

Full Length Research Paper

Causes and consequences of intimate partner rape and violence: Experiences of victims in Lagos, Nigeria

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Intimate Partner Rape (IPR) is a pervasive form of gender-based violence and a topical human rights issue. This study investigated the causes and consequences of Intimate Partner Rape and violence as reported by selected married women in Nigeria. This qualitative study explored the experiences of 22 purposively selected married women aged, 22 to 40 years from two Save Our Soul (SOS) Shelters for Abused Women who have been victims of Intimate Partner Rape/Violence. Qualitative data on Intimate Partner Rape/violence experiences and associated factors was collected through eight Focus Group Discussions (FGDs). Descriptive analysis was used for the demographic characteristics of the participants. The transcription of the recorded audio cassettes, together with the recorded field notes, provided data for the thematic analysis. The discussions revealed that the principal causes of Intimate Partner Rape/Violence were unequal power relations; alcohol and drug dependence and jealousy. Self-reported consequences of Intimate Partner Rape/Violence by victims included amongst others: physical injury (31.87%) constant headaches (27.27%); sleep disturbances (18.18%); excessive fear and anxiety (9.09%); suicidal ideation (9.09%) and hatred for men (4.55%). These findings confirm that Intimate Partner Rape/Violence may be playing significant but salient role in the poor state of health of Nigerian women. Accordingly, effective intervention strategies at all levels are needed to address it.

Key words: Intimate partner rape/violence, married women, Nigeria, causes, consequences.

INTRODUCTION

Violence is a regular part of most women's experience in Nigeria, especially at homes intended to nurture the psychological upliftment and development of its members. Domestic violence refers to violence within the home. It is carried out mostly against women and children. These acts include rape (forced sex); physical abuse; verbal abuse; incest; Female Genital Cutting (FGC); denial of food; denial of time for relaxation; forced marriage and child marriage (Joda et al., 2007). For the purpose of this study, domestic violence is defined as the European Council of Ministers suggests: Any act or omission committed within the framework of the family, by one of its members, that undermines the life, the bodily or psychological integrity, or the liberty of another member of the same family, or that seriously harms the development of his or her personality. Rape is defined as any

form of sexual intercourse without free mutual consent between those involved. Sexual intercourse that involves force, threat, blackmail, deceit or coercion is rape – even when there is no penetration. A woman is raped if sexual intercourse takes place without her consent. Rape within marriage (forced or coerced sexual intercourse between wife and husband) is not recognized as a crime by Nigerian Law. At best, a husband who forces his wife to have sex may be found guilty of assault, wounding, or grievous harm depending on the degree and effect of the force he used on his wife. But this is usually limited to situations where the couple have separated (they are not living together or cohabiting). In Sharia law (Islamic law practiced in the northern part of Nigeria by the predominantly Muslim population), the husband may withdraw maintenance to his wife if she refuses him sexual intercourse. Rape of a wife is generally not recognized as an offence by customary laws in Nigeria and is not penalized even when the wife suffer bodily harm in the course of the husband forcefully having sex with her (Joda et al., 2007).

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On a daily basis women are beaten and "punished" for supposed transgressions, raped and even murdered by members of their family (Fatusi and Alatise, 2006). In some cases, vicious acid attacks leave them with horrific disfigurements. Girls and young women are forced into early marriage by parents and relatives. In many communities in Nigeria (Fatusi and Alatise, 2006), the traditional practice of female genital mutilation continues to traumatize young girls and leave women with lifelong pain and damage to their health. Such violence is all too frequently excused and tolerated in communities where women are assigned an inferior role, subordinate to the male, head of the family. In support of this claim, Narayans et al. (2000: 123) affirm that in many social contexts, domestic violence, whether sexual, physical or psychological, is supported by social norms such as a cultural ideology which promotes the primacy of men over the women. Husbands, partners and fathers are responsible for most of the violence against women. The violence persists because discriminatory laws condone and even legalize certain forms of violence against women. Dismissive attitudes within the police and an inaccessible justice system compound the failures of the state to protect women's rights. The criminal justice system and the Police provide little protection for the victims and often dismiss domestic violence as a family matter and fail to investigate or press charges. Often times, the few rape victims who take their cases to court face humiliating rules of evidence and discriminatory attitudes from court officials and have little chance of getting justice. Moreover, few cases of rapes are reported to the police, because of the associated social stigma attached to the victim and the difficulty in obtaining medical evidence. Women who bring a complaint of rape cannot insist on speaking to a woman police officer as of right and agitations for specific women and human rights desks in all police stations are yet to be implemented.

The word "violence" has strong connotations in ideological terms and its meaning is constantly changing. It covers a wide range of problems that must be put into context in order to better grasp their structure. Violence is not gender-specific as both men and women are victims of violence. However, there is enough gender specific violence which underlies the subordinate position of women in Nigeria to warrant a focus on women as victims of intimate partner rape/violence. These are few examples of gender specific violence as reported by Adidu (2001: 87).

"In 1987, a 12 year old Hausa girl, Abubakar from northern Nigeria died after having both legs amputated by her husband for repeatedly running away from him after she was forced to marry him....."

"In 1999, in Zaria, Nigeria, a jealous lover poured acid on his girl friend when she would not marry him. He had earlier threatened to render her unmarriageable if she

ever dumped him and he made good his promise".

In Nigeria, the woman is frequently victimized twice. First by the violence she endures and by the failure of the governments to bring her abuser(s) to justice.

"Sometime in 1999, an uncle sexually assaulted a little girl of six years old. The matter was taken to court and prosecuted. In giving judgment however, the magistrate set the accused person free for lack of "corroboration". This was in spite of the bloodied pants, the testimony of the mother who noticed the pains while bathing her and the medical evidence from a government hospital. The magistrate said corroboration meant testimony from another person who witnessed the alleged act (Except for interview with a human rights defender by Amnesty International, 2004b)."

Furthermore, a certain young girl "Folake" was jailed after she accused a man of rape. A domestic worker, she said her employer's husband had forced her into his bedroom and made her watch a pornographic film before forcing her to have sex. A medical examination supported her allegation. Yet she was the one brought to court, charged with slander for making the accusation and remanded in prison (Amnesty International Interview with "Folake", 2004a).

Forms of domestic violence

Sexual abuse: Rape of girls and women in the family, marital rape and other forms of sexual abuse are often accompanied by violence. The immediate consequences for the woman may include unwanted pregnancy or a sexually transmitted disease. The long-term effects are often depression, other mental health disorders and suicide. Health professionals and human rights activists increasingly see the prevalence of violence in the family as a public health issue (Ezenwa, 2003). Female intimate partners are particularly vulnerable to sexual harassment and sexual violence from men and boys living in or associated with the household. The true dimensions of sexual violence against women may never be known; under-reporting of such cases is significant due to isolation and the deep social stigma attached to sexual assault (Adidu, 2001). In many countries, Human Rights Watch found that women endured sexual violence because they were unable to escape, felt acute financial pressure to remain in their homes, or were under threat of greater harm if they did report (Amnesty International, 2005).

Consequences of intimate partner rape/violence against women

Intimate partner rape/violence against women has incalculable costs to present and future generations and it undermines human development (UNAIDS, UNICEF and USAID, 2002). It limits a woman's personal growth, her productivity, her socio-economic roles and her physical

and psychological health. Most of all it negates the right of women as humans. According to Bunch (1997:42), violence can affect women and girls physically, psychologically and socially, sometimes with lifelong results. Besides, women's aspirations and achievements are powerfully inhibited, not just by the injuries of physical attacks but by the implicit threat to social development (Naaeke, 2006). Domestic intimate rape/violence is a key component of social problems. By subjecting the women to rape/violence and without a social structure that endeavors to stop this practice, the women could be made to believe that they are actually inferior to their counterparts and that they deserve the abuse. This can affect their self-image and perception of men in general.

Bunch (1997:41) reported that violence against women and girls is the most pervasive violation of human rights in the world. According to the Federal Ministry of Health (2001), very few studies have been carried out on intimate partner rape/violence against women in Nigeria. Published works (Okemgbo et al., 2002; Fatusi and Alatise, 2006; Esere et al., 2009) on the subject had examined largely the dimensions of domestic violence against children and little or no effort has been made to capture the perspectives of the women in violent intimate relationships. Thus, in deep appreciation of the need to investigate the causes and consequences of intimate partner rape and violence among women in Nigeria, this study was undertaken to generate adequate data regarding gender-based sexual violence against women in Nigeria.

METHODS

Study design

This study employed a qualitative approach to data collection. Qualitative research is particularly appropriate for a study of this nature as it can give depth and details of phenomena that are difficult to convey with quantitative methods (Flick, 2002). Qualitative research is not concerned with representativeness or making inferences about the larger population (Mason, 1996; Strauss and Corbin, 1999). It seeks to gain rich, comprehensive data from a small number of participants (Maphosa et al., 2007).

Participants and Setting

Recruitment of participants for the study was purposive in nature, guided by the information provided by two SOS shelter for abused women directors. The participants for the study comprised 22 women aged 28 to 37 years who were living in two SOS shelter for abused women in Lagos. SOS shelter for abused women provides a home for helpless women who have been victims of different forms of violence: physical, psychological, sexual from their partners. This study is pertinent and significant especially in the wake of increases in gender-based domestic violence against women in Nigeria.

Procedure for data collection

Prior to the commencement of the study, permission was sought

from the directors who assisted the researchers to identify victims of intimate partner rape/violence among the women. Thereafter, the participants' consent was sought and obtained. At first some of the women were afraid of exposure and reluctant to participate in the study. However, on assurance that the study was for research purposes only, all the selected participants agreed to take part. They were equally assured of anonymity and confidentiality.

A combination of administered questionnaire and Focus Group Discussions (FGDs) was used for data collection exercise. The questionnaire consisted of a combination of close and open-ended questions. Focus group discussions produce descriptive data about people own written or spoken and observable behavior. According to Gibbs (1997), focus group is useful for revealing through interaction, the beliefs, attitudes, experiences and feelings of participants in ways which would not be feasible using other qualitative methods. Litosseliti (2003) points out that compared with other qualitative methods where meaning emerges from the participants, focus group have an element of flexibility and adaptability. Their open-ended nature allows the opportunity of gaining insight into the world of participants in their own language and promotes self-disclosure in a friendly environment.

Toward this end, eight focus group discussions (four for each SOS Centre) were held with the participants. Each of the focus groups had a social worker, who is a counseling psychologist, present in the sessions providing the needed emotional support to the women. Again, the researchers are professional counselors who are competent in dealing with psychological and emotional problems of traumatized women. Each discussion lasted for an average of 1 h 20 min and revolved around two major subjects: Intimate Partner Rape and Violence. The themes were adapted from an operational definition of domestic violence by the United Nations Declaration on Elimination of Violence against Women (United Nations, 2002). Recording of the FGDs sessions was made through note-taking and also by the use of audio-cassettes.

Method of data analysis

Descriptive analysis was used for the demographic characteristics of the participants and to present the types of domestic violence experienced by the participants. The transcription of the recorded audio cassettes, together with the recorded field notes, provided data for the thematic analysis. Transcripts were read and annotated. Multiple readings of the transcripts were undertaken to identify major themes or ideas revealed by the group members as well as critical words, phrases and examples. The experiences of the participants were compared and contrasted, searching for patterns either made explicitly by participants or derived implicitly. Important and frequently expressed ideas or themes were then studied for pattern of connection and grouped into broader categories. The main themes in the data formed a picture that reflected the experiences of all the women in the study.

RESULTS

The results of the demographic data showed that majority of the participants (50%) were 28 years old (Figure 1). Fourteen of them representing (63.64%) of the total participants were Muslims while 8 (36.36%) of them were Christians. Most of the participants (68.18%) were from polygamous homes as shown in Figure 2. In terms of level of educational attainment of partners, only 3(10%) of the participants came from homes where their partners had tertiary education as shown in Figure 3. Participants for this study were from different parts of Nigeria with the

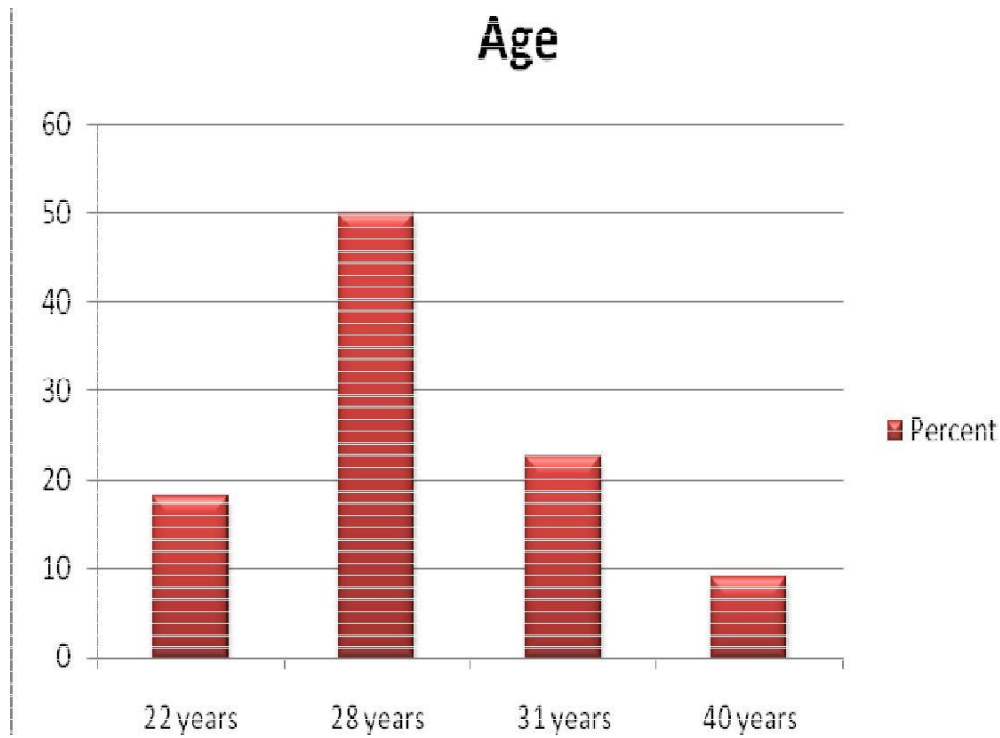


Figure 1. Distribution of participants on the basis of age.

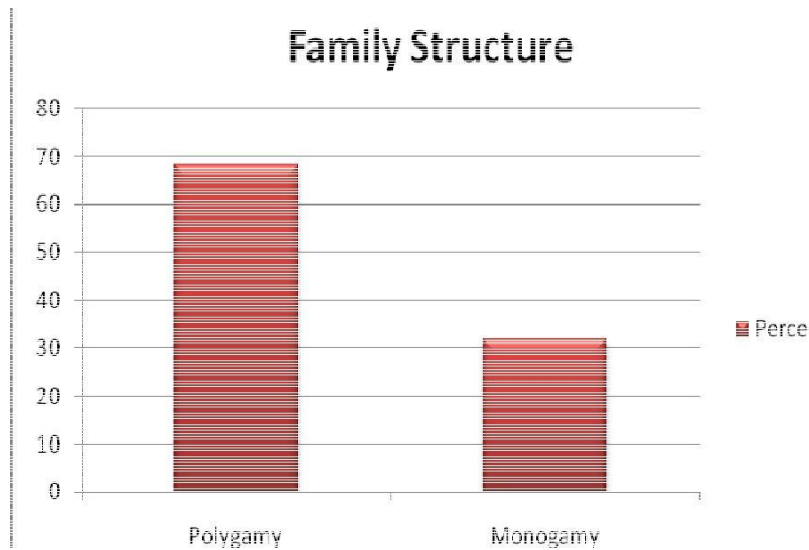


Figure 2. Distribution of participants on the basis of family structure

Yoruba ethnic group predominating (68.18%) as shown in Figure 4.

Perceived causes of intimate partner rape/violence

The perceived causes of Intimate Partner Rape/Violence (IPRV) as reported by the women were unequal power

relations (45.45%), alcohol and drug dependence (22.73%), jealousy (18.18%). Other causes mentioned by the women included lack of tolerance and patience (9.09%) and stress and disturbed emotion (4.55%) as shown in Figure 5.

The discussions at the focus group sessions correlated the findings from the questionnaire regarding perceived causes of intimate partner rape/violence. One of the par-

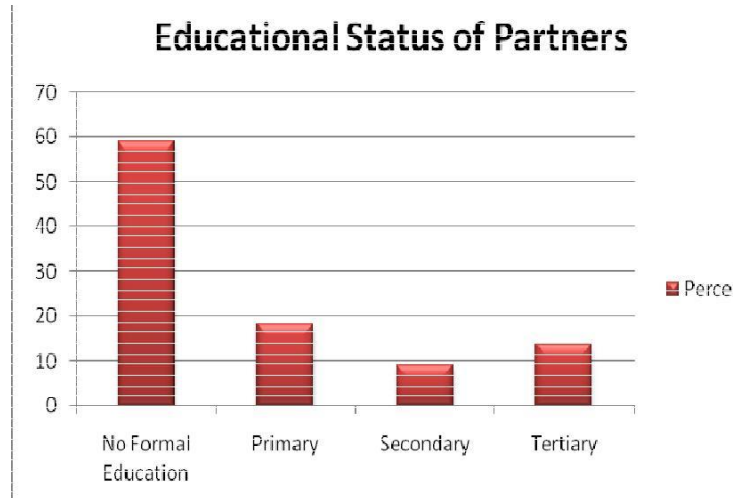


Figure 3. Distribution of participants on the basis of educational status of partners.

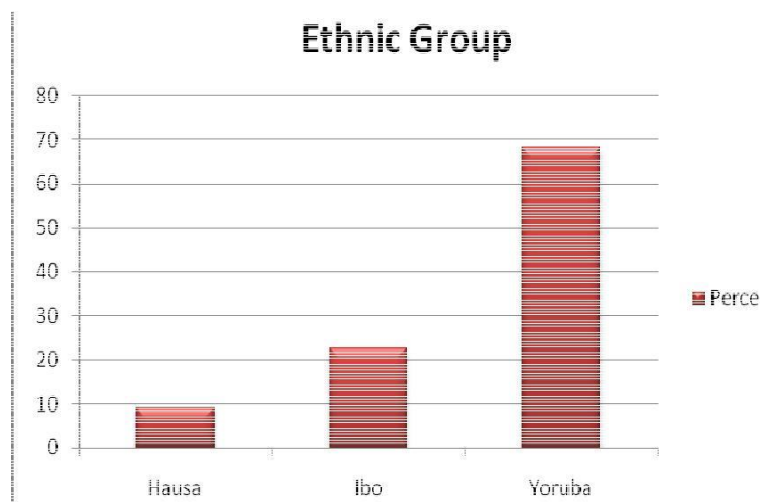


Figure 4. Distribution of participants on the basis of ethnic groups.

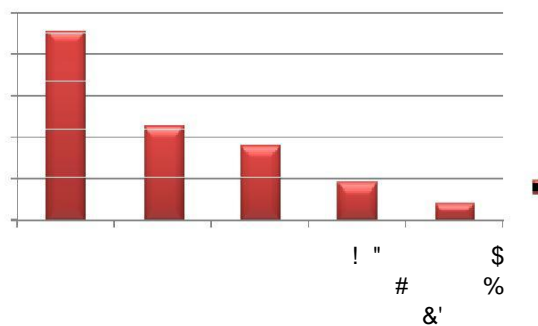


Figure 5. Perceived causes of IPRV.

participants remarked:

“My husband has this uncanny way of showing his authority over me. As far as he is concerned, I must succumb to his sexual advances all the time without complaint.”

Another added:

“I dare not refuse my husband sex, even when I am sick he will always force himself on me.”

Yet another added:

I would not have minded so much if it is just a case of employing his veto power to force me to have sex with him. What I could no longer stand was the constant beatings that accompanied the sexual abuse. At times I will be so beaten to a point of unconsciousness.

Alcohol and drug dependence also came to the fore as major causes of intimate rape/violence. One participant reported:

“It was becoming a nightmare awaiting my husband’s return. He will always rape and beat me in his drunken stupor”.

Yet another said:

“Drunkenness and sexual abuse had been my lot since I got married to my husband.”

On the issue of jealousy, a participant added:

“I never seem to do anything right in the sight of my husband. He was always in the habit of beating and forcing me to have sex with him on the pretext that I had a lover.”

Self-reported consequences of intimate partner rape/violence by participants

The self-reported consequences of intimate partner rape/ violence by the women are as shown in Figure 6. The commonest health-related effects were physical in nature: physical injury (31.81%) while Constant headache was reported by 27.27% of the participants. Psychological effects of domestic sexual violence as reported by the participants included: sleep disturbances 18.18%; excessive fear and anxiety (9.09%); suicidal ideation (9.09%) and hatred for men (4.55%).

DISCUSSION

In spite of the obstacles that women face in reporting violence in the home and achieving justice, many are prepared to speak out. The findings of this study indicate that gender-based domestic violence in Nigeria is a common practice, as all the participants of this study reported having been sexually abused by their intimate partners.

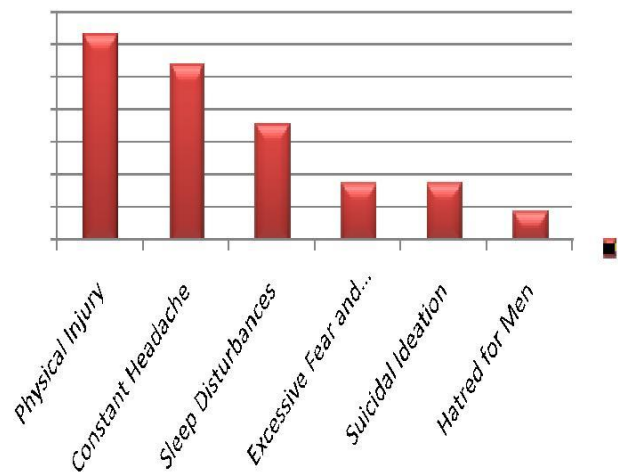


Figure 6. Self-reported consequences of IPV.

This finding lends credence to the research findings of Odujirin (1999) who reported prevalence of 68.1% for domestic abuse among women in Lagos. The sexual abuse reported by participants in this study is consistent with previous studies in Nigeria and elsewhere (Odimegwu, 1997; Gottman and Jacobson, 1998; Okemgbo, 2000; Adidu, 2001; Bhowon and Munbauhal, 2005; Fatusi and Alatise, 2006; Donald and Mahlatji, 2006; Naaeke, 2006). Countless women and girls in Nigeria are subjected to violence by some members of their families and within their communities. The lack of official statistics makes assessing the extent of the violence an almost impossible task, but survey reports (Krug et al., 2002) suggest levels of violence are shockingly high. More than a third and in some groups nearly two-thirds of women and girls in Nigeria are believed to have experienced physical, sexual or psychological violence in the family (Amnesty International, 2005; United Nations Report, 1992).

The findings emanating from this study as to major causes of intimate partner rape/violence against the participants are in consonance with result of other studies carried in Nigeria (Odimegwu, 1997; Okemgbo, 2000; Okemgbo et al., 2002; Esere et al., 2009) as well as findings of Amnesty International (2004b). These results strongly suggest that the major factors associated with intimate partner rape/violence in Nigeria have their roots in the cultural framework of the society which ascribes lower status to girls and women compared to boys and men and uphold male dominance over women. Findings from the National Violence against Women (NVAW) survey carried out by Tjaden and Thoennes (2000) lend credence to the current findings. According to Tjaden and Thoennes (2000), violence perpetrated against women is

often accompanied by emotionally abusive and controlling behavior. The survey found out that women whose partners were jealous, controlling or verbally abusive were significantly more likely to report being raped and/or physically assaulted. These findings are in consonance with the theory that violence perpetrated against women by intimates is often part of systematic pattern of dominance and control.

Conclusion

In conclusion, this study has confirmed that intimate partner rape and violence is common in Nigeria. The self-reported consequences of domestic violence in this study including suicidal ideation and other health problems, suggest that gender-based domestic violence may be playing significant but salient role in the poor state of health of most Nigerian women. Toward this end, it is recommended that government should provide women, who experience violence with multi-disciplinary services including counseling and other resources that they need for full recovery and integration in their communities, legal support (including provision for compensation) and to ensure that perpetrators are brought to justice and later rehabilitation. In addition, men should be educated from infancy on the concept of manhood and their supportive and protective roles in the family as a means of eradicating all forms of gender-based violence against women. Non-Governmental Organizations (NGOs) should champion this public based campaign to eradicate/eliminate gender-based violence against women in our society.

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