6% (n=37) were married; 25% (n=15) were living with a partner; 10% (n=6) were separated while only 3.3% (n=2) were divorced.

4.1.2 Religion.

Most of the respondents had partners belonging to the same religious denominations as themselves. The majority of respondents, 68% (n=41) were Lutherans, and those who belong to the Roman Catholic church were 20% (n=12), while only 11.6% (n=7) belonged to the Anglican church.

4.1.3 Age

Considering ages of the 58 couples for whom age was stated for both partners, there was a very high positive correlation between age of woman with that of her partner ($r = 0.89$ and $p < .001$). This means that the higher the age of the woman the higher that of her partner. However, the man tended to be slightly older than the woman. The average age of the woman was 38.1 (SD = 10.6) years with the youngest victim being 19 years and the oldest being 65 years. The mean age of the partner was 41.9 (SD= 9.4) years. The median age was 38 years for woman and about 41 years (40.9) for males. Considering

quartiles, three-quarters of the women were aged below 43 years while the same proportion of men were aged below 45.8 years. This means that a quarter of the women were older than 43 years while a quarter of the men were older than 45.8 years.

Table 1:
Percentage of age characteristics.

Age characteristics	Battered women	Male partner
Mean age	38.1	41.9
Median age	38	40.9
Youngest age	19	24
Oldest age	65	68
Upper quartile	43	45.8

In addition, the age group that revealed higher incidents of abuse are those between the age of 31-40 followed by women between 41 and above. Those between the age of 21-30 scored 18% leaving only 3.3% of those between the age of 11 to 20 years. Women between the age of 11-20 were living with their abusing partners, while those between the age of 21-30 only 6.6% (n=10) of them were married, the rest 11.6% (n=7) were living with their partners.

Of the battered women between the age of 31-40, only 1.6% were living with their abusive partners leaving 48.3% of them married. 28.3% of battered women at the age of 41 and above were married.

4.1.4 Education

Only 51 respondents had stated the educational level of both partners. The results show that all of the women surveyed, 29.4% (n=15) had gone through the primary school and 51.0% (n=26) had gone on to secondary school, but most of them did not complete. Only 3.3% (n=2) had completed a degree in Education, while 13.3% (n=8) women had completed their diplomas in various fields. Looking at the correlation coefficient, women tended to have higher education levels than their male partners. Of the 51 couples whose

education level was stated for both man and woman, all women had been to school whereas 14 men had not been to school. Of the 14 men who had not been to school, 7 had married women who had been to primary school, 6 had married women with secondary school education, and only one had married a woman with a diploma.

The correlation coefficient between education of a man with that of her partner show a moderately strong positive association ($r = 0.6$) meaning that in general the higher the education of the woman the higher that of her partner. However, women tended to have a higher education level than their partners. The cumulative percentage show that more than a quarter of all men (27.5%) had not been to school, while no women had been to school. More than a half of the men (54.9%) had not gone beyond primary school, while only 29.4% of the women had not gone beyond primary school. About 88.2% of men had been to secondary school (leaving only 11.8% with higher education) while 80.4% of women had been to secondary school (leaving only 19.6% with higher education). In fact, whereas the highest qualification of a man was a diploma, that of a woman was a degree.

4.1.5 Employment

The number of battered women who were unemployed amounted to 49.2% (n=29) while those who were employed were 50.8 % (n=30). Although 50.8% of the battered women were employed, only a few had formal or institutional training. Most were employed in production work of some sort including business, clerical, taxi drivers and domestic work. The chi-square test showed that abuse of women does not depend on whether she has lower or higher status (in terms of employment) than her partner. In addition, the results show that there is no evidence to suggest that types of abuse depends on whether the woman is employed or not.

SECTION B

4.2 VIOLENCE

4.2.1 Duration of violence.

The duration of staying in the abusive relationship ranged from two months to 33 years and the time which had elapsed before the violence started for the first time ranged from 5 months to 30 years. The results show that women who remained longer in the relationship had more children than those who remained for a shorter period. The number of children ranged from 1 child to 11 children, with the youngest child being two months and the oldest being 32.

Of all the respondents, only one (1.6%) had her partner abusing her before they started to live together. All 60 (100%) respondents remembered the first incident of violence. About 30 (50%) of the respondents reported that the violence started within the first year of marriage and before the birth of any child. The results also indicate that 20 (33.3%) of battered women had their problems starting after 10 years of living together. While 6 (10%) had their problems starting after five years while they were pregnant, 3 women reported experiencing two to six abortions/miscarriages as a result of violence and only 4 (6.6%) had their violence starting after 20 to 30 years of relationships / marriage.

4.2.2 Reasons given by battered women

The results show that of the 60 respondents, 26 (43.3%) were battered because their batterers did not want them anymore, while 21 (35%) were accused of not respecting their abusive partners. About 10 (16.6%) were battered because they confronted their partners about alcohol abuse and extra-marital affairs. While 2 (3.3%) were battered because they did not cook nice food, another 2 (3.3%) were battered because they abused alcohol themselves and failed to take care of their children and 1 (1.6%) was accused of being a witch.

4.2.3 Reactions after the first incident

The respondents were allowed to give multiple responses. Thus, the distribution of the responses as to how they felt were as follows:

Table 2:

Reactions after the first incident

Reactions	Number of respondents	Percent
Felt sad	39	16.9
Felt ashamed	37	16.0
Felt confused	35	15.2
Felt terrified	25	10.8
Felt shocked	23	10.0
Felt useless	22	9.5
Felt guilty	21	9.1
Felt angry	18	7.8
Felt physically tired	10	4.3
Felt it was the last attack	1	0.4
Total	231	100.0

* Women in this study had multiple answers and so I used frequencies.

4.2.4 Communication pattern

While 3 (5%) of the respondents said that communication pattern between themselves and their batterers depends on the mood of their partners (i.e., when there is peace they understand each other, otherwise, fighting and yelling takes place), 57 (95%) reported having a dysfunctional communication pattern with their batterers all the time.

SECTION C

4.3 Type of abuse according to the women researched

Women in this study experienced an average of two to three different type of abuse at the same time. Thus, I followed frequencies. According to the multiple responses, the type of abuse was as depicted in the table below.

Table 3:

Percentage of type of abuse.

Type of abuse	Number of respondents	Percent
Financial abuse	49	36.8
Emotional abuse	36	27.1
Physical abuse	32	24.1
Sexual abuse	11	8.3
Total	128	100.0

4.3.1 The conditions in which the abuse occurred

The respondents, 28 (46.6%) of them said that their partners abused them at any time they felt like doing so. About 17 (28.3%) complained of the yelling and the swear words used by their partners when they were under the influence of alcohol and 11 (18.3%) reported the battering to have occurred when they confronted their batterers about their extra-marital affairs. While 6 (10%) of the sample reported that their partners are jealous (e.g. "my partner does not want to see me with other people, he gets violent"), another 6 (10%) reported the violence to have occurred because of financial constraints (e.g. "my partner become angry, violent when I ask some for money or when I ask him to assist us in order to buy food for the children or even to take our children to the doctor". Some women said that their husband get angry and beat them when they refused to hand over their money to their unemployed partners).

Apart from 2 (3.3%) of the respondents, who reported being beaten because they did not cook nice food, another 2 (3.3%) reported that the violence occurred after they hid their batterers' money ("I did not have money to buy food for the kids, or even the soap to wash our clothes but my husband is gambling almost everyday. That day, I decided to hid his money with the intention of going to buy the needed goods. When he realized it, I was badly beaten"). Another 2 (3.3%) of women reported that the abusive acts in their relationships started after their partners had lost their job. Only one (1.6%) of the

respondents was beaten because her husband felt that she is a witch and 4 (6.6 %) are being beaten because they abuse alcohol .

4.3.2 The perception of abuse (What do you think is the reason for him to abuse you?)

Of all the respondents, 21 (35%) linked their abuse to their partners' extra-marital affair. About 16 (26.6%) said that their partners want to show physical strength, power and want to control their lives. While 14 (23.3 %) viewed the influence of the in-laws as the cause of the abuse (i.e., the batterer follows instructions of his relatives to abuse her), only 13 (21.6%) felt that their partners did not want them anymore. 14 (23.3 %) of the respondents linked the abuse to their partners' alcohol abuse.

Apart from 5 (8.3%) of those who linked the abuse to financial constraints, 12 (20 %) of them viewed their batterers as selfish and jealous. Only 3 (5%) felt that their partners want to punish them. Another 3 (5 %) of the respondents linked the abuse to their partners' inferiority complex and insecurity. The results also showed that 2 (3.3%) of the respondents felt that their partners want to own them while another 2 (3.3%) linked the abuse to their abusive partners' personalities (e.g., "He is just rude. He does insult everybody just like that .He does not have manners. Even his own mother is afraid of him").

4.3.3 Steps taken by abused woman.

While 32 (30.8%) reported having kept quiet about the abuse, 26 (25%) approached the church priest and their own parents. About 17 (16.3%) of the respondents approached the police, leaving only 10 (9.6%) of them who reported their abusers to the headman. Apart from 7 (6.7%) of those who went to the magistrate courts, 6 (5.8%) confided the selves to a trusted neighbour, while 4 (3.8%) went to social workers and 2 (1.9%) of the abused women obtained a divorced. As a last resort all 60 (100%) respondents ended up approaching the Women and Child Protection Unit for help.

Table 4:

Steps taken by the abused women

Steps taken	Number of respondents	Percent
Kept quiet	32	30.8
Went to the church priest	26	25
Went to the police station	17	16.3
Went to the headman	10	9.6
Went to magistrate court	7	6.7
Confided to a neighbour	6	5.8
Went to Social workers	4	3.8
Divorced	2	1.9
Total	104	99.9

4.3.3.1. How do you feel about calling the police?.

On this question, 30 (50%) of the respondents said that they feared to be killed or hurt by their partners, 24 (40%) said that it was not necessary to go to the police because they have approached the Unit. About 10 (16.6 %) of the women said that it was not necessary to go to the police because the police always say that domestic violence (women battering included) is a private matter.

Another 10 (16.6%) of the respondents felt that they loved their partners and that they did not want to embarrass them, so they excused them. While only one (1.6%) said that she did not think of calling the police, 5 (8.3%) thought every incident of battering would be the last one as their abusive partners promised to stop.

RESPONDENTS' AFFIRMATIVE ANSWERS ON ABUSE DISABILITY QUESTIONNAIRE (ADQ)

SECTION 1

4.4 The amount of abuse experienced

4.4.1 Physical abuse

The most frequently reported physical type of abuse perceived by 30 (19.5%) of the respondents as sever was that of having objects thrown at them or being beaten with objects. 28 (18.2%) of them were punched with fists in their faces and on their bodies, while another 28 (18.2%) reported having been thrown against the wall. About 24 (15.6%) of battered women reported being slapped with an open hand, leaving about 22 (14.3 %) of the respondents being kicked.

Approximately 22 (14.3%) of the battered women required medical attention after being beaten, yet only few of these women sought such treatment.

Table 5:

Physical abuse

Item	Number of responses	Percent
Had objects thrown at them or being beaten with an object	30	19.5
Punched with fists in their faces and bodies	28	18.2
Thrown against the wall	28	18.2
Slapped with an open hand	24	15.6
Kicked	22	14.3
Required medical help	22	14.3
Total	154	100

4.4.2. Emotional abuse

The most frequently reported form of emotional abuse was that the batterers failed to respect their partners' feelings. 44 (16.9%) were yelled at, 43 (16.5 %) were told how ugly and unattractive they were and 42 (16.1%) of the women were ashamed and insulted in front of others. While 34 (13.0%) were given names such as "bitch and a witch", 40 (15.3%) were belittled by their partners. About 24 (9.4%) of the women reported being prevented from seeing their relatives and friends or their relatives and friends were even prevented from visiting them. This results also show that 12 (4.6%) of the respondents were followed around by their abusive partners, 11 (4.2%) of the women whose mail was opened without their consent and another 11 (4.2%) whose phone calls were monitored. This indicates isolation of the woman and pathological jealousy in the man.

Table 6:

Emotional abuse responses

Item	Number of responses	Percent
No respect , yelled at	44	16.9
Told how ugly and unattractive she is.	43	16.5
Ashamed in front of others	42	16.1
Given names	34	13.0
Belittled	40	15.3
Prevented from seeing relatives and friends	24	9.2
Followed around	12	4.6
Had mail opened	11	4.2
Had phone calls monitored	11	4.2
Total	61	100

4.4.3 Sexual abuse

26.6% of the women reported the indignity of having been forced to have sex with their partners after the battering, while crying, feeling pain and being angry. Only 20% of the respondents viewed rape in their relationships as severe.

4.4.4 Financial abuse

About 49 (46.2%) of the respondents reported being denied access to money while 47 (44.3%) reported their partners as having failed to provide enough for the family. About 8 (7.5%) were prevented from going to work and had partners who lied about money or hid it. Only 2 (1.9%) reported as having been forced to beg and plead for money.

Table 7:

Financial abuse responses

Item	Number of responses	Percent
Denied access to money	49	46.2
Partner failed to provide enough for the family	47	44.3
Prevented from going to work, partner lies about money or hides it	8	7.5
Have been forced to beg and plead for money	2	1.9
Total	61	99.9

SECTION 2

Table 8:

Impact of abuse

The results are based on multiple responses

Item	Number	Percent
Feeling unhappy in her intimate relationship	51	7.8
No longer enjoying life	49	7.4
Experiencing too much psychological distress and too much worry	47	7.1
Feeling unloved, depressed, unfulfilled and unappreciated	46	7.0
Feeling scared very often	45	6.8
Feeling as if she is not going anywhere in life	44	6.7
Feeling inadequate	43	6.5
Feeling herself as not as good as everybody else	41	6.2
Feeling very too anxious frequently, that her personal life is in jeopardy and that she is unattractive	40	6.1
Fear for the abusive partner	38	5.8
Fearful of going crazy, and experiencing a lot of physical pain	37	5.6
Losing weight	35	5.3
Feeling restricted from having social contact with others and have stopped going to certain places	30	4.6
Feeling it is better to die and preoccupied with thoughts of death	26	4.0
Attempted suicide	2	0.3
Feeling restricted from participating in daily activities	25	3.8
Complaining of deteriorating health	23	3.5
Feeling restricted in working outside the house	15	2.3
Felling prevented from improving themselves through education	14	2.1
Abusing alcohol	4	0.6
Abusing drugs	2	0.3
Smoking too excessive	1	0.2
Total	658	99.8

4.5 The impact of abuse on battered women.

It was indicated in the previous sections that the respondents were allowed to give multiple responses. Thus, I used frequencies.

About 51 (7.8%) of women expressed feelings of unhappiness in their intimate relationships, 49 (7.4%) felt that they are no longer enjoying their life and 47 (7.1%) of them said that they were experiencing too much psychological distress and too much worry. About 46 (7.0%) reported feeling unloved, unfulfilled, depressed, and unappreciated in their intimate relationships. 45 (6.8%) reported being scared in their relationships, 44 (6.7%) said that they felt as if they were not going anywhere in life, while 43 (6.5%) felt inadequate in their intimate relationships.

About 41 (6.2%) perceived themselves as not as good as everybody else, 40 (6.1%) felt very anxious frequently, that their personal safety was in jeopardy, and that they were unattractive. Some women also felt trapped in their relationships and unable to leave their abusers. While 38 (5.8%) of battered women indicated fear of their partners, 37 (5.6%) were fearful of going crazy and they also experienced a lot of physical pain.

Of all the respondents, 35 (5.3%) reported having lost weight, 30 (4.6%) felt restricted from having sufficient social contact with family and friends and had stopped going to certain places (because of fear, shame and lost of interest), 26 (4.0%) felt that it is better to die than live in the abusing relationship (signs of depression and suicide) and were constantly pre-occupied with thoughts of death. Of the respondents, 2 (0.3%) attempted suicide.

About 25 (3.8%) felt restricted from participating in daily activities, 23 (3.5%) complained of deterioration in their health resulting from the abuse, while 15 (2.3%) felt prevented from working outside the home. 14 (2.1%) felt prevented from being able to improve themselves through educations (owing to loss of interest, lack of concentration, and too many worries).

According to the results obtained, 4 (0.6%) of the women surveyed are abusing alcohol because of their abusive relationships, 2 (0.3%) are abusing drugs (antidepressant and sleeping pills) and 1 (0.2%) is now smoking excessively.

SECTION 3

4.6 Effort made to escape the abusive relationships

The respondents were asked if they had made an attempt to escape from their abusive relationships. 32 (53.3%) of them said yes but they came back and 26 (43.3%) never made any attempt to leave. Only 2 (3.3%) had divorced their abusive partners.

About 6 (10%) of the respondents who did not attempt to escape were actually left by their partners. In other words, 63.3% of the abusive relationships ended in separation.

4.6.1. Why don't you leave?

A most frequently asked question is "why women do not just leave violent relationships"? About 16 (26.6%) of the women in the study stayed for the sake of their children who would need their father in the future. 14 (23.3%) of them did not leave because they were hoping that their partners would change since they begged the women not to leave and promised to stop their abusive acts.

About 13 (21.6%) said that they loved their partner and 12 (20%) said that they got advice from the clergy and parents not to leave (e.g., " you married him for better and worse and you made a vow at the church that till death do you part").

Apart from 9 (15%) of the women who stayed because of financial constraints, 10 (16.6%) feared that their partners would come after them and harm them. 7 (11.6%) said they had no where to go (e.g., "We have been together for 30 years. Many things happened between us, where does he want me to go, no one will accept me and my children").

According to the results obtained, 6 (10%) of the respondents felt ashamed to be perceived as failures, 5 (8.3%) feared loneliness and 3 (5%) feared to destroy the image of the family and to disappoint their parents. About 2 (3.3%) of the respondents were infected by HIV/ AIDS and felt that their batterers are the ones who had infected them, so they decided to stay. (e.g., "how can I leave him, he infected me with Aids. When I wanted him to use condoms he beats me, when I once left him he threatened to kill me. So I will stay here until I die because no-one will want me").

CHAPTER 5

DISCUSSION OF THE RESULTS

5.1 Introduction

The relevant literature was examined as background for the current study. The methodology employed and the results obtained have already been presented. In this chapter the results will be discussed. The primary focus of this study is to determine and describe the mental health consequences of battering to which Namibian women are subjected. Limitations of the study will be discussed and recommendations for future studies will be put forward.

5.2 Demographic Data.

The sample consisted of 60 battered women who were seen at the Women and Child Protection Units at Oshakati and Eenhana.

The results showed that the majority of battered women seen at the Units were married. These women made up 60%. This could suggest that married women are more abused and that they were encouraged to go for help more than women who were living with a partner. It could also be that married women are more aware of the Unit than the other group. The majority of women also belong to the Lutheran Church and in most cases these women were married to or in love with men from the same church. This could suggest that women who belong to Lutheran church are more aware of the Unit than women from other religion. This could also suggest that women from Lutheran church are encouraged to stay with their abusive partners because they made vows at the church that "till do us part".

Although the results showed that women were more educated than men, the battering still took place regardless of whether the woman was educated , employed or not. This

suggests that the fact that you are a women makes you likely to be abused by your partner, whether you are educated, employed or not.

The age of battered women also did not matter; they all endured the same form of abuse. However, it was found that women between the age of 31-40 revealed the highest incidence of violence followed by those between age 41 and above. The youngest woman in the study was 19 years old and the oldest was 65. These women were battered by either husbands or the man with whom they were cohabiting. These findings are supported by the literature regarding characteristics of battered women that in most cases women are battered by men known to them rather than a stranger (Schikwambi & Ithindi, 1996; Hubbard & Wise, 1998).

5.3 The violence endured by battered women.

For most of the women the violence was frequent, extended over time, and included many similar incidents. All of the women in this study remembered the first incident of abuse. The duration of staying together in a relationship which turned abusive (since the first incident of violence) ranged from two months to 33 years. The time elapsed before the violence also ranged from five months to 30 years. This indicates that those women who had stayed longer in a relationship which turned abusive took longer to go for help, maybe because they had learnt to tolerate the abuse or they did not know anything about Women and Child Protection Unit. Whereas those who stayed for a shorter period in a relationship which turned abusive, were faster to react. This could also suggest that maybe they are not yet used to each other or these women had an awareness of the Protection Unit.

The results also shows that those women who stayed a longer time in the relationship had a higher number of children than those who stayed for a shorter period of time. In fact, it is obvious that if you stay a longer time with a man you are likely to have more children. However, this could suggest that a man used power to control his wife which could make it difficult for her to use contraceptives. Additionally, abusive men might have

apologized to their women and these women felt that their men are good again. As a result, they had sexual relations and the woman becomes pregnant. Dobash & Dobash (1979; 1992) also indicates that men do apologize to their partners after an attack.

Some women in this study reported being abused physically whilst pregnant and had two to six miscarriages. (One woman said: "I thought when you are pregnant it is really special and so I wanted to be treated special. mh,... I got it wrong. I was beaten and kicked in the abdomen during all six pregnancies and so I lost them all. The seventh baby was born but died the following day". The American Medical Association (1992) also reported that women, during pregnancy, run a high risk of violence which can result maternal deaths. Although many women found it extremely painful to talk about their experiences, and wanted to forget about them, some expressed relief after having talked to somebody whom they viewed as "having really listened to them".

5.3.1 Reaction after the first incident.

According to the frequencies obtained, most of the battered women experienced a mixture of feelings, including sadness, shame, a state of confusion, a state of being terrified, fearfulness (fear of the next attack and for one's life), shock, sense of uselessness, guilt, anger, physical tiredness and some felt that it was going to be the last attack. Feelings of sadness predominated, followed by the feelings of shame.

According to 37 (16.0%) of battered women in the study, it is shameful to be violated, especially when the abuse happens in front of others. They add that it is also humiliating if one has to face the public with a black eye caused by the very person who is supposed to care for you. Another women said that she was unable to look at her husband the next morning. She said that it took her some days before she could go out of the house because "I have realized that my neighbours could have heard me screaming and him insulting and chasing me around. I fled out of the house, we were now in the yard. Although it was during the night, people around were listening".

Another woman said "I'm always ashamed to face my children who saw me lying down being exposed to them. It is bad".

According to Hoff (1991) and Schurink et al. (1992), uncertainty as what to expect next increases battered women's levels of anxiety. This idea is also reflected in the study that some women reacted with fear of the next attack, while others feared for their lives. Most of the women in the study said that they are always fearful that their abusive partners will lose control. This is particularly true, especially if the attack has been severe that they realize that their lives are in danger.

This part will be discussed in full together with the impact of abuse.

5.3.2 Factors contributing to the violence.

Women in this study frequently attributed an outburst of violence against them to proximate causes or precipitating triggers such as "not cooking meals properly". In addition, the majority of women attributed the violence to a combination of internal and external causes. Most of the women in the study reported being abused at any time that their abusive partners felt like doing so. This could suggest a power imbalance where a man is showing his power to a much less powerful woman (Dutton, 1995).

Some women attributed their partners' violent acts to alcohol abuse. Although alcohol abuse has been implicated in many violent relationships as a contributing factor, many theorists such as Le Beau (1996) and Hubbard & Wise (1998) argued that alcohol abuse is not the major cause in violence against women. They, however, agreed with Pagelow (1984) that alcohol abuse exacerbates violent acts and results in loss of self control. However, if the spouse believes that if her husband or her abuser did not drink the abuse would stop, this idea (fantasy logic) may lead the abused spouse to believe that alcohol is the cause of the abuse.

*There were some women in the study who reported having been severely abused but they indicated that their partners did not drink. This makes alcohol abuse as a

precipitating factor in violent acts a very complicated issue.

Extra-marital affairs and men's jealousy were mentioned by women in this study. One woman said "if my partner sees me moving with or talking to other people, men in particular, he beats me or insult me badly. He will just say that I slept with one of those men I was talking to. He beats me so badly that I agree to what he is saying although I know that it is not true". Another women said that "if my partner sees me wearing something new or trying to look for a job, he will just threaten to chop me in pieces, saying that "I will beat you so that no-one recognizes you". This suggest that a man's use of threat and force made women passive in moving around and seeking employment.

Economic constraints were amongst the conditions viewed as contributing factors to violence against women. Regarding this factor, many women said that the abuse started after they asked for money and 2 (3.3%) said that they were beaten because they hid their partners' money and after their abusive partners had lost their job. According to studies, women's lack of economic resources increases the abuse. A male feels that his partner cannot control him because of his own money (Sister Namibia, 2001).

Apart from the above, 3 (5%) of the women in the study viewed the battering as exaggerated by the fact that they are working and their batterers were not working. They were beaten because of their money (e.g. "my husband said that I see him as nothing now that he is no longer working and I am working."). This suggests that women's economic activities and independence can also be a threat to the abusive man which leads to an increasing amount of male violence (Innocenti Digest, Unicef, 1999). This particularly is true when the male partner is unemployed and feels his power undermined in the relationship or the household (Hubbard & Wise, 1998; ICRW,1999).

Complaints about poor meal preparation and not taking care of children sometimes triggered abusive acts. One woman said that violence happened when she was pregnant and her partner blamed her parents for everything that go wrong in the house. She said: "when my partner picks a quarrel, he blames my parents and uses foul language about

them. I could not tolerate that and so we fought". According to Strauss & Gelles (1990), Yllo (1994) and Jewkes et al. (1999), women do become violent but, violence by women against men occurs in situations of conflict where the man uses force first. This means violence by women against their partners is likely to occur in self defence.

5.3.3 Perception of abuse.

As discussed above, 21 (35%) of the women in the study perceived extra-marital affairs as the main reason why they were battered. Some women linked the abuse to the influence of the in-laws and to the fact that their partners wanted to control them, to show physical power, and to own them as their property. In chapter two, the control of women by men was said to have started with the first monogamous pairing (Moore, 1979). Men were given the right to view their spouses as property and treat them as methods of ensuring that the man's heritage and life continued (Wallace, 1996; Hubbard & Wise, 1998; Sister Namibia, 2001). The wife was required to obey her husband (Kanagawa, 1995). Furthermore, men were given the right by legislation and traditions to control women in all areas of life. Now this cultural belief (ideology) that men should be in charge of households could be the reason why men are using physical power toward their wives and lovers.

Financial constraints, men's jealousy and selfishness revealed in the study reflect what is mentioned in the literature review that the husband's pathological jealousy and the struggle to remain in control of his spouse made the men become violent (Anderson et al., 1991; Schurink et al., 1992; Arriaga & Oskamp, 1999; Shainess, 1979). The notion that "my partner wants to punish me" also reflects the use of power by the man. In addition, the inferiority complex and feelings of insecurity mentioned in the study are congruent with the intra-psychic approach which indicates that the cause of violence is be found within the individual. These authors add that the batterer, because he is incapable of expressing his feelings openly and clearly, he will resort to violence as a mean of communicating with his spouse.

Lack of assertiveness, low self-esteem and mood swings could also be reasons why men abuse their spouse (Pagelow, 1981, 1984; Anderson et al., 1991) to compensate for feelings of inadequacy.

5.3.4 Steps taken by the abused women.

Most battered women kept the battering to themselves. They indicated that it was humiliating to be beaten and to tell people about the relationship. According to African traditions, one is not expected to wear a long face because everybody has her own problems. This cultural belief made Ovambo women in the study to keep silent about their battering. The church also tells you to be patient because "you made your bed, and you must lie in it".

Although some battered women, turned to headmen, to church priests, to magistrate courts and police, to a trusted neighbour or to social workers for help, they felt that the social support system was limited. Those who turned to the police also indicated that the police officers were reluctant to help, telling them that violence between two lovers is a private matter. This again reflects the ignorance or passivity of the law in helping victims of violence. At the Women and Child Protection Units, these women also had some problems since the Unit did not accommodate them. They were only seen on a daily basis. 2 (3,3%) divorced since they did not have other options. This action was supported by Kirkwood (1993) who maintains that battered women, when they become aware of personal changes within the relationships, establish some control and reclaim power. This means that some women move away when they develop anger at the way in which their partners behave, then they decide to leave.

5.3.5 The amount or severity of abuse.

According to the multiple responses given in the study, most women experienced an average of two to three different type of abuse at the same time. The violence was frequent and included similar incidents.

Financial abuse appeared to be the most severe form of abuse reported in the study. Many women reported that their partners denied them access to money. Some women indicated being forced to hand over their salaries to their batterers. When they refused they were beaten. Some women were forced to plead for money and to hand it over to their abusive partners. These findings were supported by researchers such as Le Beau (1996), Hubbard & Wise (1998), Dobash & Dobash (1992) and Innocenti, Unicef (1999) that some women in the relationships which turned violent have no say about their salary. Some are forced to steal and plead for money and hand it over to their partners. Women in the study also indicated that they were prevented from looking for employment. Pence & Paymore (1986) also found similar incidents of women being prevented from seeking employment and opportunities to improve their education (Le Beau, 1996).

Apart from financial abuse, the percentage of women suffering emotional abuse was high ranging from being yelled at to being told how ugly and unattractive they were. This suggests that emotional abuse of women is present in Namibia.

The physical abuse rate seems to be higher in Namibia than in South Africa, Uganda, Kenya, Korea and Egypt. It is, however, lower than in the USA. Rape as a form of abuse in Namibia scored a lower rating. This, however, does not mean that rape does not occur within intimate relationships in Namibia. It could be that women were not comfortable to talk about rape or they feared to reveal information, thinking that their batterers would hear about it. It could also suggest that women in this study did not perceive it as violence. Unicef, Namibia (1997) also elucidated that the incidence of is always under-reported in surveys because women may not want to recall this humiliating experience.

5.3.6 The impact of abuse

Violence against women destroys intimate relationships and has a devastating effects on the victims and children. I mainly focussed on the psychological effects.

Women in this study reflected different psychological effects and these will be discussed

below. Most of the women in the study showed symptoms of **depression**. This was indicated by them complaining of sadness all the time, unhappiness, no longer enjoying life, feeling that they were not going anywhere in life and feeling inadequate in their relationships. Most of the women cried throughout the interview and avoided eye contact with me which, according to the DSM VI (1994), are both clinical symptoms of depression. These women had a negative view of themselves and the world. Beck (1976), Cascadi & O'Leary (1992), Campbell (1995) and Freedy & Hobfoll (1995), supported the findings that many battered women are prone to depression.

Some women also expressed feelings of **low self-esteem**. This was indicated when they stated that they feel unloved, inadequate, unfulfilled, unappreciated and not as good as everybody else. These women's experiences were supported by Cardwell & Meldrum (1996). According to these theorists, every person has got a fundamental belief in him or herself as worthy of respect, love and fair treatment from others. Thus, if a person's self esteem is weakened, as appeared to be the case in my study, a person tends to believe that she deserves to be ill-treated, that she is a failure, and that she is less valuable than others. The women who experienced these feelings of low self-esteem were those who stayed longer than five years in abusive relationships.

Degradation, isolation and objectification experienced over time might have promoted the feeling of low self-esteem within women in this study. There seems to be similarities between my study and those of Wallace (1996) and Dobash & Dobash, (1992). These researchers, in their studies, also found that women in the abusive relationship had a tendency to develop feelings of low self esteem. This in turn leads battered women to feel of loss of identity (Kirkwood, 1993).

Fear. Many women in the study expressed fear of their batterers. These findings correlate with the findings of Hubbard & Wise (1998), Le Beau (1996), Unicef, Namibia (1997), Bradby (1996) and Legal Assistance Centre Report (2001). A fear of the abusive partner could be the reason why these women were reluctant to say much during the interview session. There was also a fear of being killed, to be thrown out of the house, or to be

beaten at any time. This could also be the reason why 2 (3,3%) of women were infected by **HIV/ AIDS** because they feared to negotiate for safe sex as it would increase the violence. Jewkes et al. (1999) also elucidated that fear of violence has been shown to reduce women's ability to negotiate condom use. They add that unsafe sex can result in HIV and STD transmission to the victim.

Women in the study revealed a high rate of feelings of **shame and humiliation**. Some women said that they felt ashamed because they realized that neighbours might have heard the swearing, the screaming, and the beating. They also felt ashamed to face the world with black eyes. Women in the study said that it is humiliating to be a victim of violence and "yet the community judge you and say that you are the bad one" (in their own words).

Owing to shame and feelings of humiliation, many women reported that they had stopped going to certain places because they "feared to be laughed at by others" (their own words). As a result, these women developed **hatred and anger** towards their batterers, **hypertension because of constant stress, guilt and self-blame** as to why she had married such a man in the first place. Some women expressed feelings of wishing to kill their abusive spouses; a need called **homicidal ideation**. According to Mercy & Saltzman (1989), violence against women is a major risk factor for murder of and by women. Hence, there seem to be no escape from a violent relationship for women who are extremely depressed and demeaned by their abusers except suicide and homicide as well as HIV/AIDS (Campbell, 1986; Kumari, 1989; WHO, 1996; Innocenti Digest, Unicef, 1999; Sister Namibia, 2001).

Additionally, battered women frequently become **isolated** and **withdrawn** as they try to hide the evidence of their abuse.

According to the results, 26 (4.0%) of women in the study were **suicidal**. This was indicated by them saying that it is better to die than live in the abusive relationship, some were constantly pre-occupied with death thoughts death and 2 (0.3%) of them had

attempted suicide more than twice in their lives. Attempting suicide is very common by women in abusive relationships as they feel that they don't have any other option to escape the abuse but to end their lives (WHO, 1996; Sister Namibia, 2001). The attempts by women in the study to commit suicide correlates with Heise et al. (1994) and (Stark & Flitcraft, 1991) who stated that women in the findings of abusive relationships are more likely than non-battered women to attempt suicide.

Alcohol abuse rate, though not high, was revealed by 4 (0.6%) of battered women in the study and 2 (0.3%) were **abusing drugs** excessively, while only 1 (0.2%) started to **smoke heavily** to compensate the feelings of pain they experienced. Miller (1990), Resnick, (1994) and Sorenson, Stein, Siegel, Golding & Burman (1987) in their studies about violence against women also found that violence against women is a strong predictor of alcohol and drug abuse. On the use of psychiatric treatment, Stark & Flitcraft (1991) in their studies indicated that battered women are likely to require psychiatric treatment and are five times more likely to attempt suicide than women who have not been battered.

Some women in the study also reported feelings of **anxiety**. This was indicted by them saying that they were always fearful of the next attack, feared for their lives, and were constantly stricken with fear that their abusive spouses would lose control and beat them. This is particularly true, especially if the attack is so severe that a woman realizes that her life is in danger. This uncertainty, according to Hoff (1991), as to what to expect next increases battered women's level of anxiety.

5.3.7 Efforts made to escape the abusive relationships

The number of women who made attempts to leave their abusive partners was 32 (53.3%) higher than those who never tried. These women, despite their attempts, came back to the relationship. Gondolf & Fischer (1988) and Snyder & Scheer (1981) also stated that women do come back to their abusive relationships.

There seemed to be reasons why battered women remain in their abusive relationships. Most women in the study who escape and returned to their abusers did so because they were trapped by the concern that their children would need their fathers. Some women hoped that their abusive partners would change as the men begged the women not to leave and promised to stop their violent acts. These findings are supported by Walker (1979) who has noted that the failure of marriage or relationships to meet one's expectations causes bitter disappointment. Walker (1979) adds that women in an abusive relationship will often stay in the relationship because they hope that their abusers will stop the violence, a need Muldary (1983) termed hopefulness. Hopefulness made women stay or to return to their abusers hoping that things will get better (Pagelow, 1981, 1984; Barnett & Lopez-Real, 1985).

Some women, without hesitations cited love for their partner as the reason for not leaving the abusive relationship. Walker (1979) also implied that women do remain in an abusive relationship because of a combination of love and hope. Some women in the study remained because they received advice from the clergy to stay. Religious leaders generally encouraged battered women to stay and to keep trying. Thus, many women struggled with religiously induced guilt.

Economic constraints also compelled women in this study to remain with their abusers. Some women cited having nowhere to go (e.g., "We have been together for 30 years. So many things happened between us, where does he wants me to go?..... No-one will accept me and my children"). Economic dependence frequently prevented battered women from leaving. This is particularly so if a battered woman has never held a job and fears having no money to feed herself and her children (Strubbe & Barbour, 1983; Barnett & Lopez-Real, 1985).

Women in the study cited feelings of shame at being perceived as a failure as a reason for staying with their abusers. This could be the reason why battered women in the study kept the battering to themselves and often isolate themselves. The shame also came in the sense that women are expected to be nurturers and healers in family relationships which

are in conflict. According to Innocenti Digest (1999), Vavaro (1991), Kirkwood (1993) and Rezenti et al. (1998), society makes people believe that the home is a safe and happy place and that relationships are based on love. When this is not so, women tend to blame themselves and feel deeply ashamed that they should become victims of relational violence (Walker, 1979; Hoff, 1991; Unicef, Namibia, 1997).

According to the findings about 10 (16.6%) of battered women remained because they feared that their abusers would follow and harm them. Some feared to destroy the family image and to disappoint their parents. This is culturally based since parents feel ashamed and disappointed by their children when they divorce. Africans have a tendency to reject and devalue a woman when she is divorced. Of all the women in the study, only 2 (3.3%) of them reported having remained because their batterers infected them with HIV virus. According to Innocenti Digest (1999) and Jewkes et al. (1999), many women in violent relationships are likely to get sexually transmitted diseases and HIV/AIDS because they are less able to negotiate safe sex.

Among those who made an attempt to leave abusive partners, 2 (3.3%) divorced. The abused woman eventually realizes that her batterer is not likely to change. She seeks more decisive intervention through legal assistance and explores ways to live separately from the batterer.

5.3.8 Summary

In this chapter the experiences of Namibian battered women were explored and their mental health consequences were determined. The results obtained made the researcher conclude that violence against women is a very serious problem in the Namibian context and it needs a lot of attention to really find out why men are battering their partners.

5.3.9. Limitations of the study

The current study was not without limitations. The first limitation of the study relates to the specific sample used. Convenience sampling was used by recruiting participants who

attended the two Women and Child Protection Units (WCPU) in Namibia. The convenience sampling technique allows one to sample those respondents who are conveniently available. The results can, therefore, not be generalized as the sample was not representative of the whole population of battered women. This means that the sample was small and covers 60 Oshivambo speaking battered women since the two Units are situated in Ovamboland in northern Namibia, instead of covering battered women who attended other Units throughout Namibia.

The study was restricted to battered women only and excluded those who batter them. This could have given us more information as to why men batter their partners and could have provided very rich data but it would have been most difficult to elicit this information and my interest was with the women themselves.

The sample used in the study consisted of black Oshivambo women who sought the services of the Woman and Child Protection Units. The results can, therefore, not be generalized to the larger population. It is speculated that heterogeneity exists across culture and ethnic groups.

Although provision was made for the literacy and language competency levels of battered women by utilizing clarification (since the questionnaire were completed by women alone without help in most cases but in the majority of cases I and the Oshivambo social workers who work at the two Units assisted the respondents by explaining the questionnaire and how to fill it in), this study cannot be described as completely devoid of interviewer bias. Some of the questions, especially questions about sexual abuse appeared sensitive to the women in the study. Thus, many of them were reluctant to say more about this type of abuse though all 60 participants have obviously agreed to participate in the study and understood its purpose. According to ethics, no-one is allowed to force a person who does not want to say anything or participate in study to do so. Above all, I realized that the topic was too sensitive which made it difficult for the battered women to disclose the battering without crying.

CHAPTER 6.

CONCLUSION AND RECOMMENDATIONS

According to Allen (1995), traumatic events may come to an end, but the reaction never will. The intrusion of the past into the present is one of the main problems confronting those who have developed psychological symptoms and psychiatric disorders as a consequence of traumatic experience.

Studies estimate that women from country to country are believed to have experienced physical abuse at the hands of an intimate partner (United Nations Declaration on the Elimination of Violence against Women, 1993). Most women have either been battered or know someone who has been battered. Despite this, battering is still not talked about openly in Namibian communities. In addition, our society makes us believe that the home is a safe and happy place. Because everyone thinks so, no-one really knows what goes on in the family. Women can be beaten and keeps quiet about it. Thus, no-one will ever find out that the woman has been battered. This mean that husbands and boyfriends who abuse their women are protected from punishment. Even though women battering is a crime, it is not viewed as one by many people. It is seen as a domestic affair.

Symptoms seen in battered women in this study reflect not only the trauma that women experienced directly, but also their family environment, the amount of support they feel, and the level of disruption that follow the disclosure. Violence against women results in serious physical injuries and psychological trauma.

We cannot look at women battering without also looking at the violence in the rest of Namibian society. The high crime rate shows that we live in a violent society. Our media (TV and films) programmes shows us that hurting people is acceptable. We are made to think that we can solve our problems by fighting, rather than talking about it. In addition, the social tolerance of domestic violence heightens its insidiousness. This means that our

Namibian society teaches us to believe that women battering is acceptable and that men and women are not equal. Women are held responsible for their battering which actually make it difficult for them to seek assistance which is seldom adequate.

Looking at the above dynamics of abuse I recommend the following:

Women battering is a national disaster in Namibia. It is, therefore, up to all of us to do something about it. To do this we must begin where the problem starts. We must look at the way men and women in our country learn to be different. We must ask ourselves why women are made to feel powerless and how it can be changed.

One way to start is to talk about empowering women to speak out and to feel able to talk about what is happening to us in our home. By so doing, we break the secrecy around violence in the family. A widespread public education programme is needed to condemn attitudes which blame women for the battering perpetuated against them, and which view women battering as less serious than other crimes. Prevention through public education may be achieved by supporting a range of programmes and services including: the involvement of mass media, the production of educational materials such as pamphlets and the development of educational programmes in schools, churches, hospitals and TV and radios that make use of drama and other cultural forms.

In order to break the negative stereotypes about women, traditional leaders, church leaders, and health personnel as well as law-makers need to be involved in educating the community about the negative impact of battering on women and the children. This will enable women to attain social, economic, legal, and personal equality and an end to violence against women.

An expansion of counselling services is called for. Specialized services providing comprehensive and co-ordinated programme are needed. Networking between similar agencies and relevant non-governmental organizations is essential. Furthermore, urgent consideration must be given to the needs of the children of battered women if the damage and cycle of violence are to be perpetuated. Childcare facilities are presently inadequate,

which limits the progress women can make. Self-help groups for battered women should be emphasized. These groups should be established and initiated by women who have succeeded in coping with their battering and also by women's activists and social workers/ health practitioners in the Namibian society. Such groups may promote activities aimed toward creating a supportive atmosphere for victims of violence and for women who have left the violent relationships.

Additionally, such groups are expected to empower battered women, enhance their sense of self-worth and self-mastery, educating them to be assertive and to defend themselves. At the same time, women in such groups may need to learn how to advocate for and with other battered women. These groups can reinforce the feeling of sisterhood among women who suffer common problem. Counselling services will also empower battered women to rebuild their self-esteem and confidence

The strongest call is for sheltered accommodation to be made available for battered women because there is no such facility at present in Namibia. A battered woman go to the Unit just for the time when she is to report the abuse and then goes back to the same stressful environment. Battered women need a safe place beyond the batterer's sphere of influence from which to initiate a process of change. Halfway houses after staying in a shelter are also needed to provide temporary accommodation. Emergency shelters or safe houses for women in fear of their lives are also required. Shelters are important for individual woman and, in the wider context of campaigns to end violence against women, are a stark reminder of the need to ensure broader societal changes so that shelters become accepted

Finally, the results obtained indicated that several of the men (who were the abusers in the study) seem to have an inferiority complex and thus further study, utilizing measures to assess men's levels of psychological distress, need to be undertaken to really understand why they act violently. It can also find out details of their upbringing. A cross-cultural study is needed in Namibia to determine degree of violence in all cultures.

This is the only way towards making homes and the world at large a safe place to live in. After all, a healthy family environment, which fosters a sense of security, is an effective coping resources not only for the woman, but also for the whole family.

*"The ache for home lives in all of us,
the safe place where we can go
and not be questioned".
-Maya Angelou*

REFERENCES:

- Abrahams, N., Jewkes, R & Laubscher, R. (1999). *"I do not believe in democracy in the home."* Men on relationship with and abuse of women. Medical Research Council Technical Report. Tygerberg: Medical Research Council.
- Adams, C. (1996). *Evaluation Report of the Namibia police: Women and Child Abuse Centres.* Windhoek. UNICEF.
- Adkisson, S. (ed) (1995). *Children in Namibia: Reaching towards the right of every child.* Winhoek: UNICEF.
- Allen, A. (1995). *Coping with trauma: A guide to self-understanding.* Washington D.C: American Psychiatric Press, Inc.
- American Medical Association. (1992). *Diagnostic and treatment guidelines on domestic violence. Archives of Family Medicine. 1, 39-47.*
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D C: American Psychiatric Association.
- Anderson, S.M., Bouellelle, T.R. & Swartz, A.H. (1991). *"Psychological maltreatment of spouse"*. In Ammerman, R.T (ed). *Case study in Family Violence.* New York: Plenum.
- Angless, T. (1990). *An exploration into the counselling needs of battered women: A feminist perspective for clinical social work practice.* Cape Town: University of Cape Town.
- Armstrong, D & Grace, J. (1997). *Research methods and audit in general practice.* USA: Oxford University Press.
- Arriaga, X. B & Oskamp, S. (1999). *Violence in intimate relationships.* London: Sage.
- Bachman, R., & Coker, A. L. (1995). Police involvement in domestic violence: The interactive effects of victim injury, offender's history of violence, and race. *Violence and Victims. 10,91-106.* In Barnett, O. W., Miller-Perrin, C., & Perrin, R. D. (1997). *Family Violence across the life span. An introduction.* London: Sage.

- Bandura, A. (1973). *Aggression: A Social Learning Analysis*. Englewood Cliffs, NJ: Prentice Hall
- Barker, P. (1986). *Basic Family therapy*. London: Collins Sons & Co. Ltd.
- Barnett, O. W., Miller-Perrin, C., & Perrin, R.D. (1997). *Family violence across the lifespan: An introduction*. London: Sage.
- Barnett, O. W., & Lopez-Real, D. I. (1985, November). *Women's reactions to battering and why they stay*. Paper presented at the annual meeting of the American Society of Criminology. California: San Diego.
- Barnett, O. W., Keyson, M. & Martiness, M. (1992). *Battered women's responsive violence*. Paper presented at the annual meeting of the American Psychological Association. Washington DC.
- Bauserman, S. A. K & Arias, I. (1992). Relationships among marital investment, mental satisfaction, and marital commitment in domestically victimized and non-victimized wives. *Violence and Victims*. 287-296.
- Blanc, A. (1996). *Negotiating reproductive health outcomes in Uganda*. Institute of Statistics and applied Economics and Calverton. Kampala: Macro International.
- Bradby, H. (1996). *Defining Violence*. USA: Athenaenu Press.
- Beck, A. (1976). *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.
- Bowker, L. (1993). *A battered woman's problems are social, not psychological*. In Gelles , R. J., & Loseke, D. R. (ed). (1993). *Current Controversies on Family Violence*. CA: Sage
- Brown, L. S. (1992). *A feminist critique of personality disorder*. In Browne, L .S., & Ballou, M. (ed). *Personality and Psychopathology: Feminist reappraisals*. New York: Guilford.
- Browne, A. (1993). Violence against women by male partners: *Prevalence, Outcomes, and Policy implications*. *American Psychologist*. 48,1077-1087.
- Cahn, D.D.(1996). *Family Violence from a Communication perspective*. CA: Sage.
- Cardwell, M & Meldrum, C. (1996). *Psychology for A level*. London: Harper Collins.
- Cascardi, M., & O'Leary, K. (1992). *Depressive symptomatology, self esteem, and self-*

- blame in battered women. Journal of Family Violence. 7, 245-249.*
- Campbell, J. C. (1986). Nursing Assessment of risk on homicide with battered women. *Advances in Nursing Science, 8, 36-57.*
- Campbell, J. C. & Humphreys, J. (1993). *Nursing care of survivors of family violence.* St Louis, Mo: Mosby.
- Campbell, J. C. (1995). *Adult response to violence: A plague in our land, 19-29.* Washington D C: American Academic of Nursing.
- Campbell, J. C. (1995, July). *Depression in battered women.* A paper presented at the fourth international Family Violence Research Conference, Durham, NH, 21-24.
- Campbell, J. C. (1998). *Empowering Survivors of abuse: Health care for battered women and their children.* London: Sage.
- Coffey, P., Leitenberg, H. T., Henning, M., Turner, T. & Bennet, R. (1996). Mediators of the long-term impact on victims of abuse: Perceived stigma, betrayal, powerlessness and Self-blame. *Sexual Violence. 22.447-455.*
- Connors, J. (1999). *Violence against women.* London: University Press
- Coomarasuamy, R. (1994). *Violence against Women and Girls. From a global perspective.* United Nations Commission for Human Rights. p.7.
- Corey, G & Corey, M. S. (1987). *Groups: process and practice.* (3rd ed.). California: Brooks /Cole.
- Chu, M & Dill, S. (1990). Dissociative symptoms in relation to childhood psychological and sexual abuse. *American Journal of psychiatry, 147, 887- 892.*
- Davies, M. (1994). *Women and Violence.*(2 ed). London: Open Books.
- Department of Health. (1999). *Saving Mothers. Report on Confidential Enquiries into Maternal Deaths in South-Africa.* Pretoria: Department of Health.
- Department of Health, Welsh Office, Scottish Office Department of Health, Department of Health and Social Services NI (1998). *Why mothers die. Report of Confidential Enquiry into Maternal Deaths in the United Kingdom.* 1993-1996. London: TSO..
- Dippenaar, S. E. (1998). *Die implementering en evaluaering van multidimensionele*

groupteraapeutise program vir seksuele-gemolesteerde adolessente dogters.
Unpublished master's thesis. Bloemfontein: University of Orange Free State.

- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives.: A case against the patriarchy.* London: Open Books.
- Dobash, R.E & Dobash, R.P. (1992). *Women, Violence and Social Change.* London: Routledge.
- Donaghy, K. (1995). Beyond survival: Applying wellness interventions in battered women's shelters. *Journal of Mental Health Counselling*, 17 (1), 3-17.
- Douglass, D. (1991). Assessing violent couples. *Families in Society: The Journal of Contemporary Human Services*, 72,525-534.
- Dutton,M. A. (1992). Empowering and healing the battered women: A model for assessment and intervention. New York: Spranger.
- Dutton, D. G. (1995). The Domestic Assault of Women. *Psychological and Criminal Justice perspectives.* Vancouver: UBC Press.
- Edleson, L. J & Eisikovits, Z. (1996). *Series on Violence Against Women.* USA: Sage.
- El-Zanaty, M (1996). *Demographic and Health Surveys III. National Population Council and Calverton MD, Macro International.* In Jewkes, R. (2000). *Violence against women: an emerging health problem.* Pretoria: Women's Research Unit. Medical Research Council.
- Fernandez, F. (1993). Mobilizing on All Fronts: *A Comprehensive Strategies to end Violence against women in Malysia.* In Glanz, L. E., Spiegel, Andrew, D., Spiegel. (1996). *Violence and Family life in a Contemporary South Africa: Research and Policy Issues.* Pretoria: Human Sciences and Research Council.
- Freedly, J. R & Hobfoll, S. C. (1995). *Traumatic Stress. From theory to practice.* New York: Plenum.
- Frieze, I. H & Browne, A. (1989). *Violence in marriage.* In Ohlin, L & Tonry, M. (ed.). *Family Violence*, 163-218. Chicago: University Press.
- Frisch, M. B & Mackenzie, C. J. (1991). A comparison of formal and chronically battered women on cognitive and situational dimension. *Psychotherapy*. 28, 339-344.

- Glanz, L. E., Andrew, D. & Spiegel, A. (1996). *Violence and Family life in Contemporary South-Africa: Research and Policy Issues*. Pretoria: Human Sciences and Research Council.
- Graham, D. L. R., Rawlings, E & Rimini, E. (1988). *Survivors of terror: Battered women, hostage, and the Stockholm syndrome*. In Yllo, K & Bogard, M. (ed). (1988). *Feminist Perspectives on Wife Abuse*. California: Sage.
- Gelles, R. J & Loseke, D. R. (1993). *Current controversies on Family Violence*. London: Sage.
- Gelles, R. J & Harrop, A. (1989). Violence, battering and psychological distress among women. *Journal of Interpersonal violence*. 4, 400-420.
- Gerdes, L. (1999). *Battered women*. San Diego: Greenhaven Press Inc.
- Gerow, J. R. (1989). *Psychology: An introduction* (2nd ed). Glenville: Scott, Foresman.
- Giddens, A. (1991). *Sociology*. UK, Oxford: Polity Press
- Gill, E. (1994). *Play in Family therapy*. New York: Guildford Press.
- Gondolf, E. W & Fischer, E. R. (1988). *Battered Women as Survivors: An Alternative to treating Learned Helplessness*. USA: Lexington Books
- Gondolf, E. W. (1998). *Assessing women battering in mental health services*. USA: Sage.
- Goodwin, C. J. (1995) *Research in Psychology methods and design*. USA: John Wiley & Sons Inc.
- Hasting, J. E & Humberger, L. K. (1988). Personality characteristics of spouse abusers: A controlled Comparison. *Violence and Victims*. 3, 31-48.
- Heise, L., Raikes, A., Watts, C. & Zwi, A. (1994). *Violence against women: a neglected public health issue*. *Social Science and Medicine*. 39(9): 1165-1179.
- Heise, L. (1994). *Violence Against Women: The Hidden Health Burden*’. *World Health Statistical Quarterly* 44: 78-85.
- Heise, L. (1998). *Violence Against Women: An Integrated Ecological model*: *Violence against women*. 4: 262-290.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Hoff, L. A. (1991). *Battered women as Survivors*. London: Routledge

- Houskamp, B. M., & Foy, D. W. (1991). The assessment of Post-Traumatic Stress Disorder in battered women.. *Journal of Interpersonal Violence*. 6, 367- 375.
- Hubbard, D & Wise, D. (1998, September). *Domestic Violence: Proposal for Law Reform*. Windhoek: Legal Assistance Centre.
- Hudson, R & McIntosh, M. (1981). The Assessment of Spouse Abuse: Two quantifiable dimensions. *Journal of marriage and family*. 43, 873-884.
- Human Rights Watch. (1995) *Violence Against Women in South Africa: state response to domestic violence and rape*. New York/Washington: Human Rights Watch.
- Innocenti Digest. (1999). Domestic Violence against women and girls, (6)1-9. Unicef, Namibia.
- International Centre for Research on Violence Against Women. (1999, September). *Domestic violence in India*. Washington D C: International Centre of Research on Violence Against Women.
- Jack, M & Gorman, M. D. (1996) *Essential Guide to Mental Health*. New York: St Martin's Griffin.
- Janoff-Bulman, R. (1985). Victimology: *An Interpersonal Journal*. 10, 148-511.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Toward a new psychology of trauma*. New York: Free Press.
- Jewkes, R., Penn-Kekana, Levin, J., Ratsaka, M., Schrieber, M. (1999). " He must give me my money, he mustn't beat me". *Violence against women in three South African Provinces*. Medical Research Council Technical Report. Pretoria: Medical Research Council.
- Jewkes, R., Penn-Kekana, L., Levin, J., Ratsaka, M & Schriber, M. (1999). Prevalence of emotional, physical and sexual abuse of women in three South-African three Provinces. *South African Medical Journal*.
- Jewkes, R. (2000). *Violence against women: an emerging health problem*. Women's Health Research Unit. Pretoria: Medical Research Council.
- Kaner, A., Bullik, C. M.& Sullivan, P. F. (1993). Abuse in adult relationships of bulimic women. *Journal of Interpersonal Violence*. 8, 52-63.

- Kanagawa, M. (1995). Women's Council. *NGO Forum workshop for the Elimination of Violence Against Women*. Beijing: Shiryō.
- Kaplan, H. I & Saddock, B. J.(8th ed.) (1998). Synopsis of Psychiatry. *Behavioral Sciences/Clinical Psychiatry*. New York: Lippincott Williams & Wilkins
- Khan, M. (1999). *Domestic Violence against women and girls*. UNICEF INNOCENTI Digest no.6: 1-9.
- Kelkar, G. (1992). *Stopping Violence Against Women: Issues and Perspectives from India*. In Schuler, M.(eds.). *Freedom from Violence: Strategies from around the world*. Washington D C: OEF International.
- Kim, K., Cho, Y. (1992). Epidemiological survey of spousal abuse in Korea. In Viano, C (ed). *Intimate violence: interdisciplinary perspectives*. Washington DC: Hemisphere Publishing Corp. In Jewkes, R (2000). *Violence against women: an emerging health problem*. Pretoria: Women's Health Research Unit. Medical Research Council.
- Kirkwood, C. (1993). *Leaving the abusive partner*. London: Sage.
- Koss, M. P., Goodman, A., Browne, L., Fitzgerald, G. P., Keita, L & Russon, N. F. (1994). *No Safe Heaven*. Washington DC: American Psychological Association.
- Koss, M. P., Koss, P & Woodruff, W. J. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. *Archives of Internal Medicine*.
- Kumari, R. (1989). *Brides Are Not for Burning: Dowry Victims in India*. New Delhi: Radiant Publisher.
- Lazarus, R. S. & Folkman. S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Le Beau, D. (1996). " *The Nature, Extent and Causes of Domestic Violence against Women and Children in Namibia*". A research report prepared for the Women and Law Committee. Windhoek: UNICEF.
- Legal Assistance Centre (2001). *Violence against Women in Namibia. A report on the National Conference in Windhoek 23-25 Feb, 2000*. Legal Assistance Centre . Windhoek : Capital Press.

- Levinson, D. (1989). *Family violence in Cross-Cultural perspective*. USA: Sage
- Lloyd, S. A. & Emery, B. C. (1994). *Physical aggressive. Conflict in romantic relationships*. In Cahn, D. D. (eds.). *Conflict in personal relationships*. (pp. 27-46). New York: Erlbaum.
- Lloyd, S. A. & Emery, B. C. (1994). *A feminist perspective on the study of women who use aggression in close relationships*. In Arriaga, X. B & Oskamp, S. (1999). *Violence in intimate relationships*. London: Sage.
- Mager, A. (1998). Youth organizations and the construction of masculine identities in the Ciskei and Transkei, 1945-1960. *Journal of Southern African studies*. Pietermaritzburg: University Press.
- Mahajan, A. (1990). "Instigators of wife battering". In Sooshma Sood (ed). *Violence against women*. Japur: Arihant.
- Marais, S., de Villiers, P.J., Moller, A. T. & Stein, D. J. (1999). Domestic violence in patients visiting general practitioners - prevalence, phenomenology, and associated psychopathology. *South African Medical Journal*. 89(6): 635-640.
- Martin, D. (1976). *Battered wives*. San Francisco: Glide.
- Marshall, L. (1992). Development of the Severity of Violence Against Women Scale *Journal of Family Violence*. 90: 1-94.
- Meichebaum, D. (1977). *Cognitive Behavioral Modification: An Integrative Approach*. New York: Plenum.
- Mercy, J. & Saltzman, L. (1989). "Fatal Violence among Spouses in USA, 1976- 1985". *American Journal of Public Health* 79, 595-599.
- Miller, S. L. (1989). Unintended side- effects of pro-arrest policies and their race and class implications for battered women: *A cautionary note*. *Criminal Justice Policy Review*. 3, 299-326.
- Miller, A. (1990). "The interrelationship between Alcohol and Drugs and Family Violence". In Mario De La Rosa, E. Lambert, Y., & Gropper, B. (eds.). *Drugs and Violence: Cause, Correlates, and Consequences*. Rockville, MD: National Institute on Drug Abuse.
- Minuchin, S. (1974). *Families and Family therapy*. USA: Havard University Press.
- Mcklear, S. V. & Anwar, R. (1989). A study of battered women presenting in

- emergency department. *American Journal of Public Health*. 79: 65-66
- Mcnamara, J. R., Brooker, D. J. (2000). Abuse Disability Questionnaire. *Journal of Interpersonal violence*. 15: 170-183.
- Montana, J. (1992). *Battered Women*. Women's Legal Centres. Bolivia: Cochabamba and La Paz.
- Moore, D. M. (1979). *Battered Women*. Beverly Hills: Sage
- Muldary, P. S. (1983). Attribution of Causality of Spouse assault. Dissertation Abstracts. *Interpersonal Violence*. 44.
- Newman, W. L. (1997). Social Research Methods. *Qualitative and Quantitative approaches*. (3rd). London: Allyn & Bacon.
- Pagelow, M D. (1981). *Women Battering*. Victims and their experiences. Beverly Hills: Sage.
- Pagelow, M. D. (1984). *Family Violence*. New York: Praeger.
- Pawar, M. S. (1990). *Women and Family Violence: Politics and Programmes*. In Sood, S (ed). *Violence against women*. India: Aritant.
- Pence, E. & Paymar, M. (1986). *Power and Control. Tactics of men who batter*. Minnesota: Duluth.
- Prince, J. E. & Arrias, I. (1994). The role of perceived control and desirability of control among abusive and non-abusive husbands. *American Journal of Family therapy*. 22, 126-134
- Procci, W. R. (1990). *Medical aspects of human sexuality*. New York:
- Rao, V. (1997). "Wife-beating in rural South India: A qualitative and econometric analysis.". *Social Science and Medicine*. 44: 1169-1180.
- Ramphela, M. (1989). *Uprooting poverty. The South African Challenge*. Report for the second Carnegie Inquiry into poverty and development in South Africa. New York: W.W. Norton & Co. p. 270.
- Rasche, C. E. (1988). Minority women and domestic violence: The unique dilemmas of battered women of colour. *Journal of Contemporary Criminal Justice*. 4, 150-174.
- Raikes, A. (1990). *Pregnancy, birthing and family planning in Kenya: changing patterns of behavior. A health utilisation study in Kissi District*. Copenhagen:

- Centre for Development Research. In Jewkes, R. (2000). *Violence against women: an emerging health problem*. Pretoria: Women's Health Research Unit. Medical Research Council.
- Resnick, A. (1994). Psychological impact of rape. *Journal of Interpersonal Violence*, 8, 223-255.
- Rezenti, C. M., Edleson, J. L. & Campbell, J. C. (eds.). (1998). *Empowering Survivors of Abuse. Health Care for Battered Women and Children*. USA: Sage.
- Roberts, E. (1995). *Women and Families*. USA: Blackwell
- Robert, A. R. (1998). *Battered Women and their Families. Intervention strategies and Treatment*. USA: Springer.
- Rosnow, R. L., Rosenthal, R. (1996). *Beginning Behavioural Research*. (3rd). New Jersey: Prentice Hall.
- Russell, M. (1988). Wife assault theory, research and treatment: A literature review. *Journal of Family Violence*, 3(3): 193-208. In Schurink, W. J., Snyman, I., Krugel, W. F & Slabbert, (eds.). (1992). *Victimization. Nature and Trends*. Pretoria: Human Science and Research Council.
- Russell, M. (1994). Educated guesses: *Making policy about medical screening tests*. Berkeley: California University Press.
- Sabourin, T. C. (1996). *The role of communication in verbal abuse between spouses*. In Cahn, D. D. & Lloyd, S. A. (ed). *Family violence from a communication perspective*. 199- 217. Thousand Oaks, CA: Sage.
- Sampsel, C. M. (1992). *Violence Against Women: Nursing Research, Education and Practice*. USA: Hemisphere.
- Sato, R. A. & Heiby, E. M. (1992). Correlates of depressive symptoms among battered women. *Journal of Family Violence*, 7, 229-245.
- Saunders, D. G. (1992). A typology of men who batter. Three types derived from cluster analysis. *American Journal of Ortho-psychiatry*. 62, 264-275.
- Saunders, D. G. (1994). Post-traumatic stress symptoms profile of battered women: *A comparison of survivors in two settings*. *Violence and Victims*. 9,31-44.

- Scarpitti & Anderson. (1992). *Social Problems*. New York: Harper Collins.
- Schikwambi, A. T. & Ithindi, T. (1996). *Violence against women and children in Namibia*. Windhoek: UNICEF.
- Schuler, R. A. (Ed). (1992). *Freedom from violence: Women's strategies from around the world*. New York: Unifem.
- Schurink, W. J., Snyman, I., Krugel, W. F. & Slabbert (eds.) (1992). *Victimization, Nature and Trends. Pretoria: Human Sciences and Research Council*.
- Schweigert, W. (1994). *Research methods and statistics for psychology*. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Segel, T. & Labe, D. (1996). *Family Violence: Wife abuse*. In Mackendril, B. W. & Hoffman, W. (Ed.). *People and violence in South Africa*. Cape Town: Oxford University Press.
- Shainess, N. (1979). Vulnerability to violence against women: Masochism as process. *American Journal of Psychotherapy*, 33(2): 193-208.
- Shepherd, J. (1990). Victims of personal violence: The relevance of Symond's model of psychological response and loss theory. *British Journal of Social Work*. 20, 309-332.
- Shepard, M. F & Campbell, J. A. (1992). The Abusive Behavior Inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence*. 7, 291-305.
- Shrader S. M. & Cox, R. (1992). *Domestic Violence on trial*. New York: Springer.
- Sister Namibia. (2001). *Domestic violence in Namibia. Namibian Women's Manifesto*. Namibia: Windhoek. 1-10.
- Snyder, D. K. & Scheer, N. S. (1981). Predicting Disposition following brief residence at a shelter for battered women. *American Journal of Community psychology*. 9, 559-5566.
- Stark, E & Flitcraft, A. (1991). "Spouse abuse". In Rosenburg, M & Fenly, A. (ed). *Violence in America: A public health approach*. New York: Oxford University Press.
- Stein, S., Haigh, R. & Stein, S. (1999). *Essentials of Psychotherapy*. Butterworth: Oxford.

- Strauss, M. A. (1979). Measuring intra-family conflict and violence: The Conflict Tactics Scale. *Journal of Marriage and Family*. 41, 75-87.
- Strauss, M.A. (1990). *Family patterns of primary prevention of family violence*. In Strauss, M. A., & Gelles, R. J. (eds.). *Physical Violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick: Transaction Books.
- Strauss, M. A & Gelles, R, J. (1990). *Physical Violence in the American Family*. New Jersey: New Brunswick.
- Strube, M. J. & Barbour, L. S. (1983). The decisions to leave an abusive relationship: Economic dependence and psychological commitment. *Journal of Marriage and Family*. 45: 785-793.
- Sorenson, S. B., Stein, J. A., Siegel, J. M., Golding, J. M. & Burnman, M. A. (1987). *Prevalence of Adult Sexual Assault*. *American Journal of Epidemiology*. 126, 1154-1160.
- Tan, C., Besta, J., Sullivan, C. M. & Davidson, W. S. (1995). The role of social support in the lives of women exiting domestic violence shelters. *Journal of Interpersonal Violence*. 10, 437-451.
- Taylor, J. & Stewart, S. (1991). *Sexual and Domestic Violence: Help, Recovery and Action in Zimbabwe*. Harare: A. Von Glenn Publisher.
- The Namibian* (10 April 2002). "A man accused of fatally assaulting his wife"
- The Namibian* (12 April 2002). "A 51 years old man hacked his wife to death".
- Turner, S. F. & Shapiro, C. H. (1986). *Battered Women: Mourning the death of a relationship*. *Social Work*. 3, 372-376.
- United Nations (Dec, 1993). *United Nations Declaration on the Elimination of Violence against Women (UNDEVW)*. General Assembly Resolution. UNICEF, Namibia.
- United Nations (1993). Domestic Violence. UNICEF, Namibia
- United Nations (1995). *The World's Women*. UNICEF, Namibia.
- United Nations (July, 1997). Violence Against Women. UNICEF, Namibia.
- United Nations (UNAIDS). (1999). *Women and Health: HIV/AIDS and Violence against women*. New York: United Nations.

- Vavaro, F. F. (1991). *Using a grief response assessment questionnaire in a support group to assist battered women in their recovery response*. 13, 17-20.
- Visaria, L. (1997). *Domestic Violence in India: Evidence from Rural Gujarat. An analysis of Primary Survey Data*. Gujarat: Ahmedabad.
- Wallace, H. (1996). *Family Violence: Legal, Medical, and Social Perspectives*. USA: Allyn & Bacon.
- Walker, L. E. (1977). Battered Women and Learned Helplessness. *Victimology. An International Journal*. 2,525-534.
- Walker, L. E. (1979). *The battered woman*. New York: Harper & Row.
- Walker, L. E. (1985). Psychological impact of the criminalization of domestic violence on victims. *Victimology*, 10(1-4): 281-300
- Walker, L. E., & Browne, A. (1985). *Gender and Victimization by Intimates*. *Journal of Personality*. 53: 179-195
- Watts, C., Osam, S. & Win, E. (1995). *The private is public: a study of violence against women in Southern Africa*. Harare: Women in Law and Development in Africa.
- World Health Organization. (1996). *Violence against Women*. Geneva: World Health Organization.
- World Health Organization (1997). *Violence against Women. A health priority issue*. Geneva: World Health Organization.
- Wright, J.& Kasiya, A. (1997). Characteristics of female victims of assault attending a Scottish accident and emergency department. *Journal of Accident and Emergency*. 14(6): 375-378.
- Yapko, M. D. (1994). *Suggestions of abuse*. New York: Simon & Schuster.
- Yllo, K. & Bogard, M. (1988). *Feminist Perspectives on Wife Abuse*. Newbury Park: Sage.
- Yllo, K. (1994). *Reflections of feminist family violence research*. In Arriaga, X. B. & Oskamp (1999). *Violence in Intimate Relationships*. London: Sage
- Zama, L. (1994). Legal aspects of women and child abuse in the Southern African context. In *Children for Africa: Second African Conference on Child Abuse and Neglect*. (pp. 93-95). Cape Town: The Printing Press.

APPENDIX 1: CONSENT FORM

PROJECT TITLE: **Violence against women and its mental health consequences in Namibia**

PROJECT LEADER: **Lydia Hambeleleni Ngonjofi Nangolo**

I, _____ hereby voluntarily consent to participate in the following project:

I realise that:

1. The study deals with Violence against women and their mental health consequences in Namibia.
2. The Ethic Committee has approved that individuals may be approached to participate in the study.
3. The experimental protocol, i.e. the extent, aim, and methods of the research have been explained to me.
4. The protocol sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage;
5. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation ;
6. Access to the records that pertain to my participation in the study will be

restricted to persons directly involved in the research ;

7. Any questions that I may have regarding the research or related matters will be answered by the researcher;
8. If I have any questions about or problems regarding the study or experience any undesirable effects, I may contact a member of the research team;
9. Participation in this research is voluntary and I can withdraw my participation at any time;
10. If any medical problem is identified at any stage during the research, a qualified person will discuss such condition with me and/or I will be referred to my doctor;
11. I indemnify the University of the North and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

Signed at _____ this _____ day of _____ 2002

By: _____

APPENDIX 2: (a) DEMOGRAPHIC QUESTIONNAIRES

Demographic Data

The following questions are concerned with your personal details. Please try to as accurate as possible in your answers. All information will be treated with confidentiality and anonymity. This questionnaire is to be completed by battered women from Ovamboland in Namibia.

Information on yourself

1. Which region of Ovamboland do you live in?
 - Oshana
 - Omusati
 - Kaokoland
 - Ohangwena
 - Otjikoto

2. How old are you?
3. What is your home language?
4. What is your marital status?

 - Married
 - Divorced
 - Staying with someone

5. What is your religious affiliation?

 - Roman Catholic Church
 - Anglican Church
 - Lutheran Church
 - Other, please specify

6. What is the highest level of education you have achieved?
 - No education
 - Primary school
 - Secondary school
 - Degree or Diploma, please specify.....

7. What is your current occupation?. Please indicate if you are unemployed
.....

8. What is your family income per month?

Information on your partner

9. How old is your partner?
10. What is his religious affiliation?
11. What is the highest level of education your partner has achieved?
.....
12. Is your partner currently employed?. If the answer is yes, please indicate his
income per month.

APPENDIX 2 (b): SEMI-STRUCTURED INTERVIEW

This section contains information on yourself with reference to the battering or violence against you.

Section A

The following questions pertain to you and the battering you experienced. I recognize that the following questions and your response to them are very sensitive matters. Please try to be as accurate as possible. All information will be treated with utmost confidentiality.

- 13. How long have you been living with your partner?
.....
- 14. Do you have children by him?
yes /no
- If the answer is yes, how many children do you have by him? Please indicate the age of your children and their gender.
.....
.....
.....
- 15. Did he move into your house or did you move in with him?
.....
- 16. Did your partner hurt you before you started to live with him?
.....
- 17. How long were you with him before he started to hurt you?
.....
- 18. Please tell me about the first time your partner abused or frightened you, and what happened ?
.....
.....
- 19. What did he say was the reason for hurting you ?
.....
- 20. How did you feel ?
.....
- 21. How long has this been going on ?
.....
- 22. During your childhood, did you ever witness any violence in your family ?
Yes..... No.....
If the answer is yes, how did you feel?.
.....

23. Was there any violence in your previous relationships with men?
 Yes..... No.....
 If the answer is yes, how many relationships before this one were characterized by violence?

24. How would you describe the communication pattern between you and your partner?

25. How does this affect you?

Section B

This section is aimed at describing the type of abuse you suffer in your life.

26. Which of following types of abuse have you experienced?
 Physical abuse
 Emotional abuse
 Sexual abuse
 Financial abuse
27. In which condition (or How) does the abuse occur?. (e.g., when my partner is under the influence of alcohol)

28. What do you think is the reason for your partner to abuse you?

29. What steps have you taken or what assistance have you sought?

30. How do you feel about calling the police or going to court to receive assistance?

- If the answer is no, what factors prevent you from calling the police or going to court for assistance?

(Le Beau, 1996; Gondolf, 1998)

APPENDIX 3: ABUSE DISABILITY QUESTIONNAIRE

Section 1

This section is designed to measure the amount or the severity of abuse you have experienced in your relationship with your partner. Answer each item as carefully and accurately as you can by placing an answer besides each one as follow:

= Yes or No.

31. In your opinion which of the following types of abuse have happened to you ?

- Your partner kicks you
- Your partner punches you with fists on the face and body
- Your partner hits with objects. e.g., axe, gun, belt, knife, a stick, or a brick.
- Your partner slaps with an open hand
- Your partner throws against the wall
- Your partner beats you so badly that you must seek medical help
- Your partner pushes around
- Your partner burns with hot water or iron
- Your partner pours a glass of beer over you while asleep
- Your partner belittles you
- Your partner becomes angry when you tell him that he is drinking too much
- Your partner calls you names
- Your partner tells you how ugly and unattractive you are
- Your partner insults or shames you in front of others
- Your partner yells and shouts at you
- Your partner has no respect for your feelings
- Your partner prevents you from seeing your relatives and friends
- Your partner follows you around
- Your partner opens your mail
- Your partner monitors your phone calls or removing telephones
- Your partner ridicules your sexual performance
- Your partner forces you to have sex with him in front of others.
- Your partner forces to have sex with you after the battering, while you are crying, feeling pain and being angry.
- Your partner forces to have sex with your children
- Your partner rapes you
- Your partner denies you access to money
- Your partner forces you to beg and plead for money.
- Your partner lies about money or hiding it.
- Your partner prevents you from working
- Your partner fails to provide enough for the family

Section 2

This section describes the impact of abuse on battered women

Please answer these questions by indicating the extent to which you agree or disagree with these statements about your life.

1 = strongly agree, 2 = agree, 3 = strongly disagree, 4 = disagree, 5 = none.

- I have stopped going to certain places or seeing my friends and relatives
- I am fearful of my partner.
- I am in a way fearful of going crazy (mad)
- I feel it is better to die or I am constantly pre-occupied with death thoughts.
- I feel trapped in my intimate relationship
- I feel unloved in my intimate relationship
- I feel unfulfilled in my intimate relationship
- I feel inadequate in my intimate relationship
- I feel unneeded in my intimate relationship
- I feel scared in my intimate relationship
- I feel unhappy in my intimate relationship
- I feel unappreciated in my intimate relationship
- I feel restricted from having sufficient social contact with family and friends
- I feel restricted from pursuing recreational activities (e.g., sports, and hobbies)
- I feel restricted from participating in daily contact with other people.
- I feel restricted from working outside the house
- I feel restricted from being able to improve myself through education or other experiences.
- I feel as if I don't have any control over my life anymore
- I feel as if I'm not going anywhere in life
- I believe I'm unattractive
- I believe I have a weight problem
- I believe I am not in good physical condition
- I believe I take too many drugs now
- I believe I smoke too much
- I believe I drink too much alcohol
- I believe my health is deteriorating
- I believe I don't enjoy life as much as I could
- I believe I worry too much
- I believe I'm too often depressed
- I believe I'm too often anxious
- I believe I experience too much physical pain
- I believe I experience too much psychological distress
- I believe my personal safety is in jeopardy
- I believe I'm not as good as everybody else

Section 3.

Please answer this questions as accurately as possible

32. Have you ever made an attempt to leave your abusive relationship?.

Yes.....

No

If the answer is no, which factors made you remain in the relationship?.

.....
.....
.....

Thank you for completing the questionnaire. Please place the completed questionnaire in the accompanying envelope, seal it and return it to the Woman and Protection Unit.