Discern

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INTERNAL REPORT

Domestic Abuse in Maltese Society

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Domestic abuse in the form of spouse abuse and child abuse has been a feature of Maltese society throughout the centuries. Spouse Abuse has been documented even in the late eighteenth century as a common cause for conjugal separation. Between 1780-1798, there were 36 applications for injunctions against husbands molesting their wives [1].

The statistics available for the last decade of the twentieth century suggest that the average number of cases of wife battering reported to the Police Authorities during 1989-92 averaged 165 annually; a figure which amounts to about 2.06 per 1000 marriages. The figure was similar [annual average 29 cases: 3.44 per 1000 marriages] during 1995-99 based on the cases reported to the SWDP/Appogg [Table 1/2] [2,3,4]. This rate can only be considered as the tip of the iceberg, since only the severe long-suffering cases present themselves either to the Police Authorities or for support services. From an anonymous questionnaire on 393 pregnant women, it results that spouse abuse in the Maltese community has a prevalence of about 11.7%, with physical abuse being reported in 2.3% of women. It seems that those who have been exposed to domestic abuse during childhood have a greater disposition for abuse [see Report below].

Police-Reported Domestic Violence Cases	Cases arraigned in Court	No Court action taken	Total number of reported cases
1989	83	69	152
1990	87	55	142
1991	98	64	162
1992	118	85	203

Source: based on cases reported to Police

Table 1: Number of wife battering marriages 1989-92

165 females - ~2.06 per 1000 marriages

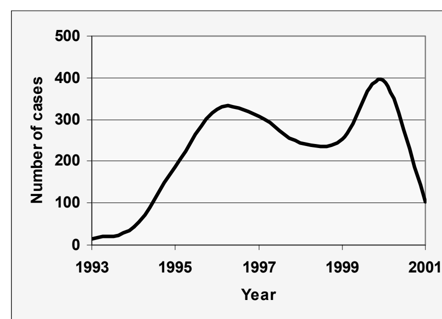
Domestic violence cases reported to Social Welfare Development Programme	Females	Males
1994	38	0
1995	263	6
1996	321	12
1997	295	13
1998	273	8
1999	290	15

Source: based on cases reported to SWDP

Table 2: Annual number of cases 1995-99

296 females; 11 males-: ~3.44 per 1000 marriages

In 1993, the AGENZIJA APPOGG set up the Child Protection Services with the aim of protecting children aged 0-18 years from situations of physical, sexual, emotional abuse and neglect. There has since been an upsurge of referrals from 13 cases in 1993 to 104 cases in 2001 [Figure 1]. Child Protection Service users come from various localities on Malta with a greater predominance coming from the inner harbour and south-eastern region. The major form of child abuse reported was physical abuse [1993-2001 referrals = 839] followed by neglect [referrals = 610] and sexual abuse [referrals = 451] [3].



Source: APOGG

Figure 3: Child Protection Services: 1993-2001

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Domestic Abuse in a Central Mediterranean pregnant population

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published in: European Journal of Obstetrics and Gynecology and Reproductive Biology, Sep. 2001, 98 (1):p.3-8 [hosted with the permission of the authors]

Abstract
The Mediterranean region is generally characterized by a patriarchal society that generally predisposes towards a higher prevalence of spouse abuse. The prevalence of domestic spouse abuse in a Central Mediterranean closed island community was assessed to approximate 11.7% of the pregnant population. The abuse varied from psychological to physical abuse. There was a strong history of experience of domestic violence/abuse during childhood in both the victim and perpetrator suggesting that a "circle of abuse" may play a role in some cases. The socio-biological characteristics of the victim did not appear to markedly predispose towards a higher risk for domestic abuse, though single mothers were statistically more likely to report a history of domestic abuse. Abused women were more likely to smoke cigarettes during pregnancy than their counterparts. The perpetrator was more likely to be unemployed, and smoke cigarettes and drink alcohol. There were no statistical correlation between a history of spouse abuse and educational level attained by both the victim and perpetrator. A history of domestic abuse had an adverse effect on the pregnancy with a higher risk of premature birth and its attendant complications. About a third of the women interviewed were unaware of the domestic violence services being offered in their community emphasizing the need of an information drive. The antenatal period, with the distribution of leaflets and antenatal classes, is an opportune time to promote the support services available in the community.

1. Introduction

Domestic spouse abuse is used by the perpetrator to acquire power and control by instilling feelings of fear and insecurity, causing harmful effects on the physical and psychological health of the victim. While the problem of domestic spouse abuse has increasingly come to the fore, estimates of the extent of the problem are "guesstimates", i.e. informed calculations of the existence of domestic abuse among the general population [1]. Spouse abuse appears to know no boundaries of culture, age, sexual preference, body ability, class, ethnicity or creed. However certain socio-behavioral groups appear to be at an increased risk. The risk of spouse abuse also increases during pregnancy. During pregnancy, the effects of domestic abuse also represent complications that can place the health of the mother and child at risk.

The Maltese population in the Central Mediterranean is a relatively closed insular community of 89242 married households [2]. Until the last few decades the cultural mentality of the population was traditionally one of gender dominance. Population estimates of spouse abuse in Malta have not been carried out, but referrals to the Domestic Violence Unit in the last decade have shown a steady increase. The present study attempt to identify the extent of the problem in the pregnant population and its effects on pregnancy.

2. Material and Methods

The study on domestic violence during pregnancy in Malta was undertaken as part of a multi-center European in-depth comparative quantitative study aimed at understanding the dynamics of domestic violence. The study consisted of structured interviews in the form of self-administered questionnaires presented in two languages - English and Maltese. The questionnaires were presented by the attending para-medical, usually midwifery, staff working in the Post-Natal Ward within the first two days after delivery. Facilities were made for the mothers to return the questionnaires anonymously. A 1000 questionnaires were distributed proportionately according to the 1998 registered delivery rates to the various maternity hospitals in Malta and Gozo - notably the two government hospitals [Karin Grech Hospital and Gozo General Hospital], and the three private-run hospitals [St. Philip's Hospital, Capua Palace Hospital, and St. James Hospital]. A total of 405 questionnaires were returned, but twelve returned sheets had essential information pertaining to domestic violence missing and were thus excluded from the analysis. The correct response rate therefore amounted to 39.3%.

The questionnaires were transcribed onto a database program based on Epi Info ver.6.04b. The collected data was exported into an Excel spreadsheet to enable sorting and analysis. Statistical analysis of the socio-biological characteristics of women giving a history of domestic violence (n = 46) was carried out using the Chi-square and student t tests as appropriate comparing the data to that of women with no such history (n = 347) utilizing the MedCalc ver.4.16 and StatCalc Epi-Info6 statistical packages. A probability value less than 0.05 was considered as statistically significant.

3. Results

A total of 46 women reported episodes of domestic violence of varying degrees as defined by the questionnaire, suggesting an overall prevalence of domestic violence amounting to 11.7% of women. The majority of these (amounting to a prevalence rate of 6.9%) reported being shouted at or threatened by their spouses/partners (Table 1). None of the parous women reported being subjected to domestic violence during their previous pregnancies.

Domestic Violence	No.	%
Total reported cases	46	11.7
Felt afraid of spouse/partner	14	3.6
Shouted at, constantly called names, pushed around, or threatened	27	6.9
Destroyed things or threatened personal acquaintances	14	3.6
Income deprivation	3	0.8
Isolation from family or friends	9	2.3
Previous pregnancy violence	0	0
Physically hurt in last year	9	2.3
Physically hurt during pregnancy	6	1.5
Forced sexual activities in last year	3	0.8

Table 1: Prevalence of domestic violence

A number of women gave a history of domestic violence during the last year with 9 women (2.29%) reporting being physically hurt during the last year, 6 women (1.53%) being hurt during their current pregnancy, and 3 women (0.76%) reporting having been forced to have sexual activities. Only one of the women in the series (0.25%) believed that domestic violence could sometimes be justified. About a third of the total of women (n = 121: 30.5%) were not aware of the domestic violence services being offered and did not know who to resort to in case of need. The proportion was similar though slightly higher (n = 16: 34.8%) in women exposed to domestic violence when compared to those not subjected to violence (n = 105: 30.3%). The difference was not statistically significant (p=0.7535).

Experience of childhood violence, was reported by 15 (3.79%) of the women returning the questionnaire. Eight of these women now reported suffering some degree of domestic violence by their spouse/partner; including feeling afraid of their spouse/partner (1), being shouted at or threatened (4), having personal objects destroyed (2), or isolated from the family or friends (1). Ten women (2.52%) reported having been themselves subjected to abuse during their childhood, three of whom were still victims of domestic violence (Table 2).

Childhood Experience	Female	Spouse/Partner
Presently not abused	n = 343	n = 332
Witness of domestic violence	7..........2.08%	8..........2.31%
Abuse	7..........2.08%	3..........0.87%
Presently abused	n = 45	n = 38
Witness of domestic violence	8..........17.39%	5..........10.87%
Abuse	3..........6.52%	3..........6.52%
Statistical significance		
Witness of domestic violence	*Risk: 8.4x p = 0.000062 significant*	*Risk: 4.7x p = 0.00614 significant*
Abuse	*Risk: 3.1x p = 0.0977 not significant*	*Risk 7.5x p = 0.01614 significant*

Table 2: History of childhood experience of domestic violence or personal abuse

Thirteen women (3.28%) reported a history of childhood experience of domestic violence by their spouse/partner. Five of these women were now themselves subjected to some form of domestic violence. Six women (1.52%) reported a history of childhood abuse experienced by their spouse/partner. Three of these women were now subjected to some form of domestic violence (Table 2). The present violence reported included feeling afraid of their spouse/partner (2), being shouted at or threatened (6), having personal objects destroyed (1), or isolated from the family or friends (1). Four couples reported a history of a childhood experience of violence/abuse in both partners. Two of these women reported a present history of being shouted at, constantly called names, pushed around or were threatened by their spouse/partner.

There appeared to be a greater likelihood that women giving a history of childhood experience of domestic violence or personal abuse reported some form of current domestic violence. A similar statistically greater likelihood was observed if the spouse/partner had childhood experience of domestic violence or personal abuse (Table 2). Childhood exposure to domestic violence or abuse in both the women and the spouse/partner did not appear to have influenced their educational achievements, with all the women achieving a secondary or post-secondary level of education and only one of the males achieving a primary level of education.

Women subjected to domestic violence appeared to be statistically more likely to be single, and no apparent relationship to duration of marriage. There did not appear to be any statistically significant differences between the two groups of women when age, gravidity or parity were considered. Similarly there were no differences related to residence. Women subjected to domestic violence were statistically more likely to smoke cigarettes, but did not show a statistically greater likelihood to drink alcohol (Table 3). There did not appear to be any statistically significant relationships between domestic violence and educational status or employment history (Table 4).

The social history of the spouse did appear to predispose to domestic violence. Thus unemployment may predispose to domestic violence, but there did not appear to be any relationship between educational level attained and type of employment. Spouses/partners of women subjected to domestic violence were statistically more likely to smoke and drink alcohol (Table 5).

There does appear to be significant differences in obstetric outcome in women subjected to domestic violence. Thus these women were more likely to deliver pre-term infants of low weight who thus require special neonatal care. The low birth weight was not dependant on the noted increased rate of smoking in abused mothers. Thus a statistically (p = 0.0004) lower birth weight was noted in infants of abused non-smoking women (2970.63 g s.d. 770.85 g: n = 35) when compared to non-abused non-smoking women (3305.57 g s.d. 481.98 g: n = 288). A similar non-statistically significant trend was noted in smokers. There did not appear to be any significant differences in the choice of infant feeding methods

between the two groups of patients, though women exposed to domestic violence appear to less likely opt for breast-feeding. No stillbirths were recorded in the study because patients delivering a stillborn infant were generally not transferred to the postnatal ward and were thus not presented with the study questionnaire.

CHARACTERISTICS	*Presently not abused*	*Presently abused*	*statistical significance*
Woman's age	28.53 + 3.54 (n = 202)	27.30 + 5.93 (n = 30)	*p = 0.1104 not significant*
Number of previous pregnancies	1.28 + 1.25 (n = 338)	1.38 + 1.39 (n = 42)	*p = 0.6296 not significant*
Number of previous deliveries	1.12 + 1.11 (n = 332)	1.10 + 1.02 (n = 41)	*p = 0.9127 not significant*
Residence # Urban # Rural	 230 ....76.7% 70........... 23.3%	 28.......... 82.4% 6.......... 17.6%	*p = 0.5935 not significant*
Civil status # married/cohabitant # single	 321.......... 96.4% 12............ 3.6%	 38........... 88.4% 5........... 11.6%	*p = 0.0336 significant*
Number of years married	5.53 + 5.54 (n = 292)	4.97 + 3.50 (n = 31)	*p = 0.5822 not significant*
Positive Smoking habit	7............ 2.0%	6........... 13.0%	*p = 0.0017 significant*
Alcohol intake during pregnancy	9............. 2.6%	2............ 4.4%	*p = 0.3759 not significant*

Table 3: Socio-biological Characteristics of the women

CHARACTERISTICS	*Presently not abused*	*Presently abused*	*statistical significance*
Educational level # Secondary or more # Primary or none	 297.......... 94.9% 16............ 5.2%	 39 ....84.8% 3........... 6.5%	*p = 0.3951 not significant*
Employment # Full or Part-time # Unemployed/domestic	 117 ....35.8% 210 ....64.2%	 17......... 40.5% 25......... 59.5%	*p = 0.6706 not significant*
Type of employment # White collar # Blue Collar/other	 100.......... 62.9% 59........... 37.1%	 14.......... 60.9% 9........... 39.1%	*p = 0.9656 not significant*

Table 4: Educational and Employment Status of women

CHARACTERISTICS	*Presently not abused*	*Presently abused*	*statistical significance*
Educational level # Secondary and more # Primary or none	 275.......... 94.2% 17........... 5.8%	 33........ 91.7% 3.......... 8.3%	*p = 0.3795 not significant*
Employment # Full or Part-time # unemployed	 300 ....96.8% 10 ....3.2%	 35......... 89.7% 4 ....10.3%	*p = 0.0585 just not significant*
Type of employment # White collar # Blue Collar / other	 117 ....38.7% 185........... 61.3%	 9.......... 26.5% 25.......... 73.5%	*p = 0.2246 not significant*
Smoking habits	100........... 35.6%	24.......... 52.2%	*p = 0.0081 significant*
Alcohol intake	21............ 6.9%	13.......... 28.3%	*p = 0.00002 significant*

Table 5: Social characteristics of spouses/partners

CHARACTERISTICS	Presently not abused	Presently abused	statistical significance
Stillbirths	0.............. -	0................ -	*no difference*
Preterm births	20........... 6.3%	7......... 18.9%	*p = 0.0167 significant*
Infants requiring SCBU	14........... 4.4%	5......... 12.2%	*p = 0.0530 just not significant*
Birth weight Mean + sd < 2500 gm	3298.8 + 479.6 (n = 314) 14........... 6.4%	2988.8 + 749.2 (n=39). 6........... 15.4%	*p = 0.0005* *p = 0.0301* *significant*
Breast-feeding or mixed	241............ 78.1%	26........... 63.4%	*p = 0.4710 not significant*

Table 6: Obstetric Outcome

4. Discussion

In 1995, the United Nations published a report on world-wide violence against women and children which confirmed that throughout their adult life, millions of women become victims and survivors of battering, marital rape, dowry violence, domestic murder, forced pregnancy, abortion and sterilization. It questions why despite the universality of such experiences, a conspiracy of silence conceals the extent of such violence against women; and documents that in the United States an estimate of two million women are beaten by their male partners each year [3]. The term 'domestic abuse' has increasingly replaced 'domestic violence' because the former term includes not only physical violence, but also the emotional, sexual, and economic abuse of one individual by another. The present study reports a prevalence of domestic abuse in the Maltese community of 11.7% with variable degrees of severity. The participants reported a childhood domestic abuse experience prevalence of 3.28-3.79%. The prevalence of physical abuse during pregnancy was reported at 1.5%. These figures contrast with the higher rates reported from the United Kingdom. In a survey of 484 women, domestic abuse was reported in 46% on participants [4]. Estimates from Northern Ireland place the prevalence of domestic violence at about 25% [5]. In a national Canadian survey of 12,300 women, domestic violence was experienced by 30% of married women, while children witnessed violence against their mothers in almost 40% of marriages with violence [6]. It is essential that the impact on children living within an abusive household is explored. The present study has confirmed that both male and female children from an abusive household setting were more likely to eventually end up in an abusive relationship in adulthood. The childhood experience of domestic spouse abuse did not appear to influence educational achievements. While the study seems to confirm the presence of a 'circle of abuse' pattern, i.e. the notion that experiencing abuse in childhood leads to abusive behavior in adulthood, about 50% of the women and men who had experienced childhood domestic violence now enjoyed a stable non-abusive relationship. It is possible that a 'cycle of healing' may also prevail in these individuals whereby they actively avoid potential abusers [7].

Any woman is at risk of domestic violence, regardless of race, class, ethnic origin, religion, age, sexuality, disability or lifestyle. However, aspects of a woman's socio-cultural background can be used against her in an abusive and undermining way. High rates of social and psychological problems have been noted in women who have experienced domestic abuse. These have been reported to include teenage pregnancies, unwanted pregnancies, alcohol and drug abuse, suicide attempts, depression and post-traumatic stress disorder, homelessness and divorce [8,9,10]. The present study has shown that women in an abusive relationship were more likely to be single mothers. There did not appear to be any relationship to duration of marriage, age, parity, educational achievement, or employment. These women were more likely to have a positive cigarette smoking history. A chronic history of abuse may predispose to psychologically protective but pathological situation whereby 'learned helplessness' results from an adaptive and even life-preserving reaction. In this situation, termed Battered Woman Syndrome [BWS], the battered woman often develops an intense dependant attachment to their abusers, similar to that described in abused children hostages and prisoners of war. The 'active inaction' adopted by the abused together with the loss of autonomy that results in BWS situations may make it apparently difficult for social workers to offer immediate long-lasting effective solutions [11,12].

Perpetrators of domestic abuse are generally described as insecure, inadequate and dependent men who because of their inadequacies resort to violence as a means of conflict resolution. They often give a history of a domestic abusive situation in childhood [13,14]. The perpetrators in the present study were more likely to be unemployed, but did not appear to be any relationship between domestic abuse and educational status or type of employment, but did appear to have a increased likelihood of having had a childhood experience of domestic abuse. They were more likely to smoke and abuse alcohol.

The effects of domestic abuse and violence represent complications that may place the health of the fetus at

risk. Domestic violence has been associated with a higher risk of miscarriages, premature birth, low birth weight, fetal injury and fetal death [15,16,17]. The present study has confirmed the association of domestic abuse with premature birth and its attendant risks. It is difficult to ascertain how much the reported poor obstetric outcome associated with domestic abuse/violence is due to a direct effect of violence itself, the psychological stress of the domestic situation, the social status of the mother, or to other adverse co-factors such as smoking. The problem of premature births has been repeatedly linked to adverse social circumstances such as teenage and illegitimate pregnancies, low socio-economic status, and smoking [18,19]. The study has demonstrated a relationship between domestic abuse and illegitimate births and smoking during pregnancy.

The problem of translating the increasing awareness of the prevalence and effects of domestic abuse in the clinical situation, particularly in the antenatal period, has been repeatedly discussed. Several workers, particularly in America, have proposed that all pregnant women who present for health care should be screened for abuse by health workers [20]. Others have argued that posing direct confrontational questions may in fact do more harm than good. This question of active screening through confrontation still requires careful consideration, even when facilities for referral are available [21]. The strategy of increasing domestic abuse awareness through the use of educational material distributed in antenatal clinics has much to recommend it. This strategy should also offer information about the facilities being offered to the victims of domestic abuse. The importance of this measure was highlighted by the fact that about one-third of the respondents in the present study were unaware of the support services offered to victims of domestic abuse

5. Conclusions

The problem of domestic abuse in the Maltese population is a very real one with over 10% of women reporting some degree of abuse. Except for a higher incidence in single mothers and those with a childhood experience, the study did not appear to specifically identify any clear risk groups. The problem of domestic abuse does have indirect effects on the pregnancy outcome increasing the infant morbidity though the risks of prematurity. The problems related to the universal screening for this sensitive social situation in a purely clinical situation are difficult to overcome, but women who themselves come forward with a positive history should definitely be considered as high risk during their pregnancy and offered counseling and social support. Awareness of the problem and the facilities available can be augmented through reference in the antenatal literature distributed by health centres.

6. References

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