Section 5: Impact of abuse on the individual

Much has been written on the impact of abuse on women, both in the short term and in the longer term. While it is beyond the scope of this study to explore in detail the long term psychological, or psychosocial impact of the incidents women experienced, several questions were asked about how they felt immediately following the incident, and how they felt at the time of the interview. In addition, a number of common symptoms of psychological and emotional harm were also explored, such as insomnia, depression, irritability, changes in sleeping and eating patterns, panic attacks and flashbacks. The intention was to simply provide a brief overview of the potential and real impact that experiences of abuse had on women in Malawi.

Not surprisingly, the impact of abuse was profound, at least as measured through the basic indicators explored in the study. In the cases of economic abuse, almost three quarters (73%) of the victims reported some

Figure 22: Impact of economic abuse on women (n=983)

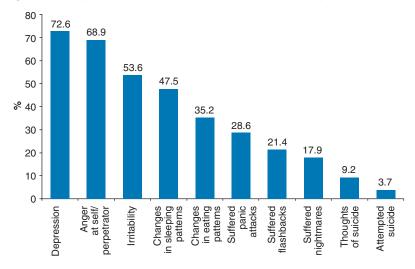
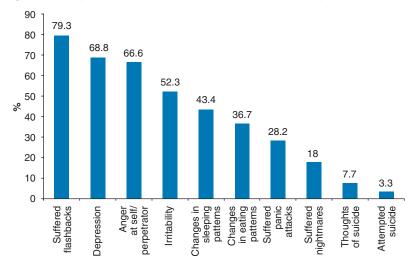


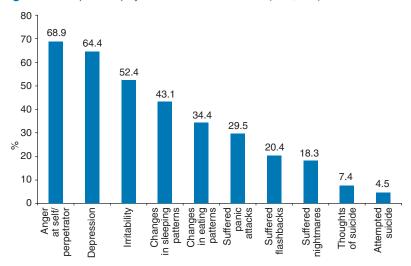
Figure 23: Impact of emotional abuse on women (n=880)



form of depression following the incident, while just more than two thirds (69%) reported being angry with their partner. More than one half (54%) of the victims reported irritability, while just under one out of two victims reported some change in their sleeping patterns following the incident. While only 4% of the victims reported that they had attempted suicide following the abuse, this translates to 36 individuals, which is in itself a worrying fact. Almost 10% of the women reported that they had thought of committing suicide.

The trend is almost identical amongst those women who had been victims of emotional abuse, with various symptoms of mental well-being reflecting the negative impact of the women's experiences. In the case of emotional abuse, flashbacks were most common, with four fifths of the women reporting such occurrences. The greatest percentage of these were victims of public humiliation. This was followed by just under seven out of ten women (69%) who had experienced depression, and only fractionally fewer (67%) who felt anger at themselves, or at the perpetrator. Again, suicide and thoughts of suicide are worryingly present, with 3% of the women attempting suicide, and another 8% having thoughts of suicide.

Figure 24: Impact of physical abuse on women (n=1,068)

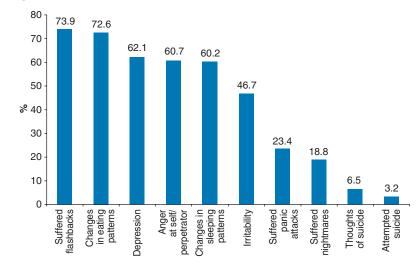


Changes in sleeping patterns were experienced by just less than one half (43%) of the victims, and changes in eating patterns experienced by over one third (37%) of the victims. More than one quarter (28%) of the women had suffered from panic attacks as a result of their experiences.

Much the same trend can be identified amongst those victims of physical violence. Anger at themselves or at the perpetrator was very evident, as is depression. More than one half (52%) reported irritability, and more than two fifths (43%) said their sleeping patterns had changed as a result of their abuse. Almost 40 individuals, or 4.5% had attempted suicide, while seven out of every hundred (7%) had thought about suicide.

It is clear from Figure 25 that sexual violence has the most profound impact on victims of all the types of abuse. Almost three quarters (74%) of the women who reported some form of sexual violence said they suffered flashbacks, while only slightly fewer (73%) reported changes in eating patterns. Almost two thirds (62%) said they were depressed, and attributed this fact directly to their experiences, while three out of five (61%) said that they were angry at themselves or at the perpetrator. Fractionally fewer (60%) of the women reported that they had experienced changes in sleeping patterns, most common difficulty getting to sleep or staying asleep. Just

Figure 25: Impact of sexual abuse on women (n=626)



under one half of the women (47%) were more irritable, and almost one quarter (23%) reported that they suffered panic attacks following the abuse (Figure 25).

The picture painted thus far reveals the far-reaching and profound impact that the levels of abuse are having on women in Malawi. A significant proportion of the women in the households visited in the survey experienced debilitating symptoms that can be attributed directly to their experiences of economic, emotional, physical and sexual abuse by their intimate partners. These impact on their general mental health, their relationships with their family and others, and their ability to act and cope in their everyday world. Despite this, most of the women are likely to carry on with their everyday roles and responsibilities, with few options available to them to deal with the consequences of their experiences.

Women who are sexually abused have to deal with a number of potentially debilitating consequences, as well as additional psychological pressures that are unique to that type of violence. In particular, these include worries about pregnancy, STIs and HIV/AIDS. These are important factors to consider when designing and monitoring any form of support or post-incident intervention.

Figure 26: Concerns related particularly to sexually abused women

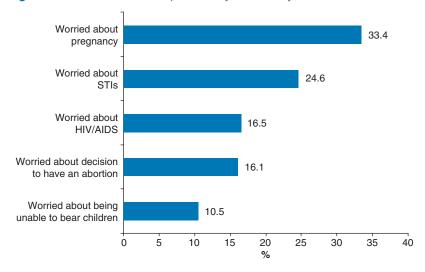
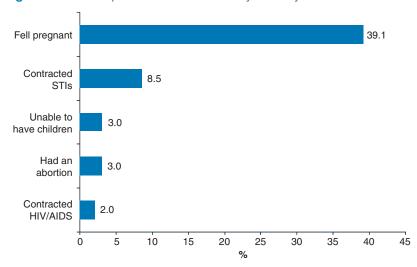


Figure 27: Further problems encountered by sexually abused women



In total, one third (33%) of the women who had been sexually abused reported that they were worried about falling pregnant after the most serious incident (in the case of more than one). One quarter (25%) were concerned about sexually transmitted infections (STIs), and less than one fifth (16.5%) were concerned about HIV/AIDS. A similar percentage were worried about having to make a decision about having an abortion, and one tenth (10.5%) were concerned about the incident impacting on their ability to bear children later in life.

In many of these instances, the respondents' fears were realized, further compounding the trauma of the actual act itself. Two out of five (39%) of the women who had been sexually abused fell pregnant as a result of the incident, while less than one tenth contracted STIs. It is possible that this is in fact a lower-than accurate figure, as the respondents did not necessarily get tested for STIs following the incident, and thus many may be unaware of their status. The same argument can be made for those who reportedly contracted HIV/AIDS as a result of sexual abuse (Figure 27).