DOMESTIC VIOLENCE AGAINST WOMEN:
A FAMILY MENACE

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Abstract:
In our society, many women are violently treated by their intimate partners while they suffer in silence. In some cases, domestic violence leads to the death of these women. This should not be allowed to continue because women are crucial to the growth and development of any nation and the world at large. They are homemakers, custodians of social, cultural and fundamental values of the society; and permanent change is often best achieved through them. Full community development is impossible without their understanding, cooperation and effective participation. Considering all these, women deserve better treatment but opposite is usually the case. Wife battery affects the physical and psychological wellbeing of the abused women and even that of their children. It is on this premise that this paper discusses the meaning of domestic violence against women, types of intimate partner violence, effects of these types of violence on abused women and their children. This paper also discusses causes and management of domestic violence against women. In conclusion, recommendations were made to eradicate this menace from the society.

Key Words: Domestic violence, women, wife battery, physical, psychological damage

1. Introduction
Domestic violence is also known as domestic abuse, spousal abuse, battering, family violence and intimate partner violence (IPV). It is a pattern of abusive behaviours by one partner against another in an intimate relationship such as marriage, dating, family or cohabitation. Domestic violence, so defined, has many forms, including physical aggression or assault (hitting, kicking, biting, slapping, restraining, threatening), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse otherwise known as neglect; and economic deprivation (Seimeniuk, Krentz, Gish and Gill, 2010). Domestic violence and abuse is not limited to obvious physical violence. It can mean endangerment, criminal coercion, kidnapping, unlawful imprisonment, trespassing, harassment and stalking (National Network to End Domestic Violence, 2011).

The US Office and Violence Against Women (OVM) defines domestic violence as a “pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”. The definition adds that domestic violence “can happen to anyone regardless of race, age, sexual orientation, religion, or gender”, and can take many forms, including physical abuse, sexual abuse, emotional, economic and psychological abuse (Office of Violence Against Women, 2007).

Violence against women is a technical term used to collectively refer to violent acts that are primarily or exclusively committed against women. Similar to a hate crime, this type of violence targets a specific group with victim’s gender as primary motive. The United Nations General Assembly defines violence against women as any act of gender-based violence that results in, or is likely to result in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The 1993 Declaration on the Elimination of Violence Against Women noted that this violence could be perpetrated by assailants of either gender, family members and even the ‘State’ itself (United Nations, 1993). Worldwide governments and organizations actively work to combat violence against women through a variety of programmes. A UN resolution designated November 25 as International Day for the Elimination of Violence Against Women.
Women are crucial to the growth and development of any nation and the world at large. Women constitute half of the world’s population and they are homemakers, custodians of social, cultural and fundamental values of the society and permanent change is often best achieved through them. Full community development is impossible without their understanding, cooperation and effect participation. Considering the importance of women as mother, sometimes breadwinners, teachers and guardians, they deserve respect, recognition and better treatment but the opposite is usually the case. According to Davies (1999), women are enslaved in a circle of poverty and they suffer from neglect, discrimination and exploitation. They are also subjected to different forms of violence by their male counterparts.

Some historians believe that the history of violence against women is tied to the history of women being viewed as property and a gender role assigned to be subservient to men and also other women (Harvey and Gow, 1994). The UN Declaration on the Elimination of Violence Against Women (1993) states that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

In the 1870s, courts in the United States stopped recognising the common-law principle that a husband had the right to “physically chastise an errant wife” (Calvert, 1974). In the UK, the traditional right of a husband to inflict moderate corporal punishment on his wife in order to keep her “within the bounds of duty” was removed in 1981 (Encyclopaedia Britannica, 1911).

Women are more likely to be victimized by someone that they are intimate with, commonly called Intimate Partner Violence (IPV). The impact of domestic violence in the sphere of total violence against women can be understood through the example that 40-70% murders of women are committed by their husbands or boyfriends (World Health Organization, 2002). Studies have shown that violence is not always perpetrated as a form of physical violence but can also be psychological and verbal (Pourreza, Batebi and Moussavi, 2004). Instances of Intimate Partner Violence tend not to be reported to police and thus many experts believe that the true magnitude of the problem is hard to estimate (Centers of Disease Control and Prevention, 2011).

Johnson (1995) argues for three major types of intimate partner violence, which is supported by subsequent research and evaluation (Johnson, 2006), as well as independent researchers (Graham-Kevan and Archer, 2003; and Rosen, Stith, Few, Daly and Tritt, 2005). Distinctions are made among the types of violence, motives of perpetrators, and the social and cultural context based patterns across numerous incidents and motives of the perpetrator. Types of violence identified by Johnson are:

a. Common Couple Violence (CCV): This is not connected to general control behaviour, but arises in a single argument where one or both partners physically lash out at the other.

b. Intimate Terrorism (IT): This may also involve emotional and psychological abuse Intimate terrorism is one element in general pattern of control by one partner over the other. It is less common than common couple violence, more likely to escalate over time, not as likely to be mutual, and more likely to involve serious injury. Intimate terrorism barerers include who types: “Generally-violent-antisocial” and “dysphonic-borderline”. The first type include men with general psychopathic and violent tendencies. The second type are men who are emotionally dependent on the relationship. Support for this typology has been found in subsequent evaluations (Hamberger, Lohr, Bonge and Tolin, 1996).

c. Violence Resistance (VR): This is sometimes thought of as ‘self-defence’. It is violence perpetrated by victims against their abusive partners.

d. Mutual Violent Control (MVC): This is rare type of intimate partner violence occurring when both partners act in a violent manner, battling for control.

The various forms of violence against women include wife battery, denial of self-expression, female-child labour, childhood marriage, female genital mutilation, violence from in-laws, violence from sexual relationship, antagonism because of sex of new-born child, exploitation, violence by law enforcement agents, negative cultural attitudes and degrading traditional practices, e.g. widowhood rites and denial of female education. Out of these various forms of violence, this researcher is particularly interested in domestic violence against women with particular reference to wife battery.
Wife battery is an exposure of a married woman to serious beating or repeated injuries (Scott, 1991). Violence by the husband is higher and far more harmful form of violence, such as battery and the use of knives and guns. Domestic violence against women has deep roots in most cultures and religions and supported, even institutionalized by patriarchal values in most societies. Public responses to acts of violence range from pride, denial or tacit conceit. Wife battery may happen in 30 percent of families but is not recognised in the public eyes (Davies, 1999). Violence is a global problem that can no longer be ignored or permitted by remaining silent, excusing violence, blaming those who are involved and accepting cultural and religious biases.

2. Situation of Nigeria

Cases of domestic violence against women have been on the increase in Nigeria. There have been reports of cases of husbands killing and maiming their wives in the media. The statistics presented by This Day (2011) newspaper are daunting. About 50% of women have been battered by their husbands. Shockingly, more educated women (65%) are in this terrible situation as compared with their low income counterparts (55%). Most endure, believing they have nowhere to go and in any case, believing, for good reason, that the law will not protect them. Staggering 97.2% of them are not prepared to report to the Nigeria Police. Only four states of the Federation (Lagos is one of them) have passed laws against the insidious crime, whilst several Bills against it languish in our male-dominated National Assembly. Of the states that have passed it, the law is yet to be fully tested.

Only recently in Lagos State, Titilayo Arowolo, a 27-year-old mother of one was gruesomely murdered by her husband. Arowolo was allegedly axed to death by her husband, Kolade, in their Isolo home in Lagos. Before that, the scandalous story of wife battering by one Nigerian Ambassador and a traditional ruler who engaged his wife in a public brawl made the rounds, thus bringing the issue of spousal abuse once again to the front burner.

There is an official acceptance of violence between ‘Consenting’ adults and people perceive domestic violence as a private affair. The American National Commission on the Causes and Prevention of Crime or violence found in large representative samples that between one-fourth and one-fifth of those questioned, felt that it was acceptable for spouse to hit each other under certain circumstance (Stark and McEroy, 2002).

Victims of wife battery are reported to suffer from physical and psychological pain (Essen, 1999). Domestic violence against women constitutes a great problem to the family and the society at large. It occurs at home, in public places like streets, parks, familiar places like homes of friends and relatives, offices, involving highly placed executives; and also in churches and mosques.

Domestic violence that occurs in private within the family, including wife battery, rape, acid attack, and sexual abuse affect the physical and psychological wellbeing of women; and as such, they seem to erode the position of women, both at home and in the society at large. Domestic violence against women therefore deserve to be studied in order to provide possible solution.

3. Effects of Domestic Violence Against Women

1 Effect on Children: There has been an increase in acknowledgement that a child who is exposed to domestic abuse during his upbringing will suffer in his development and psychological welfare (Dodd, 2009). Some emotional and behavioural problems that can result due to domestic violence include increased aggressiveness, anxiety, and changes in how a child socializes with friends, family and authorities. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving. Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood (Sadeler, 1994). Additionally, in some cases, the abuser will purposely abuse the mother in front of the child to cause a ripple effect, hunting two victims simultaneously. It has been found that children who witness mother-assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD) (Lehmann, 1995).

2. Physical Effect: Bruises, broken bones, head injuries, lacerations and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization (Jones, 1997). Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome (Berrios, 1991). Victims who are pregnant during
a domestic violence relationship experience greater risk of miscarriage, pre-term labour, and injury to or death of the foetus (Jones, 1997).

3. Psychological Effect: Among victims who are still living with their perpetrators, high amounts of stress, fear and anxiety are commonly reported. Depression is also common, as victims are made to feel guilty for ‘provoking’ the abuse and are frequently subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality (Barnett, 2001). The most commonly referenced psychological effect of domestic violence is Post-Traumatic Stress Disorder (PSTD). According to Vitanza, Vogal and Marshall (1995), PSTD (as experienced by victims) is characterized by flashbacks, intrusive images, exaggerated startle response, nightmares, and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced for a long span of time after the victim has left the dangerous situation. Many researchers state that PTSD is possibly the best diagnosis for those suffering from psychological effect of domestic violence, as it accounts for the variety of symptoms commonly experienced by victims of trauma.

4. Financial Effect: Once victims leave their perpetrator, they can be stunned with the reality of the extent to which the abuse has taken away their autonomy. Due to economic abuse and isolation, the victims usually have very little money of their own and few people on whom they can rely when seeking help. This has been shown to be one of the greatest obstacles facing victims of domestic violence, and the strongest fact that can discourage them from leaving their perpetrators (Stop Violence Against Women, 2010). In addition to lacking financial resources, victims of domestic violence often lack specialized skills, education, and training that are necessary to find gainful employment, and also may have several children to support.

5. Long-term Effect: Domestic violence can trigger many different responses in victims, all of which are very relevant for a professional working with a victim. Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems. A victim’s overwhelming lack of resources can lead to homelessness and poverty.

4. Causes of Domestic Violence Against Women

There are many different theories as to the causes of domestic violence. These include psychological theories that consider personality traits and mental characteristics of the perpetrators, as well as social theories which consider external factors in the perpetrator’s environment, such as family structure stress and social learning. As with many phenomena regarding human experience, no single approach appears to cover all cases.

- Psychological: Psychological theories focus on personality traits and mental characteristics of the offender. Personal traits include sudden bursts of anger, poor impulse control, and poor self-esteem. Various theories suggest that psychopathology and other personality disorders are factors, and that abuse observed or experienced as a child lead some people to be more violent in adulthood (Kalra, 1996). Dutton and Golant (1995) suggested a psychological profile of men who abuse their wives, arguing that they have borderline personalities that are developed early in life. However, these psychological theories are disputed by Steel (1974) and Strains (1980) who suggest that psychological theories are limited. They argue that social factors are important, while personality traits, mental illness or psychopathy are less factors.

- Jealousy: Many cases of domestic violence against women occur due to jealousy when the spouse is either suspected of being unfaithful or is planning to leave the relationship. An evolutionary psychology explanation of such cases of domestic violence against women are that they represent to male attempts to control female reproduction and ensure sexual exclusivity for himself through violence or the threat of violence (Goetz, 2010).

- Social Stress: Stress may be increased when a person is living in a family situation, with increased pressures. Violence is not always caused by stress, but may be one way that some people respond to stress (Seltzer and Kalmuss, 1988). Couples in poverty may be more likely to experience domestic violence, due to increased stress and conflicts about finances and other aspects (Jewkes, 2002).

- Social Learning: If one observes violent behaviour, one is more likely to imitate it. If there are no negative consequences and the victim also accepts the violence with submission; then the
behaviour will likely continue. Often, violence is transmitted from generation to generation in a cyclical manner (Crowell and Sugarman, 1996).

- Power and Control: Abusers abuse in order to establish and maintain control over the partner. Abusers’ effort to dominate women have been attributed to low self-esteem or feelings of inadequacy, unresolved childhood conflicts, the stress of poverty, hostility and resentment toward women (misogyny), personality disorders, genetic tendencies and socialcultural influences (Wikipedia, 2012). Most authorities seem to agree that abusive personalities result from a combination of several factors, to varying degrees.

5. Management

The response to domestic violence is typically a combined effort between law enforcement, counselling services and health care.

i. Medical Response: Medical professionals do not see themselves as being able to play a major role in helping women regards to domestic violence. Injuries are often just treated and diagnosed, without regard for the causes (Sugg and Inu, 1992). Many doctors prefer not to get involved in people’s "private" lives.

Health professionals have an ethical responsibility to recognize and address exposure to abuse in the patients, in the health care setting. For example, the American Medical Association’s code of medical ethics states that “Due to the prevalence and medical consequences of family violence, physicians should routinely inquire about physical, sexual and psychological abuse as part of the medical history.”

ii. Law Enforcement: A study was conducted by Lawrence Sherman in 1982, The Minneapolis Domestic Violence Experiment, to evaluate the effectiveness of various police responses to domestic violence calls in Minneapolis, Minnesota; including sending the abuser away for eight hours, giving advice and mediation for disputes, and making an arrest. Arrest was found to be the most effective police response. The study found that arrest reduced the rate by half of re-offending against the same victim within the following six months (Maxwell, Garner and Fagan, 2001).

In the replication studies which were more broad and methodologically sound in both size and scope, arrest seemed to help in the short run in certain cases, but those arrested experienced double the rate of violence over the course of one year (Schmidt and Lawrence, 1993). Generally, it has been accepted that if the understood victim has visible (and recent) marks of abuse, the suspect is arrested and charged with the appropriate crime.

iii. Counselling for Person Affected: Since marital violence is major risk factor for serious injury and even death, and women in violent marriages are at much greater risk of being seriously injured or killed; counselling intervention is much needed. Initial assessment of the potential for violence in a marriage can be supplemented by standardized interviews and questionnaire which have been reliable and valid aids in exploring marital violence more systematically. Counsellors and therapists should also make the distinction between situations where battering may be a single, isolated incident or an ongoing pattern of control.

If it becomes apparent to the therapist that domestic violence is taking place in a client’s relationship, the therapist must explore options with the client; and also refrain from blaming the partner or telling the client what to do. It is unreasonable for the therapist to expect that a victim will leave her abusive spouse solely because she disclosed the abuse. The therapist should respect the victim’s autonomy and allow her to make her own decisions (Lawson, 2003).

Therapists must be aware that supporting assertiveness by a battered wife may lead to more beatings or even death. Even in few cases, when the wife leaves because of life-threatening situation, therapists should not relax their vigilance after a battered wife leaves her husband. Some data suggest that the period immediately following a marital separation is the period of greater risk for the women. Many men will stalk and batter their wives in an effort to get them to return or punish them for leaving.

iv. Counselling for Offenders: The main goal of counselling for offenders of domestic violence is to minimize the offender’s risk of future domestic violence, whether within the same
relationship or a new one. Treatment for offenders should emphasize minimizing risk to the victim, and should be modified depending on the offender’s history, risk of re-offending and criminogenic needs. The majority of offender treatment are conducted in a group setting with groups not exceeding 12 participants. Groups are also standardized to be gender specific (Colorado Domestic Violence Offender Management Board, 2010).

According to Roberts (2002), anger management alone has not been shown to be effective in treating domestic violence offenders, as domestic violence is based on power and control and not on problems with regulating anger responses. Anger management is recommended as a part of an offender treatment curriculum that is based on accountability, along with topics such as recognizing abusive patterns of behaviour; it also requires a great deal of personal change and the construction of a self-image that is separate from former abusive while still being held accountable for it. Any corresponding problem should also be addressed as part of domestic violence offender treatment, such as problems with substance abuse or mental illness.

6. Recommendations
1. Comprehensive and extensive premarital counselling should be given to intending couples on how to manage their marital relationship.
2. There should be public enlightenment through the mass media on the negative effects of domestic violence against women, especially wife battering.
3. Religious leaders too should vigorously teach against marital violence in their places of worship.
4. Youths should be encouraged and taught to detest and not imitate brutish treatment of wives around them.
5. Medical professionals are in position to help abused women; after physical treatment, they should refer them to counsellors and psychotherapists.
6. Punishment given to grievously offending husbands should be publicized, so that it can serve as deterrence to others.

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