

## Victimization from intimate partner rape in Uganda: Sex differences, psychological concomitants, and the effect of educational level

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### Abstract

**Objective:** The aim of the study was to investigate victimization from intimate partner rape (IPR) in Uganda among both women and men, the effect of educational level, and psychological concomitants.

**Method:** A questionnaire was completed by 609 females and 420 males in Uganda. The mean age was 31.5 (SD 10.9) for females and 34.4 (SD 11.3) for males.

**Results:** Females reported significantly higher frequencies of victimization from IPR than males. Respondents with no education reported significantly higher frequencies of victimization than others. Respondents who had been more than average victimized from IPR scored significantly higher on depression and anxiety and had significantly lower self-esteem than others. Females who had been victimized more than average scored significantly lower on self-esteem than the other groups.

**Conclusions:** Not only females but also males were found to have been victimized from IPR. Victimization was linked to increased levels of negative psychological concomitants in both females and males.

**Keywords:** Victimization from intimate partner rape, sex differences, psychological concomitants, educational level, Uganda

### Introduction

Intimate Partner Violence (IPV) refers to various, often overlapping, forms of abuse within an intimate relationship (1). The different types of abuse tend to occur simultaneously and this accentuates the burden placed on the victims (2). In a study carried out in northern Uganda, 78.5% of the participants reported having experienced some type of IPV during their lifetime (3). The lifetime prevalence rate of physical and/or sexual IPV among women in Africa has been estimated at 36.6%, which is higher than the global lifetime prevalence estimate of 30% (4). The aim of the present study was to investigate psychological concomitants and educational level related to intimate partner rape in Uganda.

It was not until the past few decades that intimate partner sexual violence (IPSV) started to gain academic attention (5, 6). IPSV exists along a wide continuum and involves a range of behaviours oscillating from violent sexual acts, such as sexual assault and forced penetration commonly referred to as intimate partner rape (IPR) (7), to cultural expectations and norms as for example forced marriages (8). IPR is the most common type of IPSV with the main defining feature being a lack of consent (7, 9).

Rozee (1993) (9) prefers to replace the term “lack of consent” with “lack of choice” when defining IPR, because tacit disapproval by the victim is incorporated in the latter.

Many African women are exposed to IPR early in their lives because they enter sexual relationships at a very early age (10). Many cultures in Africa still practice arranged marriages with women denied the right to choose their marriage partner, and girls are often married off in their teenage years to men many years their senior (11). Findings from a meta-analysis carried out in Southern African countries revealed that victimization from partner violence was highest among young women and teenage girls (12). In many rural areas of Uganda, entering marriage very young also denies the young girls a chance to attain a higher level of education and economic empowerment hence making them economically vulnerable (13). A study carried out in the rural areas of Uganda revealed that women who had attained a higher education level were less exposed to IPV (14).

Non-consensual sexual acts within marriage and long-term cohabitation are still considered uncharacteristic of most African cultures (15).



In a study on women carried out in the Rakai district in Uganda, 30.0% reported having experienced IPSV (16). This is primarily because marriage and cohabitation establish a strong sexual relationship between the spouses which is often internalized as a sexual obligation (17, 18, 19). In a review of the marital rape literature, it was noted that marital rape is considered less serious when compared to stranger rape, because the victim may previously have engaged in several consented sexual acts with the perpetrator (20). In a recent study conducted in Uganda, both males and females, including those victimized, held accepting attitudes towards marital rape (21). Within many cultures in sub-Saharan Africa, being sexually unavailable to a spouse creates the potential for shame and self-blame, feelings of having failed to fulfill a marital duty (7). A spouse may even face consequences such as physical abuse, infidelity accusations, or loss of economic support if rejecting sexual advances from the partner (22). Additionally, the shame surrounding IPR may have an added facet in that victims may identify themselves as having failed in the eyes of society, because culture places great importance on marital duties (23). In many cultures in Africa, marriage is considered revered and society teaches children from an early age that finding a wife, or a husband is a fundamental life goal they should aspire for (17). Such cultural apprehensions tend to lay the groundwork for IPSV and sustain communities' tolerance of it, thereby decreasing the chance for a systemic social response (19). The line between a normal sexual encounter with a partner and intimate partner rape has been described as blurry. In a report on intimate partner rape, most of the interviewed women indicated that unconsented sexual acts, even when they fitted the legal definition of rape, were not considered as such by their partners (24).

The question of whether there is gender symmetry in the perpetration of IPV remains contentious (25). IPSV is, for instance, often presented as "violence against women", breeding the perception that males are always the aggressors and females always the victims (26). Due to this notion, the gender paradigm came into existence as male victims of IPV are often met with suspicion or disbelief (27). Findings from meta-analyses point to gender symmetry in the perpetration of IPV (28, 29, 30), and some researchers have suggested that women are as violent as men (31), and that most acts of IPV are normally bidirectional (32).

Research also refutes the idea that males do not suffer ill effects of intimate partner violence (33). Data indicates a great similarity in male and female victimization, as was the case in a huge national representative sample where the reactions of abused men were virtually identical to those of abused women (34). However, there are only a few studies that incorporate both men and women as victims or perpetrators of IPV in the same study (35).

Because IPSV is viewed as shameful and embarrassing, most cases go unreported, since victims fear being judged by friends, family, and society (19); yet suffering in silence increases the risk of continued exposure to not only IPSV but also physical and psychological violence perpetrated by intimate partners (24).

Victims of IPV experience psychological symptoms similar to those experienced by victims of other kinds of severe trauma (36). Such symptoms may include horror, shock, confusion, nightmares, helplessness, flashbacks, numbing, dissociation, and avoidance, as well as being extremely vigilant (37). Research also suggests that victims of IPV tend to get "sloppy" in their lives and are more likely to partake in health risk behaviors such as unprotected sex, drug use, smoking, and high alcohol consumption (38).

Although only a few studies have distinctively investigated the psychological effects of IPSV as opposed to psychological effects associated with IPV as a whole, IPSV appears to bear similar (39) or even more devastating (40) psychological consequences than a sexual assault by a stranger. Recent research has shown that intimate partner rape victims display similar or even worse psychiatric symptoms when compared to a stranger-rape victim (7).

Whereas anxiety is displayed instantly following a sexual assault (41), depression also sets in within a matter of a few hours (42), and according to some studies, symptoms of moderate to severe depression usually manifest in almost half of sexual assault cases and may last nearly three months (43, 42). Post-traumatic stress disorder (PTSD) develops in about half of the adults who have experienced sexual assault, and symptoms may linger on for a year or more (44, 45). Victims of sexual assault have also reported suffering from suicidal thoughts, sadness, and apathy (46).

Although the initial psychological symptoms experienced following IPSV may subside after three months (44), long-term symptoms such as emotional pain, sexual difficulties, problems in trusting partners in relationships, problems with self-esteem coupled with feeling "dirty", and other negative feelings about oneself, sleeping and eating disorders, flashbacks about the horrifying events, and residual fear tend to persist for several years in almost a quarter of the victims (47, 48, 19). The longer a person is exposed to severe IPSV, the greater the likelihood of experiencing severe depression and PTSD, as does the risk of an overlap of all the different types of abuses associated with IPV (49, 50).

For partners who are still in danger of being victimised, the trauma is ongoing, which puts victims at even greater risk for being isolated and controlled by their abusive partner (51). In such instances, some of the symptoms the victims develop may be survival strategies or an adaptive response to danger as explained by the trauma theory (52). Further still, victims of IPV may continue to experience the trauma even after leaving an abusive partner through stalking and re-traumatization by e.g. legal prolonged custody or divorce hearings (51). Not all victims of IPSV develop psychiatric disorders, but it is important to note that almost all of them are affected in some way (53).

Research specific to gender differences in victimization from IPR and psychological concomitants in both females and males is extremely limited if any; hence the importance of the present study, which considers both women and men as potential victims of IPR.

## Methods

**Sample:** A questionnaire was completed by 609 females and 420 males in Uganda. The age range was between 16 and 94 years. The mean age was 31.5 (SD 10.9) for females, and 34.4 (SD 11.3) for males, the age differences was significant [ $t(1027) = 4.05, p < .001$ ]. The educational level of the participants was as follows: no education (15.7%), primary school (16.0%), secondary school (26.1%), vocational school (11.4%), and university degree (30.5%).

**Instrument:** The questionnaire included a scale measuring frequency of victimization from intimate partner rape (adapted from Nakyazze, Österman & Björkqvist, 2018) (21). The scale was based on seven items and especially constructed for Uganda. The response alternatives were on a five-point scales (0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often). Cronbach's Alpha for the scale was 0.93. The single items were as follows: Have you experienced the following from your present or previous partner?

- a) Forced sex against your will when you were tired or ill,
- b) Forced by a partner into unwanted sexual acts,
- c) Forced sex after a physical assault,
- d) A partner has put his/her arms around your neck trying to choke you in order to forcefully have sex with you,
- e) A partner has raped you after giving you alcohol or drugs,
- f) A partner has threatened to hurt you with an object or a weapon in order to have sex with you, and
- g) A partner has raped you using an object.

Depression and anxiety were measured with two scales from the Brief Symptom Inventory (54). The response alternatives for both scales were on five-point scales (0 = not at all, 1 = a little, 2 = moderately, 3 = much, 4 = extremely much). Cronbach's Alphas for the scales were 0.96 and 0.97, respectively.

Self-esteem was measured with seven items from the Rosenberg Self-Esteem scale (55). The response alternatives were on five-point scales (0 = completely disagree, 1 = slightly disagree, 2 = neutral/undecided, 3 = slightly agree, 4 = completely agree). Cronbach's Alphas for the scale was 0.96.

**Procedure:** A paper questionnaire was constructed and made available for distribution to the participants from December 2018 to December 2019. Most of the participants came in as patients to a healthcare clinic in Kalerwe which is a residential slum in Kampala. The questionnaires were also hand-delivered to participants in different other urban and rural areas in Uganda.

**Ethical considerations:** The study adheres to the principles concerning human research ethics of the Declaration of Helsinki adopted by the World Medical Association (56), as well as guidelines for the responsible conduct of research of the Finnish Advisory Board on Research Integrity (2012) (57).

## Results

### Victimization from Intimate Partner Rape: Differences due to Sex and Educational Level

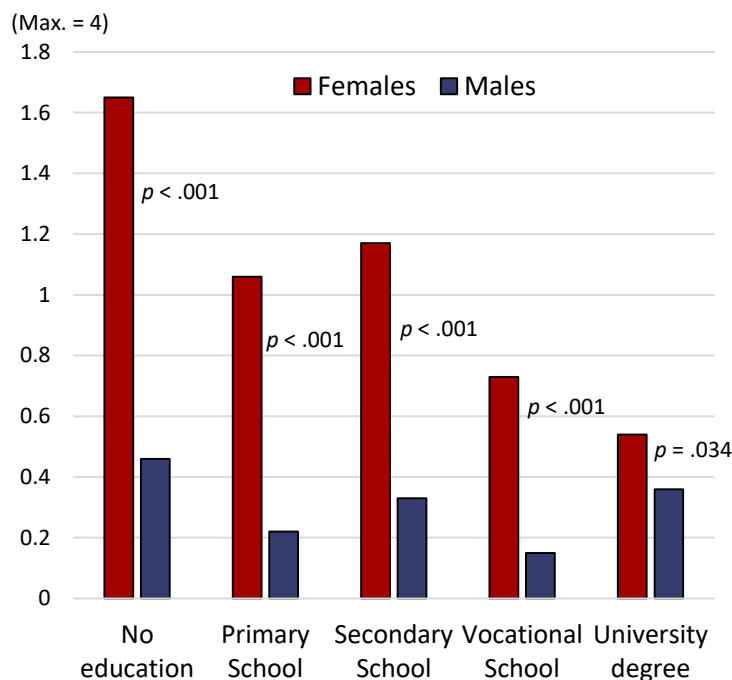
A two-way analysis of variance (ANOVA) was conducted with sex and educational level as independent variables, frequency of victimization from intimate partner rape as dependent variable, and age as covariate. There was a significant effect for sex [ $F(1, 1012) = 152.33, p < .001, \eta^2 = 0.131$ ], education [ $F(1, 1012) = 13.47, p < .001, \eta^2 = 0.051$ ], and the interaction between them [ $F(4, 1012) = 8.58, p < .001, \eta^2 = 0.033$ ] (Fig 1). Females reported significantly higher frequencies of victimization from intimate partner rape than males.

Females were significantly more victimized than males on all educational levels (Fig. 1). In regard to the effect of educational level, respondents with no education reported significantly higher frequencies of victimization from intimate partner rape than respondents on all the other educational levels. The only significant difference between respondents on the other educational levels was that those with university degree reported less victimization than those with a secondary degree education. The tendency was, however, that the higher the educational level the less often the respondents had been victimized from intimate partner rape. The most common single behaviours that females were victimized from were forced sex against her will when she was tired or ill ( $m = 1.85$ ), forced by a partner into unwanted sexual acts ( $m = 1.19$ ), and forced sex after the physical assault ( $m = 1.10$ ). The two most common single behaviours that males were victimized from where the same as for females, i.e. forced sex against his will when he was tired or ill ( $m = 0.80$ ), and forced by a partner into unwanted sexual acts ( $m = 0.43$ ). The third most common single behaviour for males was that a partner had put her arms around his neck trying to choke him in order to forcefully have sex with him ( $m = 0.22$ ).

### Psychological Concomitants of Intimate Partner Rape

Victimization from intimate partner rape was strongly correlated with depression, anxiety, and low self-esteem for both females and males (Table 1). The highest correlations were found for depression and anxiety in females.

A dichotomous variable was created for high vs. low victimization from intimate partner rape. A multivariate analysis of variance (MANOVA) was conducted with victimization from intimate partner rape (high/low), and sex as independent variables, three psychological concomitants as dependent variables, and age as covariate. The multivariate analysis was significant (Table 2, Fig. 2). The univariate analyses showed that respondents who had been more than average victimized from intimate partner rape scored significantly higher on depression and anxiety and had significantly lower self-esteem than others. Females reported significantly lower self-esteem than males. The interaction between high/low victimization from intimate partner rape and sex was significant only for self-esteem. Females who had been victimized more than average scored significantly lower on self-esteem than the other groups.



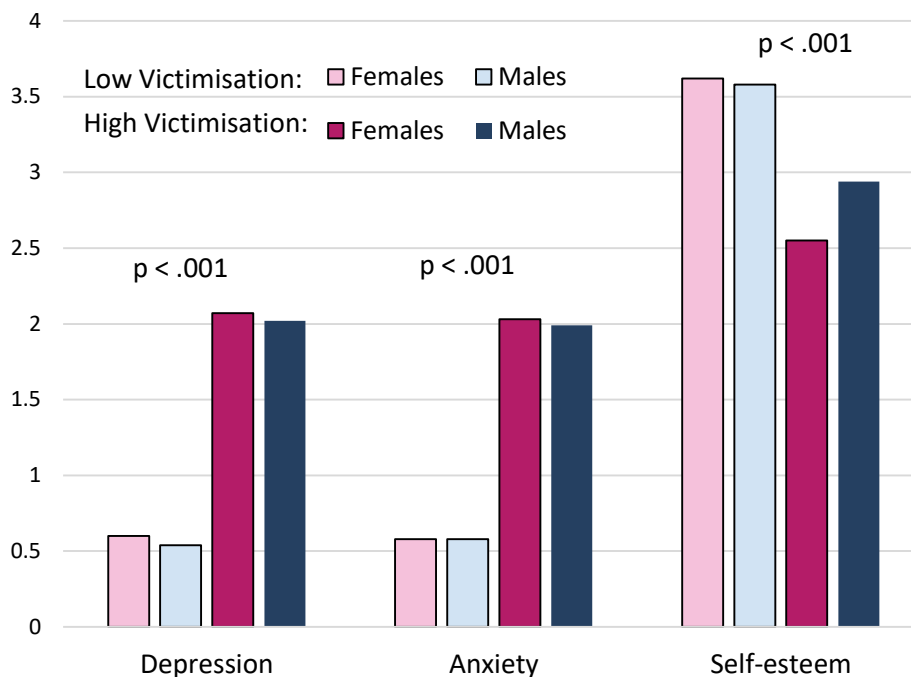
**Figure 1:** Mean values for victimization from intimate partner rape for females and males on different educational levels (N = 1029).

**Table 1:** Correlations between victimization from intimate partner rape and three psychological concomitants (N = 1029). (\*\*\*)  $p < .001$

	Females	Males
<b>Depression</b>	0.70 ***	0.52 ***
<b>Anxiety</b>	0.67 ***	0.49 ***
<b>Self-esteem</b>	-0.58 ***	-0.30 ***

**Table 2:** Results of a multivariate analysis of variance (MANOVA) with the frequency of victimization from intimate partner rape (high/low), and sex, as independent variables, three psychological concomitants as dependent variables, and age as covariate (N = 1029). C.f. Fig. 2.

	F	df	p ≤	$\eta_p^2$
<b>Age as covariate</b>	4.85	3, 1013	.002	.014
<b>Effect of Rape (High/Low)</b>				
<b>Multivariate Analysis</b>	124.24	3, 1013	.001	.269
<b>Univariate Analyses</b>				
Depression	307.66	1, 1015	.001	.233
Anxiety	265.64	“	.001	.207
Self-esteem	200.33	“	.001	.165
<b>Effect of Sex</b>				
<b>Multivariate Analysis</b>	2.40	3, 1013	.066	.007
<b>Univariate Analyses</b>				
Depression	0.48	1, 1015	ns	.000
Anxiety	0.61	“	ns	.000
Self-esteem	6.60	“	.010	.006
<b>Interaction Effect</b>				
<b>Multivariate Analysis</b>	5.37	3, 1013	.001	.016
<b>Univariate Analyses</b>				
Depression	0.00	1, 1015	ns	.000
Anxiety	0.03	“	ns	.000
Self-esteem	13.33	“	.001	.013



**Figure 2:** Mean values on depression, anxiety, and self-esteem for females and males with high/low victimization from intimate partner rape (N = 1029), c.f. Table 2.

### Discussion

**Sex differences:** The results showed that females scored significantly higher than males on victimization from IPR. This finding can be interpreted against the context of beliefs relating to gender roles in marriage and family life in most African countries, including Uganda. The long-established patriarchal beliefs in most African countries have women seen as mere possessions owned by their fathers and later passed on to their husband through the practice of a dowry/bride price. Even in cohabitations and unofficial intimate relationships, a woman is required at all times to obey and submit to her partner who is considered the head of the family, and any action deemed demeaning or insubordinate towards her partner is firmly contested. Submission of women to men’s hierarchical roles within sexual relationships extends to sexual acts, especially in marriage. Women are mainly expected to act passive during sexual encounters and it is considered offensive for a woman to decline an intimate partner’s sexual advances (11). That may explain why many females in this study were victimized from forced unwanted sexual acts by an intimate partner, many reported having been forced into sexual acts when tired or ill, as well as forced sexual acts after a physical assault. Rape in Uganda is a crime but not within the bounds of marriage, as all intercourse within the marital context is considered consensual.

It is important to note that men also suffer when victimized from IPR at the hands of their female partners. The three most common types of victimization for males who participated in this study were from unwanted sexual acts, forced sex when tired or ill, and being choked by a partner

in order to forcefully have sex. The large gender difference in victimization between males and females could partly be explained by the self-reporting of victimization. More women are open to disclosing victimization from IPR than men because men are afraid they may be viewed as weak and many people might have a hard time even believing that there could be such a thing as forcing a man into unwanted sexual acts.

Men are considered sexual beings and saying no to sexual advances may translate as having a low libido.

#### Psychological concomitants

Participants who had been more than average victimized from IPR scored significantly higher on depression and anxiety and had significantly lower self-esteem than others. Many victims of IPV do not leave their abusers especially in marriage or long-term cohabitation because in the Ugandan society, great importance is placed on family life and marriage; therefore, leaving a spouse is seen as a failure in life, and divorce is considered taboo. This traps the victims with no escape route.

The feeling of hopelessness and helplessness due to repetitive exposure to IPV will have the victims view themselves as worthless, hence lowering their self-esteem. The findings are corroborated by others; e.g. Ansara and Hindin (2011) (49) found that long-term exposure to IPV increases the victims' anxiety and depression, and will also have a significant impact on their sense of self.

### Effect of educational level

Respondents with no education reported significantly higher frequencies of victimization than others. Education correlates with employment and empowerment, especially for women in Africa (13).

Gender inequality is widespread in most African countries, and girls' access to education falls below that of boys. In many cultures, girls are married off to older men against their will hence placing them in an unequal position intellectually as well as economically, and it is also known to increase the risk of victimization from IPV (11).

Cross-national comparisons reveal that countries with low social equality between the sexes generate more criminal victimization of women (10). In a study carried out on women in Uganda, women with a higher earning power through the employment advantage were less exposed to IPV because they can contribute financially to the running of their households and are therefore respected by their spouses, and there is somewhat shared decision making between the spouses (13).

Education also affects attitudes toward intimate partner abuse. Studies suggest that well-educated men with a high earning power, who are also urban dwellers, are less likely to endorse IPV (14). The less educated tend to have more accepting attitudes towards IPV (21). Although research has mostly concentrated on men's attitudes regarding IPV, women hold equally accepting attitudes (14).

### Conclusions

The findings highlight that IPR occurs to both males and females, even though victimization is higher among females. The results of this study also suggest that there is an association between education and exposure to IPR, with low levels of education linked to an increased risk. Further still, victimization from IPR was linked to increased levels of negative psychological concomitants in both females and males. Finally, more research is needed on male victimization from IPR in Africa, because most of the available research on IPR focuses on male perpetrated IPR.

**Acknowledgment:** The assistance of family and friends of the main researcher in the collection of data in different villages and neighborhoods is gratefully acknowledged.

**Conflict of Interest:** The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Author Contributions: BN, KÖ, KB:** Research concept and design; data collecting, analysis, and interpretation of data. BN, KÖ, KB: Preparation of article, revisions. All authors approved the final version of the manuscript.

**Ethical issues:** All authors declare originality and ethical approval of research. Responsibilities of research, responsibilities against local ethics commission are under the authors responsibilities. The study was conducted under defined rules by the local ethics commission guidelines and audits.

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