

A Comparison of Coping Strategies in Iranian Female Victims of Different Types of Intimate Partner Violence

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Abstract

Introduction: Spouse abuse is defined as physical, sexual, and psychological-emotional violence committed by a spouse against his wife that is a widely variable phenomenon. The present study was conducted to compare coping strategies for stress in Iranian female victims of spouse abuse of different types in the city of Ilam.

Methods: The present cross-sectional descriptive study was conducted on 150 females with an experience of spouse abuse during the one-year leading up to the study, selected through convenience sampling. The study tools included the World Health Organization Violence against Women instrument and the Endler and Parker Coping Inventory for Stressful Situations. Data were analyzed using the SPSS-22 software.

Results: All of the participants had experienced at least one type of psychological violence (100%). Some of them had also experienced physical (94%) and sexual (67.3%) violence in the past year. Emotion-focused strategies were the dominant style used by most of the females (48%) in coping with stress. Certain demographic variables, such as the couple's low literacy, were associated with emotion-focused and avoidance coping strategies. The use of problem-focused strategies increased significantly with household size ($r = 0.17$ and $P = 0.039$). One-way Analysis of Variance (ANOVA) showed that physical violence was associated with an increase in avoidance strategies and sexual and psychological violence with an increase in emotion-focused strategies. The results of the multivariate linear regression showed that only sexual violence could predict emotion-focused strategies ($\beta = 0.216$ and $P = 0.01$).

Conclusions: Given the high prevalence of spouse abuse, teaching certain life skills, such as problem-solving and alternative problem-focused behaviors instead of focusing on emotion and stress could be effective in coping with stressful life situations, help improve interpersonal relationships, and prevent harm caused by violence.

INTRODUCTION

Spouse abuse is a bitter and undeniable phenomenon that compromises a female's life and dignity and causes them irreparable harm. This phenomenon is considered the root of many personal and social traumas and is seen in all countries and socioeconomic classes [1]. Spouse abuse, occasionally referred to as Intimate Partner Violence (IPV), is defined as physical, sexual, and emotional-psychological violence committed by an intimate male partner against a woman. Intimate Partner Violence involves a wide range of behaviors, including physical assault, sexual abuse, psychological-emotional abuse [2], and even the threat to be killed by the spouse [3]. At least one-third of females experience spouse abuse at some point in their life. A World Health Organization (WHO) multi-country study has reported the prevalence

of spouse abuse as 13% to 61% in females of reproductive ages [4]. This social phenomenon could have adverse physical consequences, such as spontaneous miscarriage, preterm childbirth, sexually transmitted diseases, and psychological damages such as feeling helpless, the loss of self-esteem, anxiety and depression [1], and even suicidal ideation or attempt [5]. Benefiting from proper coping strategies could alleviate the effect of the mental stress caused by spouse abuse and therefore lead to better adaptation to the situation. Coping strategies are a series of cognitive-behavioral efforts made by the individual to interpret and change a stressful situation and help reduce suffering. This approach is mainly used by the individual to cope with a stress or threat and to create a psychological balance. Strategies for coping with stress are

divided to a problem-focused style and an emotion-focused style. In problem-solving strategies, the main purpose of coping efforts is to dominate the situation. In emotion-focused coping strategies, the main purpose is to obviate or rapidly transform the emotional turmoil [6]. A third strategy was defined by Endler and Parker in 1990, referred to as avoidance coping style, in which the individual avoids the stressful issue by distancing himself from it and seeks to find emotional support and delegate the responsibility of coping to others [7]. People, who worry are said to be less in pursuit of problem-solving measures, and an improper method of problem-solving could itself lead to greater psychological problems, such as anxiety, depression, despair, and suicide [8]. Inner control, positive thinking, a good sense of humor, having a support system, and strong religious beliefs are among personal resources for coping with stress, which are referred to as problem-solving coping strategies [6]. As in other countries, the problem of spouse abuse is not an uncommon phenomenon in Iran, and its dimensions and types vary in different provinces. For instance, the prevalence of physical violence varied from 20% in Shahroud [9] to 35% in Tehran [10], and 73.5% in Sari [11]. This problem is highly prevalent in the western provinces of Iran, including Ilam, which is known as a high-risk province for spouse abuse. A recent study reported the general prevalence of spouse abuse in Ilam as 56% [12]. Another study conducted in the west of Iran attributed the rate of suicide among young females of this region to family conflicts and spouse abuse [13]. Since this unpleasant social phenomenon is very costly for the national health system and is not compatible with the values and cultural standards of any country and in view of the high prevalence of the issue in these regions and its likely consequences such as suicide, investigating the strategies for coping with the stress caused by spouse abuse could help plan health-promoting and trauma-preventing programs. The researchers thus hypothesized that the strategies for coping with stress are different in female victims of spouse abuse depending on the type of violence committed by the husband and certain underlying variables. In other words, the type of violence could predict the coping style adopted by female victims of spouse abuse. The present study was conducted to compare the strategies for coping with the stress caused by spouse abuse in married females, who had experienced at least one type of violence in the one year leading up to the study.

METHODS

The present descriptive-analytical study was conducted in Ilam, Iran. Sampling was carried out at 2 health centers in different parts of Ilam with the highest rates of referral and population coverage in addition to the local coroner's office, during May and June 2016, over 2 stages. First, females, who were married during the last 12 months were selected through convenience sampling and based on the study inclusion criteria of:

- 1- Having been married during the one year leading to the study
- 2- Being of Iranian ethnicity and living in Ilam
- 3- Not using opioids or psychotropic substances
- 4- Not being pregnant
- 5- Not having been diagnosed with psychological, chronic or incurable diseases based on self-reports and the center's care

provider

6- Not having experienced the loss of a beloved in the past 6 months

Sample size was determined using the equation of $n = z^2pq/d^2$, where p and q showed the prevalence of spouse abuse in the study population and d showed the acceptable rate of error. A total of 175 eligible females were selected to submit their written consents and complete the demographic questionnaire and the World Health Organization Violence against Women (WHO-VAW) instrument. Based on the study objectives, only females, who had fully answered to the questionnaires and reported at least 1 type of spouse abuse in the past 12 months based on the WHO-VAW instrument were entered in the study. A total of 150 females from the initial sample entered the study and completed the Coping Inventory for Stressful Situations (CISS); 25 females, who had not reported any type of spouse abuse in the aforementioned questionnaire, were therefore excluded from the study. The WHO-VAW instrument has previously been used for the assessment of spouse abuse on 24 097 females from 10 developing countries [4, 14]. This tool measures physical, sexual, and psychological dimensions of violence against wife/female sexual partner in the last 12 months and its severity is indicated by a 4-point scale with responses including 'never' (0), 'mild' (1-2 times), 'medium' (3-5 times), and 'severe' (more than 5 times). This questionnaire has been used in many studies in Iran, after assessment of its psychometric properties [9, 15, 16]. The Iranian version assesses physical, sexual, and psychological violence and abuse in 9, 5, and 12 items. Depending on their experience of violence over the past 12 months, the participating females were divided to 4 groups, including 'never subjected to violence' (i.e. the non-victims) and victims of 'mild', 'medium' or 'severe' violence. The 48-item CISS by Endler and Parker, assesses strategies for coping with stress in 3 domains, including problem-focused, emotion-focused, and avoidance strategies, each with 16 items. The responses to this inventory of coping behaviors are scored based on a 5-point Likert scale from 'never' (given 1 point) to 'always' (given 5 points); the scores obtained range from a minimum of 16 to a maximum of 80. The instructions for completing this inventory hold that a failure to respond to more than 5 of the items means discarding the questionnaire and excluding the participant [7]. The construct validity and reliability of this inventory have already been examined and confirmed in Iran by Ghoreishirad [17]. The questionnaires were completed by the respondents in a self-report format, anonymously and confidentially. For illiterate participants, the questionnaire was completed by verbal questioning, if the respondent was agreed on these terms. The participants were ensured of their right to withdraw from the study at any stage they desired. The data obtained were analyzed using descriptive statistics, such as measures of central tendency and indices of dispersion for the outcome variables (types of coping strategies), the predictor variables (types of violence), and the other demographic variables, and also using analytical statistics including X^2 , two-samples independent t test, one-way Analysis of Variance (ANOVA), Pearson's correlation coefficient, and multiple regression analysis.

RESULTS

The response rate achieved in this study was 100%. Partici-

pants' mean age was 28.5 ± 6.44 years, the mean age of their spouses was 33.9 ± 7.8 years while the mean duration of their marriage was 5.68 ± 7.59 years. Table 1 presents some of the demographic details of the participants. Assessing the frequency of the different types of violence in the participants showed that 94% of the females were victims of at least one type of physical violence in mild (27.3%), moderate (35.3%), and severe (31.3%) form over the last 12 months. Physical violence included pushing, slapping, kicking, throwing objects, punching, pulling the hair or arm, whipping, and burning by heating. A low monthly income ($P = 0.008$), husband's multiple marriage ($P = 0.012$), and the spouse's psychiatric disorder ($P = 0.022$) were associated with the incidence of physical violence in the past 12 months. No such relationships were observed with the other demographic variables. All the participating females (100%) had experienced one or more types of psychological violence in mild (24%), moderate (32.7%), and severe (43.3%) form over the past 12 months. Psychological violence includes shouting and swearing, humiliating, preventing the female's contact with her family members and friends, restricting the female's rest and refraining from providing for her livelihood (financial violence), destroying or selling the household items, preventing the females from having an employment or pursuing education, monitoring her telephone calls, locking her up at home, doubting the female's loyalty or accusing her of disloyalty to her husband, and threatening to divorce or remarry. A low monthly income ($P = 0.014$), the abuse of opioids or psychotropic substances by the husband ($P = 0.006$), and the husband's psychiatric disorder diagnosis ($P = 0.006$) were associated with higher degrees of psychological violence against the females.

Moreover, 67.3% of the participating females had been subjected to sexual violence in mild (45.3%), moderate (14.7%), and severe (7.3%) form. Sexual violence includes refraining from having sex to punish the spouse, declaring dissatisfaction with their sex life and sexual humiliation of the woman, pushing to have sex without the woman's consent, using force to have sex, and asking for unorthodox sexual acts without the woman's consent. Assessing the demographic variables showed that the incidence of sexual violence increases significantly with the husband's number of previous marriages ($P = 0.029$) and the years of marriage ($P = 0.029$). The strategies most used by the female victims of spouse abuse included emotion-focused (48%), problem-focused (35.3%), and avoidance (16.7%) strategies. Emotion-focused strategies were therefore the dominant and most common coping strategy used by the majority of the females. Assessing the relationship between the demographic variables and the coping style adopted for stress yielded the following results: A significant difference was observed between the females' level of education and emotion-focused coping behaviors ($F = 4.33$, $P = 0.002$), so that a significant inverse correlation was observed between the female's level of education and the mean score of emotion-focused coping ($r = -0.27$ and $P = 0.001$). The mean score of emotion-focused coping also increased significantly with an increase in parity ($r = 0.17$ and $P = 0.047$) and household size ($r = 0.17$ and $P = 0.042$).

The mean score of problem-focused coping increased significantly with the husband's level of education ($F = 2.73$ and $P = 0.03$) and household size ($r = 0.17$ and $P = 0.039$). The mean

Table 1: Participants' Characteristics

Characteristics	N = 150	Percent
Woman's age		
15-25	52	34.7
26-35	76	50.7
36-45	21	14.0
≥ 46	1	0.7
Husbands' age		
15-25	24	16.0
26-35	68	45.3
36-45	47	31.3
≥ 46	11	7.3
Woman's education		
Illiterate	6	4.0
Primary	22	14.7
Secondary	64	42.7
Tertiary	44	29.3
College	14	9.3
Husbands' education		
Illiterate	2	1.3
Primary	13	8.7
Secondary	49	32.7
Tertiary	68	45.3
College	18	12.0
Woman's occupation		
Housekeeper	148	98.7
Self-employed	2	1.3
Husbands' occupation		
Jobless	15	10.0
Official employee	12	8.0
Laborer	69	46.0
Farmer	5	3.3
self-employed	49	32.7
Marital status		
Married	145	96.7
Divorced	5	3.3
Housing tenure		
Owner	39	26
Rent	77	51.3
Affiliated to institute	1	0.7
Father in-law's house	33	22.0
Duration of marriage (years)		
Up to 5	74	49.3
6-10	39	26.0
11 and more	37	24.7
Husband's drug abusing		
Yes	87	42
No	22	85.3
Husband's Bad record		
Yes	128	14.7
No		

score of avoidance coping differed significantly depending on the female’s level of education ($F = 4.65$ and $P = 0.01$), and the husband’s level of education ($F = 6.28$ and $P < 0.001$), the husband’s number of marriages ($F=4.95$ and $P=0.008$), and the husband’s psychiatric disorder diagnosis ($F = 4.93$ and $P = 0.03$), so that the wife’s ($r = -0.27$ and $P = 0.01$) and the husband’s ($r = -0.17$ and $P = 0.04$) level of education were inversely correlated with the female’s mean avoidance coping score. In contrast, the mean score of avoidance coping increased with the husband’s number of marriages ($r = 0.24$ and $P = 0.003$). Comparing the mean scores obtained for the different coping strategies for stress revealed significant differences between the types and severities of violence, and Tukey’s post-hoc test showed a significant increase in the mean score of emotion-focused coping with an increase in the severity of psychological and sexual violence, and also a significant increase in the mean score of avoidance coping with an increase in the severity of physical violence (Table 2).

The different types of violence (as variables) were unable to explain the variations in avoidance and problem-focused coping styles.

DISCUSSION

The present findings revealed a high prevalence for psychological violence followed by physical and sexual violence in the participating females. The most common styles of coping with stress in the victims of spouse abuse were emotion-focused coping followed by problem-focused and avoidance strategies. The severity of sexual violence was the only variable able to predict emotion-focused coping behaviors. In line with the majority of studies on the subjects [9, 18-20], psychological abuse by the husband was also more commonly reported in this study compared to the other types of violence. This finding may be because men are less inclined to resort to this type of violence due to legal problems, social stigmatization and the visible signs of physical violence on the body. As a result, the incidence of covert violence, such as psychological abuse, becomes more likely, and in many cases, psychological abuse may be even more likely than declared by abused females [20]. Instances of sexual violence can be as diverse as the prevalence of this type of spouse abuse, especially in societies with cultural and religious diversity. Another finding of this study was that the severity of psychological and physical violence increased with the husband’s

Table 2: Comparison of Coping Styles’ Mean According to the Spouse Violence Severity

Severity of Violence	Number	Mean	Std. Error	95% of CI*		P value
				Upper Bound	Lower Bound	
Emotion-focused & sexual violence						0.002
Never	49	56.08	8.951	8.951	53.51	
Mild	68	58.04	8.010	8.010	56.11	
Moderate	22	64.95	9.142	9.142	60.90	
Severe	11	61.27	10.827	10.827	52.00	
Total	150	58.51	9.084	9.084	57.04	
Avoidance coping and Physical violence						0.006
Never	9	42.67	12.237	12.237	33.26	
Mild	41	52.73	10.359	10.359	50.46	
Moderate	53	53.02	10.068	10.068	48.24	
Severe	47	54.74	9.006	9.006	52.10	
Total	150	52.43	10.290	10.290	50.77	
Emotion-focused & psychological violence						0.012
Mild	49	55.98	8.280	8.280	58.60	
Moderate	65	60.98	7.981	7.981	56.55	
Severe	150	58.52	9.084	9.084	57.04	
Total	36	55.11	10.972	10.972	51.40	

* Confidence Interval

Table 3: Effect of Spouse Violence Types on the Coping Styles of the Participants

Predictors	Standard Beta	T	Significance Level
Constant		25.18	0.000
Physical violence	0.039	0.359	0.72
Sexual violence	0.216	2.60	0.01
Psychological violence	0.038	0.355	0.723

psychiatric disorder and abuse of opioids and psychotropic substances, and alcohol. The incidence of aggression, violence, misjudgment, and poor decision-making increases with drug abuse and the diagnosis of psychiatric disorders, and spouse abuse is no exception to this rule [21].

The results of a study using the data gathered from 81 countries showed that 40% to 60% of males under treatment for alcohol or drug abuse had a history of spouse abuse, which suggests a significantly higher prevalence both in type and severity compared to the general public [5]. Moreover, the presence of certain psychiatric and personality disorders, even in the absence of drug and alcohol abuse, had been associated with an increased incidence of aggression and violence against female sexual partners [22]. An insufficient household income was also associated with an increase in the incidence of physical and psychological violence, and considering that almost half of the husbands were manual laborers in this study and nearly 100% of the females were housewife, an unfavorable economic status was to be expected. In a cross-sectional study conducted in Brazil, a poor economic status indirectly affected the incidence of physical and sexual spouse abuse; this effect was explained by the poor social support available to the families [23]. A poor economic status has always been considered an underlying factor for the incidence of various crimes, and since domestic violence is considered a social crime, many predisposing factors, such as living in hardship, are conducive to its increased incidence. According to the frustration-aggression hypothesis, frustration in achieving one's desired goals is a precursor to aggression and could generate states of negative emotional arousal; similarly, frustrations in marital life could prompt anger and violence [24]. The husband's increased number of marriages and increased years of marriage are factors that are associated with physical and sexual violence and as such could be explained in relation to each other. On one hand, the quality of a couple's sexual relationship is expected to attenuate with the couple's aging and the presence of children, and on the other hand, the husband's remarriage facilitates further diminishing of the couple's relationship and the greater incidence of conflicts and violence. According to other studies, aggressive behaviors against the spouse were more common in males, who had married more than once [25] or in polygamous compared to monogamous males [26]. In addition, an increase in parity was associated with emotion-focused coping becoming the dominant style of coping with stress in the participating females. A study conducted by Akbarzadeh in Tabriz also showed more emotion-focused coping behaviors in couples filing for divorce compared to the general public [27]. It is said that females often use emotion-focused strategies to reduce psychological stress, which could lead to the incidence of anxiety and depression disorders in the long term [28, 29].

Examining the strategies for coping with violence-induced stress in relation to certain underlying and demographic variables showed that some of these variables had a key role in the occurrence or reduction of emotion-focused and avoidance strategies. In the present study, the couple's poor literacy and large household size were among the most important variables associated with the incidence of emotional and avoidance behaviors. Today, exposure to different types of stress has become an inevitable part of life, however, what endangers the individual's behavioral health is not the nature of

stress, but his own evaluation and the stress management and coping strategies he adopts. In assessing the characteristics of spouse-abusing males, Yount et al. found that the likelihood of committing different types of violence against the wife is reduced by 50% in males with 13 to 18 years of education compared to males with less than 12 years of education [30]. Females with more children have less opportunities for pursuing higher education, and this could justify the association between larger household sizes and emotion-focused behaviors in females. Higher education is associated with a reduced incidence of damaging emotions such as anger, frustration, search for solutions to the problem and the control of these factors [31].

According to the mate selection theory, most people tend to search for a marriage partner, who is similar to themselves, since similarity in many aspects is assumed to lead to consistency and a stable marriage and satisfaction with marital life [32]. In the present study, the incidence of emotion-focused responses was expected to be less given that the couples had extensive cultural and religious similarities and a relatively good knowledge of each other. In a study on the effect of cultural factors on marital conflicts and satisfaction in different ethnicities, Cheng et al. found that the stronger the ethnical and cultural bonds between a couple, the less likely marital conflicts, domestic violence, and divorce compared to couples without such similarities [33]. In contrast, the presence of different types of stress in a marriage, including psychiatric disorders or drug abuse by the husband (given the high prevalence of 58% in the present study) and the husband's number of marriages, damage the couple's intimacy and encourage the husband's violence and make those affected turn to temporary stress-relief and problem-avoiding strategies for the survival of the family and to alleviate the mental stress and confusion, and such recourse is associated with diverse psychological complications [34]. In the present study, the problem-solving strategy was least utilized and the only variable that showed a significant relationship with this coping style was a large household size, which could be due to the high prevalence of different types and severities of violence in the participants. Nearly two-thirds of these victims were poorly educated females, younger than 35 years old, who were in their early years of marriage. All these factors could contribute to emotion-focused behaviors, where the individual feels she has no control over the stressful situation and is unable to solve the problem or come to terms with it. Problem-focused coping is more likely to form with the couple's higher education, age, distance from the first years of marriage, greater knowledge of one another's characteristics, and greater intellectual maturity.

As for the main question of the study, adopted coping style was found to differ significantly depending on the type and severity of the violence experienced. Assessing the research hypothesis showed that only the severity of sexual violence could predict emotion-focused coping, which confirms the fact that coping behaviors for stress caused by sexual violence are more influenced by different factors, and females are less likely to accept sexual abuse compared to physical or psychological abuse, and since, in most cases, the females were unable to improve their undesirable conditions, they resorted to strategies to avoid the problem and sought other people's support or chose to forget instead of solving the problem. While effectively addressing the region's social and health

problems, the present study had a number of limitations. For example, sampling was performed solely at the city's health centers and the local coroner's office because they admitted the largest number of female victims and because the females presented to these centers were willing to cooperate; as a result, samples of victims, who did not take legal recourse due to cultural considerations or for fear of their husband's or others' threats were not included in the research. The unwillingness of some of the females presented to these centers to participate in the study due to concerns about confidentiality was another limitation of the study.

Empowering females to face their problems, teaching them healthy living skills, discussing with them the underlying factors of domestic violence and teaching them to wittingly avoid the pretexts for violence, and instructing them on communication and adaptation skills for facing problems and choosing correct alternative problem-solving behaviors and encouraging their use of family counseling services when problems emerge are measures that can help prevent or reduce the rate of domestic violence against females.

ETHICAL CONSIDERATION:

Approved by the Research Committee of Shahid Beheshti University of Medical Sciences under the ethics code sbmu2.rec.1394.141.

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CONFLICT OF INTERESTS

The authors declare no competing interests.

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AUTHOR CONTRIBUTIONS

Kasaeinia S: Data collection, Analysis, Dr Hajian s.: Study design, Supervisor, Data Analysis, Dr Ahmadi M.: Study design, Advisor,

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