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ARAŞTIRMA / RESEARCH

Prevalence and predictability of domestic violence against Iranian women

İranlı kadınlara yönelik aile içi şiddetin yaygınlığı ve öngörülebilirliği

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Abstract

Purpose: Domestic violence against women is a common hidden problem worldwide. Previous studies showed that it provides severe physical and psychological health problems for them. In addition, it imposes many costs to the health system of countries. The identification of risk factors of domestic violence is the first step of strategy for its managing and preventing. The purpose of this study is determined the prevalence and chronicity of domestic violence and its relationship with socio-demographic characteristics of women who refer to Health Centers.

Materials and Methods: This cross-sectional descriptive study was conducted on 547 women referring to Health Centers. Sampling was done in the conventional method and data collection tools were demographic and CTS2 questionnaire.

Results: Most of the participants (98.5%) had experienced violence in a past year. The highest and lowest of violence was the dimension of negotiation (97.7%) and injury (10.5%) respectively. The family income sufficiency, marital satisfaction was an important predictor for domestic violence against women.

Conclusion: Domestic violence had a high prevalence. Empowering of the staff of Health Centers, using standard screening tools and preventive interventions are recommended.

Keywords: Domestic violence, intimate partner violence, Iran, women

Öz

Amaç: Kadına yönelik aile içi şiddet dünya çapında yaygın bir gizli sorundur. Önceki çalışmalar, onlar için ciddi fiziksel ve psikolojik sağlık sorunları sağladığını göstermiştir. Ayrıca, ülkelerin sağlık sistemine birçok maliyet getirmektedir. Aile içi şiddetin risk faktörlerinin belirlenmesi, yönetimi ve önlenmesi için stratejinin ilk adımıdır. Bu çalışmanın amacı, aile içi şiddetin yaygınlığını ve kronikliğini ve bunun Sağlık Merkezlerine başvuran kadınların sosyo-demografik özellikleri ile ilişkisini belirlemektir.

Gereç ve Yöntem: Bu kesitsel tanımlayıcı çalışma Sağlık Merkezlerine başvuran 547 kadın üzerinde yapılmıştır. Alışılagelmiş yöntemle örnekleme yapıldı ve demografik form ve CTS2 anketi ile veri toplama araçları yapıldı.

Bulgular: Katılımcıların çoğu (%98.5) geçtiğimiz yıl şiddet yaşadığını bildirdi. Şiddetin en yüksek ve en düşük olduğu bölge sırasıyla müzakere boyutu (%97.7) ve yaralanma (%10.5) oldu. Düşük aile geliri ve evlilik doyumu, kadına yönelik aile içi şiddetin önemli belirleyicileriydi.

Sonuç: Aile içi şiddet yaygınlığı yüksekti. Sağlık Merkezleri personelinin güçlendirilmesi, standart tarama araçlarının kullanılması ve önleyici müdahalelerin yapılması tavsiye edilir.

Anahtar kelimeler: Aile içi şiddet, yakın eş şiddeti, İran, kadınlar

INTRODUCTION

Domestic violence is one of the most common forms of interpersonal violence[1-4]. Violence can occur by men and women, but men are more violent than women are, on the other hand, injuries to women are more than men[2,5]. The studies showed that the risk of domestic violence against women are seven times more likely than men[6]. Violence against women is a violation of human rights[5,7-9], and reduces women's self-confidence[8] and their self-esteem[10]. Some

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surveys showed that women living in developing countries experience more violence than women in developed countries[8,11]. However, generally, no country is exempt from physical and psychological harm due to violence[12].

WHO regards violence against women as one of the health priorities[4,10] which has a significant relationship with short-term and long-term physical and mental health[1,10], and can cause a lot of complications in physical and psychological health[4]. Domestic violence has a correlation with injury, chronic physical illness, chronic pain, poor sexual health, prenatal problems, drug and medicine abuse, various types of psychological illness, suicide and murder[13]. According to the Center of Disease Control and prevention, the annual cost of domestic violence in the United States is more than 5.8 billion dollars[14]. The World Health Organization and the World Bank estimate that in developed and developing countries 5-19 % of illnesses are related to domestic violence in women aged 15-44[15,16].

According to the definition of WHO, any type of behavior that is committed by married couples which results in physical, psychological or sexual damage was considered domestic violence. Some of these behaviors include physical aggression, psychological harassment, forced sexual intercourse, sexual abuse and controlling behaviors includes separating a woman from family and friends, supervision and controlling her commute or depriving them of their basic needs[4-6].

Results of survey conducted WHO showed that the prevalence of physical, sexual violence or both against women (by their spouses) was 15-71% [8-10]. According to the WHO, the prevalence of violence was seen in one - third of the world's women[1,3,9,15,17-20].

In a national study, 46% of Swedish women over 15 years old, experienced physical, sexual or verbal threats[21]. In Europe, out of every five women over the age of 15 years old, one has experienced domestic violence[8,17,22] and 4% have experienced it in the last 12 months[17]. In the United States, a national survey of domestic violence and sexual violence reported that 36 % of women were exposed to violence during their lifetime, and it is more common in rural areas than cities[9].

According to studies, domestic violence is a common problem in Iran[1,7]. A review study on 15,514 people (31 articles) estimated that violence in Iran is 66 percent[3,7,23]. Studies in various communities, the prevalence of physical violence in pregnancy were reported 0.9-20.1%[24]. The results of research in pregnant women indicated an estimated 60.6% of domestic violence[25]. The prevalence of domestic violence in infertile Turkish women[26] was 33.6% (reference) and in Iranian infertile women was 34.7%[27]. Previous studies were suggested various risk factors for domestic violence, such as cultural context, social support, personality and psychological disorders, socioeconomic status, education level, drug abuse, alcohol consumption, and exposure to violence in childhood[28-30]. Based on different statistics on the prevalence of domestic violence against women and recognizing its relationship with the socio-individual characteristics of women, this study was designed in one of the largest cities in the East Azerbaijan province in the Northwest of Iran.

MATERIALS AND METHODS

This is a cross-sectional descriptive study (code of ethics: 1396/684 November 2017) approved and performed by Tabriz University of Medical Sciences. The Helsinki Declaration has been adhered in this study. The research population was all married women referred to Health Centers of Marand, between November 2017 and February 2018. Based on the prevalence of domestic violence in Iran is 66% [3,7,23], $d=0.04$, $\alpha= 0.05$ and $Z=1.96$ the sample size was calculated 547.

Before sampling, the married women number for each ten-Health Centers of the city was received from the Headquarters of Health Center separately, then the sample size for each center was calculated by quotas ratio. By referring to each Health Center, samples were selected by convenient method (accessible). Inclusion criteria were Interest in participating in the study and having a partner (at least one year at the time of study).

However, refusing to cooperate of women for any reason was determined exclusion criteria. At first, a brief description of goals, methods, and confidentiality of study information was provided for women. Questionnaire was completed for women who tend to attend.

All participants tended to participate in the research. The data collection tools were socio-demographic questionnaire and the Revised Conflict Tactics Scale (CTS2). Data analyzed by SPSS v.21 software.

Instruments

The socio-demographic questionnaire information included 19 questions about: current age, marriage age, education level, and occupation of women and their husbands; number, type, duration of marriage, and marriage satisfaction; the way of dating and premarital dating; having children, number and gender of children, current pregnancy; family income, insurance, and residence.

The Revised Conflict Tactics Scale (CTS2) was introduced by Dr. Straus et al.[31]. It measures the frequency, severity, and chronicity of violence in a recent year. For this study, face validity was performed in collaboration with ten faculty members. Then, using test-retest reliability of the instrument was measured; Cronbach's alpha was ≥ 0.7.

This questionnaire had 39 items. Each item designed in pairs; the odd statements are about domestic violence against men and the even statements indicate domestic violence against women. Using this questionnaire, violence is measured in five dimensions including negotiation, psychological, sexual, physical, and injury during the past year. The negotiation dimension (emotion3, cognitive3) had six statements. The psychological dimension (mild3, severe5) consisted of eight statements. Physical dimension (mild5, severe7) designed with twelve statements. Sexual dimension could be measured with seven statements (mild3, sever4). By designing six statements, the injury dimension (mild2, severe4) measured. Then the severity of violence can be measured in a past year. Mild violence means that the violence is less intense and does not harm the victim. Severe violence means more violence and more likely to cause serious harm to the victim, which may require treatment interventions for the victim.

Each statement could be answered by selecting a category on an eight-point Likert in order to measure violence in the past year. The category is as follows: zero means never, one means one time, 2 means twice times, 3 means 3 - 5 times, 4 means 6 - 10 times, 5 means 11- 20 times, and 6 means up to 20 times violence repeated. Seven means that violence has not happened in the past year, but it has been before. Thus, using this tool domestic violence against men and women can be measured in the last year and before. The chronicity of violence was measured by using midpoints for response categories. For categories 0, 1 and 2, the midpoint was the same numbers, and for categories 3, 4, 5, and 6, the midpoint was 4, 8, 15 and 25, respectively. The midpoint for category 7 was zero.

Statistical analysis

Descriptive statistics including percentage (number) and mean (standard deviation) used for describing socio-demographical characteristics, prevalence and chronicity of domestic violence. The linear logistic regression model was used to investigate the relationship between socio-demographic variables and the score of domestic violence against women. In the first, by using the general linear logistic model (enter), any socio-demographic variables were examined with total violence and its dimension. Then, variables with a significant relationship (p-value < 0.05) were investigated using linear regression backward model.

RESULTS

More than half of participants (55.7%) were always satisfied with their marriage. Most of women (84.2%) had children. Most participants (80.9%) married in the traditional way and (80 %) married with a personal interest. About one- third of the participants (38.1%) and 28.7% of their husbands had diploma. About 3.5% of the women and 3.7% of their husbands were illiterate. Most participants (85.8 %) were housekeeper. About half of their husbands (49.5%) were self-employed and about 0.9 % were unemployed. Most participants (72.9 %) had partly degree income sufficiency. Most participants (86.8 %) were covered by insurance. Most participants (96%) lived in city and 31.7% lived in margin of city. About half of the participants (49.6%) lived in their own homes. Mean of marriage duration was 10.41 years. (Table 1).

The prevalence of dimensions and sub-dimensions of violence are calculated with percentage (number). The chronicity of violence demonstrated by Mean (Standard deviation). The maximum and minimum prevalence of violence were in negotiation (96.7%) and injury (10.5%) respectively. Psychological, sexual and physical violence was 75.3%, 41.8% and 33.9% respectively. Most of the women (98.5%) have been the victims of violence at least in one dimension. Regardless of the negotiation dimension, the prevalence of domestic violence was obtained at 80% participant. (Table 2)

Table 1- Socio-demographic characteristics of women and spouse of women (n=547)

Variable	women		husbands of women	
	Mean(standard division)	range	Mean(standard division)	range
Age	31.59 (8.32)	15 - 62	36.72 (8.90)	21 - 85
Marriage age	21.14 (5.02)	13 - 42	26.28 (5.33)	14 - 63
Marriage number	1.03 (0.19)	1 – 3	1.06 (0.29)	1 - 4

Table 2 - Prevalence and chronicity of violence against women in a past year (n=547)

dimension	Sub-dimension	Percent(number)	Mean	Standard division	Range
negotiation	emotional	95.6(521)	37.32	25.28	1 - 75
	cognitive	92.3(503)	29.55	24.23	1 - 75
	total	96.7(528)	64.98	45.31	1 - 150
psychological	Mild	69.9(380)	15.12	19.07	1 - 75
	severe	53.1(290)	15.38	22.89	1 - 125
	total	75.3(411)	25.08	35.75	1 - 200
physical	Mild	32.3(176)	18.74	30.25	1 - 125
	severe	20.6(112)	19.92	33.69	1 - 150
	total	33.9(185)	29.89	53.86	1 - 275
sexual	Mild	38.9(212)	14.28	16.42	1 - 75
	severe	16.4(89)	12.47	19.76	1 - 100
	total	41.8(228)	17.31	25.47	1 - 165
injury	Mild	7.6(41)	6.12	11.37	1 - 50
	severe	7.00(38)	10.02	14.37	1 - 65
	total	10.5(57)	11.08	21.27	1 - 115

Table 3- The relationship between socio-demographic characteristics, and dimensions of domestic violence (n=547)

Dimension	Variable	B	ß	t	P-value	R^2	
Negotiation	Education of women	0.264	0.195	4.616	0.000	0.055	F= 15.606
	Marital satisfaction	-0.193	-0.115	-2.730	0.007		R= 0.235
							P=0.000
Psychological	Income sufficiency	0.383	0.101	2.350	0.019	0.125	F= 24.18
	Marital satisfaction	0.600	0.296	6.855	0.000		R=0.354
	The dating time	-0.177	-0.079	-1.927	0.054		P=0.000
Physical	Income sufficiency	0.684	0.132	3.162	0.002	0.166	F= 52.798
	Marital satisfaction	0.962	0.346	8.274	0.000		R=0.407
							P=0.000
Sexual	Marital satisfaction	0.434	0.297	2.854	0.000	0.108	F= 28.954
	Number of men marriage	0.615	0.125	2.883	0.004		R=0.329
							P=0.000
Injury	Income sufficiency	0.162	0.115	2.674	0.008	0.026	F= 7.204
	Male occupation	-0.063	-0.107	-2.482	0.013		R=0.163
							P=0.001
Total	Income sufficiency	0.307	0.133	3.127	0.002	0.142	F= 43.79
	Marital satisfaction	0.390	0.313	7.376	0.000		R=0.377
							P=0.000

The results of investigate the relationship between socio-demographic variables and domestic violence against women showed at Table 3. Marriage satisfaction and income sufficiency were the most important variables.

Marriage satisfaction had a significant correlation with total violence and its four dimensions. Income sufficiency had a significant correlation with total violence and its three dimensions. (Table 3).

DISCUSSION

According to the findings, domestic violence against women is a common phenomenon in the studied area. The prevalence of violence in the dimensions of negotiation, psychological, physical, sexual and injury is 96.7%, 75.3 %, 33.9%, 41.8%, and 10.5% respectively. In another study prevalence of violence was reported 97%, 83.2%, 44.6%, 54.3%, and 22.6% for dimensions of negotiation, psychological, physical, sexual, and injury respectively[1] which is consistent with the results of the present study. According to the findings of another study, 84.8% of women have experienced domestic violence in different stages of their life. Which was 81.2% for psychological violence, 14.8% for sexual violence and 40.4% for physical violence[32]. This is consistent with the results of the current study, except for the negotiation violence. In a study, psychological, physical, sexual and total violence was reported 18.12%, 14.1%, 12.08%, and 44.47% respectively[12]. The difference in the results of these two studies may due to the use of different tools. Findings showed, maximum and minimum of chronicity (repeatability) of domestic violence, was negotiation, and injury dimensions respectively, which consistent to results of Asadi's et al[1].

According to Table3, women's education, women's marital satisfaction, income sufficiency, the dating time, the marriage number of men, and men's occupations, had a significant correlation with the score of some dimension of domestic violence.

As already mentioned marital satisfaction, had a significant correlation with total violence and all of its dimensions except injury. The maximum direct correlation was between marital satisfaction and Physical dimension, so that a reduction unit in marital satisfaction has increased, 0.962 scores of physical violence. The maximum reverse correlation was between marital satisfaction and negotiation dimension so that a reduction unit in marital satisfaction has reduced the 0.193 scores of negotiation violence.

Income sufficiency had a direct correlation with total, psychological, physical and injury dimensions of violence. The highest correlation was with physical violence, so that, with one unit reduction in income sufficiency, 0.684, scores added to the physical violence.

In other study, domestic violence was correlated with economic satisfaction reversely[30]. Domestic violence during pregnancy had a significant negative correlation with economic status, marital satisfaction, education of wife and her husband's, occupation of wife and her husband's[33], which is consistent with our findings. The results of a study showed that there is a significant relationship between violence and low education, employment, residence and access of women to education[34]. The discrepancy between the results of these two studies may be due to cultural differences.

Domestic violence is a common hidden problem in women who refer to clinics[35]. The abused women use more health care, therefore, the health system can play an important role in providing support, care, and treatment for them[36]. Health providers have many barriers to ask questions and there are many obstacles to reveal it by victims of violence. The lack of such a dialogue affects the screening and identification of the referring women[35]. The WHO recognizes health care provider as the first line to identify and support for domestic violence, and recommends of educating health care providers about identifying, and caring for victims of domestic violence[20].

The existence of different subcultures makes limitations to generalizing the results of the study to other cultures. On the other hand, entering into a family and personal privacy is accompanied by anxiety, fear and even shame and embarrassment. In addition, the participating women, depending on their emotional state and emotional relationship with their husbands on the day of the study, may have biases in their responses. To prevent the adverse impact of these issues on the results of the study, after making mutual trust with the participants, a privet room, and a safe and friendly environment were used to question from women.

Domestic violence against women is common. The income sufficiency and marital satisfaction are protective factors for violence. Knowledge of the prevalence of domestic violence against women and its risk factors could assist in the planning of health providers for the identification, prevention, caring, and treatment of the health consequences of violence. In our country, all women have health records in Public Health Center, and health care providers also ask questions about domestic violence, but given the prevalence of violence, it seems that empowering them and using self-reporting tools are needed to identify and take care of the women victims of violence.

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