

Experiences of physical violence by women living with intimate partners

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Intimate partner violence directed towards females by male partners is a common significant global public health problem. Most victims of physical aggression such as women and children are subjected to multiple acts of violence over extended periods of time, suffering from more than one type of abuse, for example physical which is more symbolic and evidenced by scars. The purpose of this study is to increase understanding of the symbols of physical violence as experienced by women who live with intimate partners in the Vhembe district of the Limpopo Province.

The research design of this study was qualitative, exploratory and descriptive in nature. The accessible population was those participants who used the trauma unit A in a particular hospital. Seven women comprised the sample of the study. In-depth individual interviews were conducted exploring the women's experiences in the context of physical violence.

From the data collected all seven participants experienced some form of physical violence which resulted in permanent deformity. They experienced some form of battering such as kicking, stabbing, burning, fracturing, strangling and choking. Recommendations were made that health care providers are encouraged to implement screening for physical violence, to provide appropriate interventions if assault is identified and to provide appropriate education regarding, employment opportunities, legal literacy, and rights to inheritance. Human rights education and information regarding domestic violence should be provided to them because this is their absolute right (UNICEF, 2000:14).

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Introduction and background

Intimate partner violence directed towards females by male partners is a common significant global public health problem (Chan & Martin 2009:276; Ford-Gilboe, Wuest, Varcoe, Davies, Merritt-Gray & Campbell, 2009:1021). Globally between 10% and 69% of women report physical abuse by intimate partners at least once in their lives (Astbury, 2006:49) whilst Woods, Hall, Campbell and Angott (2008:538) and Yoshihama and Horrocks (2008:28) express that as many as one in three women will experience some form of abuse from intimate partner during her lifetime.. The World Health Report (2002:1) indicates that intimate partner violence is the most common form of violence against women and is performed by a husband or partner. Most victims of physical aggression such as women and children are subjected to multiple acts of violence over extended periods of time. They also tend to suffer from more than one type of abuse, for example, physical, which is more symbolic, psychological, and spiritual abuse. It is assumed that rates of abuse are higher among women whose husbands had either themselves been beaten or had witnessed their mothers' were being beaten. Ellsberg (2006:327) and Morgan and Thapar-Björkert (2006:441) assert that violence against women is recognised as a grave global public health and development concern, as well as a violation of women's human rights. Furthermore, the authors indicate that physical, psychological, social, economic and sexual violence against women are rampant in every country. At least one in every three women experiences violence at some stage in her life, with violence by an intimate partner being reported as the most common.

Literature indicates that the idea of equality, respect of differences for women's needs and choices does not figure in the psyche of abusing men. They equate power and authority with their rights as men and they understand that it is women's responsibility to meet their demands without questioning (Celbis, Gökdoğan, Kaya & Günes, 2006:22). Historically, it has not been considered deviant for husbands to beat their wives on occasion and within

certain limits. Ideologies that permitted husbands to be the "heads of the household", and to manage their wives' affairs, extended such control over them. Husbands, in some historical sense, were obliged to exercise physical control over their wives. The degree of gender inequality that exists within societies has been shown to have impact on the rates of intimate partner violence in cross-cultural research (Taillieu & Brownridge, 2009 in press). It is a far cry from these historical roots to modern physical assault of women. Ideally one's family should always exist in an oasis, a place that is safe and satisfying, where one can seek relief from and aid in dealing with the often stressful demands of the outside world. In many cases today the family setting is just the opposite. It contains levels of tension, conflict and violence to which flight might be the only rational response (UNICEF, 2000:8). According to Wenzel, Tucker, Elliot, Marshall and Williamson (2004:146) there is a relatively lack of studies that have examined what characteristics might be associated with increased risk for victimization of impoverished women in particular.

It is documented that countries are increasingly adopting legislative provisions that address violence against women and children. Laws on domestic violence, marital rape, trafficking in human beings and others have been implemented in many nations including South Africa. The Domestic Violence Act (Act no. 116 of 1998) was introduced in South Africa with the aim of affording women protection from physical, psychological, economical, social, and sexual harm, by creating the obligation for law enforcement bodies to protect women as far as possible. The Act sets out a broad range of behaviours that constitute domestic violence, including physical, sexual, verbal, emotional and psychological abuse, stalking, intimidation, harassment, malicious damage to property, unauthorised access to the complainants' property, as well as other forms of controlling behaviour which may cause harm to the safety, health or well-being of the complainant.

This is supported by The Constitution of the Republic of South Africa Act (Act no. 108 of 1996) which states that everyone has the right to equality and free-

dom and security. However there is growing concern that The Domestic Violence Act (Act 116 of 1998) does not give women enough protection, as men sometimes do not honour the protection order. Women are still beaten after the issuing of a protection order. Victims of violence often do not talk about their experiences. A woman who is abused may be too embarrassed and humiliated to speak out. However, symbols of physical violence become prominent in the form of fractures, stab wounds, burns and scars (Ellsberg, 2006:325). A study conducted in the UK by Morgan and Thapar-Björkert (2006:445) narrated indicated that there are physical scars that you see on a physically abused woman unlike with emotional abuse.

Problem statement

As a tutor responsible for accompaniment of nursing students to learn counseling skills to patients experiencing post-traumatic stress, the researcher have since observed that physical violence was the most common form of violence women experienced in their lives. Out of five victims who came for counseling in a week, three reported physical violence to be their worst experiences. This raises the question "*what are the symbols of physical violence experienced by women who live with intimate partners?*"

Purpose of the study

The purpose of the study was to increase understanding of the symbols of physical violence as experienced by women who live with intimate partners in the Vhembe region of the Limpopo Province. The study was intended to seek out the following objective:

To explore and describe the symbols of physical violence as experienced by women who live with intimate partners in the Vhembe region of the Limpopo Province.

Definition of terms

Physical violence

The study refers to physical violence as situations described by women as something hurt their bodies such as had been choked, burned or punched (Wenzel et al, 2004:148). Physical violence also refers to battering and abuse.

Intimate partner violence

Intimate partner violence is abuse directed towards women by male partners (Sanchez et al, 2008:50). The study refers to an intimate partner as a male partner who lives with a woman regardless of the type of relationship they are engaged in.

Symbols

According to the Collins English Dictionary (1995:1635) a symbol refers to an image or a sign with a particular meaning. The study refers to a symbol as the sign of evidence denoting physical violence.

Research methodology

Research design

The research design of this study was qualitative, exploratory and descriptive in nature, and the phenomenological approach was used. Phenomenological studies examine human experience through the descriptions that are provided by the people involved. These experiences are called lived experiences. The purpose of phenomenological research is to describe what people experience with regard to some phenomena and how they interpret those experiences; or what meaning the experiences hold for them. The phenomenological method of data collection involves an attempt to reach the participants' lived-in world through the description of experience without consideration of its origin or causes, and results in an interpretative narrative that describes the meanings as comprehensively as possible (Burns & Grove, 2001:390). The design described what women experience with regard to the phenomenon of physical violence and what meaning the experiences hold for them.

Population and sampling methods of the study

Population is referred to as the entire group of people that meet a designated set of criteria (De Vos, 2001:232; Burns & Grove, 2001:368). In this study the population was all women who experienced physical violence in the Vhembe district. Target population is the entire population or set of individuals in which the researcher is interested (De Vos, 2001:232). In this study the target population was women who lived with a male partner, irrespective of the type of rela-

tionship they were engaged in and who experienced physical violence. An accessible population is that portion of the target population to which the researcher has reasonable access. The population is accessible to the researcher as a pool of participants for the study (Burns & Grove, 2001:386). In this study the accessible population was those participants who used the trauma unit A in a particular hospital. A non-probability convenience sampling technique was used. Participants were identified from those clients who were still undergoing counseling sessions at the trauma unit and willing to share experience of physical abuse by inmate male partners. Sample size is the number of participants needed in the study. In this study seven women were interviewed. The size proved to be adequate when the researcher experienced redundancy in the participants' descriptions. Participants were interviewed until data saturation was reached as demonstrated by repetition of themes.

Data collection method

The unstructured interview was the method used in this study. An unstructured interview is sometimes referred to as an in-depth interview because it extends and formalises conversation between the participant and the researcher. The purpose of an unstructured interview is to allow the researcher to understand the experiences of other people and the meaning they make of that experience. To identify problems early in the study, a pilot study was conducted using two participants found in the trauma unit A that met the sampling criteria and who indicated willingness to participate in the study. In the pilot study it was necessary to rephrase the central question to be more specific from *"what are your experiences of domestic violence that you encounter in your marriage?"*. The interviews were conducted without utilising any of the researcher's prior information, experiences or opinions in a particular area in order to understand women as human beings who deserve love, security and respect. It is a challenge in an unstructured interview to maintain a balance between flexibility and consistency in data collection. Flexibility is essential for discovering and eliciting the participant's story. Consistency in the type of ques-

tion asked is essential (De Vos, 2001:245).

Data collection process

Phenomenological interviews were conducted to give the women the opportunity to describe their lived experiences from their own perspective. It was important that the method of data collection should allow women the freedom to talk. In conducting a phenomenological study it is necessary to pose one question at a time and allow the participant to approach it from her point of view.

It became clear, however, even before data collection was started, that the direct translation into Xitsonga and Tshivenda meant different things to different participants. For example, regardless of the type of relationship with their intimate partners, participants referred to them as 'husbands'. It also became clear in all the interviews that it was impossible to complete the interview without interruption from the participants such as crying, posing or keeping silent. This necessitated stopping the interviews for some time and then re-starting again. These inferences may possibly have given rise to the participants' forgetting useful information. The function of the researcher was to guide the interview around the research question and to encourage the participants to talk. The researcher created an atmosphere conducive to allowing sufficient time to facilitate a complete description of the experiences by the women.

In this study the researcher adopted the methods suggested in the literature, which facilitated the creation of an atmosphere conducive to the needs of the research. The facilitative techniques were building rapport, and communication between the researcher and the participants.

Summarising what the participant had said was important and minimal verbal response was given to encourage the participant to continue talking. Conversation between the researcher and the participants was recorded on a tape recorder. The recordings were later transcribed verbatim in the language used in the interviews. This was necessary in order to retain the original concepts and the linguistic structure of the responses. Since this study was conducted in Xitsonga and Tshivenda it

was necessary to translate the data that was collected into English. The translation might result in losing and distorting the originality of the participants' everyday life as expressed in the original language. Follow-up interviews were conducted with some of the participants to validate the participants' frame of reference. Field-notes were written which described the researcher's observations and experiences during the interviews, and were kept in the researcher's office drawer under lock and key.

Ensuring trustworthiness

The principles outlined by Lincoln and Guba (1985:36) were followed to ensure the trustworthiness of the study. Credibility was achieved through the accuracy of description of the parameters of the study (who, where, and when). Participants were purposively sampled and, entering into the second session of interviewing women after establishing relationship with them, prolonged the engagement, increased probing of information and enhanced data saturation. Tape recordings as well as written dialogues during interviews increased the confirmability of the research. Transferability was ensured by complete description of methodology. In-depth literature control on the topic of the study and verbatim quotes cited in the findings will enable readers to do self-evaluation of their own experiences of physical violence.

Data analysis

Tesch's model of data analysis was used as guideline (Creswell, 2003:154). From the transcriptions the sub-themes around the physical violence experience of women were identified. In this study data analysis started during the data collection process when interviews were conducted. This view is supported by Streubert and Carpenter (1999:168) who indicate that analysis of qualitative data is a hands-on process and that researchers must become deeply involved in the data.

Data analysis for this research was divided into two categories. Firstly, data collected was written down as notes as the respondents were talking. The second analysis was of the audiotape transcriptions which were transcribed verbatim and translated by the researchers into English. The notes and

transcripts were then put together and analysed.

Ethical considerations

Morgan and Thapar-Björkert (2006:447) note that in researching such highly sensitive area, focusing in domestic violence and abuse, ethical issues are paramount. They assert that investigators face dilemmas in relation to ethics, data collection, confidentiality, safety, empathy, emotionality and values. Before commencing the study, ethical approval was sought from the Health, Safety and Research, Ethics Committee of the University of Venda. Permission to conduct the study was also sought from the Department of Health and Social Development of Limpopo Province. Permission to interview the participants was asked from the trauma unit A in a particular hospital. Sufficient information regarding the study was provided in the informed consent letter. Participants were required to give consent before taking part in the study. Participants were explained that they were not compelled to participate and they would not be judged if they chose not to participate. They were also informed that the audio-taped information was confidential and would be discarded once it was transcribed.

Results

The biographical data describe that the participants were ranging at 31-53 of age; five of them were Tshivenda speaking and two were speaking Xitsonga. One participant expressed that she was living with her "husband" though he did not pay "lobola" to her family. The other six participants were legally married under customary law. All the participants were not working and the highest educational standard raised by one of them was standard 5 meaning Grade 7 of primary schooling. The participants relied on their husbands' income and social grant from parents in law.

From the data that was collected all the seven participants experienced some form of physical violence which resulted in permanent deformity. They experienced some form of battering, such as kicking, slapping, stabbing, burning, strangling and choking. The majority of participants indicated that alcohol and drugs were the factors con-

tributing to physical violence. The participants also indicated that their husbands became violent when they were drunk and if they were sober they shied away and talked little, showed love, respect and understanding.

According to literature, battering of women is described as the violence a woman suffers from a man or a woman with whom she is intimately involved. Battering includes physical abuse such as kicking, slapping, punching, choking or any other physical attack with or without a weapon. However a woman who is battered is often also abused in other ways for example psychologically/emotionally, economically, socially and sexually. Goosen and Klugman (1996:178) and Van Dyk (2003:96) state that battering begins even before marriage in the form of violent behaviour within the dating and courtship relationship. Van Dyk (2003:96) also states that in other developed countries dating is characterised by violence, bullying and date rape.

One participant said: *"My boyfriend physically abused me while I was expecting his baby. He claimed that he was not the owner of the pregnancy; therefore he did not want to see me being pregnant. He started beating and kicking me. During the beating and kicking, yoo! He was targeting my stomach. After six months I aborted. I was very much hurt to lose my baby"*. The participant paused and looked down. The researcher encouraged her to continue to relate the story. "My boyfriend indicated that he was very happy because I have aborted. I love my boyfriend very much but because of his behaviour I am not going to fall pregnant as long as I am still in love with him. I am afraid that he is going to repeat the same thing of refusing the pregnancy and physically abuse me while I am pregnant. If I happened to leave him and fall in love with another man I will fall pregnant very quickly because I want to have my own children."

Studies support that abuse during pregnancy is common and has adverse health effects on maternal and infant health (McFarlane, Wiist & Watson, 1998:135). The study conducted by Sanchez, Qiu, Perales, Lam, Garcia and Williams (2008:50) reported that Peru-

vian women who have ever experienced intimate partner violence during pregnancy, had a 2.4-fold increased risk of preeclampsia when compared with women who reported never being abused during pregnancy. Women abused during pregnancy have been found to be 2.5 times more likely to report being depressed than non-abused pregnant women in Canada (Taillieu & Brownridge, 2009 in press).

This finding is supported by Women's Health Victoria Report (2005), which cited that it is common for women to experience violence during pregnancy. McFarlane et al (1998:135) also support the findings by indicating that the number of unwanted or unplanned pregnancies and terminations are high among women experiencing domestic violence. For the sample of 324 pregnant abused Hispanic women, symbolic violence by the husbands was significantly associated with physical violence against pregnant women. The authors also indicate that pregnancy itself is a time of heightened risk and the abdomen is targeted more frequently and more severely in pregnant woman. The strongest predictor of violence occurring during pregnancy is a prior history of abuse. Furthermore, women who were abused during pregnancy were at even greater risk of violence in the post-partum period. The finding is also supported by Ellsberg (2006:324) who indicates that violence during pregnancy is as common, or even more so than many other conditions that are commonly screened for in antenatal care. Recent studies from dozens of countries found the prevalence of physical abuse during pregnancy to be between 3% and 11% in industrialised countries, and approximately 4% to 32% in developing countries. For instance, 71% of women in the Mexico City reported an increase in the severity of physical violence since they became pregnant (Dias-Olavarrieta, Paz, Abuabara, Martinez Ayala, Kolstad & Palermo, 2006:63) Another participant said, *"My husband battered me almost every day when he is drunk. He will start a conversation. If I answer he will be angry and beat me indicating that I do not respect him. If I keep quiet and listen to what he is saying, he will accuse me of making him a fool by not answering him, he will also beat me. Hey! It is very diffi-*

cult to stay with such a husband. I could not tell anyone because nobody will believe my story, because a normal husband cannot beat his wife for not answering him. Eh.... I have made up my mind and left him I thought that he would follow me. No he did not. I heard that he is staying with another woman and he is doing the same thing of beating her, just like what he was doing to me." Surprisingly the participant expressed the wish of forgiving her partner by indicating that she thought she would follow her.

Another participant said, *"My husband stabbed me with a knife accusing me of stealing his money when he is drunk. When my husband receives his salary, he spends it all on liquor and his friends. He will come home without a cent. He will be without his jacket or shoes. Sometimes he will accuse me of stealing his jacket and shoes. Accusation and stabbing happens every month-end after he received his salary"*. The participant covered her face with her hands and cried. The researcher touched the participant and calmed her down so that she could continue to tell about her ordeal. She continued and said, *"I reported the matter to the 'khoroni ya-Mutavhatsindi' pertaining to the headman's committee. I showed the scars to the members of the committee. The headman called my husband and he was found guilty and fined one cattle, which was given to the headman, and a goat was to be slaughtered and eaten by the members of the headman's committee. My husband cried and apologised to me, to the headman and to the members of the headman's committee. Because he did not have cattle he paid R2000.00 and bought the goat. Yowee! I was very happy seeing him paying such a lot of money. Since that day I am living a better life, thanks to the headman's committee."*

There are several studies that followed forgiveness and intimate partner violence. According to Tsang and Stanford (2007:655) abuse partners often rationalise their behaviour and expressions of forgiveness might fuel these rationalisations. It is thought that forgiveness may also reinforce uneven power distributions in abusive relationships, and may be equated with tolerance of abuse. Whereas others theo-

ried that forgiveness may have a self-healing effect on survivors of intimate partner violence.

Hyden (2005:169) revealed that victims of violence and other kinds of abuse hesitated to come forward because they were afraid of not being believed or being blamed for the abuse they suffered. Jaffe, Crooks and Poisson (2003:59) in their study revealed that many women who experience domestic violence in their intimate relationships have contact with a wide variety of front-line health care and social service providers, but not all women disclose intimate-partner violence.

One participant said, *"One day I cooked porridge and spinach. The spinach was going to be the relish for the day. When my husband came home, he was drunk. I gave him porridge and spinach. Then he asked me where is meat because he do not eat leaves, he is not a goat. When I explained that I did not buy meat because he did not give me money to buy meat, he took a stick and beat me with it. I sustained a gaping wound on my upper lip. When my husband saw that I have a gaping wound, he took black cotton and a needle and sutured the wound on my upper lip. Yo! Two days later my upper lip was swollen and very painful. I went to the clinic; the nurse gave me the letter so that I can go to the hospital. In the hospital the doctor cleaned the wound and sutured it again, hei! It was painful. That is why I have got this scar."* The participant cried bitterly while showing the scar. I calmed her down by touching her shoulder, and giving her a tissue to wipe her tears. I observed the scar on the upper lip of the participant. The scar was a major disfigurement because the participant was unable to cover her upper teeth with her upper lip, and it was difficult for her to talk because of the deformity.

The participant continued, *"My image is ruined because of this scar. When I walk in the streets people look at me and they laugh at me. Those people who knew that my husband assaulted me gossip and pass remarks saying that I asked for it. Others feel pity for me and asked what happened. I just tell them that I was involved in an accident. It is embarrassing to tell people that I was beaten by my husband, and frustrating to explain one thing every*

day to different people. To avoid being asked what happened to my upper lip I put on a scarf when I go out of the house or if there are visitors. So since then I do not have a problem because I hide my scar, but I do not know until when I will hide my scar." Hiding the scars has been practiced by victims in other countries. A narrative from the study done by Morgan and Thapar-Björkert (2006:446) in the UK read as "After all, physical signs such as bruises and scratches have to be accounted for or hidden in order to avoid the stigma of black eyes....worn in public by females."

Another participant said, "My husband abuses alcohol and comes home during the night being drunk. One night he came home being drunk. He knocked at the door I woke up and open the door for him. He was furious accusing me of delaying to open the door for him, indicating that I was giving a chance to my boyfriend to escape through the window and run away. When I tried to explain to him that there was nobody in the house he did not listen. Yo! You know he kicked me and beat me with fists and throw me into the bath in the bathroom. I sustained a cut on my left cheek. Do you see this scar?" The participant showed the scar. It was on her left cheek. The scar was a major disfigurement and ugly because there was a proliferation of tissue. The participant said, "The scar is itching a lot when it is hot, and I scratch it that is why it is swollen like this. I went to see the doctor who said that I must stop scratching the scar because I am causing more damage. He gave me some ointment to apply on the scar when it is itching. After application of the ointment, the itching was better."

Celbis et al (2006:22) and Ellsberg (2006:325) indicate that domestic violence has its roots in culture and patriarchal systems of control and it has not been considered deviant for husbands to beat their wives on occasion and within certain limits. Ideologies that permit husbands to be "head of the household" and manage their wives' affairs extend such control over them. This implies that husbands in some historical sense were obligated to keep their wives in line behaviourally and to exercise certain physical control over

them. In this study women who experience domestic violence indicated that the behaviour of their husbands was stressful particularly after consumption of alcohol or drug abuse. The finding is also supported by Kgosimore (2004:38). In his study he revealed that men use physical violence individually and collectively to control, subjugate and dominate women as well as violate their dignity, integrity and sovereignty. The purpose of using violence against others has always been to further one's self-interest and goals to the detriment of others. Men have lost respect for their wives.

One participant said, "Do you want to see? Look at this". The participant took off her clothes and showed her left breast with a burn scar. "My husband threw a kettle with boiling water at me. He was angry with me because I chased his girlfriend away. His girlfriend used to come and visit him every Friday night and leave on Monday morning. So I beat her and chased her away before my husband returned from work. When he returned from work and heard that I have beaten and chased his girlfriend away, he went into a fit. That is why I have sustained this scar of burns." The researcher observed a burn scar on the left breast of the participant. The scar was major because the whole upper part of the breast was burned and the nipple was also affected. The nipple had a dimple. The participant also said, "I have a problem with this scar because I have a small baby whom I am breastfeeding. I cannot breastfeed her on my left breast because of deformity. Ee.... I reported the matter to the South African police. Unfortunately when he was arrested he escaped from the police van and ran away. The police are still looking for him. I am afraid what is going to happen to me when he decides to come back home because I made him to be arrested by police."

This incident is supported by Dissel and Ngubeni (2003) who mention that women suffer physical and emotional violence because their partners sleep with other women, which is seen as acceptable conduct for an African man in their culture. UNICEF (2000:7) reveals that deaths by kitchen fire are also on the rise, for example in certain regions of Pakistan. The Human Rights Commission of Pakistan reports that hus-

bands, as a result of domestic violence, burn at least four women to death daily.

One participant said, "One evening my husband came home being drunk. He just started shouting and swearing at me. When I asked him what was wrong, he took "luswielo" pertaining to a broomstick and chased me out of the house. I ran out of the house thinking that he will leave me alone, but he continued chasing me. He hit me on the head with a broomstick and I fell on the ground and broke my leg. I screamed and shouted for help. Hei! My husband left me lying there crying with pain passing remarks that he is the boss and no one will stop him. When I looked at him I was seeing a big gorilla pouncing at me. I lied still as if I have passed out. After a while a motorist took me to hospital where the doctor put the cement on my leg helped me. (-this means the plaster of Paris.) I stayed two weeks in the hospital. Now I cannot walk properly I am still limping although the doctor has taken off the cement." The researcher observed that the participant was walking with difficulty as she was limping and her right leg was still swollen. Pareti (2001:86) and Watson (2002:229) support the finding. In their studies they cite that women make up about 95% of the victims of spouse abuse, because the greater physical size and strength of men makes them more dangerous abusers, and as a result women are more likely than men to be seriously injured in incidences of domestic violence. With probing the participant indicated that her husband was coming from abusive family. It was saddening to hear that her husband's mother was murdered by her husband 20 years ago when the husband to the participant was only 16 years old.

Most victims of physical aggression are subjected to multiple acts of violence over a period of time. They also tend to suffer more than one type of abuse. For example, it can be psychological and spiritual abuse. The rate of abuse is higher among women whose husbands had either themselves been beaten or witnessed their mothers being abused (Gage, 2005:344). This is supported by Herbert and Silver (2000:311). In their study they reveal that men, who either experienced violence themselves or witnessed vio-

lence between their parents, are more likely to use violence when they grow up. Wenzel et al (2004:144) assert that abusive experiences during childhood are associated with later risk for violence is perhaps the strongest and most consistent finding from literature on violence against women. This is supported by a survey done in Washington State, USA also revealed that childhood experiences of physical abuse were associated with recent physical violence by an inmate partner (Wenzel et al. 2004:144). Yoshihama and Horrocks (2008:29) suggest that further investigation is warranted regarding the potential effect of exposure to intimate partner violence

Conclusion and recommendations

Around the world women suffer the harmful and life-threatening effects of traditional and cultural practices that continue under the guise of cultural and social conformism and religious beliefs, which lead to family disorganisation (UNICEF, 2000:7).

Community information and education programmes regarding the nature and unacceptability of domestic violence should be developed. Such programmes should address cultural forms of behaviour that uphold male aggression, beating and abuse of women as acceptable. Women need to be empowered through education, employment opportunities, legal literacy, and rights to inheritance. Human rights education and information regarding domestic violence should be provided to all women because this is their absolute right (UNICEF, 2000:14).

Since there is reliable data on the prevalence and health consequences of domestic violence, there is a need that health professions incorporate the issue of intimate partner abuse into their public health activities (Celbis et al, 2006:24). For instance domestic violence education should be integral part of health education programmes in the Primary Health Care services.

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