

CHAPTER 5

DRIVERS OF VAW



Opper Musumhi, Anti Domestic Violence Council Co-ordinator addressing at a 4Ps campaign event.

Photo courtesy of MWAGCD

Behaviour is mediated by cognitions. What people know and think affects how they act. Individual behaviour is the fundamental unit of group, organisational, community, and national behaviour. The individual behaviour of women and men both shapes, and is shaped by their social environment and its multiple levels of influences, that is, interpersonal, community and public policy (McLeroy et al.,1988).

This chapter explores individual, family/relationship, community and societal factors that impact on adult behaviour as shown by the ecological model framework. The chapter draws on the prevalence and attitude survey, as well as the political content analysis, to draw out the causes or drivers of violence against women in Zimbabwe - both immediate and longer term.

The ecological model of factors associated with VAW

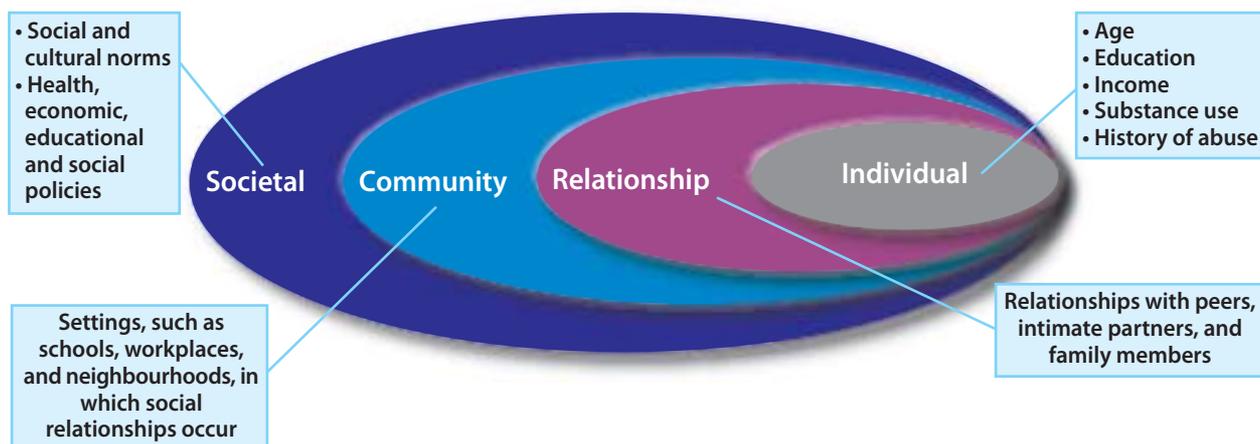
The ecological model illustrates the vicious negative circles that reinforce gender inequality. The model emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem. It highlights people's interactions with their physical and sociocultural environments. Two key concepts of the ecological perspective are

that behaviour both affects, and is affected by, multiple levels of influence; second, individual behaviour both shapes, and is shaped by, the social environment (reciprocal causation)²⁰.

The first key concept of the ecological perspective is the multiple levels of influence including: (1) intra-personal or individual factors; (2) interpersonal or close relational factors; (3) community factors; and (4) public policy or societal factors. Each one of these layers can equally become a virtuous positive circle challenging these deeply entrenched values, attitudes, systems and norms.

Like an onion, layers of attitudes, customs, culture, traditions, practices and norms that reinforce the inferior status of women wrap around and entrap the individual woman. Each one of these can layers can equally become a virtuous positive circle challenging these deeply entrenched values, attitudes, systems and norms. Unlike sex, a biological given, gender is a social construct that can be deconstructed. The media may be part of the problem, or it can be part of the solution. State policies, laws and structures can be transformed to champion gender equality. Communities can be mobilised to reject negative practices, attitudes and tendencies. Women and girls can be mobilised to claim their rights.

Figure 5.1: The ecological model of factors associated with VAW



²⁰ U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health. Theory at a glance.

The ecological model illustrated in Figure 5.1 is used in this study to explain why some of the violence occurs, why some men are more violent than others are, and why some women are consistently the survivors of abuse. Understanding the reasons for and the factors associated with experience or perpetration of gender violence is a precursor in the design of GBV prevention programmes. The study investigated the association between the experience and perpetration of violence with individual, family, community and societal characteristics of participants. The study also explored social norms around gender relations.

Individual level factors

Individual level influences are personal factors that increase the likelihood of becoming a victim or perpetrator. Examples include socio-demographic factors, attitudes and beliefs that support IPV, isolation, and a family history of violence.

Socio-demographic factors

Socio-demographic characteristics explored include age, education level and employment status.

Table 5.1: Socio-demographic factors associated with experience and perpetration of IPV

Factors	Ever IPV				Past 12 months IPV			
	% women survivors	Chi(p)	% men perpetrating	Chi(p)	% women survivors	Chi(p)	% men perpetrating	Chi(p)
Age								
18-29	67.5	0.2	33.8	0.00	33.4	0.00	13.6	0.02
30-44	70.5		43.5		26.4		13.6	
45+	70.9		47.4		11.6		9.8	
Level of education								
O level incomplete and lower	69.4	0.9	41.1	0.7	25.3	0.1	12.6	0.7
O level complete and over	69.2		39.8%		30.7		13.2	
Worked in past 12 months								
No	68.3	0.03	39.6	0.4	23.2	0.00	6.1	0.001
Yes	73.1		42.6		34.3		6.6	

Age

Table 5.1 shows that there is no statistically significant difference in the proportion of lifetime IPV survivors ($p=0.2$) by age. This means women of all ages are equally vulnerable to IPV experience. However, there is a significant difference in proportion of survivors by age in the past 12 months. Women in the 18-29 age groups were most vulnerable to IPV in the 12 months before the survey. The proportion of survivors decreased with increasing age.

Age is significantly associated with IPV perpetration among men both in a lifetime and in 12 months before the survey. Lifetime perpetration prevalence increased with age. The highest proportions of perpetrators

were in the 45+ age group, and lowest in the 18-29 age groups. However men in the 18-29 and 30-44 years age groups were more likely to perpetrate IPV in the past 12 months.

Education level

Table 5.1 shows that there is no significant difference in the proportion of IPV survivors or perpetrators of IPV in a lifetime or the past 12 months by the level of education.

Employment status

There is no association between employment status and perpetration by men in the 12 months before the survey. In contrast a significantly higher

proportion of women that worked in the 12 months before the survey experienced IPV in the 12 months. This survey implies working women are vulnerable to IPV and reported lifetime experience of IPV compared to those that were not working or earning an income.

Conversely, men who were employed or earning in the 12 months before the survey were more likely to

report lifetime or past 12 months IPV perpetration compared to those that did not work.

These findings speak to the need for workplace based VAW prevention interventions that involve men and critically begin to stimulate discourse around VAW. Support mechanisms are also necessary for women who may have experienced trauma and other detrimental effects related to IPV.

Table 5.2: Socio-demographic factors associated with experience and perpetration of rape

Factors	Ever non-partner rape				Past 12 months non-partner rape			
	% women survivors	Chi(p)	% men perpetrating	Chi(p)	% women survivors	Chi(p)	% men perpetrating	Chi(p)
Age								
18-29	6.4	0.03	11.4	0.02	1.9	0.1	2.8	0.003
30-44	8.7		15.6		1.9		1.2	
45+	5.9		16.0		0.8		1.0	
Level of education								
O level incomplete and lower	6.7	0.003	1.7	0.5	1.5	0.2	14.1	0.8
O level complete and over	12.2		2.2		2.5		13.5	
Worked in past 12 months								
No	6.0	0.00	11.9	0.02	1.3	0.004	1.3	0.02
Yes	11.0		16.2		2.9		2.6	

Age

Figure 5.2 shows that age is significantly associated with experience of non-partner rape in lifetime. A significantly higher proportion of women who reported rape in their lifetime were aged 30-44 years. There was no association between age and non-partner rape experience in the 12 months before the survey. This implies that in the 12 months before the survey all women were equally vulnerable to non-partner rape regardless of age.

Age is associated with men's perpetration of non-partner rape both in the 12 months before the survey and in a lifetime. The proportion of men reporting perpetration of rape in their lifetime increased with age. A tenth of men aged 18-29 raped, 15.6% of men aged 30-44 and 16% of men above 45 years raped in their lifetime.

The proportion of men reporting perpetration of rape in the 12 months before the survey decreased with age. A significantly higher proportion of men who raped in the 12 months before the survey were aged 18-29.

Education

Women who completed O' level in this study were more likely to disclose a lifetime experience of rape compared to the women that did not complete O' level. One in eight women that completed O' level was raped while 7% of women that did not complete O' level were raped.

Employment status

Table 5.2 shows that employment status in the 12 months before the survey was associated with increased risk of non-partner rape experience and

perpetration. The proportion of women and men reporting rape was greater among the employed compared to the unemployed.

Alcohol and substance use

This study looked at the links between alcohol and substance abuse and VAW. Questions relating to alcohol and drugs included whether the respondent had taken alcohol in the 12 months to the survey and if the response was yes, then how often. Participants were asked whether their current or most recent partner consumed alcohol and how often they did this. Questions on substance use included whether the respondent or their partner used drugs and how often they did this.

Table 5.3: Association between partner alcohol or substance use and experience of IPV in past 12 months

	% Women survivors in past 12 months	Chi (p)
Partner drank alcohol	34.3	0.00
Partner did not drink alcohol	26.0	
Partner used drugs	40.7	0.00
Partner did not use drugs	28.5	

Table 5.3 shows that having a partner who drank alcohol or used drugs was associated with experience of IPV among women in the 12 months before the survey. Over a third (34%) of women whose partners drank alcohol reported experiencing IPV in the 12 months before the survey while 26% of women whose partners did not drink alcohol reported IPV experience in a similar period.



*Annah**, a survivor whose partner abused alcohol said: "My husband used to drink a lot and he was very abusive. He would beat us the whole night accusing me of allowing *Morely**, my daughter to bring boyfriends home."

Forty one percent of women whose partners used drugs reported experiencing IPV in the 12 months before the survey while 29% of women whose partners did not use drugs reported IPV experience in a similar period.

Table 5.4: Partner alcohol or substance use and perpetration of IPV in past year

	% men perpetrators in past 12 months	Chi (p)
Drank alcohol	14.6	0.01
Did not drink alcohol	10.7	
Used drugs	12.7	0.2
Did not use drugs	14.7	

Table 5.4 shows that drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey. One in six men that drank alcohol in the 12 months before the survey also perpetrated IPV in the same period. The use of drugs was not associated with IPV perpetration during the same period.

Figure 5.2: Alcohol frequency and IPV perpetration in year before the survey

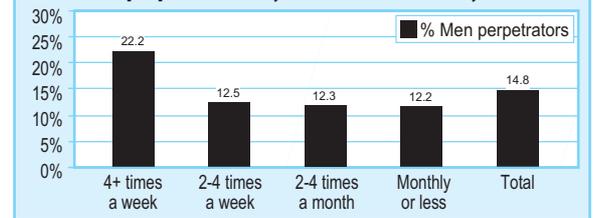


Figure 5.2 shows that the frequency of drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey. Men who drank alcohol four or more times a week were most likely to report IPV perpetration in the 12 months before the survey. Over a fifth of men (22%) who drank alcohol four or more times a week, perpetrated IPV while 12% of men that drank alcohol once a month or less perpetrated IPV in a similar period.

Child abuse

Childhood experiences explored include childhood neglect, sexual and physical abuse. Participants in the study were asked about experiences of childhood neglect and abuse. Child abuse was ascertained through a series of questions about forced sex, unwanted sexual touching, being severely beaten leaving marks and neglect by family, teachers or other community members.

Definition of forms of child abuse

Child physical abuse

Child physical abuse is defined as ever experiencing an incident such as being beaten with a whip and left with a bruise or mark. This could have occurred at home, school or in the community.

Child neglect

Child neglect in this study includes not being given enough food, parents being too drunk to care for their children, or children spending time outside the home without any adults aware where they were.

Child sexual abuse

To ascertain experiences of child sexual abuse participants were asked whether they had ever been touched sexually or forced to touch someone, whether they had sex with someone of the opposite sex who was more than five years older, or whether they had been forced to have sex before they turned 18 years old. Four percent of women and five percent of men experienced child sexual abuse.

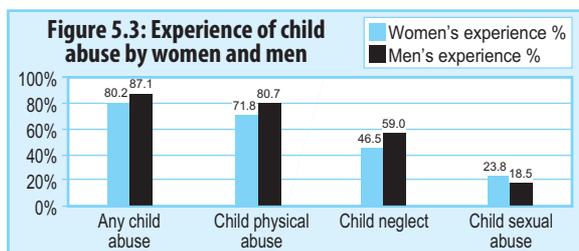


Figure 5.3 shows that 80% of women and 87% of men experienced some form of child abuse in their lifetime. Child physical abuse was most commonly reported. Seventy one percent of women and 81% men were physically abused. Forty seven percent of women and 59% of men were neglected. About a quarter (24%) of women and 19% of men were sexually abused.

Child abuse as a risk factor for IPV perpetration

Experiences of abuse throughout life can influence an individual's inclination to engage in family violence either as a victim or as a perpetrator. We explored the link between child abuse experience by men and perpetration of IPV in lifetime using chi square tests of association.

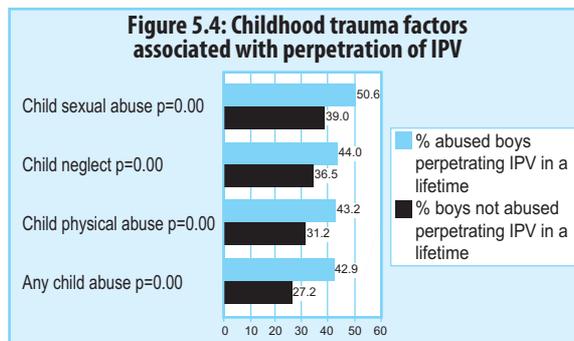


Figure 5.4 shows that child abuse is associated with IPV perpetration in lifetime ($p=0.00$). A greater proportion of men who were physically, sexually abused or neglected as children disclosed that they perpetrated IPV at least once in their lifetime.

These findings indicate the need for child rehabilitation programs for abused children coupled with campaigns advocating for reduction of child abuse. Prevention of child abuse may ultimately contribute to prevention of IPV perpetration.

Child sexual violence as a risk factor for rape perpetration

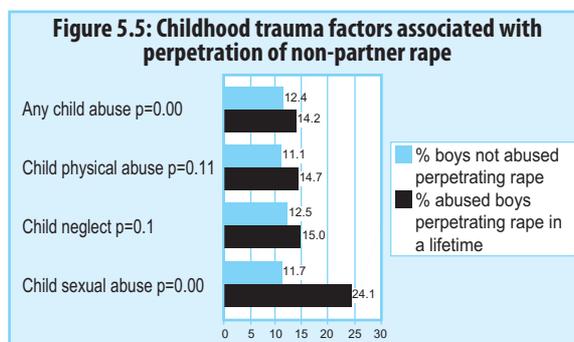


Figure 5.5 shows that experience of child sexual violence is associated with rape perpetration ($p=0.00$). A quarter of men (24%) that were sexually abused as children reported that they had raped, while 12% of men that never experienced child sexual abuse reported that they had raped.

Relationship influences

Relationship level influences are factors that increase risk due to relationships with peers, intimate partners, and family members. A person's closest social circle, peers, partners and family members can shape an individual's behaviour and range of experiences.

Male infidelity and promiscuity is common in Zimbabwe. In most settings some of the extra-marital affairs resemble marriage and women are violated for questioning the husband's behaviour. Such scenarios spark both emotional and physical IPV. In other cases the husband even stops contributing towards family welfare.

Community factors

Community level influences are factors that increase risk based on individual experiences and relationships with community and social environments such as

schools, workplaces, and neighbourhoods. Social norms - what a community views as acceptable behaviour for its citizens - can profoundly affect efforts to prevent social problems such as VAW.

Attitudes towards gender relations

Previous research has shown that social norms that legitimise male dominance are key drivers of VAW. Research has shown that rates of violence against women are higher in cultures in which manhood is



Beaula* said, "It was after sometime that he started having a relationship with a young lady. I got to know about the affair by going through the text messages in his phone. I confronted the young lady and she confirmed that she was in a relationship with my husband. When I confronted my husband to explain the relationship he had with the young lady, we started having serious fights such that our neighbours even overheard our fights and our relatives also got to know that all was not well. His sister came to try and resolve the issue but the fighting got worse and he ended up biting my finger off."

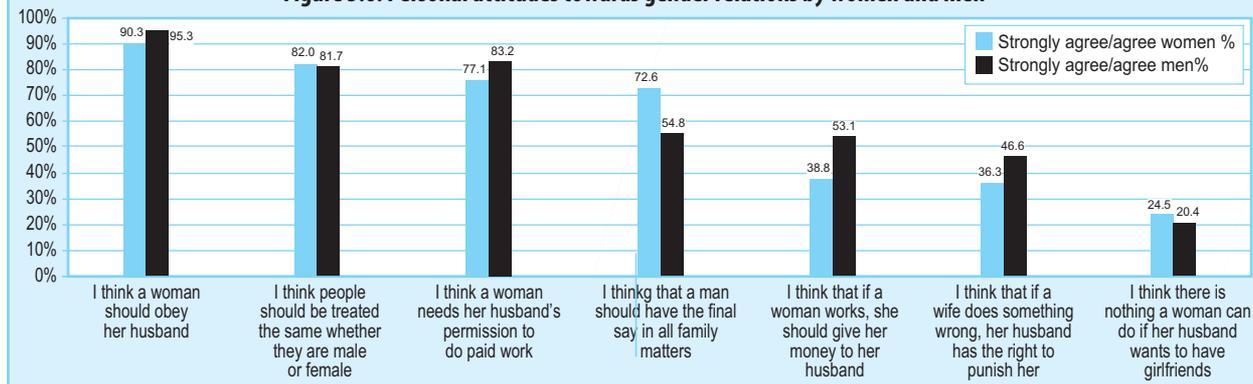
defined in terms of dominance, toughness, entitlement to power or male honour, there are rigid gender roles, and violence is condoned as a means to settle interpersonal disputes (Flood and Pease 2006; Heise 1998).

Male dominance and legitimacy of violence

This study explored the personal attitudes of women and men and their perceptions of their communities' attitudes towards gender relations.

Figure 5.6 shows that generally the majority of women (82%) and men (81%) agreed that women and men should be treated equally. However a majority of women and men also supported some conservative gender attitudes. Over 90% of women and 96% of men agreed that a woman should obey her husband.

Figure 5.6: Personal attitudes towards gender relations by women and men



Over three quarters (77%) of women and 83% of men agreed that a woman needs permission from her husband to pursue paid work. These conflicting attitudes show that while there is acceptance of gender equality in the public, this does not necessarily translate to equality in the home. The general norm at home is therefore that the man is the household head, who is the key decision maker and has the final say in all matters pertaining to the family. The woman still has to submit to and obey her husband. There is also acceptance of the notion that a woman will require permission to pursue paid work. However, there is some extent of progressiveness around other issues mainly regarding to the legitimacy of the use of violence and response to extra-marital affairs. A lower proportion of women (39%) agreed that a woman should give her money to her husband or that the husband had the right to punish a wife (36%) or that there was nothing a woman could do if her husband had extra-marital affairs (25%). While these are low proportions they indicate that much more needs to be done to bring about change in attitudes and perceptions even among women.

A higher proportion of men subscribe to the conservative notions compared to women showing that there is a disparity in terms of acceptance of social norms between women and men. The disparity in perceptions in itself may fuel conflict and further research is necessary to support this.

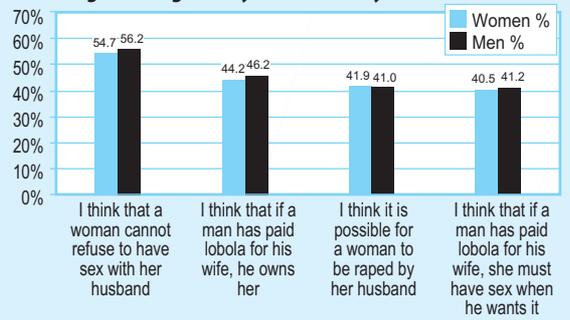
Sexual entitlement in marriage and legitimacy of violence

Sexual violence committed by men is rooted in societal norms that promote male sexual entitlement and limit women's options to refuse sexual advances. This is especially true when traditional norms regarding marriage demand women to be sexually available to their husbands. This study explored personal and perceived attitudes around sexual entitlement.

Figure 5.7 shows the widespread acceptance by both women and men of sexual entitlement to follow marriage. Over half of women (55%) and men (57%) agreed that it was unacceptable for a woman to refuse to have sex with her husband. Similarly 41% of women and men agreed that a wife must be ready to have

sex whenever her husband wants it. The basis for this seems to be supported by almost similar proportions of women (44%) and men (46%) that a husband owns his wife. Also stark is the fact that over half of women (58%) and men (59%) disagreed that a woman can be raped by her husband. The premises for such beliefs are foregrounded by the belief in wife ownership and sexual entitlement.

Figure 5.7: Personal attitudes about sexual entitlement in marriage and legitimacy of violence by women and men



These attitudes are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom. Organisations working with women and the women's movement in Zimbabwe ought to be more deliberate in empowering women and reversing negative patriarchal attitudes.

Conclusion

This chapter shows that there are individual and societal factors that exacerbate VAW prevalence in Zimbabwe. Age, education and employment status are socio-demographic factors associated with IPV experience and perpetration. Child abuse experience and alcohol consumption by men increases risk of adult IPV perpetration. VAW is driven by conservative attitudes by women and men towards gender relations. Both women and men express acceptance of gender equality in the public but does not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also affirming them.