

Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia - Iran

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Abstract

Background: Today, domestic violence against women is a growing epidemic that can be observed in many countries.

Objectives: This study was carried out to determine the types of domestic violence against women who were referred to the Legal Medical Organization of Iran in Urmia, Iran in 2012.

Materials and Methods: The descriptive survey included demographic information, abuse screening, and items regarding partner involvement. Data was gathered using face-to-face structured interviews. The study population included 300, women 18 years of age or older, and data was collected about their demographic characteristics and the types of domestic violence they experienced. SPSS software version 16 was used for the analyses.

Results: The majority of participants were in the 25–30 age group, and 83% of them were battered by their husbands in various ways. No significant relationships were observed between violence and unemployment, increasing age, and home ownership.

Conclusions: The prevalence of abuse reported by women in this population suggests that many women that are referred to the Legal Medical Organization of Iran may have a history of abuse. Abused women may have different reasons for seeking a divorce. If routine screening for abuse is included in counseling, health providers will have the opportunity to develop a safety plan and initiate appropriate referrals.

Keywords: Abused Women, Domestic Violence, Legal Medical Organization of Iran

1. Background

The comprehensive study on domestic violence (DV) conducted by the World Health Organization (WHO) indicated that DV has probably always been part of the individual experience of women, and it results in physical, sexual, or mental injury or suffering (1). Domestic violence is observed in many countries and it can be a public health problem (2). It consists of physical, sexual (forcing undesired sexual behavior by one person upon another), economic (having control over the other partner's access to economic resources), and psychological (actions aimed to dominate and manipulate the partner) aspects caused by many factors (3, 4). Violence against a woman results in her isolation. Victims can be of any ethnicity, age, level of education, or income level. Some of the factors that have been associated with domestic violence in Iran include women's education, prior experience of DV, illicit sexual relations, and age difference. There is a significant positive relationship between women's eco-

nomic situation and psychological, physical, and social violence. In order to promote preventive strategies for the consequences of DV, it is essential to identify the potential risk factors for it (5, 6).

Women are subjected to domestic violence significantly more often than men; this is true for all societies, and it is a universal, trans-historical, and trans-cultural problem as old as human history (7). Domestic violence is one of the causes of disability and death in women, and it is related to the status of women who live in a culture that considers males to be the dominant sex and that victimizes females. Women, who have children, suffer from a lower level DV (8).

WHO has defined DV as behavior within an intimate relationship that causes the physical, sexual, or psychological abuse of women (9). Women who are abused often have a range of physical health problems, including being rundown, aching all over, having headaches, increased hyper-

tension, chronic fatigue, and gastrointestinal problems. These health problems dramatically reduce their ability to cope with the violence they experience (10). These health problems result in chronic physical diseases, and reduced practice of healthy actions and healthy lifestyle choices (11). Violent behavior against women is seen in all societies and at all socioeconomic levels. Economic problems are the most common cause of DV and studies have shown a significant relationship between low socioeconomic levels and a higher risk of violence (12).

While there is a great deal of information about the social implications of DV, its impact must be taken into consideration and society must be informed about this critical issue (13).

2. Objectives

This study aimed to evaluate the types of DV against women who were referred to the Legal Medical Organization of Iran, located in Urmia, Iran, in 2012.

3. Materials and Methods

A total of 300 women who were referred to the Legal Medical Organization of Iran because of DV, participated in this cross-sectional study. The sample size was calculated based on the prevalence of DV in Iran with an absolute precision of 0.05 and a confidence level (CI) of 95%. The study was powered at 80% with a two-sided 5% to achieve a statistical significance on a moderate standardized effect size of 0.4. Required data were collected through face-to-face interviews using a structured questionnaire. The questionnaire contained 32 questions about all types of DV that the participants experienced, and their personal and family information was collected. The research team initially developed the questionnaire after an extensive review of the relevant literature to achieve good content validity. The validity of the questionnaire was confirmed by content validity. Its reliability with internal consistency was confirmed; the Cronbach's alpha calculation was 0.85 and the test-retest reliability was 0.88. All of the collected data were considered to be confidential and were handled only by the researchers.

3.1. Ethical Issue

The study was approved by the Ethics Committee and written informed consent was obtained from all of the participants.

3.2. Statistical Analysis

Basic descriptive statistics were presented using mean (\pm SD) for quantitative variables and n (%) for qualitative variables. To determine the association between DV and demographic variables, Student's independent t-test and one-way analysis of variance (ANOVA) were used. The database was exported to SPSS for Windows (version 16; SPSS Inc., Chicago, IL, USA) and analysis was performed. The

prevalence of different forms of DV for each phrase was computed with 95% CI. A probability level of $P < 0.05$ was determined as statistically significant.

4. Results

In the present study, the mean age of the 300 female participants was 29.20 (\pm 7.52). Inclusion criteria consisted of the place of residence, either in the city of Urmia, Iran or in rural areas, and being married. No exclusion criteria were considered. Among the participants, 277 (92.3%) lived in the city of Urmia and 23 (7.7%) lived in rural areas. Moreover, 24 women (8%) had consanguineous marriages before their marriage and 33 (11%) had a history of previous marriages. As indicated in Table 1, differences were found in the level of education of the men and women and the women's family.

Furthermore, 47 women (15.7%) and 167 men (55.7%) had a steady job. Different forms of violence were commitment against women 4.98 (\pm 0.33) times per month (based on their self-reported statements). The mean age of marriage was 21.5 (\pm 6.51) years (max: 40 and minnutes: 12 years) and the mean age gap between a wife and a husband was 6.1 (\pm 0.31) years. In addition, 31 couples (10.3%) had married to resolve tribal and familial disputes. Of the men, 57 (19%) had been previously married and 38 (12.7%) had more than one wife. In 11 cases (3.7%), the women were older than the men. Furthermore, 230 couples (73.7%) had children, and 38 women (12.7%) were forced to marry (based on their self-reported statements). In 218 cases (72.7%), both the men and the women desired to get married, in 59 cases (19.7%) the men desired to get married, and in 20 cases (6.7%) the women desired to get married. Moreover, 99 couples (33%) owned a home and 150 couples (50%) rented a home, and other couples lived with their family members. A history of violence during the engagement period was observed in 82 women (27.3%), and 78 women (26%) had been violated by someone else in the husband's family. In 49.7% of the women and 71.3% of the men their parents' emotional relationship was not satisfactory. This was evaluated based on the question: "How was the emotional relationship between your spouse's parents?"

Methods of coping with violence in women were: crying (24%), fighting (7%), seeking refuge at her father's house (5%), and forgiveness (2%); however, most of the women (62%) did not take any action. In addition, 251 women (83.7%) were referred to the Legal Medical Organization of Iran for the first time, while others had been referred several times. As indicated in Table 2, the causes of DV varied.

In 99 cases (33%), the couples had known each other before marriage. Moreover, 39 women (13%) and 42 men (14%) were substance abusers, and 153 men (51%) were cigarette smokers. As indicated in Table 3, most of the women had experienced physical, sexual, economic, and psychological violence.

A significant relationship was observed between type of lodging and physical ($P = 0.42$), economic ($P = 0.57$), and sex-

ual violence ($P = 0.58$). No significant relationship was found between consanguineous marriages and physical violence ($P = 0.38$). However, the relationship between consanguineous marriage ($P = 0.003$), economic violence ($P = 0.052$), and sexual violence was significant ($P = 0.003$). The rate of physical violence was significantly higher in men without a steady occupation ($P < 0.001$). Nevertheless, no significant relationship was found between the men's occupation and economic ($P = 0.147$) and sexual violence ($P = 0.48$).

No significant relationship was found between marriage with the purpose of resolving tribal and familial disputes and physical ($P = 0.93$), economic ($P = 0.96$), and sexual violence ($P = 0.312$).

Our results showed that the rate of sexual violence was significantly higher in older men ($P = 0.042$). No significant relationship was found between the men's age and economic ($P = 0.34$) and physical violence ($P = 0.19$). No significant relationship was found between running away from home with one's husband and physical ($P = 0.97$), economic ($P = 0.83$), and sexual violence ($P = 0.13$).

The rate of physical violence was higher in women without family support, but it was not statistically significant ($P = 0.25$). Furthermore, no significant relationship was found between family support and economic ($P = 0.67$) and sexual violence (0.78).

Our study demonstrated that the rate of physical violence was significantly lower in women who had a blood

relationship with their husband before marriage ($P = 0.012$). Moreover, there was no significant relationship between economic ($P = 0.36$) and sexual violence ($P = 0.64$) and dating before marriage. There was no significant relationship between physical ($P = 0.21$) and economic violence ($P = 0.178$) and women's hijab. A significant positive relationship was found between the husband's drug abuse and physical ($P = 0.042$) and economic violence ($P = 0.036$). However, no significant relationship was found between drug abuse and sexual violence ($P = 0.35$).

A significant negative relationship was found between the husband's education and physical violence ($P = 0.001$). The rate of sexual ($P = 0.21$) and economic violence ($P = 0.07$) was higher in women with low-educated husbands, but there was no significant relationship between these variables.

Physical violence was significantly higher in low-income couples without a home ($P = 0.011$). There was no significant relationship between economic ($P = 0.11$) and sexual violence ($P = 0.21$) and the couples' living situation and income, although both types of violence were higher in those women. The rate of sexual ($P = 0.033$) and physical violence ($P = 0.021$) was significantly higher in men without faith.

However, no significant relationship was found between economic violence and the husband's faith ($P = 0.95$). In addition, there was no significant relationship between the age at marriage and physical ($P = 0.43$), economic ($P = 0.45$), and sexual violence ($P = 0.43$).

Table 1. Level of Education of Men and Women and the Women's Family^a

Level of Education	Wife	Husband	Women's Father	Women's Mother
Illiterate	9 (3)	6 (2)	155 (51.7)	183 (61)
Elementary school	49 (16.3)	100 (33.3)	80 (26.7)	63 (21)
Guidance	80 (26.7)	60 (20)	30 (10)	17 (5.7)
High school	113 (37.7)	98 (32.7)	20 (6.7)	21 (7)
BSc^b	41 (13.7)	25 (8.3)	28 (9.3)	3 (1)
MSc^c	8 (2.7)	9 (3)	NA	NA
PhD^d	NA	2 (0.7)	NA	NA

Abbreviations: NA, not available.

^aData are presented as No. (%).

^bBachelor of Science.

^cMaster of Science.

^dDoctor of Philosophy.

Table 2. Causes of Domestic Violence

Parametr	No. (%)
Psychological disease history	3 (1)
Hates her husband	137 (45.7)
Liaison marriage (having a relationship before marriage)	2 (0.7)
Running away from home with one's husband	67 (22.3)
Continued living with husband	90 (30)
Woman's infertility	3 (1)
Man's infertility	12 (3)
Stepfather	9 (3)
Stepmother	20 (6.7)

Table 3. Kinds of Domestic Violence Experienced

Violence Type	Frequency No. (%)
Psychological violence	298 (99.2)
Vilification	235 (77.9)
Humiliate	225 (74.5)
Intense reaction	184 (61.3)
Treats of divorce	185 (61.3)
Decisions without consulting	207 (68.7)
Jape	195 (64.6)
Cavil	225 (74.4)
Treats of remarriage	203 (67.3)
Sexual violence	221 (73.4)
Sex any time he wanted	112 (37.3)
Boring sex	113 (37.7)
Leave wife alone after orgasm	171 (57)
Sex in unusual way	115 (38.3)
Disregarding to of sexuality	152 (50.2)
Economic violence	262 (87.3)
Prevent economic independence	156 (52)
Spending money on for friends	136 (45.3)
Being a miserly husband	90 (30)
Control spending obsessively	112 (37.3)
Husband get takes their income by force	34 (11.3)
Physical violence	268 (89.3)
Slap in the face	234 (78)
Strangling	171 (57)
Thrash	212 (70.7)
Pushing	212 (70.7)
Kicking	240 (80)
Pulling hair	195 (65)

5. Discussion

This study identified the areas of health most consistently related to experiences of DV across a wide range of samples, and women with a history of experiencing DV also experienced significantly poorer functional and somatic physical health.

It appears that DV is a common health problem that results in prolonged posttraumatic physical and psychological disorders. The present study also showed that false traditional beliefs, low educational level, lack of knowledge about women's rights, and low social support for abused women impact the continuation of complications from DV. In a study in Iran on 40 battered women that were referred to the local Legal Medical Organization, depression, anxiety, and stress were significantly higher in the abused wives as compared to the control group (14). A higher rate of depression, anxiety, and phobias was observed in women who were abused

by their husbands than in non-abused women (15).

In our study, the incidence of sexual, physical, economic, and psychological violence was high. In another study, the incidence of sexual and physiological violence were 22% and 32%, respectively (16). In the study by Weingourt et al., the incidence of physical, sexual, and physiological violence was 32%, 23%, and 60%, respectively (17). In the study by Avdibegovic and Sinanovic, the incidence of sexual, physical, and physiological violence was 43.5%, 63.2%, and 69.6%, respectively (18).

In this present study, the prevalence of DV varied, based on the geographic areas studied. Women living in urban areas had the highest prevalence, while women in the city of Urmia had the lowest. This finding could mean that women in urban areas have more knowledge about their rights, and more women living in cities report DV

events in comparison to women in rural areas. No similar significant difference was found.

According to our findings, higher unemployment, a lower level of education, and lower socioeconomic status aggravated a person's DV status. On the other hand, based on cultural standards and lack of financial independence, women in rural areas face more resistance in obtaining a divorce from their traditional society.

Based on the findings of our study, the rate of domestic physical violence was higher in women with a lower level of education compared to more educated women. This might be due to educated women coping more effectively with violence and having a better economic situation. Another study showed that unemployment of women is higher, whereas rural residence had a greater impact on psychological and sexual violence (19).

Our study demonstrates a significant relationship between physical violence and the husband's employment status, drug abuse, level of education, and dwelling situation. One study demonstrated that physical violence has a significant association with the employment status, residence (rural or urban), age and occupation of women, and monthly family income (20). Rosen et al. showed that the rate of committing violence against women was higher in men with low income, low education, and physical and mental fatigue (21). Bonomi et al. also observed a significant relationship between violence and low income (22). Our study obtained a similar result.

Another research study on women showed that the rate of domestic violence is significantly correlated with factors, such as the husband's level of education, economic condition, employment, and addiction status, as well as geographical setting (23).

According to one other study, age, education, occupation, marital duration, and the husband's addiction appeared to be significant factors associated with all types of DV, and level of family income was a highly protective factor against the occurrence of violence (24).

However, culture may have a more significant impact than geographic region. In some Islamic countries, studies showed that at least one-third of the women experience physical violence by their husbands (2).

In this present study, culture impacted the prevalence of domestic physical violence. Some traditional societies have negative attitudes toward women's roles and rights. One study found a significant association between the husband's level of education and his preference for a male child, and the prevalence of DV (25).

Ghahhari et al. reported that 73.5%, 92.2%, and 49.6% of women in the general population of Sari (north of Iran) were subjected to physical, emotional, and sexual abuse, respectively, at least once during their lives. They also reported that most of the women suffered from mild degrees of spousal abuse and an association was found between spousal abuse and the number of offspring, the husband's age, unemployment, low level of education, drug abuse, and mental disorders (26). Pournaghash

(2011) found that the prevalence of wife beating was lower only when both partners were educated (27), which confirms our study's results that a higher level of education is associated with a decrease in DV.

The present study found a significant relationship between sexual violence and the husband's age and the lack of men's faithfulness. It also showed a significant relationship between sexual violence and setting, age, and the educational level of women. In this study, economic violence was found to have a significant relationship with the husband's education level and drug abuse.

According to this study, acceptance of domestic physical violence against wives was higher among women who had experienced abuse. It is interesting that, in another study, 23% of the women stated that their husbands had the right to commit different kinds of DV; that study found that some socio-economic characteristics of women have a significant association with DV (27).

For this research, we conducted a large-scale field study of 300 Iranian women in Urmia, Iran. Our results showed that higher education, employment, and a good economic situation could help significantly reduce DV. Convincing husbands to allow their wives to participate in decision making is another important step that could help reduce the prevalence of DV. Increasing public awareness of human rights through education is a very important measure that should be taken by reliable local officials. Future studies also need to focus on the pathways to recovery from experiences of DV and how health services can play a role in rehabilitative actions. It is clear that DV has detrimental consequences for an individual's well-being. The findings of this study affirm that DV is a public health problem and a legal and social issue.

This study had several limitations that could impact the generalizability of its results. First, because this is a correlational study the authors cannot infer cause and effect. Second, it is possible that some of the women might not have been truthful in their answers to the DV questionnaire due to cultural problems in Iran. Finally, women that participated in this study were under a lot of stress, which limits the generalizability of the findings to other populations.

In summary, since the present research has merely focused on the DV problems of women who were referred to the Legal Medical Organization of Iran, additional studies are needed to examine DV in other groups of women.

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Authors' Contributions

Nader Aghakhani, Hamid Sharif Nia, conceived and designed the study, collected and interpreted the clinical data, and then drafted and revised the manuscript; Ehsan Moosavi, Ali Eftekhari, and Abbas Zarei, participated in

data gathering and helped interpret the clinical data; they also helped draft and revise the manuscript; Nasim Bahrami, helped conceive and design the study and assisted in drafting and revising the manuscript; Ali Reza Nikoonejad, conceived and designed the study, collected and interpreted the clinical data, conducted the statistical analysis, and critiqued and revised the manuscript to ensure the intellectual strength of its content; All of the authors read and approved the final manuscript.

Declaration of Interest

None declared.

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