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Women who are Victims of Physical Violence in Dakar: Description and Difficulties of Care

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Abstract

Domestic violence is nowadays regarded as a public health problem, so doctors must be the sentinels for the early detection and care of abused women and their children. This study aims to determine some characteristics of physical domestic violence in our context of practice, as well as the prominent place of the attending physician. This is a retrospective study in the region of Dakar at the level of the " Woman's House or Law Boutique" localized in the districts of the Medina and Pikine over a period of six years. The "Law Boutique" is an institution set up by the Senegalese Lawyers Association to provide free legal advice and assistance to women victims of violence. The main violent people are husbands with 98%. We found that 16% of the victims had localized injuries including 43% head injury, 43% at the limb level and 14% in other areas of the body. Only 12% of victims have a medical certificate; 63% of which are issued by general practitioners, 37% by specialized doctors. Medical certificates were readable at 69%, and 31.2% of victims received treatment. The doctor should not only be limited to the medical care but they must both instigate awareness of abused women and inform them about their fundamental rights and freedoms. Thus, they must improve their training in order to detect domestic violence and their collaboration with judicial authorities to minimize the risks.

Keywords: Domestic violence; Physical violence; Women

Introduction

The World Health Organization study on women's health and domestic violence highlights that in several countries the prevalence of physical violence by an intimate partner during a woman's life ranges from 13% to 61% [1].

The complications of domestic violence on physical and psychological health are often neglected in the health system in our context of practice. However, they require special attention and a genuine consideration of the reality of their impacts; because the imperceptibility of these complications constitutes a major obstacle to the protection of women.

Domestic violence is nowadays regarded as a public health issue, therefore doctors must be the sentinels for the early detection and care of abused women and their children. This study aims to determine some characteristics of physical domestic violence in our context of practice, as well as the prominent place of the attending physician. The purpose of this study is to describe some characteristics of physical spousal violence in our practice context, as well as management

Methods

Study Location

Our study took place in the region of Dakar at *the " Woman's House* or Law Boutique" localized in the districts of **Medina** and **Pikine**. It is an institution set up by the Association of Senegalese Lawyers. It is a center for listening, counseling and community legal assistance. Anyone in need of legal assistance can benefit from their services without obligation to provide identification documents.

Study Type

This is a retrospective study based on client files collected from January 2009 to December 2015.

Study Population

We consulted 143 cases of victims of domestic violence including 103 women and 10 men at the house of Medina; 29 women and 01 men in Pikine. Records of men who were victims of domestic violence were excluded from this study. In total 132 cases have been identified.

The collection of the elements was carried out for each victim, on the basis of a file containing the significant facts of a physical violence in the file (slaps, strangulation attempts, punches, kicks, use of knives, notion of strangulation, pinching, projection of objects, projection of the person on the wall or on the ground, bites, twisted arms, belt, extension cord, sticks or broomstick, etc.)

File Analysis Methodology

We used SPSS software for data analysis.

Results

All files of women victims of domestic violence were selected, representing 92.3% of the cases of victims of domestic violence.

Identification

The epidemiological profile of different types of victims revealed a 34% rate of psychological and moral violence, 22% of physical violence, 21% of verbal and economic abuse, 2% of sexual abuse as a form of sexual deprivation.

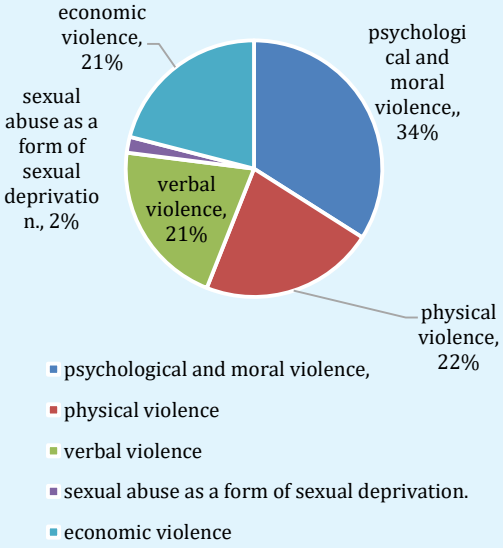

Figure 1: Forms of violence.

Percentages of Variables

The most affected age ranges by domestic violence (physical, verbal, economic, sexual, and especially psychological and moral) are those between 25-34 years and 35-44 years with 36% of victims each; then the interval 45-54 years with 14% of victims.

The socio-professional categories most affected are those constituted by the basic profession mainly selling services with 49% of victims, the unemployed with 28% of victims; then middle managers and office workers with 17% of victims.

Perpetrators of Domestic Violence

The violent people are mainly husbands with 98%. Among female victims of physical violence, 96% reported having at least one injury and specified the location of their injury.

Location of Injury on the Head, the Body or the Limb

In our study, of the 37.1% of victims who reported injuries, 95.2% were able to locate their injuries and 25% received medical follow-up. Indeed, there are some victims who have reported injuries without specifying the location namely 4.8%. We found that 16% of the victims had localized their injuries including 43% head injury, 43% at the limbs level and 14% in other areas of the body.

Type of Injury

95% of victims had a single contusion injury and 5% had other types of injuries (burns, single stab wounds).

The Medical Certificate

Only 12% of victims have a certificate, 63% of them are issued by general practitioners, 37% by specialized doctors. Among the specialized doctors we found a dentist, a neurologist, an obstetrician gynecologist, an infectious disease specialist, an ophthalmologist and finally an occupational physician. 69% of medical certificates were readable, and 31.2% of victims received a treatment.

Discussion

It should be noted that only the woman's statement that is taken into account in the files. This explains the lack of information on some files which take into account only one statement, that of the woman who delivers the information on the husband. Obviously, women are mainly the victims but not the only ones, men are also concerned. Indeed, the centers are dedicated to women as their name suggests: House of Justice for Women.

Our study focuses on physical domestic violence because it is the most perceptible and can be subject to ascertainment with evidence. However, some forms of violence leave few marks, or leave marks that are hard to find. It is a process during which the partner uses strength or forces the victim to impose their dominance.

Women who are victims of domestic violence often reveal that they have experienced this type of violence several times in the past two years. These are repeated violence [1].

Physical domestic violence is not isolated. In fact, in our study, we found victims of psychological and moral violence with 34% of cases, then 22% of victims of physical violence, 21% of victims of economic violence and verbal violence and finally 2% victims of sexual violence as a type of deprivation of sexual intercourse. Similarly, the 2000 National Survey of Violence against Women (ENVEFF), on a sample of 6970 women aged between 20 to 59, shows that 10% of women have been victims of domestic violence. This violence breaks down into: 4.3% verbal abuse (insults, threats, blackmail), 37% of psychological violence (control, domination, denigration, contempt), 2.5% of physical violence (beatings, brutality, slaps, sequestration, firing, murder attempt), 0.9% sexual assault (forced sexual acts, rape) [2]. Indeed, in our context psychological or emotional violence preceded physical violence and are characterized by intimidation by polygamy, denigration, pressure, silence imposed by the cultural context of our society. They can also be explained by the authority of the man over the woman and the religious context. Elsewhere, they are preceded by verbal abuse most of the time and/or followed by other types of violence [3,4].

Domestic violence affects all ages. Nevertheless, there is a predominance of young victims. In our study, the age ranges most affected by domestic violence (physical, verbal, economic, sexual, and especially psychological and moral) are those between 25-34 years old and 35-44 years old with 36% of victims each; then the interval 45-54 years with 14% victims. These results are similar to the data in literature [5,6]. This is due to the fact that these young women are educated, autonomous and very emancipated. They are not afraid of society's biases towards single women, their desire for freedom, the care of their basic needs and those of their children. Similar results were found in the ENVEFF2000 where younger women (20-24 years) suffer the most [2].

However, the results need to be qualified because it can be assumed that older women underreport their violence. Indeed, they prefer to remain silent in order to safeguard their household or protect their children [7]. The economic, and cultural context as well as illiteracy have a real impact on older women because they do not want to lose their financial, material and social benefits.

The author of violence is the man in the vast majority of cases. Our work shows that the main violent people are husbands with 98%. The ENVEFF 2000 survey shows that the aggressors are mostly men (more than 80%) [2]. A man through some of his behaviors seeks to exert pressure or domination over his spouse. This initially psychological violence can then lead to a physical violence.

It should be known that this violence is not a disease but a behavior often acquired that it is possible to change. It is important to analyze the causes and mechanisms of violent men. This is due to several phenomena in our context: religious (the possibility of being polygamous), cultural (man as head of the family, the woman must be patient and endure everything in her household to guarantee the future of her children, submissive and obedient woman), social (the man is the only financial resource for the household, the immaturity of the man, impulsiveness) a phallocratic society (idea that the man is superior to the woman, society in which the power is exercised only by men), etc. We notice that the violent man wants his spouse to consider his requests as orders, and to do whatever is required for his welfare.

Among female victims of physical violence, 96% reported having at least one injury and specified the location of their injury. 43% victims had localized injuries at the head, 43% at the limbs and 14% on other parts of the body. The study of a French medico-legal unit on 138 women victims of domestic violence shows that the number of injuries observed per patient was three. They concerned only the face in 23.9% of cases, the rest of the body in 31.9% and the whole body in 44.2% [8]. Simple bruises represent 95% of the types of injuries of our victims. An American study of 279 cases had the following distribution of injuries related to domestic violence: 59 % bruising; 24.1% deep wounds; 13.9% superficial wounds; 6% fractures; 1.2% burns [9]. Domestic violence causes sequelae such as intense fatigue, muscle pain limiting activity, resulting in more or less important functional impotence that the doctor will have to assess to determine the total work incapacity (TWI). In the majority of cases, the injuries are due to natural weapons (bare-hands blows), but all kinds of objects can also be used. Thus, for Astin, violence is at the origin of several medical disorders: Traumatic injuries, psychosomatic disorders, anxiety, sleep disorders, depression, post-traumatic syndrome (found in half of the victims and nearly 4 times more often in non-victims women), suicidal thoughts, etc. [10]. Moreover, a North American meta-analysis, shows that the risk of post-traumatic syndrome and depression appears even higher in the case of domestic violence [11].

Only 12% of victims have a certificate; 63% of which are issued by general practitioners, 37% by specialized doctors. Among the specialized doctors we have, a dental surgeon, a neurologist, an obstetrician gynecologist, an infectious disease specialist, an ophthalmologist and finally an occupational physician. Medical certificates were readable at 69%, and 31.2% of victims received treatment. This study shows that the general practitioner is in the front line to collect victims' grievances. He is the privileged actor in the experience of women victims of violence [12]. It is essential that the latter plays a key role in the detection of such violence, from the description of the injuries, to the drafting of the medical certificate, which constitutes an important element for the prosecution of the aggressor. Indeed, in an Italian study conducted with 668 doctors, 57% of them considered physical signs as the main reason for suspicion of abuse and 33% considered psychological and emotional problems [13]. The doctor must be the instigator of awareness raising for women victims of violence and inform them about their fundamental rights and freedoms. To quote Fine: "we agree that the discourse of stakeholders and frontline workers is very significant and that their participation in the research can be an opportunity of awareness, an important step in social research" [14]. The doctors have not received any specific training on this issue. It is urgent for our societies to train doctors, to create medico-judicial units, a well-known circuit for victims of domestic violence.

Conclusion

Physical domestic violence is one of the palpable expressions of violence against women. They require a more precise assessment to determine their scope and their dramatic complications on the victims. The treatment of victims of violence is a huge problem in our countries. There are no dedicated structures for their care. Modelling of care in a single location at hospital structures, including psychological care, must be implemented with the assistance of medical examiners. This will make the journey of victims of domestic violence easier.

Health personnel, especially the attending physician, need to improve their knowledge for the detection and prevention of violence against women. This improvement involves their awareness and training. In addition, collaboration with the judicial authorities must be done to minimize the risks.

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Conflict of Interest

There is no conflict of interest regarding this article, and the article was not presented by any structure.

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