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Investigation of Rate of Domestic Violence against Women Presenting to Legal Medicine Centers and its Coping Methods: A Descriptive Study

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Abstract

Objectives: Violence exerts negative effects on nutritional status and digestive system of women provoking mental disorders among them. The aim of this study was to determine the rate of domestic violence against women presenting to legal medicine centers and its coping methods.

Materials and Methods: A total of 150 women sustaining domestic violence presenting to legal medicine centers in Iran were selected as participants of this descriptive study using convenience sampling method. Data were collected through demographic information questionnaire, WHO standard domestic violence questionnaire, and a researcher-made inventory of coping with domestic violence against women and analyzed through SPSS version 23.0 using Mann-Whitney test, correlation coefficient, and independent *t* test.

Results: We found mental violence as the most common type of violence against women followed by physical and sexual violence. There was a significant correlation between women's age and problem-based strategy, women's occupation and problem-based strategy, marriage duration and coping strategy, marriage duration and problem-based method, consent at the time of marriage and excitement-centered strategy, presence of disease and excitement-centered strategy, and drug abuse and excitement-centered strategy, and a reverse significant correlation between excitement-centered strategy and sexual violence and between problem-based strategy and mental violence.

Conclusions: Some training classes ought to be held to provide appropriate coping strategies for women sustaining violence.

Keywords: Domestic violence, women, Coping method

Introduction

Domestic violence is a common global problem (1). Although this phenomenon is common in all communities and is not limited to any specific geographical zone (2), violence against women is more severe in traditional societies with lower cultural levels (3). The results of some studies indicate that women are exposed to violence eight times more than men (4). Violence is defined as any untoward event, threatening behavior, assault, and abuse of mental, physical, sexual, financial, or emotional types (5). Domestic violence causes greater mortality or physical disability among European women aged 16 to 44 years compared to cancer and road accidents (6). Almost one-third of women are subject to their sexual partner's violence during their lifetime (6) and domestic violence occurs among 21.45% of couples (7). Factors such as cultural differences, mental problems, personality features, socioeconomic conditions, education level, drug addiction, and cultural and training issues predispose them to the incidence of violence (8). Families under the patriotic influence of the husband (9) with lower education levels, poorer economical condition, lower income (10), worse social status, and drug or alcohol addiction are more frequently exposed to assault by the sexual partner. On the other hand, inefficient family relations (11) and women's slavery at home lead to increased rates of violence (12). The incidence of violence increases highly with the presence of drug or alcohol addict in women and those with a history of imprisonment (13). These violent behaviors manifest themselves in physical, mental, and sexual forms in the family. Physical violence includes various misbehaviors like pushing, kicking, beating, pulling the hair, burning, whipping, crushing and shattering of furniture especially those loved by women, annoying, disturbing and frequent awakening at midnight, repeated phoning, pursuing and following, different threats such as writing threatening letters, verbal threats, weapon threats, annoying the women's relatives or friends like children or parents, and finally threatening to victimize the women (14). According to some investigations, violent behaviors start with simple cases like pushing and beating and progress to more violent repetitious acts (15). Domestic violence

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exerts some negative effects on nutritional status and the digestive system leading to fluctuations in blood pressure (14). This results in an increased rate of mental disorders and even the incidence of post-traumatic stress disorder (16). Women exposed to their husband's violence not only sustain severe physical damages and disability but also suffer from irreversible problems such as chronic depression, personality impairments, severe anxiety, and psychosomatic disorders (17). Finally, the negative mental consequences of violence against women include indignity and mental paralysis of women in decision-making, the so-called "damage syndrome" (18). Violence is an inefficient behavior that causes the victim to take some coping strategies (19). Coping is defined as cognitive and behavioral strategies taken to maintain the physical and mental status and the internal or external management of the overwhelming situation in which the individual is trapped (20). Selection of the coping strategy depends on the sociocultural context, individual's capacity, availability of social support, and severity of violence (4). Some women are affected with depression after being subjected to violence and commit suicide while some others seek help from the family (17). Still, others try to forget the event (21). Women who enjoy a low level of extroversionism and a high level of conscientiousness use the coping strategies of self-restraint more frequently (22) since divorce is associated with a negative cultural load leading to loss of friends and relatives. Domestic violence is not a new phenomenon (23); however, it deserves special attention as a new social disaster due to the importance and necessity of addressing domestic violence given the severe consequences that it imposes on the individual and on the society. It may lead to increased rates of suicide, self-burning and leaving home (24). Considering the epidemic nature of violence in the Iranian community and lack of a suitable strategy for coping with domestic violence against women in Iran, this study investigated the rate of violence against women presenting to legal medicine centers in three cities of Iran and method of coping with it.

Materials and Methods

A total of 150 women suffering from domestic violence who presented to legal medicine centers in Tehran, Mashhad, and Shahrood were selected as participants of this descriptive study using convenience sampling method. Tehran was selected as a metropolis with various races and ethnicities and the other 2 cities were selected due to their easy accessibility and their proper cooperation with the researcher. The inclusion criteria were: the experience of domestic violence for at least 1 year, having no pronounced psychosomatic disease, sustaining violence imposed by the husband, and inclination to relay violent experiences. They were excluded from the study in case of lack of inclination for participation or if they did not meet the inclusion criteria. The data were collected using demographics questionnaire, WHO standard domestic violence questionnaire, and a researcher-made inventory of coping with violence against women. The domestic violence questionnaire consisted of 25 items on physical (9 items), sexual (5 items), and mental (11 items) violence. It uses a 5-point Likert scale ranging from never, once, twice, 3-5 times and more than five times. The researcher-made inventory of coping with domestic violence against women was developed via reviewing the literature on coping methods and instrument of coping with domestic violence designed by Mohhamadian et al (25). Its validity and reliability have been established by scholars (α=82%) with 37 items. This study used raw scores by adding the points obtained for each subcategory related to each strategy indicating the frequency of the use of that strategy. The sum of points for each item was reported as the total score of each individual. The obtained scores were categorized into four levels of excellent, good, moderate, and weak.

The excellent level: The score between the third quartile of the questionnaire and the maximum observed score of the questionnaire ranging between 112 and 148.

The good level: The score between the second quartile (median) of the questionnaire and the score of the third quartile of the questionnaire ranging between 75 and 112.

The moderate level: The score between the first quartile (median) of the questionnaire and the score of the second quartile (median) of the questionnaire ranging between 38 and 74.

The weak level: The score between the minimum score of the questionnaire and the score of the first quartile of the questionnaire ranging between 0 and 37.

The items of the questionnaire were divided into two sections: problem-based strategies including items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 23, 26, 27, 30, 29, and 32, and excitement-based strategies including items 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25, 34, 28, 31, 33, 35, 36, and 37. Having obtained the approval for the research proposal at the Research Council of the university and having obtained the permission of the Ethics Committee (IR.SBMU.PHNM.1395.703), the researcher referred to legal medicine centers at center, east, and west of Tehran, center and west of Mashhad, and Shahrood, presented her permission, and received the written permission of the related authorities. The research goals and procedures were explained to the participants and they were assured of information confidentiality and anonymity. Informed written consent was also obtained from all the participants. After completion, the questionnaires were collected and the participants were given an educational package of domestic violence and strategies for coping with domestic violence against women as a reward.

Results

The descriptive results of this study demonstrated that women's age ranged between 17 and 60 years. Women aged 25 to 34 years sustained the highest rate (64.7%)

of violence. A minority of them (3.30%) aged ≥45 years. The youngest and oldest women were 17 and 60 years old, respectively. About 69.3% of the women exposed to violence were housekeepers with a high school diploma or sub diploma degree. Most of the study units (81.3%) were satisfied with their marriage. Moreover, 32% of the women subjected to violence were affected with underlying diseases such as depression, diabetes, hypertension, respiratory diseases, and other conditions with 22% having a positive history of drug taking. Moreover, our findings revealed that 56% of the husbands of women sustaining violence aged 25 to 34 years with 64% holding a high school diploma or sub diploma degree. Most of the husbands were simple workers, 60% smoked cigarettes, 54.7% abused drugs, and 27.3% abused alcohol. Our results further suggested significant correlations between women's age and problem-based strategy ($P=0.04$), women's occupation (housekeepers/employed) and problem-based strategy ($P=0.02$), marriage duration and coping strategy ($P=0.002$), marriage duration and problem-based method ($P=0.004$), consent at the time of marriage and excitement-based strategy ($P=0.02$), and history of drug taking and excitement-based strategy ($P=0.02$). Additionally, our findings indicated that housekeepers were exposed to domestic violence more frequently ($P=0.008$) and women with higher education levels were exposed to physical violence less frequently ($P=0.04$). Women with underlying diseases experienced domestic violence more frequently, especially mental and sexual violence ($P=0.04$, $P=0.03$, & $P=0.001$) (Table 1).

The results indicated that the most frequent violence was related to mental violence followed by physical and sexual violence. Moreover, there was a reverse significant correlation between excitement-based strategy and sexual violence (assault) and between problem-based strategy and mental violence ($P=0.001$, r = -0.26) ($P=0.02$, r = -0.19) (Table 2).

Discussion

Violence against women is an old global problem which is considered as a major health problem affecting humanitarian and human rights aspects as well. Its physical, mental, and even social consequences may jeopardize the women in the family and in the community at large (2). There is little accurate statistics on this specific and sensitive phenomenon in Iran. Given that various parameters play a role in the prevalence of domestic violence, this study embarked on investigating the related

Table 1. Demographic Information and Factors Related to Coping Strategies and Domestic Violence

Group	Item	No.	(%)	Domestic Violence *P* Value	Mental Violence *P* Value	Physical Violence *P* Value	Sexual Violence *P* Value	Coping Strategy *P* Value	Problem-Based *P* Value	Excitement-Based *P* Value
Age	<24	14	9.3	0.5	0.4	0.2	0.5	0.5	0.04*	0.8
	25-34	97	64.7							
	35-44	30	20							
	>45	9	6							
Occupation	House keepers	104	69.3	0.1 (SD= -2.7, %=2.2)	0.2 (SD= 0.54, %=6.5)	0.008** (SD= -0.68, %=7.8)	0.5 (SD= -2.6, %=1.3)	0.09 (SD=1.1, %=7.1)	0.02* (SD= -1.4, %=5.41)	0.8 (SD= -1.41, %=12.5)
	Employed	46	30.7							
Education level	Secondary school and less	22	14.7	0.1	0.5	0.04*	0.1	0.5	0.07	0.8
	High school diploma	72	48							
	BA/BS and higher	56	37.3							
Marriage satisfaction	Yes	122	81.3	0.3	0.5	0.8	0.02*	0.8	0.5	0.02*
	No	28	18.7							
Diseases	Yes	48	32	0.04* (SD=-6.1, %=-1.5)	0.03 (SD= -1.9, %=4.9)	0.6 (SD= -6.4, %=1.8)	0.001** (SD=1.2, %=5.1)	0.3 (SD= -2.5, %=3.5)	0.4 (SD= -0.16, %=6.1)	0.001** (SD= -0.3, %=5.2)
	No	102	68							
Taking drug	Yes	33	22	0.02*	0.06	0.4	0.000**	0.04*	0.3	0.02*
	No	117	78							
Husband's education level	Secondary school and less	41	27.3	*P*=0.3 r=-0.07	*P*=0.6 r=0.03	*P*=0.01 r=-0.2	*P*=0.9 r=-0.005			
	High school diploma	55	36.7							
	BA/BS and higher	54	36							
Husband's drug addiction	Yes	82	54.7	0.6 (SD=-0.13, %=12.1)	0.2 (SD= -1.1, %=5.2)	0.03* (SD= 0.25, %=5.9)	0.2 (SD= -0.62, %=3.07)			
	No	68	45.3							
Husband's alcohol addiction	Yes	41	27.3	0.02* (SD=1.5, %=15.9)	0.004** (SD=1.4, %=8.3)	0.2 (SD= -1.6, %=4.7)	0.04* (SD= 0.02, %=4.5)			
	No	109	72.7							

* Significant at *P* = 0.05 (2-tailed).
** Significant at *P* = 0.01 l(2-tailed).

Table 2. Correlations Among Violence Components and Coping Strategies

		Domestic Violence	Mental Violence	Physical Violence	Sexual Violence
Excitement-based	Coping strategy	*P*=0.7, r=-0.024	*P*=0.9, r=0.008	*P*=0.35, r=0.07	*P*=0.03*, r=-0.17
	Flight and fleet	*P*=0.14, r=-0.124	*P*=0.6, r=-0.045	*P*=0.4, r=-0.06	*P*=0.06, r=-0.16
	Self-restraint	*P*=0.4, r=-0.05	*P*=0.7, r=-0.03	*P*=0.6, r=-0.03	*P*=0.7, r=-0.03
	Avoidance	*P*=0.18, r=0.1	*P*=0.17, r=0.11	*P*=0.06, r=0.15	*P*=0.6, r=-0.04
Total excitement-based		*P*=0.45, r=-0.06	*P*=0.7, r=0.03	*P*=0.7, r=0.03	*P*=0.02*, r=-0.19
Problem-based	Social support	*P*=0.07, r=-0.146	*P*=0.01*, r=-0.2	*P*=0.15, r=-0.11	*P*=0.3, r=-0.08
	Reassessment	*P*=0.009**, r=-0.214	*P*=0.005**, r=-0.23	*P*=0.01*, r=-0.19	*P*=0.4, r=-0.06
	Planned problem-solving	*P*=0.3, r=-0.07	*P*=0.03*, r=-0.16	*P*=0.7, r=0.02	*P*=0.8, r=-0.02
	Responsibility	*P*=0.14, r=-0.11	*P*=0.08 ,r=-0.14	*P*=0.07, r=-0.14	*P*=0.8, r=0.01
Total problem-based		*P*=0.03, r=-0.174	*P*=0.001**, r=-0.26	*P*=0.1, r=-0.13	*P*=0.4, r=-0.06
Coping strategy		*P*=0.03*, r=0.18	*P*=0.02*, r=-0.19	*P*=0.2, r=-0.1	*P*=0.09, r=-0.14

* Correlation is significant at *P* = 0.05 (2-tailed).
** Correlation is significant at *P* = 0.01 (2-tailed).

factors and some strategies for coping with domestic violence on 150 women subjected to violence who presented to legal medicine centers in Tehran, Mashhad, and Shahrood. This study explored three types of violence including physical, mental, and sexual violence along with two types of excitement-based and problem-based coping strategies. The results showed that mental violence was the most frequent type followed by physical and sexual violence. Shayan et al reported mental violence in their study as the most frequent type followed by physical and sexual violence. This is consistent with our results (26), though some studies have reported physical violence as the most frequent type. Our study found sexual violence as the least frequent type. This may be attributed to the lack of reporting of sexual violence due to the importance of female dignity and reputation issues in Iranian society. This is consistent with the findings by Arefi et al (27). Our results also found that most (62%) of the women under study aged 25 to 34 years while a minority of them were 45 years old or older. Their age ranged between 17 and 60 years. Aazami reported that 56% of the women subjected to violence aged 20 to 30 years (28). Various studies have demonstrated that women mostly use the excitement-based strategy. The stronger the female characteristics are, the higher the rate of the use of this strategy would be (29). Nonetheless, the statistical results of this study showed a significant correlation between age and problem-based strategy indicating that as age increases, the use of this strategy by women is fostered as well. The results also revealed that most of the women exposed to violence are housekeepers, which is consistent with the findings by Shayan et al (26). Moasheri et al rendered being a housekeeper as a risk factor of violence exposure (30). Our results indicated that sexual violence was different among the women who were satisfied with marriage and those who were not. That is, those women who were not satisfied with their marriage sustained violence more frequently. The study by Fakharzadeh et al revealed a correlation between marital satisfaction and violence, so women who were satisfied with their marriage faced violence less frequently, which is consistent with our findings (31). Selection of the coping strategy depends on the sociocultural context, individual's capacity, availability of social support, and severity of violence (4). Some women are affected with depression after being subjected to violence and commit suicide while some others seek help from the family (17). Another study reported that 23.5% of women were forced to marry and 7.8% of women who married with consent faced physical violence (32). Our study showed that women with an underlying disease are exposed to domestic, sexual, and mental violence more frequently. Other studies have also reported that women suspected to suffer from mental disorders (anxiety, stress, and depression) sustained domestic violence more frequently (33). Our findings further indicated a reverse significant correlation between husband's education level and its components, therefore, women whose husband held a higher educational degree sustained less violence, especially physical violence. Moreover, various studies have reported a reverse (negative) correlation between physical violence and husband's education level, so the husband's higher education level resulted in reduced physical violence. This is consistent with our results (32, 34). In addition, our findings suggested that alcoholic men practice more physical violence against their wife, a finding which is consistent with the results obtained by Peek-Asa et al (35) and Kyriacou et al (36). Our findings further indicated that drug addicts show more physical violence against their wife. Moreover, drug addicts commit more physical violence against their wife compared to non-addicts (35). Muhajarine and D'Arcy (37), Kyriacou et al (36) and Hasheminasab (32) obtained similar results. Obviously, women's dissatisfaction with the husband's alcohol or drug abuse may serve as a convulsive factor in the family leading to familial disputes and disparities. On the other hand, mental imbalance induced by men's alcoholism or drug addiction may function as an important factor in the incidence of men's physical violence against their wife. Approximately, 30% of all women that have had a relationship with their intimate partner have sustained

physical and/or sexual violence. The estimated prevalence of the intimate partner's violence has a range between 23.2% in high-income countries and 24.6% in the WHO Western Pacific region to 37% in the WHO Eastern Mediterranean region, and 37.7% in the WHO South-East Asia region. On the whole, 38% of all female murders are done by intimate partners. Additionally, 7% of women around the globe report sexual assault by someone other than a partner. Of course, data for non-partner sexual violence are more limited. Intimate partner and sexual violence are most often carried out by men against women (38,39).

Coping Strategies

Various strategies have been offered for coping violence against women. However, some of the methods such as leaving the house for a long time are not effective and efficacious coping skills. On the other hand, the silence of one of the two spouses, dialogue after the establishment of peace and tranquility, consulting the experienced members of the family, and referring to the consultation centers were introduced as effective coping strategies.

Clinical Implications

The women's coping skills can be investigated using the results of this study. This information may be used to recognize the rate and severity of violence against women enabling managers to provide appropriate care and empowerment for women and enable them to cope with domestic violence effectively.

Conclusions

Considering the importance of violence against women and given that those who use coping strategies encounter violence less frequently, it is recommended that some training classes be held to provide suitable and effective coping strategies for women sustaining violence.

Limitations of the Study

One limitation of the present study was the possible lack of honesty in responding to questionnaires due to poor mental status of women.

Conflict of Interests

Authors have no conflict of interests.

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