Domestic violence in Gulu, Northern Uganda.

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Background: When guns fell silent in the post conflict northern Uganda, another form of physical injuries has come in place, Domestic Violence also commonly referred to as Gender based violence. This injury from violence leading to physical trauma is one of the leading public health problems in this region. We describe the occurrence and reasons for admission due to domestic violence to surgical ward of Gulu Hospital.
Methods: A prospective observational study was conducted in Gulu Hospital over a period of two years (January 2008 to December 2009) using a prepared proforma designed to capture physical injuries admitted. Only patients that met the inclusion criteria for domestic injuries were registered. Informed consent and ethical approval was obtained from the committee of the Hospital.
Results: Of 1880 patients registered with trauma, 454 were due to domestic violence (24.1%) and was the commonest form of physical trauma and mainly occurred in December and June and were lowest in February and March. Its frequency of occurrence was followed by boda-boda injuries (21.4%). The majority of victims were females (73.6%) with a female to male ratio of 2.84:1.0
Conclusion: Domestic violence was commonest cause of trauma in Gulu Hospital. More females were affected than males. December and June had the highest incidence. It is a public health problem in the region which drains hospital resources.

Introduction

Domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, and intimate partner violence (IPV), is broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationships such as marriage, dating, family, or cohabitation[1].Domestic violence occurs in many forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, criminal coercion, kidnapping, unlawful imprisonment, trespassing, harassment), or threats thereof; sexual abuse, emotional abuse, controlling or domineering, intimidation, stalking, passive/covert abuse (e.g., neglect), and economic deprivation[2]. The major limitation in the efforts to characterize injury due to violence and thereby plan injury prevention efforts is the lack of accurate data on domestic violence/interpersonal violence in low-income and middle income countries[3,4].

Domestic violence is particularly difficult to assess, because of stigma related to its reporting and lack of accurate non-healthcare epidemiological sources[5]. Multiple studies highlight the difficulty of obtaining accurate data on all categories of trauma and injury in the sub Saharan Africa, with resultant hindrances to the prevention efforts[6]. It is reportedly to be more frequent in third world countries where poverty and poor governance is the norm[6]. In Zimbabwe, 60% of criminal cases that are registered in courts of law originate from domestic Violence[6]. Much as the statistics are telling on the situation in Africa and other third world countries, women and girls in the developed countries have not been spared either[3]. It is reported that in the UK, one woman gets killed, physically assaulted or raped every week[3]. In USA, which is considered the model of the free world, about 12% of females suffer sexual assault annually[7,8]. Worldwide, at least three in seven women have been raped [7,8]. The

issue of domestic Violence therefore cuts across all social and economic strata[8]. The rural poor and illiterate woman, mostly in Africa receives the heaviest dose of Domestic Violence[9]. Men feel it's their prerogative to assault or torture them whenever they feel like it[9].

There are scores of elite and well-to-do women in Uganda who are being battered by their husbands, while their plight fails to get public attention[9]. Such women would rather suffer silently as they get tortured and humiliated by their husbands than come out in the open for fear of getting embarrassed[9]. This is especially true in northern Uganda, where more than 20 years of war has greatly disrupted the health, law enforcement and justice system in the areas, leaving many victims of domestic violence to suffer[10]. Several reports on the conflict in northern Uganda have noted domestic violence as one of the most pervasive violations of the rights of women and girls and a major public health problem in the region[10].

It was with such background that we set out to describe the circumstances surrounding admission due to domestic violence in the surgical wards of Gulu Regional Hospital over a 2 year period (January 2008 to December 2009).

Patients and Methods

This was a prospective observational study conducted at Gulu Regional Referral Hospital which also serves as the teaching hospital for Gulu University Medical School located in Gulu Municipality, Northern Uganda. The study was conducted in the Casualty unit where all surgical emergencies first present.

The 454 patients in the study population were consecutively registered in the casualty and the surgical ward from January 2008 to December 2009. The patients selected were ensured to have satisfied the inclusion criteria of the investigation team. Those that did not meet the inclusion criteria were excluded; such as trauma patients who did not consent or those who provided incomplete information. Data was collected using questionnaires specifically designed for the recruitment, investigations and follow-up of the trauma patients. Information recorded included age, sex, cause of injury and the period when violence occurred, severity of injuries, tools used, and location where the injuries took place, time of the occurrence and outcome of the injuries. The patients were also followed–up to discharge from the hospital. Descriptive statistical analysis was used to analyze the data into graphs and tables for easy interpretation and Chi-square (χ^2) tests for the significance of associations.

The study was approved by the Research and Ethics Committee of Gulu hospital. Informed consent and assent was obtained from each patient before a questionnaire was administered.

Results

In the 2 years (January 2008 to December 2009), the total number of trauma cases was 1,880 of which 454 (24.1%) was due to domestic violence. The majority of the domestic violence admission occurred in the months of December and June and was least in February and March (Figure 1). Kasubi in Gulu Municipality registered the largest number of domestic violence admitted to the surgical ward (Table 1). The majority of the patients sustained domestic violence from soldiers whose barracks are found in this parish and sub county. Kasubi parish houses the main military barracks in the region. The association between soldiers and domestic violence was found to be statistically significant (table 6).
The peak incidence was in the 20 – 29 years age group and this was statistically significant (table 6). Females (73.6%) were the majority of the domestic violence victims (Table 1). The Male to Female ratio was 1:2.8. The association between female victim and domestic violence was statistically significant (Table 6).

Table 2 shows the employment status of the victims and perpetrators. Over half (52.9%) of the victims were housewives. Regarding the perpetrators, the worst troublemakers were soldiers (39.3%) and bodaboda riders (31.7%), the two categories accounting for 71.3% of all cases. Table 3 shows the factors associated with domestic violence which varied from simple ones like failure to provide food to failure to produce a child. Alcohol intoxication by perpetrator was a factor in one out of five domestic violence. Most Domestic violence occurred in the afternoon (between midday and 7:00pm). These were mainly the hours when adults were redundant and had taken on drinking alcohol. The association between time of occurrence (afternoon) was found to be statistically significant with domestic violence (Table 6).

The limbs and the trunk were the most commonly affected parts. A large percentage of our patients had relatively moderate injuries with a few cases of internal injuries. Soft tissue injuries accounted for 94%, fractures for 4% and internal organ injuries for 2% of the cases. Thus, only debridement, suturing dressing, analgesics and antibiotics were required in many of them for a few days in hospital.

Table 6 shows the levels of statistical significance between the study variables and domestic violence. There was a positive association and a statistically significant relationship between the alcohol intake, perceived HIV/AIDS status, sexual disagreement and a new spouse discovered and were the main reasons for the domestic violence (Table 3). The overall mortality in domestic violence was 0.7%.

Table 1. Socio-demographic characteristics of victims of Domestic violence

Place of Occurrence	Number	Percentage
Kasubi	200	44.1
Cereleno	110	24.2
Pece	55	12.1
Layibi	48	10.6
Kirombe	41	9.0
Total	**454**	**100.0**
Sex of the Victims	**Number**	**Percentage**
Male	120	26.4
Females	334	73.6
Total	**454**	**100.0**
Ages of the Victims	**Number**	**Percentage**
0-9	45	9.9
10-19	84	18.5
20-29	151	33.3
30-39	118	26.0
40-49	26	5.7
50-59	14	3.1
60-69	10	2.2
70-79	6	1.3
Total	**454**	**100.0**

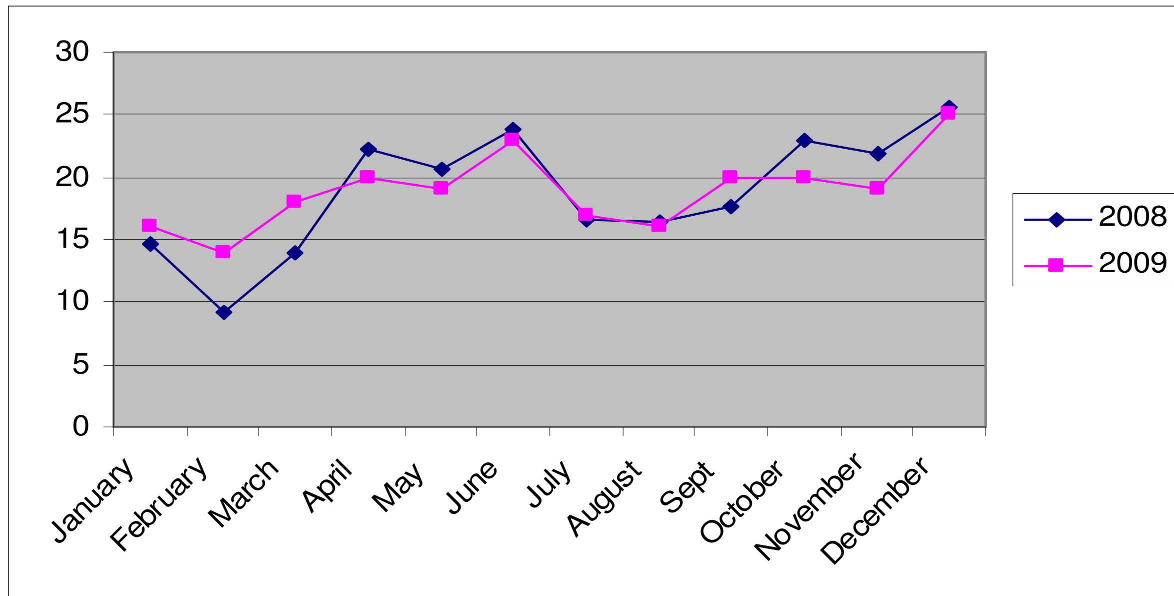

Figure 1.The Monthly Distribution of Domestic Violence.

Table 2. Employment status of the Victims and Perpetrators

Status of the Victims	Number	Percentage
Children	50	11.0
Pupils	65	14.3
Housewife	240	52.9
Salaried workers	24	5.3
Business	55	12.1
Unemployed	20	4.4
Total	**454**	**100.0**
Status of the Perpetrators	**Number**	**Percentage**
Soldiers	180	39.6
Boda-boda	144	31.7
Peasant Farmer	50	11.0
Business person	60	13.2
Civil servant	20	4.4
Total	**454**	**100.0**

Table 3. Factors leading to the Violence

Reason for Violence	Number	Percentage
Fight over resources	54	11.9
Sexual disagreement	65	14.3
A new spouse discovered	52	11.5
Alcohol	96	21.1
Failure to provide food	43	9.5
Competition for a woman	30	6.6
Failure to produce a child	18	4.0
Rumours about HIV/AIDS status	71	15.6
Child considered stubborn	25	5.5
Total	**454**	**100.0**

Table 4. Time When Violence Occurred

Time of Occurrence	Number	Percentage
7:00-11:59am	115	25.3
12:00-6:59pm	206	45.4
7:00-11:59pm	93	20.5
12:00-6:59am	40	8.8
Total	**454**	**100.0**

Table 5. Sites, Types and Outcomes of the Injuries

Sites of the injuries	Number	Percentage
Upper limb	240	52.9
Head	65	14.3
Face	35	7.7
Trunk	50	11.0
Lower Limbs	25	5.5
Neck	15	3.3
Buttocks	24	5.3
Total	**454**	**100.0**
Types of injuries	**Number**	**Percentage**
Soft Tissue Injuries	424	93.4
Fractures	20	4.4
Internal organ injuries	10	2.2
Total	**454**	**100.0**
Outcomes of the injuries	**Number**	**Percentage**
Morbidity	116	25.6
Mortality	3	0.7
Disability	5	1.1
Maim	10	2.2
None	320	70.5
Total	**454**	**100.0**

Table 6. The tests for associations between the study variables and domestic violence

Variables	χ^2 - value	p-value
Age of the victim (Younger age group)	12.056	0.022
Occupation (Soldiers) of perpetrator	8.034	0.012
Time of the occurrence (Afternoon)	16.043	0.003
Sex of the victim (female)	15.023	0.002
Alcohol consumption by perpetrator	11.004	0.001
Perceived HIV/AIDS infection by victim	10.054	0.005
Sexual Disagreement	7.013	0.004
New Spouse discovered	6.012	0.012

Discussion

Domestic violence in our study gave a monthly variation with more cases being seen in December and June and least in February and March. It has been noted that the months of December was mainly full of festivities where partying and celebrations was accompanied with heavy alcohol intake. This high alcohol consumption has been associated with family violence and injuries (table 6).

This finding is similar to results from other studies conducted in western Kenya[11] and rural communities of Uganda[9]. Several articles have been written to show that factors that lead to and present challenges to eliminating domestic violence include: alcoholism[9,12,13] and mental illness[13].
The month of June was mainly associated with a dry spell and low food availability in homes and violence were mainly associated with inability of females to provide the necessary food to males or rather inability of the family to obtain adequate food for their family.

The months of February and March had the least cases of domestic violence because at most of this period, students have returned to boarding schools, most family funds would have been depleted, the festive seasons would have ended and the farmers would have focused attention on preparation of the fields for the next planting season. This is further confirmed by other studies that showed that, 2 decades of conflict in northern Uganda have had a devastating impact on the lives of thousands of civilians[10]. Like so many of today's 'dirty wars,' gender-related crimes have been pervasive[10].

There was a low prevalence of domestic violence among the elderly (>50 years) in this community. It could be because most of them do not sustain injuries that were severe enough to warrant admission in the hospital or the majority could be hiding this vital information when they arrive at the hospital due to the wide-spread stigma on domestic violence.

In our study, the association between female victim and domestic violence was statistically significant. This further confirms most information that most domestic violence is meted on females other than males[9]. A 2003 study by Johns Hopkins Bloomberg School of Public Health on Domestic Violence levels in Uganda found that approximately one in three women living in rural Uganda reported being physically threatened or assaulted by her current partner[9]. The findings suggested strong links between the risk of domestic violence and alcohol consumption and women's perceived risk of HIV of their male partner[9]. In one other studies conducted in rural communities of Uganda, it was observed that most respondents (70%) of men and (90%) of women, viewed beating of the wife or female partner as justifiable in some circumstances, posing a central challenge to preventing violence in such settings[9].

The prominence of sticks and injuries to the hands of the victims showed that there were attempts by the victim to protect themselves from the perpetrators. This finding was in agreement with other studies noted in parts of Uganda[9], although at variance with some reports in which other tools assumed prominence over sticks[11,14]. Of special importance to note is that, we never encountered domestic violence using guns and chemicals and yet this region is in a post-conflict period.

With regards to the severity of the injuries, most of them were soft tissue injuries which required only a few days of admission before the patients could be discharged from the hospital to attend surgical out patients' services. Other studies have shown that physical complications of domestic violence included head injuries, fractures, internal bleeding[15] and abortion/miscarriages among others[16]. The limbs and the trunk were the most commonly affected parts. Our finding was comparable to other studies conducted else where in Africa [9,11,17,21].

Most Domestic violence occurred in the afternoon (between midday and 6:00pm). These were mainly hours when adults had taken alcohol and were drunk. The association between time of occurrence (afternoon) was found to be statistically significant with domestic violence. This was perhaps due to the fact that most perpetrators were drunk by early afternoon and committed most of the violence in those hours.

According to the study report of Johns Hopkins Bloomberg School of Public Health on Domestic violence in Uganda, women whose partners frequently consumed alcohol had approximately four times higher risk of recent domestic violence than women whose partners did not drink[9]. In addition, women who perceived their partner to be at high risk of HIV had almost four times greater risk of

recent domestic violence, compared to women who perceived their partner to be at very low risk[9]. Other studies have shown that jealousy, especially on suspicion of unfaithfulness among couples have been associated with domestic violence[18,23]. Domestic violence may be caused due to gender disparity[13,19], power hunger, lack of self control (behavioral disorder)[20].

Another study found startling perception justifying violence on women. A higher percentage of women than men believed beating of a woman was justifiable[9]. The report indicated that 16% of men and 28% of women believed beatings was justified when a woman refused to have sex with her partner[9]. Also, 27% of women said beating was justifiable when a woman adopted contraception without permission of her partner although only 22% of men agreed with this view. 60% of men and a striking 87% of women believed that beating was justified if the woman was unfaithful[9].

Our study found out that failure to provide food for the family was yet another reason for domestic violence. Some people believe that poverty and unemployment or loss of jobs were major causes of domestic violence, especially in homes[9]. Lack or loss of a job meant a man had no income to properly look after his family. Many women have been beaten, killed or maimed for demanding household provision from husbands who were unable to provide for their families[9]. Poverty and/or unemployment made many men to lose focus and mostly ended up in alcoholism, which was the number one driver of domestic violence[9]. Poverty led to a general sense of helplessness and lack of meaning in life which made it easy for people to commit GBV crimes[9]. Poverty has been noted to make women and girls dependent on men (and to accept violence) while it also exposed many girls to sexual exploitation[9].

Conclusion

- Domestic violence is still the commonest reason for trauma admission in Gulu Hospital. More females were victims than males.
- December and June had the highest incidence.
- Soldiers and boda-boda riders were the chief perpetrators of domestic violence.
- Alcohol consumption, sexual disagreement, a new spouse discovered and failure to provide food for the family were the main reasons for the violence.
- Domestic violence is a public health problem in the region which drains hospital resources.

Recommendation

- We need to design tougher laws to deter perpetrators of domestic violence in our country.
- It is also necessary that the government urgently passes into law the shelved Domestic Relations Bill so as to protect the lives of women and girls against this kind of abuse.
- Respect for gender and roles should be included in the school and tertiary institutions' curricula.

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