

Systematic Review of Violence Against Women

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Abstract: Aim: Violence against women (VAW) all over the world threatens their physical, mental, and social status. This study attempts to systematically review VAW. Methods: First, a search strategy was designed based on keywords and *Mesh* system. Then, different search engines such as *ScienceDirect*, *Pubmed*, *World Health Organization*, *Google Scholar*, *Iranmedex*, *Magiran*, and *SID* were used to carry out an extensive search. Quality assessments were done on the results of the search and finally, articles in different groups were classified based on the analyzed subjects and result contents. Findings: After the quality of articles was analyzed, 270 articles were selected which were within the research framework. Of these articles, 125 articles were in English and 140 articles were in Persian. The articles were categorized into four groups. All these articles examined the issue of VAW. 172 articles were about VAW and its effect on health, 26 articles were in areas of VAW and juridical and legal aspects, 36 articles were about VAW and its cultural aspects and 31 articles were related to VAW and its economic repercussions. Conclusion: VAW was observed in all countries and nearly in all social, economic, racial, geographical classes and among all age groups. Although this issue has been examined in its different aspects and by different organizations, it is continuously occurring all over the world. The results of this study showed that these articles did not offer any appropriate strategy to deal with this predicament. Thus, national and international research about the present issue and interventional and practical studies are still required.

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1. Introduction

Violence against women (VAW) has been recognized as a public health problem and a significant violation of human rights and an important risk factor for women's physical and mental health (Campbell, 2002). To compare information across studies and to identify the ways in which VAW happens and what actions may be helpful to prevent it and respond to its consequences, we need clear definitions.

The term VAW includes a variety of abuses exerted against women. According to the UN Declaration on the Elimination of Violence against Women, Article 2, VAW is defined as: "...any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations General Assembly, 1993). The term gender-based violence could be referred to acts or threats aimed to hurt women physically, sexually, or psychologically (Richters, 1994). Both these definitions describe VAW as a result of discrimination in opportunities and responsibilities that exist in most sociocultural contexts.

This violence could be divided into three categories according to the perpetrator(s): self

directed violence, interpersonal violence, and collective violence (WHO, 2002). It also captures the kind of the violent acts that can be physical, sexual, or psychological. This typology is relevant for both women and men and for different age groups. Interpersonal violence is the most universal form of VAW. It is divided into two subcategories: intimate partner violence (IPV) and community violence. IPV occurs between family members while community violence occurs between people who are unrelated, and it is usually seen outside the home. These different forms often interact with each other and form a complex pattern of behavior. Coker et al. found that women who experienced both physical and sexual violence scored higher on scales measuring ill health than did women who experienced physical violence alone. They conclude that sexual violence might be a marker of more severe violence and perhaps also of violence escalation (Coker et al., 2000). What is common is that they are derived from women's failure to access to power in relationships and in society (Jewkes, 2002). The World Health Organization has estimated that one per five women has encountered some form of violence in their lifetime (WHO, 2005). IPV is a widespread health and social problem that exists in all socioeconomic, cultural, and ethnic contexts (Balci and Ayranci, 2005; Graham et al., 2009;

Hegarty et al., 2000; Johnson et al., 2008; Klap et al., 2007). Both men and women may perpetrate violence against their partners, although the consequences in several dimensions are generally more detrimental to women (Archer, 2000; Arias and Corso, 2005; Tjaden and Thoennes, 2000).

IPV may cause other forms of serious health damages and decrease social well-being of the victims and their children (Campbell, 2002). Mental disorders (Dutton et al., 2006; Deyessa et al., 2009; Crofford, 2007), gynecologic problems (Silverman et al., 2006), HIV and AIDS for exposed women (Maman et al., 2002; Jewkes et al., 2006; Jewkes and Morrel, 2010), chronic pain, and changes in the endocrine and immune functions (Campbell, 2002) are some health consequences of IPV (Laisser et al., 2011). Women may also suffer from decline in coping capacities, potentially leading to suicide and homicide (Vos et al., 2006; Gass et al., 2010).

Attitudes about the prevalence and acceptability of IPV have recently changed dramatically (Shepherd and Pence, 1999). The potential acute and chronic health consequences of IPV beyond the physical trauma cases are being increasingly seen in hospitals and primary care settings. The impact of IPV is not exclusively concurrent with the experience of abuse and may last long after the violence cessation (Dillon et al., 2013). In some parts of the world, the poor living and health conditions of women may be worsened by IPV (WHO, 2002; WHO, 2005).

IPV among pregnant women has been reported from most parts of the world, from 15% in China (Leung et al., 1999; Leung et al., 2002) to 20% in Australia and the United Kingdom. In North America, the prevalence of violence against pregnant women varies from 4% to 30% (Amaro et al., 1990; Flitcraft, 1992; Gazmararian et al., 1996; Helton et al., 1987; McFarlane et al., 2005). In India, the figures of IPV during pregnancy range from 13% to 28%, depending on the sample and the perpetrator (Peedicayil et al., 2004; Khosla et al., 2005). Studies have shown that IPV during pregnancy affects both physical and mental health of women (Bullock and McFarlane, 1989).

Sexual assaults and domestic violence are classified according to the target (genital–sexual) or the environment in which they occur (domestic relationship). Sexual assaults and domestic violence are mostly dealt with within a legal rather than medical and social framework. The legal approach may ignore the effects of the violence on different aspects of women's life. Intervention is often aimed at solving the particular case at hand, rather than offering victims support and modifying the context that helps these behaviours take place (Acosta, 2002).

The *Violence against Woman Syndrome* (VAWS) is referred to the aggression or violence targeted at woman attributable to sociocultural construction, which usually makes women subordinate, and is observed in three main environments: home, society, workplace. The real objective of the aggressor(s) is to have power over women. Although most victims are women, VAW is a social problem that affects the whole society. Therefore, it is necessary to address the problem as what beyond a legal, judicial, and police question. VAW is also a public health issue and health professionals can play a crucial role in VAW prevention and treatment in a holistic way (Acosta, 2002).

The abused women may experience posttraumatic stress disorder (PTSD), depression, sleep problems, anxiety, and frequent headaches (Campbell, 2002; Coker et al., 2002). Pregnancy could increase the risk of women's exposure to IPV (Gelles, 1988), especially if unintended (Gazmararian et al., 1995). In a study, it was found that 30% of violent crimes against women were committed by someone outside the family and the majority of the threats were found in the home (Campbell and Lewandowski, 1997). Although recent data indicate a significant decline in IPV against women, overall rates are high. IPV accounted for 20% of all nonfatal violent crimes experienced by women in 2001 (Rennison, 2003).

Operational definitions of different kinds of violence:

Physical violence: Intentional use of physical force with the potential of causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon, and use of restraints or one's body, size, or strength against another person (CDC, 2013).

Emotional violence: Trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources (CDC, 2013)

Sexual violence: Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This statement defines violence as acts that cause, or have the potential to

cause harm, and the term “gender- based” emphasizes that it is rooted in inequality between women and men (Coker et al., 2000).

Economic violence (or economic abuse): Making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment (Rennison, 2003)

Improvements are needed in not only the quantity, but also the quality of available research-based knowledge. Salazar and Cook observed that little research has taken a macro level approach to VAW, hence depicting this violence as a phenomenon rooted in individual rather than otherwise defects and proposing remedies for individual cases (Salazar and Cook, 2002).

Although some policies have been developed to protect victims' rights, women are still reluctant to report abuse. The lack of complaints is especially observed in women over 64 years of age, who experience violence usually in silence. However, this problem has not generated interest in some countries, either in practice or research. This distorted perception of gender violence explains the lack of information and research on the current status of battered older women, their needs, and their requirements. Several factors explain the low social awareness of this issue. Gender violence is categorised mostly as senior abuse (Orte and Sanchez, 2012). Buchbinder and Winterstein believe that victims may be considered as non battered women; instead, they are weak, dependent and hard to treat. Consequently, victims will not be separated from the perpetrators, nor will measures be directly taken against violence; thus, the violence will persist (Buchbinder and Winterstein, 2004).

Professionals should receive specialised training to help their clients detect abuse, to improve interventions, and to enhance the victims' safety. Lack of social support is one of the most common problems. The elderly women need specific professional assistance in facing traumatic experiences and the negative emotions related to them (Orte and Sanchez, 2012).

2. Method

Search terms, databases, and search strategies

As far as the issue of VAW is quite widespread and entails many areas, we decided to select limited search terms; for example, we included several search terms (e.g., violence against [pregnant] [infertile] women, IPV, different kinds of violence) (Table 1).

Table 1. Search terms

Search terms	Domestic violence Intimate partner violence Sexual violence Different kinds of violence Violence against pregnant women Violence against infertile women War violence Community violence Violence against children Religious violence Political violence Racist violence occupational violence
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Then, search in different search engines (databases) was conducted, including *ScienceDirect*, *PubMed*, and World Health Organization for English articles and *Google Scholar*, *Magiran*, *SID*, and *Iranmedex* for Persian articles and websites of different journals related to women with no time restriction.

These databases included peer reviewed articles from disciplines including but not limited to criminology, medicine, public health, psychology, and sociology. We also hand-searched references from articles included in the review, and conducted a cited reference search in *Google* reviewing the whole articles meeting our final criteria for inclusion.

Criteria for inclusion/exclusion and search results

The search was conducted in both English and Persian. Review articles, low quality articles, and those that did not have a research nature were excluded from this study. Of other exclusion criteria was deletion of articles related to occupational violence, which are those articles related to the association between VAW and their job. The articles were divided into four major categories (Table 2): VAW and its effects on health, VAW and legal and judicial aspects, VAW and economic aspects, VAW and its literal and cultural aspects.

Table 2. Inclusion and exclusion criteria

Violence against women	violence against women and its effects on health and hygiene
	violence against women and legal and judicial aspects
	violence against women and economic aspects
	violence against women and its literal and cultural aspects

Following final screening, five researchers randomly selected 265 articles and separately reviewed and summarized their full texts. The summarized pieces of writing were supposed to

include aim and result of each article and also type of violence in each study.

3. Results

After assessment of articles' quality, 265 articles, with research framework, on VAW were reviewed. Of which, 140 articles were in Persian and 125 in English.

The articles were divided into four major categories:

The first category: VAW and its effects on health with 172 articles; the second category: VAW and legal and judicial aspects with 26 articles; the third category: VAW and its literal and cultural aspects with 36 articles; and the fourth category: VAW and economic aspects with 31 articles.

Articles were implicitly divided into domestic and non domestic violence. Of 144 articles labeled as domestic violence, 127 cases were related to physical violence, 105 articles were of emotional (mental), 104 were of sexual violence, and 30 were of economic violence.

The articles labeled as non domestic violence included physical, sexual, emotional, and legal and judicial.

After articles' review, the following suggestions were extracted to improve the quality of life of women and at least reduce violence against them if it cannot be completely uprooted.

Of the whole articles, 107 cases regarding effects of VAW on health offered the following suggestions: screening the violence-affected women in health and clinical centers (43 articles), holding training and counseling courses for women and their husbands to familiarize them with sexual and social rights of the women (95 articles). In 60 articles regarding the judicial and legal aspects, the suggestions included legal, social, family, and mental supports in the direction of legal and financial independence (77 articles) and enacting effective laws to prevent from rape and sexual abuse (28 articles).

To be able to prevent from VAW from literal and cultural aspects, in 59 articles, enhancing religious, ethical and human culture in the society (38 articles) and boosting cultural and educative role of family in the direction of reducing violence (22 articles) were suggested. The following measures were stated concerning economic aspects: in 8 articles, the fair distribution of wealth and in 8 articles, economic facilities were mentioned as suggestions.

4. Discussion

An increasing number of studies on VAW performed in high and low income countries since the late 1980's (Watts and Zimmerman, 2002; Krug et al.,

2002) report on prevalence and risk factors of physical, psychological, and sexual abuse but few studies, mainly from the USA, investigated how the different forms relate to each other (Nicolaidis et al., 2004; Thompson et al., 2006).

VAW encompasses a broad range of kinds of abuse with geographical and cultural features (Watts and Zimmerman, 2002). VAW impede progress, development, and access to opportunities to gain political, social, and economic equality for women. Although accurate measurement of domestic violence is quite difficult, many researchers believe that this issue is widespread among all classes and races. The popularity of this issue among lower class of society compared to other classes is not obvious because higher and middle classes mostly strive to hide violence and/or deny it (Sadeghi Fasae, 2010). Research about domestic VAW demonstrated that many women who are victims of violence do not have tendency to divorce. Rather, they prefer to terminate violence in their marital relation (Moazemi, 2004).

In a research, the women affected by violence were described like victims in an inappropriate manner; thus, VAW often has a sexual nature and punishment of aggressor is often hidden.

A research on media violence has demonstrated that there is a weak but positive relation between violence display on television and aggressive behavior. This analysis also illustrated that among different groups in the society, women are major victims of this aggressive behavior (Bakhtiari, 2004). VAW exists in all human societies in spite of difference in religion, and other intellectual, cultural, economic, and social differences. It is a cosmopolitan, transhistorical, and transcultural phenomenon that has a long-lasting record. Universal estimations have demonstrated that violence is considered as a major cause of inability and mortality (Taherkhani et al., 2009).

Gender violence is a real and alarming problem that occurs at all ages. Although policies have been promoted to defend victims' rights and support major lines of action, women resist reporting abuse even today (Orte and Sanchez, 2012).

VAW is a phenomenon in which women are imposed and impressed by violence from opposite sex. If this kind of behavior exists between wife and husband, it will be called domestic violence (Malek Afzali et al., 2005). Domestic violence seriously affects women's physical health (i.e. injury from physical abuse), and also the mental and emotional health (i.e. depression, anxiety, and post-traumatic stress disorder) (Walling et al., 1994; Jones et al., 2001).

The identification of IPV against women as a public health problem has led to routine health care site-based screening and brief intervention policies. VAW represents a serious problem in America. Not only does IPV represent a significant threat to women, but also is a challenge among its victims, children living in the violent household (Portwood and Heany, 2007). Several studies have considered the role of in-laws as the reasons for the conflicts between wife and husband, increasing IPV risk (Hyder et al., 2007; Chan et al., 2008; Chan et al., 2009).

In a study conducted by the World Health Organization between 1% (Japan) and 28% (Peru) of interviewed women experienced physical violence during a current or previous pregnancy, and in over 90% of the events, the violence was committed by the child's biological father (WHO, 2005). A study provided a particular view of IPV and its relationship to depression, PTSD and somatic symptoms among pregnant Indian women (Varma et al., 2007).

Violence during pregnancy affects both mothers and fetuses, and may lead to child abuse after birth (Rumn et al., 2000). Therefore, support for women during pregnancy or the perinatal period is very important. Because pregnant women refer to health clinics regularly, healthcare providers could detect and assist the victims (Tinkler and Quinney, 1998).

The investigations carried out in different countries illustrated that 25 to 60 % of women experienced violence imposed by their intimate partner. In Iran, different investigations reported 27 to 83 % incidence of IPV (Dolatiyan et al., 2011).

In one study, 384 married women were examined. The analysis of the data showed that rate of spouse abuse in western countries was % 41.7. Three types of spouse abuse with the highest frequency were: lack of attention from and being ignored by their husband 63.1%, scorn and contempt 37.5% and swear 30%. This indicates prevalence of mental problems related to spouse abuse in society (Seifrabiei et al., 2002). In the present study, with the aim of controlling confounding factors, linear correlation model was used and finally four factors related to spouse abuse were identified:

- 1) Witness of beating mother by the father in childhood
- 2) The experience of insulting and contempting mother by the father in childhood
- 3) Mental problems of the wife
- 4) Criminal history of the husband

The crime of rape could be considered from two points of view: legal and criminological (Chalabi, 2011). Criminological types are the same in all the societies, while legal types are different based on

economic, political, social, and cultural conditions of each society.

Rape is an aggressive crime in which sexuality is used as a tool. The roots of this crime are cultural, social factors and are not related to economic issues. Prevention from rape is not possible by resorting to only one method, but it requires codification a social solution in which all preventive methods, i.e. situational, growth-oriented, social, and criminal preventions, are used.

396 individuals enrolled according to convenience sampling filled out two shortened five-factor personality questionnaire (Big Five Inventory) and spouse abuse questionnaire. Results indicated that neuroticism, dutifulness, and extroversion independently predicted mental and physical, sexual, and physical violence respectively. The addiction of husband, couple's age, level of education of husband, the duration of marriage, not having child have roles in different kinds of violence (Panaghi et al., 2011).

Here, the two general approaches of Islamic thinkers to equality of men's and women's rights states the philosophy of legal differences from Islamic point of view; then, two general patterns of equality and change are addressed after stating the feministic theory of the role of gender in legal issues briefly, and finally the comparative comparison between this approach and that of Islam is made after talking about the philosophy of equality in Islam..

- 1) Controlling domestic violence in laws and ethics
- 2) Spouse abuse and the factors influencing it
- 3) legal-criminological analysis of rape
- 4) Personality and demographic charatesitics' role in spouse abuse
- 5) Sexual violence against women in a legal analysis
- 6) Gender differences from Islamic and feministic points of view (Hasani, 2004).

In the present study, of 265 reviewed articles 172 examined health aspects of violence-affected women, that is representative of its importance, because most damages incurred by women are due to physical and mental-emotional trauma, and reproductive system damage caused by sexual violence. To ensure the survival of future generation, we should pay more attention to this issue.

On the other hand, in 144 articles, domestic violence was examined, among which physical, mental, sexual, and economy-associated violence has been observed, with physical violence with the highest prevalence. The results indicated that the occurrence of IPV was various in different cultures. IPV was related to mental health including depression, PTSD, anxiety, self-abuse, and sleep disorders. IPV was also related to the lack of physical health including weakness of behavioral health, physical disorders, chronic complexities, chronic

pain, gynecological disease, and increase in the risk of infections' incidence, and sexually transmitted diseases.

It can be concluded that women living in inappropriate atmospheres are affected by violence more than other women. To avoid this problem, family problems should be dealt with and resolved. At the present time, family problems are caused by cultural and social differences between men and women and current economic pressures.

On the other hand, it is worth mentioning that lack of legal and social support for women and lack of awareness of this group about the rules governing society can be another reason for domestic VAW. It is recommended to prevent damages caused by VAW by increasing awareness and appropriate supports for this group.

5. Conclusions

Holding training and counseling sessions to reform marital relationships and familiarizing women with their social and sexual rights;

Legal, mental, social and familial support with the aim of legal and financial independence;

Screening the violence-affected women in clinical centers and supporting them;

Educational and cultural role of family (promotion of culture of communication, dialogue, discussion, counseling and consultation among members of a family);

Promoting religious, ethical, and humanistic culture in the society;

Codifying effective laws concerning rape and physical abuse and revision of the excising laws;

Increasing women' level of education especially young girls;

Having schools inform students of badness of aggressive behavior;

Developing the culture of discussion instead of that of violence;

Increase in marital satisfaction, decrease in conflict in the family, and management of conflicts;

Participating in counseling classes before marriage and emphasis on homogeneous marriage;

Broadcasting educational, rather than violence-filled, programs in media;

Change in society attitudes and explaining badness of violent behavior by governmental organizations;

Challenging wrong religious belief, and misconceptions about Quran and *Sunnah* (of the prophet) especially in schools curricula;

Increasing awareness of people in the society about criteria of spouse abuse;

Teaching problem-solving skills, anger management, and assertiveness;

Giving priority to healthcare experts especially midwives to guide and help abused women and do effective interventions;

Teaching physicians and psychologists about symptoms and side effects of spouse abuse, developing tracking systems to eliminate causative factors of spouse abuse in family, and giving necessary information to the public to control and eradicate it;

Domestic violence should be merged with courses in medical schools for would-be physicians to be able to diagnose it;

Teaching treatment professionals about legal, ethical, and medical aspects of domestic violence;

Improving social awareness and knowledge about supportive and protective laws about this issue;

Training and teaching patients;

Public awareness (general knowledge); and

Change in social-legal structures.

VAW is a phenomenon in which women are imposed and affected by violence from opposite sex. If this kind of behavior exists between wife and husband, it will be called domestic violence. Domestic violence against women consists of different types of violence, including physical, sexual, mental, verbal violence and/or threat from other sexual partner and family members. The investigations carried out in different countries indicated that 25-60% of women were affected by violence by their intimate partner. In Iran, different investigations reported 27-83% incidence of IPV.

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