

CHAPTER 4

EFFECTS



HIV and AIDS is both a cause and consequence of VAW.

Photo by Trevor Davies

The consequences of VAW are pervasive, affecting the health and well-being of survivors and their families. Abuse may cause permanent damage to a woman's physical health and have a long-term emotional impact, possibly resulting in depression, anxiety, sleep disturbance, substance abuse and difficulty forming relationships with children¹⁹. Women experiencing these effects may not be aware they are symptoms linked to abuse.

This chapter reports on the responses on these issues from women participating in this study. Women were asked questions on a range of indicators about their health, including about contraceptive use, condom use, HIV testing and results, sexually transmitted infections, and aspects of their mental health.

Physical Effects

The effects of physical abuse include death; permanent disability such as blindness, deafness, seizures, loss of mobility; hospitalisation for broken bones, concussions, head and spinal injuries; gynaecological problems including losing an unborn baby, or birth defects; infertility; treatment for broken teeth, cuts, headaches; and bruises, pain, trauma.

Injuries

Women who participated in the survey answered questions about the injuries they sustained because of physical abuse.



*Siphelani** from Bindura suffered injuries and was admitted in hospital after her husband physically assaulted her. She recalled: "One day Manyara*, my husband's girlfriend phoned on Jimmy* (my husband's) phone. I answered. She started shouting at me calling me all sorts of names including "dog" just for answering Jimmy's phone. Jimmy turned against me and beat me to pulp accusing me of scolding the mother of his child, Manyara*."

"I was so hurt that I struggled to even walk to the toilet. I felt I had no other choice but commit suicide by taking poison. I woke up later and found myself in hospital. At that moment, I just wanted to die. I later received counselling from the sister-in-charge at the hospital. I cried to my Lord for freedom and Jimmy got counselling before he took me home after I had been discharged."

Table 4.1: Prevalence, frequency and severity of injuries by physically abused women

Criteria	
Percentage of physically abused women who suffered injuries	18.9%
Average number of times injured	3
Percentage of physically abused women who spend days in bed because of injuries	11.2%
Average number of days in bed	11
Percentage of physically abused women who took days off work because of injury	6.9%
Average number of days off work	10
Percentage of physically abused women who could not leave the house because of injury	11.2
Average number of days of not leaving the house	10

Table 4.1 shows that 19% of women who were physically abused sustained injuries on about an average of three counts. In the "I" stories, the women referred to a range of injuries including head injuries, internal pains, wounds, broken bones, sprained ankles,

limping from the pain caused by a sexual violence incident, swollen private parts and heavy bleeding.

Eleven percent of the injured women had to stay in bed for an average number of 11 days because of the

¹⁹ Fox, S. 2003. Gender Based Violence and HIV/AIDS in South Africa. Centre for AIDS Development, Research and Evaluation.

injuries. Seven percent of the women lost about 10 days on average from work because of sustained injuries. Eleven percent of women could not leave the house for about 10 days because of the injuries.

Sexually transmitted infections

The effects of VAW may include pregnancy, miscarriage, inability to negotiate condom use during

sex, sexually transmitted infections including HIV, and pregnancy-related problems. Women were asked about their experiences of sexually transmitted infections in a lifetime. They were questioned whether they had had an ulcer on the vagina, whether they had had a discoloured, smelly, itchy or uncomfortable discharge from the vagina and whether they had ever been told by a health worker that they had an STI.



*Fungisai** from Bulawayo suffered abuse during her pregnancy. She contracted a STI from her husband. She said “Before I got married to him I used to go to the New Start Centre and frequently tested negative, but now when I went back after being married I tested positive for HIV,” she said.

“He used to come home late and sometimes he would not come for three weeks. When I asked him, he would respond harshly saying he is not my child if I want to ask questions I should ask the child I'm carrying. He would beat me up for asking.

“I was still pregnant when all this was happening. When I had STIs, he still forced me to have unprotected sex with him and it was so painful because my privates were getting blocked. We went on like that and the STI went untreated until delivery because he was saying he doesn't have money for rubbish. I pushed from the first month of the pregnancy to the ninth month of delivery on and off sick with the STI. I was physically, emotionally and spiritually abused by my husband.”

Table 4.2: Sexually transmitted infections associated with IPV in a lifetime

Symptoms	% Women survivors	% Women non-survivors	Chi (p)
Ulcer on vagina			
Never	86.2	93.8	0.00
Once	7.7	4.5	
Twice	2.2	1.0	
Three or more times	3.9	0.6	
Vaginal discharge			
Never	84.9	94.3	0.00
Once	7.2	4.0	
Twice	2.4	0.5	
Three or more times	5.6	1.2	
STI diagnosed by health worker			
Never	86.8	96.6	0.00
Yes	13.2	7.4	

Table 4.2 shows that lifetime experience of IPV was associated with experience of STIs. A greater proportion of women survivors had STI symptoms compared with non-survivors. Fourteen percent of survivors and 6% of non survivors had a vaginal ulceration. Fifteen percent of survivors and 6% of non-survivors had an abnormal discharge. Thirteen percent of survivors and 3% of non survivors were diagnosed with a STI. The vulnerability of women in intimate relationships is compounded by their lesser power to negotiate sex and safe sex.

HIV/AIDS

Previous research in different settings has shown the links between VAW and HIV. This study did not test participants for HIV but they were asked whether they had tested for HIV and what result they obtained. Thirty percent of women in the sample had never tested for HIV. The majority, 58%, tested in the 12 months before the survey. About a tenth (9%) tested 2-5 years before the survey while 3% tested more than five years before the survey. Based on these findings there is need for concerted effort and programmes to encourage women to go for periodic HIV testing.

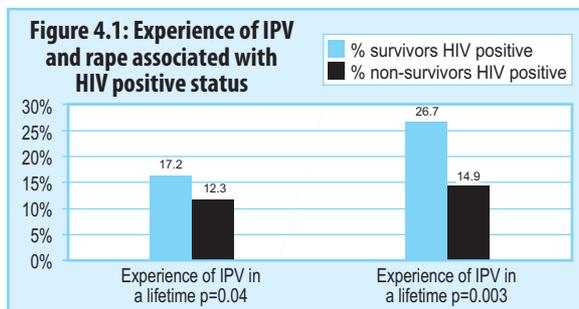
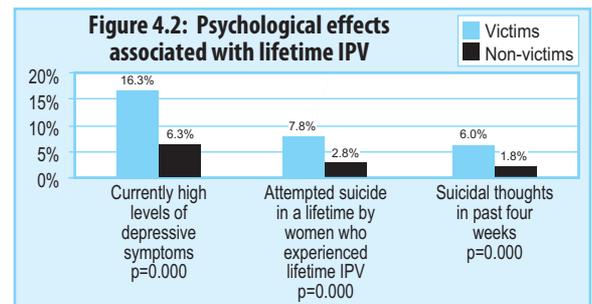


Figure 4.1 shows that experience of IPV and rape in a lifetime is associated with HIV positive status ($p < 0.05$). Seventeen percent of IPV survivors and 12% non-survivors reported that they were HIV positive. Twenty seven percent of rape survivors and 15% of non-survivors reported that they were HIV positive.

Psychological effects

Figure 4.2 shows that experience of IPV in a lifetime was associated with depressive symptoms, attempted

suicide and recent suicidal thoughts ($p = 0.00$). Depressive symptoms include frequent incidents of the following feelings simultaneously in the seven days before the survey: feeling depressed; having crying spells; feeling lonely; loss of appetite; restlessness; inability to sleep; feeling life is a failure; and failing to cheer up even with the help of family or friends. A greater proportion of women survivors reported symptoms compared to non-survivors. This finding may be compounded by the fact that the most commonly reported form of violence was emotional. Sixteen percent of women who experienced IPV had depressive symptoms, 8% attempted suicide and 6% had recent thoughts of suicide.



Other effects of IPV depicted through the "I" stories include: feeling as though one was going mad; feeling bad and depressed; feelings of betrayal and bitterness; low self-esteem; diminishing confidence; high blood pressure; feeling ashamed; fear; weight loss; feeling stressed; feeling alienated; and self-blame tendencies.

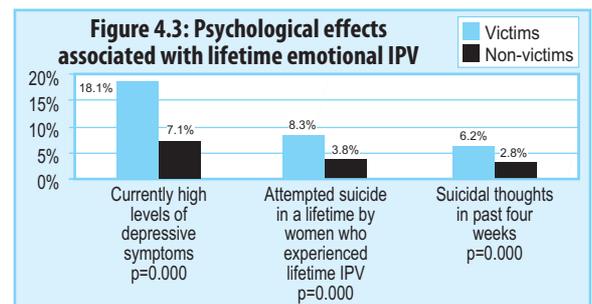


Figure 4.3 shows that experience of emotional IPV in a lifetime was associated with depressive symptoms,

attempted suicide and recent suicidal thoughts ($p=0.00$). Eighteen percent of women who experienced emotional IPV had depressive symptoms, 8% attempted suicide and 6% had recent thoughts of suicide.

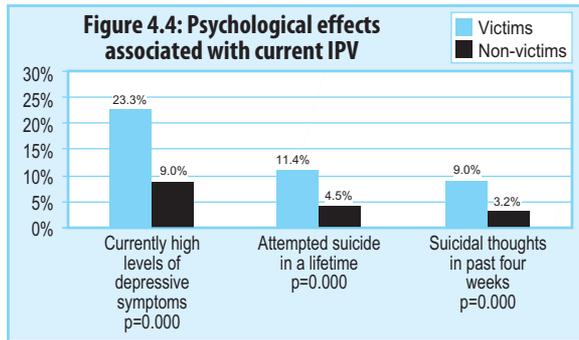


Figure 4.4 shows that experience of IPV in the 12 months before the survey was associated with depressive symptoms, attempted suicide and recent suicidal thoughts ($p=0.00$). Over a fifth (23%) of women that experienced IPV in the 12 months before the survey had depressive symptoms, 11% attempted suicide in their lifetime and 9% had recent thoughts of suicide.

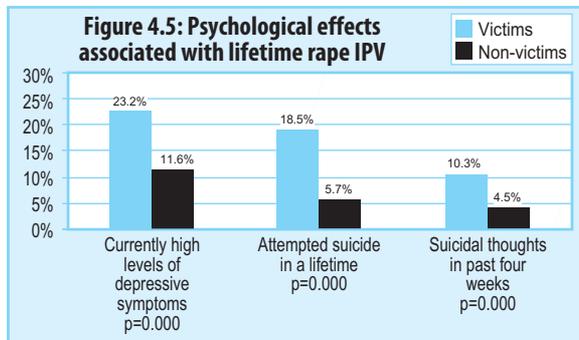


Figure 4.5 shows that experience of rape in lifetime was associated with depressive symptoms, attempted suicide and recent suicidal thoughts ($p=0.00$). Over a fifth (23%) of women, who experienced rape in their lifetime, had depressive symptoms, 19% attempted suicide in their lifetime and 10% had recent thoughts of suicide.

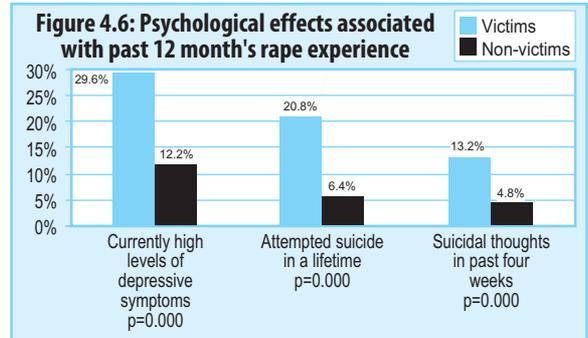


Figure 4.6 shows that experience of rape in 12 months before the survey was associated with depressive symptoms, attempted suicide and recent suicidal thoughts ($p<0.05$). About three in every ten (30%) women that experienced rape in the 12 months before the past survey had depressive symptoms, 21% attempted suicide in their lifetime and 13% had recent thoughts of suicide.

Social Effects

Communities often blame rape survivors for contributing to their unfortunate victimisation by giving reasons such as that survivors are promiscuous or seduce their perpetrators. Women and men participating in the survey responded to questions about their personal views of rape survivors as well as their communities' views.

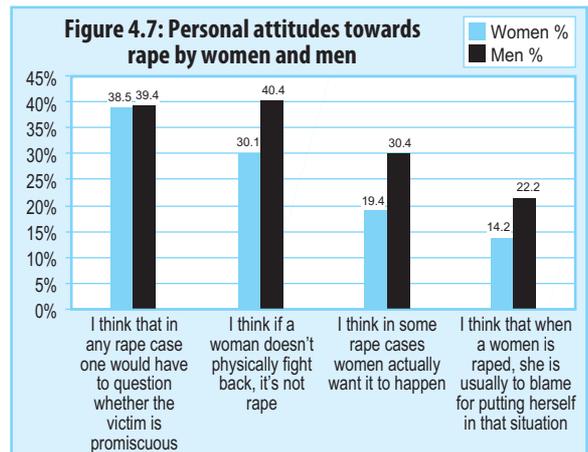


Figure 4.7 shows that, a greater proportion of men than women showed negative attitudes towards rape survivors. About two in every five (39%) of women and men agreed that in any rape case the victim had to be questioned for promiscuity. Forty percent of men and 30% of women agreed that if a woman did not fight back then it is not rape. Thirty percent of men agreed that in some rape cases women wanted it to happen while 19% of women agreed to this. Over a fifth (22%) of men agreed that if a woman is raped, she is to blame for putting herself in that situation, while 14% of women agreed to this.

For women in abusive marriages, there is stigma associated with leaving an abusive marriage as the survivors are deemed to have failed in marriage. Other effects are on the children who are victims of family fragmentation as a result of the abuse.

Economic effects

Women incur costs associated with reporting the incident or seeking care for the effects of abuse. Women in the survey encountered minimal out of pocket expenses because of the abuse they faced.

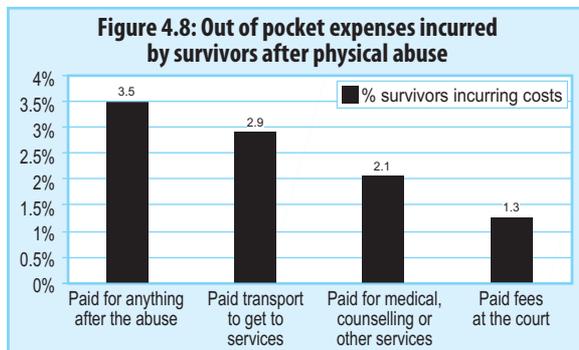


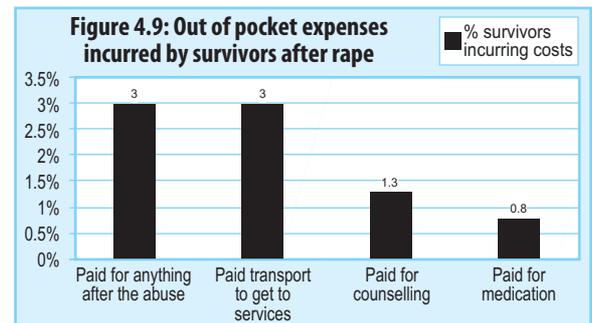
Figure 4.8 shows that four percent of survivors reported incurring some out of pocket expenses after experiencing physical IPV. Three percent of survivors paid for transport, two percent paid for medical or counselling services and one percent paid fees at the courts.

Figure 4.9 shows that three percent of survivors reported incurring some out of pocket expenses after



Sarah shared how she and her siblings suffered after the breakup of her parents' marriage. "Within a short period of time my father brought us a stepmother, who treated us so bad just like him. Coming to the discipline of a new family was a little bit tough and when asked to do something by her we were tempted to blurt out. Legitimate complaints erupted every day, with stepmom lamenting that we had to share everything. She suggested that the five of us should share the smallest room as a bedroom. It wasn't easy staying with my stepmom because we had fights and arguments every day and terrible emotional strain. To make it worse, she never allowed my father to give us some cash just like what he did to my other siblings born to my stepmother. I was a little older when my mother packed and went back to her parents."*

experiencing rape. Three percent of survivors paid for transport, one percent paid for counselling services and less than one percent paid for medication.



At times women suffer loss of their financial or material belongings when they decide to leave an abusive relationship. This fear of loss is also what makes women to stay in abusive relationships.

Conclusion

The findings from this chapter show that survivors of VAW in Zimbabwe suffer a range of effects including physical injury, hospitalisation, missing work for days, STI symptoms, economic hardships, stigmatisation, unplanned pregnancies, out-of pocket expenses and larger societal costs.