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Iranian Women's Experiences with Intimate Partner Violence: A Qualitative Study

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ABSTRACT

Background: Violence against women has been identified as a public health problem, which has fundamental consequences on women's physical, mental, and reproductive health. To understand abused women and provide support for them, it is necessary to enter the world in which the victims of intimate partner violence live. This study was designed to investigate experiences of abused Iranian women of intimate partner violence.

Methods: Content analysis approach was used to design this qualitative study. Participants were 11 married women, selected from two health centers and one park located in the south of Tehran, Iran. Purposive sampling method was applied to recruit the study participants and continued until data saturation was reached. Semi-structured interviews were employed to collect data.

Results: During the data analysis, 650 initial codes were clustered in six subcategories and two categories. "Neglect or covert violence" and "overt violence" were two categories emerged through data analysis, both having physical, sexual, and emotional dimensions. Emotional violence was the most prevalent in both cases and had more significance for the women. Neglect was much more common than overt violence. It was the precursor for overt violence.

Conclusion: Although participants had experienced both neglect and overt violence, the major part of experienced violence was neglect. This type of violence usually is not addressed or recognized and is difficult to identify, but it is damaging to women. Knowledge of women's experiences of intimate partner violence makes the health staff provide better care for abused women.

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Introduction

Violence against women has been identified as a human rights violation and a public health problem with serious consequences for the physical, mental, sexual, and reproductive health of women.[1] In addition to the immediate consequences of partner violence, such as injury or death, there are other long-term health consequences, such as chronic pain, neurologic and gastrointestinal disorders, migraine headaches, and other disabilities.[2] Health problems widely experienced by battered women include gynecological problems such as pelvic inflammatory diseases, decreased sexual desire, urinary tract infections, AIDS, genital irritation, unexplained vaginal bleeding, pelvic pain, fibroids, sexually transmitted infections,[3] the inability to use contraceptives, and unwanted pregnancy.[4] Partner violence during pregnancy is associated with complications such as spontaneous abortion,

abruptio placenta, premature rupture of membranes (PROM), low birth weight (LBW), preterm labor,[5] neonatal and perinatal death; it also results in a higher use of health services.[6] Depression, suicide, post-traumatic stress disorder, drug abuse, low self-esteem,[7-12] and eating and sleep disorders[13] are mental sequelae of intimate partner violence (IPV).

Bonomi et al.[14] argued that women's health is related to the type, duration, and proximity of the violence experienced, but the destructive impact of violence on the health of the future generation is more important. In children and adolescents living with domestic violence, the risks of experiencing physical, emotional, and sexual abuse, developing emotional and behavioral problems, and encountering other difficulties in life are increased.[15]

In a study of more than 24 thousand women aged 15-49 yr in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania), 15% to 71% of women reported to have experiences of physical or sexual partner violence, or both during their lifetimes.[1] The prevalence rates however; may differ widely from country to other country. In Pakistan, the prevalence rates of physical, psychological and sexual abuse in the last 12 months were 56.3%, 81.8% and 53.4% respectively.[16] Akmatov et al.[17] based on the data from two Demographic and Health Surveys (DHS) conducted in Egypt in 1995 and 2005, have reported the prevalence of wife beating in the last 12 months as high as 17.5% in 1995 and 18.9% in 2005. In another study that was conducted among pregnant women in Malatya, Turkey, the prevalence rates of physical, emotional and sexual violence during pregnancy were 8.1%, 26.7% and 9.7% respectively.[18]

Accurate statistics on the prevalence IPV is meager in Iran.[12] Faramarziet al.[19] have reported the prevalence rates of physical, psychological and sexual abuse during the preceding 12 months among 2400 married women attending Babol public clinics as 15%, 81.5% and 42.4% respectively. In Kazeroon the prevalence rates of physical, psychological, and sexual abuse among 702 women attending public clinics were indicated to be 43.7%, 82.6%, and 30.9%, respectively.[12] Ghazizadeh demonstrated that 15% of women had been assaulted by their husbands at least once during the preceding 12 months and 38% at some time during the marriage in the city of Sanandaj, north west of Iran.[20]

To investigate intimate partner violence the role of cultural and social context should be considered. In the Iranian traditional culture which is consistent with the cultural norms in many parts of the world and in the country's civil law (article 1105) which is mainly originated from Islamic teachings and philosophy males are given dominant role in the family as the head of household. According to the Islamic teachings women should compromise at last with their husband‘s decisions in the cases that are related to the overall family interests.[21]

As a global phenomenon, divorce may have financial, social and emotional consequences especially for women. Based on the Iranian civil law full custody of children after a certain age (which is different for girls and boys) is being given to father if divorce occur.[22] Therefore, women may prefer to stay in an abusive relationship than to divorce for different reasons such as fear of defamation, fear of losing children, lack of social and legal support, and pressure of social norms that stigmatize divorce.[23]

To understand and provide required support for the victims of violence, it is necessary to enter the world in which they live.[24] Therefore investigating the experiences of abused women is pivotal for identification, prevention and control of the phenomenon. Different qualitative studies on women's experiences with intimate partner violence were conducted in other parts of the world, but little evidence exist to explain the experiences of Iranian women with intimate partner violence. This qualitative study was designed and performed with the aim of understanding the experience of Iranian victims of intimate partner violence.

Materials and Methods

Design

Few and Rosen[25] have indicated that perception, acceptance or rejection of intimate partner violence could differ from culture to culture and intimate partner violence can be understood distinctively in diverse cultures. Culture, however, is only part of the wide context in which a person lives. The fact that perceiving violence is context-dependent and quantitative methods may not explain its core corporeality was led to designing this qualitative study with content analysis approach. Qualitative content analysis is the best method to study cultural context-bound subjects.[26]

Qualitative content analysis is a subjective interpretation of the content of textual data through the systematic process of coding and recognizing themes or categories.[27] The aim is to reach a broad and condensed description of the phenomenon under study, and the outcome of the analysis is categories or themes describing the phenomenon.[28] Three different approaches categorized as qualitative content analysis including conventional, directed, and summative.[27] In the current study, conventional content analysis was applied.

Sampling

Purposive sampling method was used to recruit the women attending two health centers and one park located in the south of Tehran over an 11-month period (June 2012 to May 2013). The criteria for participant selection were: having experience of intimate partner violence in a marital relationship; being fluent in the Farsi language; being Iranian, being married, being at least 18 years of age, having a willingness to participate in the study, and giving informed written consent. Exclusion criteria were being pregnant and less than six months postpartum.

Since perceiving violence is a context-dependent phenomenon, in this study, intimate partner violence was not identified based on predetermined definitions or screening instruments. Women who themselves believed their husbands did not treat them well and were dissatisfied with their married life were interviewed if they met other inclusion criteria. Then they were asked to talk about their husbands' hurtful behaviors.

The maximum variation in characteristics such as age, education, number of children, gender of children, length of marriage, and economic status was taken into consideration when sampling was conducted. Sampling was maintained to data saturation.

Participants

The participants were 11 married women aged 22-72 years (mean: 38 years) who were living with their husbands at the time of the interview. The length of the marriages was in the range of 3-58 years (mean: 19 years), the participants' educational levels ranged from illiterate to bachelor's degree, and almost one third had a high school diploma.

Table 1: Selected characteristics of the study participants (n=11)

participants	Age (yr)	Duration of marriage (years)	Education	Employment	Children(n)	Economic status
1	55	36	5 years of schooling	Housewife	6	Fairly appropriate
2	72	58	Illiterate	Housewife	8	Poor
3	34	14	High school diploma	Housewife	2	Fairly appropriate
4	42	23	6 years of schooling	Housewife	2	Fairly appropriate
5	27	13	8 years of schooling	Housewife	2	Appropriate
6	31	9	High school diploma	Housewife	2	Fairly appropriate
7	33	10	High school diploma	Housewife	2	Poor
8	32	7	Bachelor's degree	Employed	1	Fairly appropriate
9	36	19	7 years of schooling	Housewife	3	Fairly appropriate
10	32	16	High school diploma	Housewife	2	Appropriate
11	22	3	5 years of schooling	Housewife	1	Poor

All but one was housewives. Almost half of the participants reported a appropriate economic status, all women had children (mean: 3 children). Participants' characteristics were shown in Table 1.

Interview Procedures

Semi-structured interviews were done to collect data. Interviews began with a general question such as "describe your married life?" Then participants were asked if they had been hurt abuse in their married life by their husbands, if so, they were asked to talk about it; they were encouraged to share their experiences and understanding of the being abused. If necessary, their responses were further investigated using probing questions such as "What do you mean by this statement?" or "Can you explain it in detail?" In some cases that the interview was not completed or some questions came to the research team's mind after analyzing the data, the participant was given an appointment for the next interview; so that two participants were interviewed twice. A total of 13 interviews were conducted. Interviews lasted from 35 to 90 minutes.

Data Analysis

The conventional content analysis approach was applied to explain the phenomenon of intimate partner violence by examining real world experiences of women. Analysis was done concurrently with data collection using the 5-step method for analysis of qualitative data described by Graneheim and Lundman,[29] as follows:

1. Interviews were transcribed verbatim and reread several times to gain an overall understanding of their content;
2. Text was divided into condensed meaning units;
3. Condensed meaning units were abstracted and coded;
4. Codes were compared based on similarities and differences and classified into categories and subcategories, reflected the manifest content of the text;
5. Themes of the categories were specified and reflected the latent content of the text.

In this study, the analysis progressed until the manifest content was clarified and the categories and subcategories were determined. To facilitate data analysis, Open Code software was used.[30]

Trustworthiness

The four applied criteria were credibility, dependability, confirmability, and transferability as described by Lincoln and Goba to ensure the trustworthiness of the data.[31] Researchers increased credibility of the data by establishing a close rapport with participants, checking up via member check and peer debriefing, and considering the maximum variation in sampling.

Member checking was achieved by asking the participants to verify the preliminary findings from the earlier interviews. In peer debriefing, the process of analysis was reviewed among members of the research team including (S.T.) and three expert co-authors during regular meetings and if there was a disagreement, the review continued to reach an agreement. Establishing a close rapport with participants was done by the first author (S.T.) in order to build the participants trust and gather in-depth data.

The external audit technique enhanced dependability and confirmability. During the external audit, texts of the interviews and the codes and categories extracted from them were examined by two experienced researchers in qualitative research who were selected outside the research team. They confirmed the correctness of the analysis, as well. Transferability was ensured by comparing the similarity of findings with the experiences of non-participants and achieving maximum variation among participants.

Ethical Considerations

Researchers took into consideration ethical issues for participants and explained the purpose of the study, obtained informed written consent, and ensured information privacy and confidentiality. We also ex-

plained to the participants that they have right to withdraw from the study at any time, to check and request a copy of their records and transcripts, and choose the time, place and duration of the interview. To conceal the participants' identity we renamed the original names in the text if necessary. The study was approved by the Institutional Review Board of University.

Results

During the data analysis, 650 initial codes were clustered in six subcategories and two categories. "Neglect or covert violence" and "overt violence" were two categories emerged through data analysis. Below is a more precise presentation of the results.

Neglect or Covert Violence

One of the extracted categories from the data was neglect or covert violence. It consisted of three subcategories: "physical neglect", "sexual neglect", and "emotional neglect". Neglect was considered as a form of abuse where a husband abandons his appropriate and basic roles and does not satisfy the wife's expectations and needs in married life. It could be intentional or unintentional. The woman's response against husband's neglect can sometimes aggravate situation and lead to perpetrate overt violence by husband.

Physical neglect

Physical neglect was considered as husband's failure to provide the essential needs of the family and conveying the family's comfort. This type of neglect could happen in one or more of the following areas: nutrition, clothing, daily life requirements, housing, health, financial needs, entertainment, and travel:

"He does not care what we eat; he has not bought even a cup for the home or a pair of socks for me since the beginning of our marriage. I have asked him several times, 'Why don't you even buy a kilo of fruit when you come home?" (p2). Another participant said: "When I was pregnant, he did not give me the money to hire a taxi. I cried and shouted at him and should tolerate his beating to get enough money to go to the clinic by taxi." (p11).

Sexual neglect

Sexual neglect was another form of neglect where the husband did not satisfy his wife's sexual needs. This included lack of sex at all, or having sex scarcely: "We sleep separately from one another. He does not pay attention to me sexually; he does not even fun with me or touch me. Each of us lives a separate life"(p5). Another woman said "We do not have [regular] sex. He does not show interest; we have sex maybe once every two weeks, but I am a young woman and may prefer to have sex more frequently than we have now" (p8).

Emotional neglect

Emotional neglect was the most common form of neglect experienced by the participants. This type of neglect could happen in one or more of the following areas: attention, affection and revealing interest, support, understanding, companionship, and appreciation: "He may love me a bit, but he does not show this in his face. He has not shown his affection verbally or in his behavior for the past 16 or 17 years" (p10).

Another participant commented: "I am yearning for his affection, but he is not my companion. I am very keen to go shopping with him to buy a dress. Once when I bought a pretty dress; he did not ask how I paid for it, or say that the color suited me or not, or ask when I have bought it. He has never said congratulation or bought Woman's Day gift, birthday present, or a gift to remind our marriage anniversaries" (p4).

Not only neglect of women but also neglect of children and a wife's relatives was painful for the participants. Examples of child neglect included ignorance of meeting the children's needs and not being involved in activities that associated with the child such as health, education, care, affection, entertainment, and hobbies: "Our child is 3 years old; during this 3 years, he has not fed

his son even one spoonful by himself. He has not experienced sleeplessness even for a night and has not helped me to care our child" (p11).

Another participant explained: "He does not even know in what grades his children are studying at school." She also reflected about how her husband ignored her relatives: "My mother came to our home and stayed for an hour and then left. My husband did not even come to greet her. He asked me rudely why my mother has been here" (p1).

The interviewed women also stated that emotional neglect has been more important than other types of neglect: "His neglect makes me sad. I think that, even if he cannot have sex with me, at least he can communicate with me by asking for instance about how I spent my day. His affection is much more valuable than just having sex scarcely." (p8).

Overt Violence

Another emerged category from the study data was overt violence. It consisted of three subcategories: "physical violence", "sexual violence", and "emotional violence". Overt violence meant the husband perpetrated a harmful act.

Physical violence

Physical violence in this study was defined as the use of physical force, or application or threatening to apply different objects to harm or frighten wife. Participants reported punching, slapping, pulling hair, beating, throwing objects, beating with objects, pushing, pulling by force, strangling, and threatening with a knife or dagger to frighten the wife: "He pulls my hair, goes to the kitchen and grabs a knife to attack me" (p7). Another woman stated: "I came down [stairs] and argued with him; he picked up a brick and threw it toward me. I ran away and the brick smashed against the door and broke it." (p5).

Sexual violence

Sexual violence included forcing a woman to have sex using either physical force or another forms of coercion, and disregarding her ease in sex: "He wants me to have sex with him whenever he feels like; I dislike this, but should accept it sadly after an argument" (p11).

Emotional violence

Emotional violence was meant in this study as psychological abuse by using hurtful words or actions. Emotional violence was the most common form of the reported overt violence among the participants. Emotional violence had the greatest importance for the interviewed women than the other forms of overt violence. Verbal violence included threatening, humiliating, ridiculing, swearing, slandering, and criticizing: "When I said something which he didn't like, he said, 'Am I an addict? I am not addicted like someone you know'. He then continued by asking, 'Has Ahmad (my brother) found a job?' I know that he was criticizing me for my brother's addiction!" (p9).

Verbal abuse was significant for women, as explained by one of the participants: "If I have to choose between the manner he has now or the manner he had years before, I think that he was better before than he is now; although that times he beat me and restricted me, locked the door and did not let me go out, forced me to wear a chador (a dressing to cover whole body), and said that I couldn't wear makeup outside the home. These were upsetting but he did not criticize or downgrade me in front of others formerly." (p7).

Other cases of emotional violence experienced by participants included financial violence (such as borrowing and not returning wife's money back and spending the wife's inheritance without her full agreement), having inappropriate expectations which is in fact a kind of bullying, listing jobs that the wife should or should not have and preventing her from applying for jobs that do not suit his preference and forcing her to do jobs according to his desire, and controlling her through a range of measures

including restricting the woman to leave the house without a companion , accompanying her by himself, locking the door to prevent her leave from the house, checking the phone calls or disconnecting the phone, keeping the identification documents, following, interrogating, checking her presence at home, and controlling the relatives' visits.

Betrayal was the most important type of emotional violence reported by participants. This ranged from staring at and/or praising another woman's appearance, flirting, showing attention to/or interest in another woman, infidelity in marital relationship. Participants considered a husband's betrayal the worst kind of violence they have experienced. In some cases, betrayal made difficult to continue marital life:

"I saw frequently things that would have made any woman desert her children and flee. He brought another woman to home; it put so much pressure on me. It is the worst thing that can happen to a woman. I frequently saw the cases of his betrayal both at home and outside the home. It was the biggest cause of my illness. If he had not acted like this, I probably would have tolerated his beatings, bullying, and stubbornness, but I cannot bear this" (p10).

The studied women not only were distressed by experiencing direct violence, but they were also harmed by their husbands' inappropriate behavior with their child (such as beating, swearing at, publicly humiliating, forcing the children to work, or extruding the child from the house) or with his wife's relatives (such as ridiculing, swearing at, backbiting, slandering, having a tantrum, and inappropriate expectations): "He beat the children and forced out our sons from the house" (p1). In regard to her relatives, she said: "He swore at my father, mother, brother, and even my sister-in-law, who have not come to his house for 35 years" (p1).

In some cases, the husband's abusive behavior with children was worse than infidelity: "Now, I have sacrificed myself. I am so worried about my children; their suffering is the only thing that bothers me very much. Perhaps his relationships with other women are less important, because my children do not understand them. My children are most important to me" (p10).

Discussion

The study results indicated that participants have experienced physical, sexual, and emotional overt violence. This classification is in accordance with the findings of other qualitative studies on women's experiences with intimate partner violence[8,32-34] and is consistent with existing definitions of intimate partner violence.[13,35] Women who experienced overt violence revealed that emotional violence was the most common and most important to them. Other studies have also reported that psychological violence was more damaging than other forms of violence.[9,36] In the study of Häggblom and Möller[8] abused women considered psychological violence the worst form of violence.

In the present study, the participants considered a husband's betrayal as the most hurtful and intolerable form of violence, and in some cases, it even caused difficult continuation of the marital life. Chang et al.[37] found that a partner's betrayal/infidelity was considered to be a major factor in reducing a woman's tolerance to violence and encouraging her to make a change.

Physical, sexual, and emotional neglect formed major part of the participants' experiences in this study; however, emotional neglect was indicated to be the most common and important type of neglect for them. In other qualitative studies[8,32,34] and also in some existing definitions of intimate partner violence[35] have not included neglect however; in some other studies neglect of performing financially supportive role and commitments,[33,38] not respecting the values, feelings, needs, and desires of a wife,[38] and neglecting and treating the woman in a insensible way [13] were considered as examples of overt violence. The existing literature indicates that neglect (refusing or failing to accomplish individual and care obligations) has also been emphasized in elder abuse, violence against vulnerable adults (suffering from

physical and mental disorders) and child abuse.[2,39,40]

The emphasis of existing definitions of intimate partner violence on the dimensions of overt violence,[13,35] the focus of researchers on its dimensions, the use of screening tools which measure its dimensions, and the emphasis of interventions on the elimination of overt violence, all indicate that neglect as a part of intimate partner violence is exist; and the current study's results showed that it might have the highest importance for women. Most participants' remarks clearly showed that how a husband's neglect paved the way for the emanation of overt violence. In the study of Bostock et al.[32] abused women identified their partners' lack of interest to engage in family and household affairs, lack of commitment, and financial irresponsibility as contributing factors in their violent relationships.

Implications and Suggestions for Future Studies

The current study's results could be applicable in training health care providers who work with victim women of intimate partner violence. These findings can also help caregivers, advocators and policy makers in designing efficient care packages for abused women. Women in different ethnic groups may experience intimate partner violence differently. Therefore, future studies are recommended to investigate women's experiences of intimate partner violence cross-culturally and designed interventions are recommended to focus on reduction of neglect and to compare the efficacy of current interventions based on a socio-cultural context.

Conclusion

This study has provided a deeper understanding of the nature of intimate partner violence from abused Iranian women's perspectives. The results revealed that overt violence was only a small part of overall violence experienced by the women. It can be resembled to the observable peak of an iceberg floating in the water; since the major bulk of the experienced violence was neglect that it is not generally addressed or recognized, while it is damaging. Considering neglect as a predisposing factor for overt violence, it must be approached as a health priority that requires precise multi-sectoral attentions including planning, research, policy-making and education.

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Competing Interests

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