

Comparing Violence against Women with and Without an Addicted Spouse in Kashan, Iran

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Original Article

Abstract

Background: Although some studies have been conducted on violence against women, but all these studies were conducted in the general population and not the wives of addicts. This study was aimed to compare the violence against women with and without an addicted spouse.

Methods: This comparative study was conducted on 200 married women in Kashan, Iran. 100 cases were females with addicted spouse and 100 were women with non-addict husbands. Data collected using Haj-Yahia violence questionnaire. Data analysis was performed using SPSS. Descriptive statistics and chi-square, Mann-Whitney U, and Kruskal–Wallis tests, odds ratio (OR) and Kendall's correlation coefficient were used to analyze the data.

Findings: The overall mean score of violence was 69.29 ± 14.84 for the women with addicted husbands and 40.02 ± 9.26 in women with non-addicted spouses ($P < 0.001$). The mean score of psychological violence was 39.03 ± 7.60 in women with addicted spouses and 21.86 ± 6.11 in those with non-addicted husbands ($P < 0.001$). Furthermore, the mean score of physical violence was 20.98 ± 6.50 in women with addicted spouses and 12.2 ± 2.55 in those with non-addicted husbands ($P < 0.001$). Moreover, the mean scores of sexual violence were 4.52 ± 2.21 and 3.28 ± 0.75 in women with and without addicted spouses, respectively ($P < 0.001$).

Conclusion: The overall rate of violence was significantly higher among women with addicted spouse and especially if the spouse abused more than one type of substances. Further investigations are suggested on the effects of opium withdrawal or changes in the substance abused on the rate of violence against women.

Keywords: Violence, Addiction, Women

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Introduction

As defined by the United Nations Declaration on the elimination of violence against women, violence against women is "any act of gender-based violence that results in or is likely to result in physical, sexual or psychological injury or suffering to women including threats of such acts, coercion or illogical deprivation of liberty; whether taking place in public or private life."¹

Violence against women exists in all countries and the World Health Organization (WHO) has identified it as a health priority in the year 2000.² Violence against a woman is of utmost importance due to her role as a wife and a mother. However, the problem often remains hidden from the public view due to the family structure.³ Family has profound effects on the formation of social relations and could deeply affect the health of public institutions. Then, violence against women may not only disrupt the family relationships, but also impair normal social interactions.⁴

Violence against women could present in different ways such as physical, psychological, sexual and financial violence. Psychological violence refers any violent behavior and speech that jeopardizes the mental health of others. Isolation, verbal aggression, unfair criticism, insult, constant humiliation, threats of divorce and restriction of freedom are among different types of psychological violence. Any behavior that results in physical injury is known as physical violence. Financial violence also includes behaviors that cause financial pressure, harassment, and discrimination. Withholding the family financial needs and selling paraphernalia and home appliances, are instances of financial violence. Sexual violence is also any behavior that forces a woman to an unwanted sexual act or any behavior that results in sexual injury.⁵

Usta et al. in a study of domestic violence has reported that the prevalence of violence against women is different from 13 to 71% in various countries.⁶ This rate varies from 27 to 83% in studies conducted in Iran.⁷ For example, in a study that was performed on 1000 married women referred to at three obstetric and gynecological clinics in Teheran, Iran, the lifetime prevalence of domestic violence against women was 59%.⁸

Substance abuse is a major problem in some

communities such as Iran.⁹ A recent study in Iran reported the prevalence of substance abuse in urban and rural areas as 2.75 and 2.47, respectively.¹⁰ Moreover, the Iran Drug Control Headquarters recently announced that there are 3 million substance abusers in Iran.¹¹

Substance abuse and addiction would negatively affect the character of the addicted individual, decrease the intimacy between the family members, increase the rate of unemployment and aggression, and consequently would increase the probability of violence against women.^{12,13} It is important to note that 81.7% of addicts are married.¹⁴ Stuart et al. in a review study examined the association between use of drugs and drug abuse treatment is to reduce violence.¹⁵ Karow et al. studied the types of personality disorders among the opium addicts' families.¹⁶

A descriptive study has also investigated the problems experienced by family members of drug users.¹⁷ In another study, Compton et al. have investigated the prevalence, correlates, and comorbidity of diagnostic and statistical manual of mental disorders (DSM-IV) antisocial personality syndromes among alcohol and drug abusers in the United States.¹⁸ Stacy and Wiers examined the implicit cognition that lead people toward addictive behaviors.¹⁹ Flora and Stalikas have also examined the factors affecting substance abuse treatment in Greece.²⁰

In one Iranian investigation, Jalali and Rahbarian have studied the violence against wives of addicted men in CharMahal and Bakhtiari province, Iran.⁵ Although some studies have been conducted on violence against women, but the majority of these studies were conducted in the general population and not the wives of addicts. Then, it is still needed to study on violence against women, especially in families with substance abuse. With respect to the issues presented, and the important role of the family in society and the lack of published studies on association of addiction and violence against women from Iran, the present study was aimed to compare the violence against women in families with and without an addicted spouse in Kashan, Iran.

Methods

This comparative study was conducted on 200

married women in Kashan in the year 2013. 100 cases were females with addicted spouse and 100 were women with non-addict husbands. Inclusion criteria were being married, living with her husband and consent to participate in this study. Sampling was done using census method. Therefore, wives of 112 addicts (from a total of 142 addicts who were under addiction treatment in the three addiction treatment centers in Kashan) who had the inclusion criteria, were invited to participate in the study. Of 112 questionnaires distributed among the women with an addicted spouse, 100 answered questionnaires were returned.

For the comparison, 100 married women with non-addicted husbands were selected among women referred to the healthcare centers affiliated to Kashan University of Medical Sciences. The participants in the second group were matched with the first group in terms of education levels and income (as possible) in order to eliminate confounding factors.

The data collection instrument had two parts. The first part covered personal specifications (such as age, education level, job, length of marriage, number of children) and the type of drug used by the spouse (i.e. opium, heroin, and synthetic materials such as crack and crystal meth (known as shishe). People who consistently consumed more than one type of material were considered as using more than one type of drug.

The second part of the instrument was the Haj-Yahia violence questionnaire. This questionnaire evaluates the extent of violence against women. This questionnaire was previously translated into Persian, and its validity was confirmed by Khosravi and Khaghanifard.²¹ The reliability of this questionnaire was assessed using Cronbach's alpha that was 0.71, 0.86, 0.93 and 0.92 for its different subscales (including psychological, physical, sexual, and financial violence, respectively).²² The Haj-Yahia violence questionnaire contains 32 items, including 16 items on psychological violence, 11 items on physical violence, 3 items on sexual violence, and 2 items on financial violence. Each item asks the participants about the occurrence of violent behavior during the past year. All items are answered on a three choices Likert scale including of "never = 1," "once = 2" and "two or more times = 3" respectively. The lowest score of the

questionnaire was 32 and the highest was 96. Also, the range of scores was 16-48 in psychological violence subscale, 11-33 in physical violence subscale, 3-9 in sexual violence subscale and 3-6 in financial violence subscale, respectively. An overall score of 32 was considered as absence of violence while an overall score of 33 and over indicated occurring of violence.

All the participants were briefed on how to answer the questionnaire and were asked to return it back within 24 h. Then, a stamped envelope with the return address was given to each participant, and they were asked to return the answered questionnaire via the post.

This study was approved by the institutional review board (grant number: 9298) and the Research Ethics Committee of Kashan University of Medical Sciences (on October 9, 2013). All of the subjects were informed about being free to participate in the research and non-disclosure of personal information. They all were briefed on the study aims and signed a written informed consent before taking part in the study.

Data analysis was performed using SPSS software (version 16, SPSS Inc., Chicago, IL, USA). Descriptive and analytical statistics were used. The distribution of data was examined using Kolmogorov-Smirnov test and non-parametric testes were applied due to the lack of normal distribution. The chi-square test was used to compare the level of education and income in the two groups. Mann-Whitney U test was used to compare the two groups in terms of the levels of violence. Kruskal-Wallis test was used to compare the mean of violence in terms of the type of the abused substances. Odds ratio (OR) was calculated to examine the risk of violence. Also, Kendall's correlation coefficient was used to examine the relationship between duration of addiction and the score of violence. $P < 0.05$ were considered to be significant.

Results

This study was conducted on 200 women in the Kashan and the results are presented in tables 1 and 2. The overall mean score of violence was 69.29 ± 14.84 for the women with addicted husbands and 40.02 ± 9.26 in women with non-addicted spouses. Statistically significant differences were found between the two groups ($P < 0.001$).

Table 1. Frequency of the spouse education level in women with addicted and un-addicted spouse

Education level	Group		*P
	Women with addicted spouse	Women with un-addicted spouse	
	n (%)	n (%)	
Illiterate	22 (22)	22 (22)	0.990
Elementary	15 (15)	15 (15)	
Secondary	17 (17)	17 (17)	
High school	29 (29)	29 (29)	
University	17 (17)	17 (17)	

*Chi-square test was used

Table 2. The mean score and SD (standard deviation) of violence against women based on the type of the abused substances

Type of substance	Violence (mean \pm SD)	*P
Opium	70.43 \pm 12.80	0.029
Heroin	64.54 \pm 14.71	-
Synthetic substances	65.97 \pm 16.58	-
More than one substance	78.00 \pm 10.70	-

*Kruskal-Wallis test, SD: Standard deviation

The mean score of psychological violence was 39.03 ± 7.60 in women with addicted husbands and 21.86 ± 6.11 in women with un-addicted husbands ($P < 0.001$). Furthermore, the mean score of physical violence was 20.98 ± 6.50 and 12.2 ± 2.55 in women with and without addicted husbands, respectively ($P < 0.001$). Moreover, the mean scores of sexual violence were 4.52 ± 2.21 and 3.28 ± 0.75 in women with and without addicted husbands, respectively ($P < 0.001$). The mean score of financial violence was 4.76 ± 1.47 in and 2.68 ± 1.2 in women with and without addicted husbands, respectively ($P < 0.001$).

Prevalence of violence was significantly higher in women with addicted husbands ($P = 0.001$). Also, the risk of violence was 17 times more in women with addicted husbands (yes = 97% and No = 3%) than in those with un-addicted husbands (yes = 65% and No = 35%) (OR = 17.41, 95% confidence interval: 5.13-58.98).

Also, table 2 shows that the type of abused substance would affect the degree of violence against women so that the highest mean score of violence was observed in women whose husbands abused more than one type of substances.

There is no significant association was found between duration of addiction and violence ($r = 0.011$, $P = 0.516$). Moreover, no significant relationship was found between living location (living in urban or rural areas) and degree of violence neither in women with addicted husbands ($P = 0.583$) nor in those with un-addicted spouses groups ($P = 0.734$).

Discussion

In the present study, the overall rate of violence was significantly higher among women with an addicted spouse than in women with non-addicted spouse. Several studies have examined aspects of violence against women. In general, high levels of violence against women have been reported^{23,24} and some aspects of violence are more obvious. For example, Hanson and Wallace-capretta have reported that nearly 80% of women have experienced some types of psychological violence.²⁵ Some of the studies have also been carried out in Iran and showed that most of women have experienced violence especially in the psychological domain.^{26,27} Several factors could exacerbate the problem among them, and addiction is one of the most prominent factors. These findings are consistent with previous studies.^{7,12,28}

Lutfey et al. have found that the rate of experienced violence was 25% higher among women with alcohol or substance dependent spouses.²⁷ Several other studies have also confirmed that spouse addiction is an important risk factor for occurrence and increase in the severity of violence against women.^{25,29,30} Therefore, it can be concluded that despite the cultural differences in groups and societies, addiction is a common risk factor in the incidence of violence against women in different societies.

In this study, all aspects of violence against women (including psychological, physical, financial and sexual domains) were significantly

higher among women with addicted spouses than those with a non-addicted spouse. Drug addiction would result in extensive cognitive and behavioral changes in addicts and consequently would increase the risk of violent behaviors. Studies have shown that addicted people usually use inefficient ways to resolve their problems and conflicts.^{31,32}

Impulsivity, low self-esteem, lack of problem-solving skills, instability and lack of social skills are among the characteristics of individuals who are attempting to harass their wives. These features are dramatically higher among addicts⁵ and then would increase the rate of violence in their families. On the other hand, due to the high costs of drug addiction, addicts are constantly faced with financial problems that consequently would increase their aggressive behaviors and ignorance of the financial needs of their own families.

In the present study, a significant relationship was observed between the type of drug used and the severity of violence against women; so that the highest mean score of violence was observed in women whose husbands abused more than one type of substances.

Different substances have different physical, behavioral and psychological effects. For example, synthetic substances (such as crack and crystal meth) have adverse effects such as mood disorders, anxiety, sleep disturbances, and sexual dysfunction.³³ Aggregation of these effects along with the increased financial costs in persons who abuse several types of opiates would increase the pressure on wives and families of these addicts.

In a study reported by Ahmadpour et al. addicts who were dependent to synthetic substances had more violent behaviors than other groups, which were attributed to the hallucinogenic effects of such material.³⁴ This is in contrast with findings of the present study that may be related to the small number of this subgroup in this study.

This study was conducted on 200 married women in Kashan. Still further, epidemiological studies with larger sample size are necessary to elucidate the magnitude of violence against women in Iran and its affecting factors. On the other hand, it was not only difficult to find cases of domestic violence but also to find many cases of spouse addiction. Women with an addicted spouse were initially reluctant to participate in the study, and it

was difficult to gain their trust and this may affect their responses. Perhaps, many cases of violence against women remain hidden in Iran because many women do not disclose such behaviors to others including to healthcare team to keep their prestige and social status.

In this study, we did not assess the effect of opium withdrawal on violence against women; therefore, further investigations are suggested on the effects of opium withdrawal or changes in the substance abused on the rate of violence against women. Moreover, comparison of the rate of violence against women, before and after opium withdrawal is suggested.

Conclusion

The overall rate of violence was significantly higher among women with an addicted spouse than women with non-addicted spouse. The risk of violence against women was 17 times more in women with an addicted spouse. Also, the level of violence was higher in women whose husbands abused more than one type of substances. It seems that women with addicted spouses are especially at risk for domestic violence. Such violence may endanger their health and psychosocial security. Therefore, the public and the authorities are both responsible to pay more attention to the families with an addicted spouse. More supportive agencies should be established and also specific training programs should be established to support and to train families with an addicted spouse on how to manage the aftermaths of addiction. Also, the programs for addiction treatment should be strengthened in the public to find and to treat the addict subjects. Then the rates of domestic violence against women might be reduced.

Conflict of Interests

The Authors have no conflict of interest.

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مقایسه خشونت علیه زنان دارای همسر معتاد و غیر معتاد در شهرستان کاشان

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مقاله پژوهشی

چکیده

مقدمه: هرچند مطالعاتی در مورد خشونت علیه زنان انجام شده، اما تمام این مطالعات بر روی جمعیت عمومی و نه در میان همسران معتادان صورت گرفته است. این مطالعه با هدف مقایسه خشونت علیه زنان با و بدون همسر معتاد صورت گرفت.

روش‌ها: مطالعه حاضر به صورت مقایسه‌ای بین ۲۰۰ زن متأهل در شهرستان کاشان انجام شد. ۱۰۰ نفر از زنان دارای همسر معتاد و ۱۰۰ نفر دارای همسر غیر معتاد بودند. داده‌ها با استفاده از پرسش‌نامه خشونت Haj-Yahia جمع‌آوری شد و توسط نرم‌افزار SPSS مورد تجزیه و تحلیل قرار گرفت. از آمار توصیفی و آزمون‌های χ^2 ، Mann-Whitney U، Kruskal-Wallis، نسبت شانس و ضریب همبستگی Kendall جهت تجزیه و تحلیل اطلاعات استفاده گردید.

یافته‌ها: میانگین نمره کلی خشونت در گروه زنان دارای همسر معتاد $14/84 \pm 69/29$ و در زنان دارای همسر غیر معتاد $9/26 \pm 40/02$ به دست آمد ($P < 0/001$). میانگین نمره خشونت روانی در گروه دارای همسر معتاد $7/60 \pm 39/03$ و در زنان دارای همسر غیر معتاد $6/11 \pm 21/86$ ($P < 0/001$)، میانگین نمره خشونت فیزیکی در زنان دارای همسر معتاد $6/50 \pm 20/98$ و در زنان دارای همسر غیر معتاد $2/55 \pm 12/20$ ($P < 0/001$) و میانگین خشونت جنسی در زنان دارای همسر معتاد $2/11 \pm 4/52$ و در زنان با همسر غیر معتاد $0/75 \pm 3/28$ بود ($P < 0/001$).

نتیجه‌گیری: میزان کلی خشونت علیه زنان با همسر معتاد به ویژه در افرادی که همسر آن‌ها بیش از یک نوع ماده مخدر مصرف می‌کرد، به طور قابل توجهی بیشتر از زنان دارای همسر غیر معتاد بود. تحقیقات بیشتری در رابطه با بررسی میزان خشونت علیه زنان در هنگام ابتلا به سندرم ترک و یا حین تغییر نوع ماده مخدر توصیه می‌شود.

واژگان کلیدی: خشونت، اعتیاد، زنان

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