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# Disclosure and Help-Seeking Behaviour of Women in Violent Relationships in Nigeria (A Silent Cry for Help)

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**Abstract**

A cross sectional descriptive study was conducted of 373 women aged 18-37 years who attended the antenatal clinic and welfare units of a primary health centre in Ile-Ife, Nigeria, to investigate the prevalence of Intimate Partner Violence (IPV), pattern of disclosure of the violence and who the women turned to for help. Of the participants, 137 (36.7%) had experienced IPV within the past year and the most common form was emotional; 93 (67.9%) abused women told someone (family/police), while 44 (32.1%) did not and only 12 (8.8%) of those who had experienced violence reported it to the police. The majority of those who did not felt it was not serious enough. The fact that most women in this study reported the experience of violence to someone suggests that abused women want a source of succour to turn to both for psychological relief and for intervention.

**Key words:**
Intimate Partner Violence,
Disclosure,
Police,
Primary Health,
Ile-Ife.

## Introduction

### Background Literature

Violence against women (VAW) is a worldwide problem, which transcends cultural, geographical, religious, social and economic boundaries (Naved et al, 2004). Research shows that the most common form of VAW is domestic violence and more so, those perpetuated by an intimate partner (Heise et al, 1994; Naved et al, 2004). Women who are abused have a greater need for medical resources than non-abused women (Campbell et al, 2002). Many countries have now passed laws on domestic violence, although many officials are either still unaware of the new laws or unwilling to implement them (Krug et al, 2002). Research into IPV in the Nigerian environment has been limited to studies on prevalence, knowledge and attitude of the community in general.

The World Health Organisation's multi-country study on women's health and domestic violence found that abused women were almost twice as likely as non-abused women to report their current health status as poor or very poor (Garcia – Moreno, 2002). Research shows that the implications of violence extend beyond women's sexual and reproductive health, to encompass their overall well-being, the welfare of their households and communities, and even the economic and social fabric of societies (Ellsberg et al. 1999; Sundar 2001; PAHO 2003). It erodes women's confidence and mental health, hindering their productivity and participation in development activities (Ganny, 1996; Nosike, 1996; Heise et al, 1999). Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and, in one-third to over one-half of cases of sexual abuse (Koss et al, 1994; Yoshihama & Sorenson, 1994; Leibrich et al, 1999).

The prevalence of IPV varies worldwide; the 2002 *World Health Organisation* (WHO) Report states that between 10% and 69% of women report a life time experience of some form of physical violence by their partners (WHO, 2002). A study by the WHO in 2005 showed that more than 50% of women in Bangladesh, Ethiopia, Peru and Tanzania reported having been subjected to physical or sexual violence by an intimate partner, with figures reaching 71% in rural Ethiopia (WHO, 2005). Jewkes *et al* (2002) reported a figure of 24% in South Africa. Reports show that 37% of Kenyan wives are abused everyday and in 67% of cases, the abuse is not considered a legitimate reason for a wife to leave her husband (Mburugu *et al*, 2005). In Uganda, 30% of women experienced IPV and 70% of men and 90% of women viewed beating the wife or female partner as justifiable in some circumstances (Koenig *et al*, 2003). A number of studies in Nigeria have quoted prevalence figures ranging from 37% (Odujirin, 1993) to 87% (Owoaje and Olaolorun, 2006). However, comparison may still be difficult because of differences in the conceptualization of IPV, the

instruments used to measure IPV and peculiarities of the sample population.

Qualitative studies have confirmed that most abused women are not passive victims but rather adopt active strategies to maximize their safety and that of their children. Some women resist, others flee, while others attempt to keep the peace by giving in to their husbands' demands (Koss *et al*, 1994; Dutton, 1996; Campbell *et al*, 1999; Sagot 2000). What may seem to the outside observer to be a lack of positive response by the woman may, in fact, be a calculated assessment of what is needed to survive in the marriage and to protect herself and her children. A woman's response to abuse is oftentimes limited by the options available to her (Dutton, 1996).

In the developed world, women's crisis centres and battered women's shelters have been the cornerstone of programmes for victims of domestic violence (Plichta, 1998). Since the early 1980s, shelters and crisis centres for women have also sprung up in many developing countries. Most countries have, at least, a few nongovernmental organizations offering specialized services for victims of abuse and campaigning on their behalf. Reforms have also been implemented, which include criminalizing physical, sexual and psychological abuse by intimate partners, either through new laws on domestic violence or by amending existing penal codes. The intended message behind such legislation is that partner violence is a crime and will not be tolerated in society. Bringing it into the open is also a way to dispel the idea that violence is a private, family matter.

Many women do not seek assistance from the official services or systems that are available to them. Expanding the informal sources of support through neighbourhood networks and networks of friends, religious and other community groups, and workplaces is, therefore, vital (Kelly, 1996; PAHO, 1998; Heise *et al*, 1999; Sagot 2000). In Nigeria, Ilika *et al* (2002) found that all abused women in his study reported violence to someone. A statistically significant number reported it to only their husband's family, while others reported it to their own family members. Only 1% reported to the police. This is in contrast to studies in developed countries where 20–26% of respondents reported to the police (Heise *et al*, 1999). This is probably because it is culturally not acceptable to report family matters to the police and the perception or apprehension that the police might not be able to solve their problem. The fact that all women in the study would report experience of violence to someone else suggests that the abused woman really would want a source of succour to turn to both for psychological relief and for intervention. This reinforces the argument for health care providers to inquire about domestic violence from clients and provide necessary support (Iliaka *et al*, 2002).

Koenig *et al* (1999) pointed out that limited understanding of the linkages between domestic violence and women's physical and mental health problems has resulted in missed opportunities to effectively and directly address this issue within existing health and reproductive health programmes. Help-seeking of women subject to violence has not been extensively studied. Existing studies show that many abused women seek help from informal networks, such as relatives, friends and neighbours (Gelles & Straus, 1988; Jenkins & Davidson, 2001; Pagelow, 1981a, b; Schulman, 1979). Formal services are usually contacted when informal contacts fail to provide the help sought (Baker, 1997; Bowker, 1986; Dutton, 1996). Studies suggest that women who are more severely abused and those with higher education and younger age seek help more often (Abel & Suh, 1987; Dobash & Dobash, 1979; Gelles, 1977; Gelles & Straus, 1988; West, Kantor, & Jasinski, 1998). Women who report depression seek more help (Gelles & Straus, 1988).

## Objectives

The objective of this study was to determine the magnitude of intimate partner violence and pattern of disclosure and help-seeking behaviours of women in abusive relationships among a sample of women attending the Enuwa PHC center in Ile-Ife, Nigeria.

## Materials and Methods

### *Setting*

The location of the study was Ile-Ife in Osun state, a city in the South Western Geographical Zone of Nigeria. There are four local government areas in the Ile-Ife area, namely, Ife Central, Ife East, Ife North and Ife South. Of the four, Ife Central is the most central and encompasses the greater proportion of the town; it was also more accessible to the investigator. Enuwa Primary Health Care Centre is the largest of the Primary Health Care (PHC) facilities in the chosen Local Government Area. It serves as the headquarters for primary health activities in the local government, has more qualified personnel and caters to the needs of more women and children than all the other health centres put together and so was used as a prototype of primary health care in Ile-Ife.

## Ethical Considerations

The study protocol was approved by the Research and Ethical Committee of the Obafemi Awolowo University Teaching Hospital Complex. Permission was also obtained from the office of the Director of the Primary Health Centre to carry out the study. The nature of the study, its aims and objectives were explained to the participants and written consent obtained (respondents who were not literate were asked to thumb print). The participants were assured of confidentiality and informed that counselling and related services will be provided or facilitated for those who desired it.

**Recruitment of Participants and Administration of Instruments**

The Infant Welfare Clinic and the Antenatal Clinic of the Enuwa Primary Health Centre function everyday and the Monday and Tuesday clinics were used. Women attending these clinics were consecutively recruited once they met the study inclusion criteria (Women were eligible for participation if they were: 15 – 49years old, able to separate themselves from other adults who accompanied them, not in the company of children so ill as to disturb their participation and able to provide informed consent) and consented to the study until the target study number was achieved. The instruments were administered to the participants by the investigator. The interviews were conducted in a private office; the respondents were put at ease and rapport established before administration of the instruments. For the purpose of Yoruba preferring respondents, a two-way translation (translation to Yoruba and back translation to English with comparison of the two English versions to ensure accuracy of the translation process) was done by qualified linguists.

**Measures**

Two instruments were used in this study. One of them, the Socio-demographic Data Interview Schedule, was designed by the author.

**Socio-demographic Data Interview Schedule**

A semi-structured Socio-demographic Data Schedule was purposely designed for this study to elicit information on variables: age, marital status, marriage pattern, educational level and employment status. Information was also sought concerning perception of violence and the report of violence to both formal and informal sources.

**Composite Abuse Scale (CAS)**

The Composite Abuse Scale (CAS) is a 30 -item validated research instrument. It is based on a concept of IPV that includes coercion and not simply violent acts arising out of conflict. It is recommended as an IPV research assessment tool by the National Centre for Injury Prevention and Control (Thompson *et al*, 2006) because it has demonstrated a high level of reliability and validity in self-reported prevalence of IPV. The CAS measures four dimensions of abuse: (1) physical abuse (2) emotional abuse (3) severe combined abuse and (4) harassment. A preliminary cut-off score of 7 divides respondents into abused and non- abused. It has a Cronbach's alpha of $> 0.85$ (Hegarty *et al*, 2005). It was selected for its comprehensiveness and strong psychometric properties. It has been validated with a large sample of patients in primary care practice settings (Hegarty *et al*, 2005). A cut-off score of 7 was adopted for this study in accordance with the findings of Hegarty and colleagues (2005).

**Data Analysis**

The data was analysed using the Statistical Package for Social Sciences (SPSS 11). The analysis was based on the total number of respondents. For scales and questions with

defined categories, frequencies and percentages were calculated for each of the dimensions of intimate partner violence, anxiety and depression. The Chi Square was used to test for the association in the responses between the groups. Logistic regression was used to test for the relationship between intimate partner violence, anxiety and depression. The level of significance was set at 0.05. Odds ratios and 95% Confidence Intervals were calculated for significant variables.

## Results

### Socio-demographic Characteristics of Respondents

Four hundred eligible women who agreed to participate in the study were interviewed. However, twenty seven questionnaires were excluded from the study because the respondents did not provide adequate data on certain aspects of the questionnaire. **Table I** presents the demographic characteristics of the 373 women in the sample. The respondents were aged 18-37 years; the majority of them (73.8%) were aged 21-30 years (mean age 24.9 $\pm$ 4.09). Three quarters (73.5%) were married in a monogamous setting and a little above half (60.1%) were employed. A little above three quarters, (74.3%) had up to secondary school education.

### Prevalence of IPV

One hundred and thirty seven (36.7%) of the women admitted having experienced partner violence in the last twelve months.

### Associations Between Reporting Riolence and Sociodemographic Variables

**Table II** shows the association between sociodemographic variables of the respondents and the reporting of violence in their relationships. Marital status was significantly associated with reporting violence with $\chi^2$=13.79, df =3, p=0.003. A higher proportion of subjects in polygamous marriages reported violence (38.9%) compared to those in monogamous marriages (32.2%) and the difference was also significant ($\chi^2$ =19.96, df =2, p= <0.001). Respondents who had no children reported violence more, compared with their counterparts who had, with $\chi^2$ =11.75, df =2, p= 0.003. Also, younger women reported violence more often than older women with statistically significant difference ($\chi^2$ =74.81, df =3, p= <0.001).

### Use of Informal Support System

Women who experienced violence often told someone. Ninety three (67.9%) abused women told someone, while 44 (32.1%) did not. Of the people who told, overwhelming majority of over 70% told other females; mothers, mothers in-law, sisters and even sisters in-law. **Table III** shows the people the women told. Reasons for not talking to anyone when women experienced violence included not thinking that it was serious enough with 43 women (97.7%) falling into this category and 1 respondent (2.3%) was not sure of what would happen if she talked (Table IV).

### Use of the Legal System

Although 257(68.9%) respondents were aware that they could report acts of violence against them to the police, only 12(8.8%) of those who had experienced violence reported to the police (Table III). **Table IV** shows the reasons for not reporting violence in abused women. The majority, 112(89.6%) felt it was not serious enough, while 9 (7.2%) were afraid of what might ensue, three (2.4%) did not think it to be acceptable to the culture and one respondent (0.8%) did not think it would be acceptable to her religion.

### Relationship between use of Support Systems and the Experience of Violence

Two hundred and twelve (56.8%) of the respondents were aware that NGOs could assist in cases of violence against them and 200 (53.6%) were willing to allow NGOs to assist but, of the women who had experienced violence, 61(44.5%) were aware of NGOs and 88 (64.2%) were willing to be helped. There was a statistically significant association between those who were in violent relationships and those who were not in their awareness of legal and support systems available to them.

Forty five percent of those in violent relationships were aware that NGOs could assist in cases of violence as opposed to 55% who were not aware, while 64% of those in non-violent relationships were aware that NGOs could assist in cases of violence as opposed to 36% who were not aware as depicted in Table V. One hundred and seventy four (73.7%) respondents who experienced no violence in their relationships were aware that violence could be reported, while 62 (26.3%) were not aware. Also 83 (60.6%) respondents who experienced violence in their relationships were aware that violence could be reported, while 51 (39.4%) were not aware and the difference was statistically significant ($(\chi^2 = 6.99$, df $= 1$, $p = 0.008)$. Thus, respondents who did not experience violence seemed more aware of support systems available than those who had experienced violence.

### Discussion

The demographic distribution of subjects in this study is characteristic of a young population, which is a common phenomenon in most developing countries of the West African sub-region. The present study evaluated the relationship between intimate partner violence (IPV) and some specific characteristics of women and their relationships to provide information about the prevalence of IPV, and the magnitude and pattern of help-seeking among them. The findings revealed a high prevalence (36.7%) of partner violence among women of childbearing age in the studied area within the past year.

This rate included all forms of abuse by an intimate partner (physical, sexual and emotional/psychological) and falls within the upper limit of annual rates reported in worldwide studies using clinical sample.

The slightly higher rates in this study is consistent with other studies in developing nations. In a study in a primary care setting in Eastern Nigeria, Iliaka (2002) found that 46% of women admitted to having been abused in the past year. In another study on civil servants, Fawole (2005) found that 31% of the women were victims of abuse.

**Association between Reporting Violence and Socio-demographic Variables**

Younger women reported more violence in our study and this finding is consistent with other studies (Wathen, 2007; Hegarty, 2008; Manzoli, 2009). Younger women may be less mature in conflict resolution tactics and with age and maturity, learn to quell conflicts before they turn to violence. Violence reported came more from women who were married or cohabiting than from those who were single. This may be because married women felt more secure to seek redress for their pain than those who were not married. Women in polygamous homes reported more violence and this was also the finding of Illiaka (2002).

**Use of Support System**

The high percentage (67.9%) of those reporting to family members and to religious leaders and friends is in line with the norms among the extended family system and the social organisation where marriage is regarded as an issue that involves the family/community and not just the couple. This attitude should be exploited in planning intervention programmes. Imparting evidence-based information to the community and soliciting community action could be effective public health intervention options to reduce partner violence. Iliaka in Nigeria (2002) found that all his respondents reported violence to someone, usually family and friends, and Naved in Bangladesh (2006) found that thirty four percent of respondents told someone.

The fact that most women in this study would report experience of violence to someone else suggests that the abused woman really would want a source of succour. This reinforces the argument for health care providers to inquire about domestic violence from clients and provide necessary support. Only a few abused women sought institutional support. The main reason for not seeking this help is that violence is not considered serious enough. This seems to indicate a high level of acceptance of domestic violence by the women themselves. To a certain extent this may reflect the acceptance by women of violence and their low status, but it also reflects the reality of the community's attitude towards violence. Also, more women reported their experience of violence to other females (mother, mother in-law, sisters and female friends) signifying a belief that other females may show more empathy and understanding or may have experience and practical advice on conflict resolution.

### Use of the Legal System

Only 9% of those in violent relationships reported to the police. This is higher than the 1% got by Iliaka in Nigeria and comparable to the figure in the study by Heise and colleagues (1999) who reviewed a number of studies around the world where 6–26% of respondents reported to the police. This is probably because in this environment, it is culturally not acceptable to report family matters to the police and the perception or apprehension that the police might not be able to solve their problem. In our environment, weakness or inability of social organisations, the police and medical services that are in positions of responsibility to provide support to abused women is well recognised.

Women may use institutional support only when it is serious and informal support is not forthcoming (though this might indicate to women that it is not serious). Women's refusal to use the legal system may also stem from the very real fear of stigma, fear of not being believed and the fear of being blamed. Fear of jeopardizing family honour suggests how social values internalized by the women deepen their suffering.

### Limitations of the Study

1. The study is subject to both recall and reporting bias because all measures of IPV, help-seeking and report of violence, were based on self-report, though it is expected that the estimates derived from this study will be no less reliable than those of other self-report surveys in which self-report is used.
2. The cross-sectional nature of the study limits the ability to determine the temporal nature of the relationships among intimate partner violence, reporting, help-seeking and other socio-demographic variables and thus prospective studies are needed to tease out the intricacies in these relationships.
3. The socio-demographic data schedule used in this study was purposely designed by the investigator and, though used in a pilot study and judged to have face validity, was still a non-standard instrument.

### Conclusions

This study has shown that the magnitude of intimate partner violence among the study population is comparable to those found in the developing and developed countries. Though majority of the respondents in violent relationships told someone, most did not make use of the legal support systems and this may have implications for effective intervention strategies in our environment. Well-thought-out interventions directed, at age-old values and norms, seem essential for preventing domestic violence. Thus, only a mix of different approaches both preventive and curative may help reduce physical and psychological abuse by intimate partners. Efforts to prevent

violence must include action at both national and local levels. At the national level, priorities include improving the status of women, establishing appropriate norms, policies and laws on abuse, and creating a social environment that is conducive to non-violent relationships. At local levels, attention must be turned to using and maximising the help of traditional rulers in changing belief systems towards women and engendering support for gender equality and women empowerment.

Table I: Socio-demographic characteristics of respondents

| Variable | Frequency(n=373) | Percentage |
|---|---|---|
| **Age (years)** | | |
| ≤20 | 68 | 18.2 |
| 21-25 | 161 | 43.2 |
| 26-30 | 114 | 30.6 |
| ≥31 | 30 | 8.0 |
| **Marital Status** | | |
| Single | 16 | 4.3 |
| Cohabiting | 80 | 21.4 |
| Married | 267 | 71.6 |
| Separated | 10 | 2.7 |
| **Marriage/Cohabitation Pattern** | | |
| Monogamous | 273 | 76.5 |
| Polygamous | 84 | 23.5 |
| **Employed** | | |
| No | 149 | 39.9 |
| Yes | 224 | 60.1 |
| **Partner employed** | | |
| No | 74 | 19.8 |
| Yes | 299 | 80.2 |
| **Level of Education** | | |
| None | 8 | 2.1 |
| Primary | 31 | 8.3 |
| Secondary | 277 | 74.3 |
| Tertiary | 57 | 15.3 |
| **Partner's Level of Education** | | |
| None | 8 | 2.1 |
| Primary | 3 | 0.8 |
| Secondary | 221 | 59.2 |
| Tertiary | 141 | 37.8 |
| **Level of Income(naira/month)** | | |
| None | 149 | 39.9 |
| 1000-8000 | 160 | 42.9 |
| 8001-25000 | 59 | 15.8 |
| >25000 | 5 | 1.3 |

**Table II: Association between Socio-demographic Characteristics of Respondent and reporting violence in their relationship**

| Variables | Did not report violence (%) | Reported violence (%) | $\chi^2$ value | df | P value |
|---|---|---|---|---|---|
| **Age** | | | | | |
| ≤20 | 1 (5.0) | 19 (95.0) | | | |
| 21-25 | 3 (4.7) | 61 (95.3) | 74.81 | 3 | <0.001 |
| 26-30 | 39 (75.0) | 13 (25.0) | | | |
| ≥31 | 1 (100) | 0 (0) | | | |
| **Marital Status** | | | | | |
| Single | 1 (8.3) | 11 (91.7) | | | |
| Cohabiting | 3 (10.7) | 25 (89.3) | | | |
| Married | 39 (42.4) | 53 (57.6) | 13.79 | 3 | 0.003 |
| Separated | 1(20.0) | 4(80.0) | | | |
| **Marriage Pattern** | | | | | |
| Monogamous | 21 (67.8) | 68 (32.2) | | | |
| Polygamous | 22 (61.1) | 14 (38.9) | 19.96 | 2 | <0.001 |
| **Employed** | | | | | |
| No | 13 (73.2) | 27 (26.8) | | | |
| Yes | 31 (56.7) | 66 (43.3) | 0.04 | 1 | 0.9 |
| **Level of Education** | | | | | |
| None | 0 (0) | 2 (100) | | | |
| Primary | 0 (0) | 12 (100) | | | |
| Secondary | 43 (35.2) | 79 (64.8) | 9.29 | 3 | 0.03 |
| Tertiary | 1 (100) | 0 (0) | | | |
| **Income** | | | | | |
| None | 13 (32.5) | 27 (67.5) | | | |
| 1000-8000 | 8 (11.1) | 64 (88.9) | | | |

| | | | | | |
|---|---|---|---|---|---|
| 8001-25000 | 18 (90.0) | 2 (10.0) | | | |
| >25000 | 5 (100) | 0 (0) | 55.87 | 3 | <0.001 |
| **Number of children** | | | | | |
| None | 0 (0) | 21 (100) | | | |
| 1 child | 16 (37.2) | 27 (62.8) | 11.75 | 2 | 0.003 |
| ≥2 children | 28 (38.4) | 45 (61.6) | | | |

**Table III: Use of support system by respondents who experienced violence**

| Variable | Frequency | Percentage |
|---|---|---|
| **Informal sources** | | |
| None | 44 | 32.1 |
| Father | 0 | 0 |
| Mother | 34 | 24.8 |
| Father in law | 17 | 12.4 |
| Mother in law | 31 | 22.6 |
| Others(siblings, friends, etc) | 11 | 8 |
| Total | 137 | 100.0 |
| **Formal sources** | | |
| None | 125 | 91.2 |
| Police | 12 | 8.8 |
| Total | 137 | 100.0 |

Table IV: Reasons for not reporting violence

| Variable | Frequency | Percentage |
|---|---|---|
| **Reason for not reporting violence to others** | | |
| Not serious | 43 | 97.7 |
| Afraid | 1 | 2.3 |
| Total | 44 | 100.0 |
| **Reasons for not reporting violence to police** | | |
| Not serious | 112 | 89.6 |
| Afraid | 9 | 7.2 |
| Not culturally acceptable | 3 | 2.4 |
| Not acceptable to religion | 1 | 0.8 |
| Total | 125 | 100.0 |

Table V: Association between use of support systems by the respondents and the experience of violence in their relationships

| Variables | No Violence (%) | Violence (%) | $\chi^2$ | df | P value |
|---|---|---|---|---|---|
| **Aware that violence can be reported** | | | | | |
| **No** | 62 (26.3) | 51 (39.4) | 6.99 | 1 | 0.008 |
| **Yes** | 174 (73.7) | 83 (60.6) | | | |
| **Aware that NGOs can assist** | | | | | |
| **No** | 85 (36.0) | 76 (55.5) | 13.38 | 1 | <0.001 |
| **Yes** | 151 (64.0) | 66 (44.5) | | | |
| **Willing for NGOs to assist** | | | 9.81 | 1 | 0.002 |
| **No** | 124 (52.5) | 49 (35.8) | | | |
| **Yes** | 112 (47.5) | 88 (64.2) | | | |

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