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

Mary O. Esere*, Adeyemi I. Idowu, Irene A. Durosaro and Joshua A. Omotosho

Department of Counsellor Education, University of Ilorin, P. M. B. 1515, Ilorin, 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 co-habiting). 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).

*Corresponding author. E-mail: maryogechim@yahoo.com. Tel: +234 8033907176.
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 attached to the victim and the difficulty in obtaining to the police, because of the associated social stigma.

Consequences of intimate partner rape/violence

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 session 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.

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; Addiu, 2001; Bhown and Munbual, 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 (NVAV) 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
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.

REFERENCES