

Domestic Violence in Iran

Domestic violence refers to a variety of emotional, sexual, physical and verbal abuse against an intimate partner, child or other family members. Hitting, throwing objects, making derogatory comments, destroying property, threatening with a weapon, rape and incest are examples of domestic violence, which can happen alone or in combination (1,2).

Domestic violence is a chronic problem and its pattern develops over time (1,2). Since 1990s, there has been an increased awareness of the prevalence and consequences of family violence in the United State. Family violence is a widespread problem that affects people from all religious, geographic, ethnic, economic, educational and social backgrounds (1,2). Domestic violence is more than just a family problem. It is often associated with financial, social and job related difficulties requiring a holistic approach from various professionals who deal with it (1).

Because of underreporting and sampling bias, accurate estimation of prevalence of domestic violence cannot be obtained. However, studies generally report a higher prevalence of domestic abuse towards women. In one study, 16% of married couples reported at least one episode of physical violence in their life. Twenty eight percent reported that abuse happened during the first year of marriage or relationship (1).

Similar to international studies, domestic violence is also a serious problem in Iran, where it has been reported in large number of families. A study of domestic violence conducted in 28 cities in Iran has rendered a prevalence of 66.3% (3). Ghahhari et al. found that 73.5% of women in their study were subjected to various degrees of physical abuse from their husbands. They also showed that the rate of emotional abuse was higher than physical, sexual or verbal abuse (4).

There are several reasons why one partner shows aggression towards the other. These include being a victim of abuse and witnessing domestic violence as a child, abusing alcohol and other substances, being socially isolated, living in a culture which considers males as dominant figures and females as second class citizens and presence of severe mental illness and personality disorders (1,5,6). Although there are not enough studies regarding the etiologies of domestic violence in Iran, the aforementioned variables seem to be the main causes of abuse within the family structure.

Violent relationship within the family often goes on without suspicion of or intervention from health or social care professionals. In extreme form, the abusive partner can kill the victim in an impulsive outburst of physical aggression. Engaging the abusive partner is vital if therapeutic work is going to succeed, but this is very difficult to achieve. Often it is

Editorial

necessary to have several meetings with a victim to be able to create a trusting relationship in order to provide appropriate solutions for the ongoing problems and the crisis (1,5).

Should a therapist actively advise the victim to leave the relationship and take legal action against the abuser? This is a serious issue, which needs careful consideration on the part of both therapist and the victim. While in some circumstances, involving the partner and tackling the family's psychosocial difficulties can ensure that the couple continue to live together, in the others the best solution might be to advise the victim to separate from the abuser and press charges against him in order to eliminate the risk of enduring physical and psychological harm. Obviously, if couples have children, their safety comes as a priority. In such cases, when clinicians have even a slightest worry about children's wellbeing, social well-fare officers should be notified immediately (1,2,5).

If it was decided that couple could stay together, a crisis plan should be drawn up so that the victim can leave the dangerous environment whenever there is an emergency. Social services should be informed from the outset so that they can provide a place of safety, should the victim decide to leave home and take the children away from dangerous situation.

Apart from a detailed physical and psychiatric examination (7-9), in every case of domestic violence a thorough risk assessment must be carried out so that an irreparable harm to the victim can be prevented. It is also absolutely necessary to keep detailed and accurate records of the sessions (7,10,11). If victims decided to report the accidents to police they should be offered support to do so. In all cases, health, social and legal professionals must make sure that they communicate effectively with each other and act with coordination.

Building up a therapeutic relationship with the couples, psycho-educational intervention (8,10,11) and increasing awareness among the family members are the starting points in family therapy(12). When therapist is confident that the risk of a serious harm has been eliminated, the therapeutic sessions can concentrate on exploring family dynamics with a view to improve the relationship among the members and reduce the psychological impact of cycle of abuse within the network of the family.

References

1. Glick D. Marital and Family Therapy. Washington DC: American Psychiatric Press; 2000.
2. Douglas R. Emergency Psychiatry. Toronto: Mosby Company; 1983.

Editorial

3. Ghazi Tabatabai M, Mohsen Tabrizi AR, Marjai SH. [Studies on domestic violence against women.] Tehran: Office of Public Affairs, Ministry of Interior. Center of Women and Family Affairs, Presidency of the Islamic Republic of Iran; 2004. Persian.
4. Gahhari Sh, Mazdarani Sh, Khalilian AR, Zarghami M. Spouse abuse in Sari-Iran. Iranian Journal of Psychiatry and Behavioral Sciences 2008; 2(1): 31-35.
5. Drescher J, Stein TS, Byne WM. Homosexuality, Gay and Lesbian Identities and, homosexual behavior. In: Sadock BJ, MD and Sadock VA, MD editors. Kaplan and Sadock's Comprehensive textbook of psychiatry. Philadelphia: Lippincott Williams and Wilkins; 2005. Vol 2. p. 1936-65.
6. Carr A. Family Therapy; Concepts, process and practice. Brisbane: John Wiley and Sons; 2003.
7. Cecchin G. Hypothesising, circularity and neutrality revisited: an invitation to curiosity. Family Process 1987; 26: 405-13.
8. McMahan M. Some supervision practicalities. In: McMahan M, Patton W, editors. Supervision in the helping professions. Australia: Pearson Australia Demand Print Centre; 2004. p.17-26.
9. Gibney Paul. Is there a place for Psychiatric Diagnosis in Family Therapy? [Education Update]. ANZJFT 1990; 11(4): 229-37.
10. Ambling M. The Effect of Clinical Supervision on the Development of Counsellor Competency, Psychotherapy in Australia. Psychotherapy in Australia 2000; 6(4): 58-63.
11. Chambers M, Long A. Supportive clinical supervision: a crucible for personal and professional change. J of Psychiatric and Mental Health Nursing 1995; 2(5): 311-6.
12. Knobloch- Fedders L, Pinsof W, Mann B. The formation of the therapeutic alliance in couple therapy. Family Process 2004; 43(4): 425-42.

Mahdi Bina, MD*

Family Therapist and Child Psychiatrist

Associate Professor of Psychiatry, Shahid Beheshti University of Medical Sciences and Health Services

• **Corresponding author** : Mahdi Bina, MD, Imam Hossein hospital, Iran
Tel : +98 21 77551023
Fax : +98 21 77551023
Email : dr_m_bina@yahoo.com