

Domestic Violence and Its Impact on Women and Children: A Study at Zawia University Hospital Clinics

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ABSTRACT

Objective: This study examined and evaluated the extent of domestic violence that occurs among a group of women attending Zawia University Hospital clinics and its effects on children. Also, study the factors that contribute to the increase in domestic violence in this group of studies.

Method: Data was collected from in-person interviews with 400 married women aged 18–52 who took part in this study. They were divided into two groups of 200 women each. The study group included women who had experienced domestic violence, and the control group included women who had experienced no type of domestic violence. **Results:** Statistical analysis showed a significant difference between the education level of the husband and/or wife and the increased rate of violence, where the rate increased with the low educational level. It was noted that 55% of the violence of husbands occurred at a range of ages (20–24), and then the ratio decreased gradually with the increasing age of the husband. Malnutrition was high (35.3%) among children in the study group compared with children in the control group (14%). Similarly, school problems, negligence, difficulty speaking, and bad language were higher among children in the study group than those in the control group. Overall, statistically, a significant difference was found between the effects of domestic violence on children in the study group and those in the control group.

Keywords: domestic violence, mothers, husbands, educational level, malnutrition, and nocturnal enuresis.

INTRODUCTION AND AIM OF WORK

Domestic Violence is a pattern of physical, sexual, and psychological abuse by a person with whom the victim has an intimate relationship. Domestic violence against women has been acknowledged worldwide as a violation of basic human rights, and an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence.

Moreover, martial violence was most common among couples where both the husband and the wife never attended school. This pattern of violence reflects on their children and its effect varies from physical, psychological, and social.

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In Libya, an estimate of the incidence of abuse is not widely available. However, the results of a survey conducted by the National Social and Criminal Research Center revealed that 50% of violent crimes were within families.

The National Demographic Health Survey conducted in Libya in 1996 found that 35% of married women had been beaten at least once since marriage [1]. Children who witness domestic violence are victims of abuse Daughters, who witnessed their mother being abused often, accept abuse later when they grow up from their brothers or husbands, i.e. they will behave as their model (mother) [2].

Domestic violence has an obvious impact on the health and well-being of the women being abused. Still, a new report also highlights important intergenerational effects of such violence: the children of abused women are also more likely to suffer health problems. Nursing research has found that as many as 15.9% of women and 21.7% of female adolescents are exposed to abuse during pregnancy (Parker, et al., 1993,) [3]. Domestic violence has an obvious impact on the health and well-being of the women being abused, but a new report also highlights important intergenerational effects of such violence: the children of abused women are also more likely to suffer health problems [4].

Nursing research has found that as many as (15.9%) of women and (21.7%) of female adolescents report abuse during pregnancy. In Arab countries, domestic violence is also a major understudied social problem. Surveys in Libya, Egypt, Palestine, and Tunisia show that at least one out of three women is beaten by her husband (Douki et. Al., 2003) [5].

In Arab countries, domestic violence is also a major understudied social problem. Surveys in Libya, Egypt, Palestine, and Tunisia show that at least one out of three women is beaten by her partner [5]. Women who are abused have poorer mental and physical health, more injuries, and a greater need for medical resources than non-abused women [6].

Many different effects are caused by domestic violence; health may be impaired, which includes anything from minor injuries to chronic problems. Children and young women are also greatly affected through both experiencing and witnessing abuse. Intimate partner violence is associated with both short and long-term problems, including physical injury and illness, psychological symptoms, economic costs,

and death [7].

Long-term effects of domestic violence on women who have been abused may include anxiety, chronic depression, chronic pain, death, dehydration, dissociated states, drug and alcohol dependence, eating disorders, emotional "overreactions" to stimuli, health problems, malnutrition, panic attacks, poor adherence to medical recommendations, poverty, repeated self-injury, self-neglect, sexual dysfunction, sleep disorders, strained family relationships, suicide attempts and an inability to adequately respond to the needs of their children [8].

Nurses are often the first professionals to assess patients when they come to a healthcare facility; they are in a position to identify women, children, and elders whose presenting problems are associated with abuse. Community health nursing and Pediatric nurses are in a unique position to address the health needs related to violent behavior.

According to the report, infant and child mortality rates are also higher among women who have experienced violence when compared with women who have not. In Cambodia, Libya, Egypt, India, Nicaragua, and Zambia, the infant and child mortality rates (based on the age of the child at death) were higher for abused women [9].

This study aims to examine and evaluate of extent of domestic violence that occurs for some women who attend outpatient Zawia University Hospital clinics and determination of the factors that affect the occurrence of this family violence and its effect on the children's health in Zawia City.

SUBJECTS AND METHODS

I-Setting: The study was conducted in four outpatient, clinics' namely antenatal, gynecological, family planning, and sterility

Clinics affiliated with Zawia University Hospitals

II-Subjects: women who attend the previously mentioned outpatient clinics. The total number of the interviewed women was 400, selected by a quota sample, 200 mothers who were exposed to domestic violence (group 1) and 200 mothers who were not exposed to domestic violence as a control group (group 2).

Tools of the Study

The quantitative part (structured interview): This part consists of a structured interview questionnaire which was designed to collect quantitative data about some items Socio-demographic data such as wife and husband's age, residence,

educational level, wife's age at marriage, occupation, present and past history of wife abuse, the effect of this domestic violence upon the physical, psychological status of the children and the causes of wife's abuse.

Participants were provided with an explanation of the purpose of the study, and assured that their participation was voluntary and any information shared would remain confidential. To facilitate the discussion, a physical environment was prepared before the interview to ensure that each group member was physically comfortable as much as possible.

Data Collection

To obtain the information, each woman was interviewed individually according to the clinic's circumstances. A brief explanation of the study's purpose was given to each woman before she began the interview to gain her confidence, and cooperation and ease her fear and anxiety. The women were assured that the data would remain confidential and secret.

Data Analysis

The obtained data were analyzed and tabulated. Descriptive statistics were calculated, e.g. frequency, percentage, mean, and standard deviation. Statistical analysis was applied and the relevant tests (Chi-square tests) were done by the SPSS version 11 statistical program. P value is considered significant when its value ≤ 0 .

RESULTS

Analysis of the results of the sociodemographic data showed that the mean age of wives was 27.65 ± 6.85 . More than half of women were illiterate (54%). Only (6%) of them were working; more than half (50 %) of them married at the age of (15-19). The mean age at marriage was 19.01 ± 3.72 . Regarding their husbands' characteristics, their mean age was 32.84 ± 8.43 , one-third of them were illiterate, and about one-third completed secondary school education only. Husbands that have an employee were (25.5%) of the sample while farmers were (23.5%). More than three-quarters (78%) lived in rural areas and 22% were living in urban areas (Table 1).

Table 1: Demographic data of the studied subjects.

Demographic Variable	(N=400)	
	No.	%
Wives age:		
<20	36	9
20-24	136	34
25-29	96	24
30-34	60	15
35-39	48	12
40+	24	6
Mean age= 27.98 ± 6.55		
Wives age at marriage		
<18	24	6
18-21	200	50
21-24	120	30
25-29	24	6
30-34	12	3
35+	20	5
Mean age at marriage= 19.01 ± 3.72		

Wife education		
Illiterate	216	54
Read & write	28	7
Primary	36	9
Preparatory	20	5
Secondary	84	21
University	16	4
Wives occupation		
Working	24	6
Housewife	376	94
Husband age		
<20	26	6.5
20-24	96	24
25-29	110	27.5
30-34	68	17
35-39	52	13
40+	48	12
Mean age= 32.84± 8.43		
Husband occupation		
Unemployed	14	3.5
Farmer	94	23.5
Employee	102	25.5
Skilled laborer	62	15.5
Unskilled laborer	108	27
Free biasness	12	3
In military services	6	1.5
Retired	2	0.5
Residence:		
Rural	312	78
Urban	88	22

Regarding the types of violence that husbands on their wives, the study showed that 89% of mothers verbally abused, 82% of them were physically abused by hitting, while about half of them were pushed, 41.2% pushed on the floor and more than one-third of them pulled from their hair. Regarding psychosocial abuse, the present study revealed that 14 % of abused wives were frustrated by the bad psychological

dealing from their husbands. Eleven percent of them, their husbands prevented them from visiting their relatives or friends. Ninety percent of abused wives are inhibited from going to their work by divorce from their husbands. Some women are exposed to more than one type of violence (table 2).

Table 2: Types of Abuse by husband toward the wife.

Types of Abuse	No =200	
	No	%
- Physical abuse		
Pushing	90	45
Hitting	164	82
Pushing on the floor	82	41
Pulling hair	70	35
- Psychological abuse		
Verbal abuse	178	89
Inferior look to his wife	28	14
Preventing her visiting family/friends	22	11
Prevent her going to job	18	9

Regarding causes of domestic violence towards mothers revealed that the common causes were 23% of stated causes by women who faced violence were due to Second wife/ or husband jealousy, while 21% of causes were due to refusing sex with their husbands, 20 % due to financial problems, 10 % due to defect in household duties (e.g. delay in preparing of

food, poor house hygiene). Moreover, 10% of abused women mentioned that they were abused when leaving the house without permission, while 6 % of cases are due to children's problems, and 10 % of cases when the wife replies to her husband's instructions with bad words (table 3).

Table 3: Distribution of causes of domestic violence among wives who experienced it.

Causes of domestic violence	No =200	
	No	%
Children problems	12	6
Household duties problems	20	10
Financial causes	40	20
Refusing to have sexual intercourse.	42	21
Leaving the house without permission.	20	10
Delay pregnancy/husband refuses family planning.	16	8
Husband's relatives' problems.	16	8
Second wife/husband jealousy.	46	23
Husband/ children illness.	6	3
Wife replies to her husband's instructions with bad words.	20	10
Husband addiction/smoking.	16	8
Neighbors/ problems with wife's family.	2	1

Regarding to the Effect of domestic violence on children's health, the study revealed that (68%) of the children of the mothers that exposed to violence (group 1) complained of malnutrition during their life in the form of marasmus, kwashiorkor or rickets due to repeated gastroenteritis. Also, 37% of the children complained of repeated eye infections due to the negligence of their mothers and 46% of those children complained of repeated tonsillitis: 5% of them have rheumatic heart disease. Also, 54% were suffering from napkin dermatitis due to the negligence of mothers to clean them after defecation or urination. There were

(52%) of them had school problems, and there were (46%) of the children suffered from negligence from their mothers reflecting on their personal behavior as dressing, and personal hygiene. Moreover, among the children (23.7%) of them were complaining of difficulty in speaking. On the other hand, 15.9% of them had bad language behavior with their street friends and 6.1% of them had anemia that made them seek medical advice many times. Sixty percent of the children have a past history of nocturnal enuresis at ages ranging from 3 to 7 years of their life (table 4).

Table 4: Effect of domestic violence on children health.

Effect of domestic violence on children health#	No =426	
	No	%
Malnutrition	292	68.5
School problems	222	52
Negligence in his life	196	46
Difficulty in speaking	100	23.4
Bad language	68	15.9
Anemia	26	6.1
Nocturnal enuresis	256	60
Eye infections	158	37
Tonsillitis	196	46
Rheumatic Heart	22	5
Napkin dermatitis	230	54

The distribution of wife and husbands education levels in relation to violence revealed that the higher education of wives and husbands the lesser episodes of abuse. Statistically significant difference was observed between the level of

education of wife and /or husband and violence where p value was <0.05 for mother education level and p<0.001 for husband education level (table 5).

Table 5: Wives and husbands education level in relation to violence.

Education	No =200			
	Wife		Husband	
	No	%	No	%
Illiterate	114	57	72	36
Read & write	16	8	34	17
Primary	16	8	12	6
Preparatory	10	5	14	7
Secondary	38	19	52	26
University	4	2	8	4
X²	0.005*		0.001*	

The study showed that the highest incidence of domestic violence was in age group husbands of 20 to 24 years and the least incidence was in age groups more than 40 years. A statistically significant difference was observed between husband age and violence, where ($P < 0.00$).

In comparison between children who have mothers exposed to domestic violence and children of mothers who have no past history of domestic violence, the study revealed that malnutrition was high (35.3%) among children of abused mothers and became lesser (14%) among children of mothers

who didn't expose to violence. Similarly, nocturnal enuresis, school problems, negligence in his life, difficulty in speaking, and bad language behavior with others was higher among children of abused mothers in a percentage of 60 %, 26.8%, 23.7%, 12.1%, and 12.1% respectively and these percentages became less among children of mothers who didn't expose to violence. Statistically, a significant difference was found due to the effects of domestic violence impacted on mothers by husbands on their children's health to children of mothers not exposed to violence, where p-value was < 0.001 (table 6).

Table 6: Comparison between the health status of children who have mothers exposed to domestic violence and others who have mothers who have not been exposed to domestic violence.

Diseases#	Children =413			
	Children of Mothers exposed to violence (426)		Children of Mothers haven't been exposed to violence (200)	
	No.	%	No.	%
Malnutrition	292	68.5	58	29 %
School problems	222	52	18	9 %
Negligence in his life	196	46	6	3 %
Difficulty in speaking	100	23.4	40	20 %
Bad language	136	15.9	20	10 %
Anemia	26	6.1	5	2.5 %
Nocturnal enuresis	256	60	30	15 %
Eye infections	158	37	16	8%
Tonsillitis	196	46	27	13.5
Rheumatic Heart	22	5	2	1%
Napkin dermatitis	230	54	22	11
X²	0.005*		0.001*	

DISCUSSION

In 2001, UNICEF shed light on a disturbing global issue: a substantial number of women and girls in various countries endured physical violence inflicted by intimate partners or family members. It is well-documented that violence against women predominantly occurs within familial contexts [13]. Our study aligns with these disconcerting statistics, revealing that 50% of the sampled women reported experiencing abuse post-marriage. This incidence mirrors findings from El-Zanaty in 1996 [1], who reported that 35% of women faced abuse from their husbands.

Examining the patterns of physical violence, our research disclosed that 82% of women experienced abuse through physical contact, primarily involving hitting with hands or objects, with less than half of the cases involving pushing. Abou El-Naga (2001) [14] reported that out of 1326 married women in their study, 48.42% encountered physical violence at some point during their marriages. Contrastingly, a global population report from 1999, which surveyed six regions worldwide, found that 10% to 50% of women experienced physical harm from an intimate male partner during their lives.

Turning our attention to the psychological aspects of domestic violence, the women in our study recounted various forms of psychological abuse. These included being prohibited from visiting family and friends, as well as being prevented from seeking employment. Our findings resonate with studies by Kandeel et al. (2003) [12] and Nccan (1996) [13] on child abuse and neglect, which highlight that emotional abuse often coexists with other forms of maltreatment. Our study further reveals that verbal abuse constituted the majority of violence faced by wives.

In terms of the triggers for violence, our research identified two prominent causes. First, one-third of the wives cited conflicts with their husband's relatives, especially issues with their mothers-in-law, as a significant provocation for violence. The dynamics of extended families contributed to these conflicts, suggesting that separate households might mitigate such tensions. Second, financial or economic problems emerged as another prevalent cause of violence, a finding consistent with Kandeel et al. (2003) [12]. Tadros (1998) [14] similarly concluded that financial strain, whether due to women requesting household expenses or perceived overspending, was a major driver of violence. UNICEF (2000) [10] has emphasized that economic resources play a crucial role in women's vulnerability to violence and their ability to

extricate themselves from abusive relationships.

Notably, our study also unveiled that some wives attributed marital conflict to their refusal to engage in sexual activity with their husbands. This observation resonates with the findings of Kandeel et al. (2003) [12] Nelson [13], Abou El-Naga (2001) [14], Armstrong (1998) [15], and Tadros (1998) [14].

Shifting the focus to the impact of domestic violence on children's health, our study found distressing consequences. Sixty-eight percent of children with mothers who experienced violence exhibited signs of malnutrition, including marasmus, kwashiorkor, or rickets stemming from recurrent gastroenteritis. Additionally, 37% of these children suffered from recurrent eye infections due to maternal negligence, while 46% experienced repeated tonsillitis, with 5% developing rheumatic heart disease. Moreover, over half of these children faced napkin dermatitis due to maternal neglect in maintaining hygiene after defecation or urination, and more than half encountered school-related problems. Neglect was prevalent, leading children to become less aware of their surroundings and display carelessness. Furthermore, some children exhibited speech difficulties and inappropriate language behavior with peers or parents, and others suffered from anemia. These findings align with the assertions of Ackerson L.K. (2008) [16], who emphasized the detrimental physical and psychological health consequences of domestic violence, linking it to malnutrition, anemia, and underweight children.

Regarding educational levels, our study reinforces the idea that higher educational attainment for both spouses corresponds to lower levels of violence. This correlation has been supported by Kandeel et al. (2003) [12], Abou El-Naga (2001) [11], Smith & Maurer (2000) [17], and Population Reports (1999).

Furthermore, our study identified age as a significant factor in domestic violence. Wives experienced less violence when their husbands were older. This result echoes findings from Kandeel et al. (2003) [12], Abou El-Naga (2001) [11], Hassan (1997) [18], and Goldberg & Tomlanovich (1984) [19].

In conclusion, our research highlights the pervasive issue of domestic violence, particularly within family settings. It underscores the need for interventions that address the complex factors contributing to violence and its devastating consequences on both women and children. Education and age emerge as potential mitigating factors, suggesting the

importance of holistic approaches to combat this societal scourge.

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