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STUDYING ABOUT THE CAUSES OF DOMESTIC VIOLENCE AGAINST WOMEN

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ABSTRACT

Domestic violence is a worldwide epidemic that wreaks havoc on families and communities while also endangering individual lives. This research was undertaken in the city of Rasht to better understand the dynamics of domestic abuse and how its victims respond to it. The current research is a cross-sectional analysis of data from 110 women in Rasht, Iran, who used the city's family courts in 2014. Convenience sampling was used to choose the samples. Information was gathered using a questionnaire that asked about demographic information and the WHO Violence Against Women Instrument.

KEYWORDS;-Domestic Violence,Women, Human Rights.

I. INTRODUCTION

Violence or dominance by one partner over another within a domestic relationship is considered one of the most pressing concerns in public health and human rights discourse. The majority of victims of domestic abuse are females of all ages. When one family member uses physical force, psychological coercion, or sexual assault to gain power and control over another family member, typically a female, we call this domestic violence. Domestic violence is a worldwide epidemic that wreaks havoc on families and communities while also endangering individual lives. Intimate partner violence is a key contributor to health issues across the board, including sexual, reproductive, mental, and physical health. One in four women suffers from violence, and the majority (75%) of women have encountered violence at some point in their lives. Domestic violence occurs at a rate between 13% and 71%, according to data from the World Health Organization (WHO).Damage to the reproductive organs, abortion, and the spread of sexually transmitted illnesses like HIV may all arise from physical and sexual abuse. Women's health may be negatively impacted by physical and sexual assault in many ways.As a human rights violation,

domestic violence (hence referred to as DV) affects people everywhere, regardless of their race, religion, socioeconomic status, or cultural background. The right of women to participate equally in economic and social life is undermined by violence against them. It's been linked to a wide range of negative effects on health, including death. Efforts to combat DV are hampered by a lack of knowledge on the problem's scope, its origins and effects, and the patterns and trends that emerge across cultural contexts.

II. CAUSES OF DOMESTIC VIOLENCE

A. Domestic Violence: Learned Behavior

Domestic violence is behavior learned through observation and reinforcement. Like other forms of aggression, domestic violence is not caused by genetics or illness. People are not born perpetrators and for the most part there is no disease or illness that turns a non-abusive person into an abuser. Domestic violence is a behavior acquired over time through multiple observations and interactions with individuals and institutions (Bandura, 1979; Dutton, D., 1988). The behaviors, as well as the perpetrator's internal "rules and regulations" about when, where, against whom, how, and by whom domestic violence is to be used, are learned. Domestic violence and the beliefs that support it are learned through direct observation (e.g., the male child witnessing the abuse of his mother by his father or from the proliferation of images of violence against women in the media).

B. Domestic Violence and Gender

Domestic violence is a gender-specific behavior which is socially and historically constructed. Men are socialized to take control and to use physical force when necessary to maintain dominance. While most victims of male violence are other men, the majority of victims of domestic violence are female, although female-tomale, male-to-male (gay), and female-tofemale (lesbian) violence also occurs in intimate relationships. Male violence against women in intimate relationships is a social problem condoned and supported by the customs and traditions of a particular society. There is a great deal of discussion about whether gender is the sole factor determining the pattern of abusive control in intimate relationships or one of a cluster of significant variables (Miller, 1994; Renzetti, 1994). However, gender is clearly a salient issue when considering the following factors: the prevalence of male-tofemale domestic violence, injuries to female victims, the use of physical force as part of a pattern of dominance, and specific responses of victims and perpetrators to domestic violence.

C. Domestic Violence and Cultural Issues

Domestic violence occurs in all cultural/ethnic groups both outside and within the United States. Cross-cultural studies involving non-literate societies (Levinson, 1989; Campbell, J., 1993; Erchak& Rosenfeld, 1994) indicates that wife beating is more typical than husband beating in those societies and that the prevalence and severity of wife beating is influenced by a variety

social factors within a particular society (e.g., tolerance of violence, competitiveness between men and women, presence of support networks for women). While a review of that literature is beyond the scope of this chapter, it is referenced here as a reminder that domestic violence is socially constructed and learned.

D. Domestic Violence vs. Illness-based Violence

While domestic violence is learned, there is other violence that results from illness. A small percentage of violence against adult intimates is illness-based but is misidentified as domestic violence. This violence is caused by organic or psychotic impairments and is not part of a learned pattern of coercive control of an intimate partner. Individuals with diseases such as Alzheimer's disease, Huntington 's chorea, or psychosis may strike out at an intimate partner. Sometimes that violence gets identified as domestic violence.

An assessment will distinguish illness based violence from learning-based violence. With illness-based violence, there is usually no selection of a particular victim (whoever is present when the short circuit occurs will get attacked: health care provider, family member, friend, stranger, etc.). However, with learning-based violence, the perpetrator directs his abusive conduct toward a particular person or persons. In addition, with illness-based violence there is usually a constellation of other clear symptoms of a disease process. For example, with an organic brain disease, there are changes in speech, gait, or physical coordination.

E. Domestic Violence Is Not Caused by Alcohol or Other Drugs

Many people use or abuse drugs without ever battering their partners. Alcohol and other drugs such as marijuana, depressants, anti-depressants, or antianxiety drugs do not cause individuals to become violent. Although alcohol and drugs may be used as the excuse for the battering, research indicates that the complex pattern of coercive behaviors which comprise domestic violence is not caused by consuming particular chemicals.

Some people who consume alcohol or drugs are violent with or without the chemical in their bodies. An addict's violence may be part of a lifestyle where everything, including family life, is orchestrated around the acquisition and consumption of the drug. Other addicts are so focused on their addiction that they withdraw from relationships and do not engage in any controlling behavior directed at family members.

F. Domestic Violence Is Not Caused by Anger

The role of anger in domestic violence is complex and cannot be simplistically reduced to one of cause-and-effect. Some battering episodes occur when the perpetrator is not angry or emotionally charged, and others occur when the perpetrator is emotionally charged or angry. Some abusive conduct is carried out calmly to gain the victim's compliance. Some displays of anger or rage by

the perpetrator are merely tactics used to intimidate the victim, and can be quickly altered when the abuser thinks it is necessary (e.g., upon arrival of police).

G. Domestic Violence Is Not Caused by Stress

Life is filled with many different sources of stress (e.g., stress from the job, stress from not having a job, relationship conflicts, losses, illness, discrimination, or poverty). People respond to stress in a wide variety of ways (e.g., problem solving, substance abuse, eating, laughing, withdrawal, and violence) (Bandura, 1973). People choose ways to reduce stress according to what they have learned about strategies that have worked for them in the past.

III. MATERIALS AND METHODS

The present cross-sectional study was conducted in Rasht city to investigate types and causes of domestic violence and identify effective coping strategies from the perspective of victims. The study population consisted of 110 women referring to family courts in Rasht during the year 2014. After obtaining the necessary permits, the family courts number 8, 9, 10, 12 and 15 were selected via convenience sampling method.

The PASS software was used to determine the sample size. The software output was as follows: test power=80%; the probability of type I error=0.05; the probability of type II error=0.19; effect size (w)=0.03; degree of freedom (df)=2; and chi-square test statistic=9.72.The inclusion criteria included being literate, having no history of mental diseases, narcotic/psychotropic substance abuse or refractory diseases (e.g. cancer and AIDS).

The only exclusion criterion was not completing the questionnaires entirely. The data were collected via a questionnaire covering demographic characteristics of the subjects and the World Health Organization Violence against Women Instrument.

Results:

The average age of the examined women was 33.94±6.92 years and the average age of their husbands was 37.16±7.03 years; the length of marriage of most of them (92.2%) was in the range of 6 to 10 years; 76.4% of the participants were housewives and 38.2% of them had self-employed husbands; the number of households in 45.5% of the cases was three; 56% of the participants had only one child (Table 1).

Table 1. Absolute and relative frequencies of the subjects in terms of age, husband's age, education, husband's education and monthly income.

Groups	Victims of domestic violence	
Variable	**Mean (years)**	**Standard Deviation (SD) (years)**
Age	**33.94**	**6.92**
Husband age	37.16	7.03
Length of marriage	11.6	6.57
Women's education	**Number**	**Percent**
elementary	7	12.8
Guidance school	19	34.6
Unfinished High school	14	25.4
High school diploma	42	76.4
University	28	50.9
Total	110	100
Husbands' education	**Number**	**Percent**
Illiterate	2	3.6
Elementary school	12	21.9
Guidance school	22	40
Unfinished high school	12	21.8
High school diploma	38	69.1
University	24	43.6
Total	110	100
Families' monthly income (tomans)	**N**	**%**
>200.000	19	34.5
200,000-500,000	26	47.3
500,000-700,000	25	45.5
700,000-1,000,000	24	43.6
>1,000,000	16	29.1
Total	110	100

First, the participants' scores were calculated in percentage. Then, to compare the subjects' violence scores between the three domains of physical violence, sexual violence and psychological violence, repeated measures ANOVA was conducted ($P < 0.05$). The results showed significant differences between the three domains of violence ($P<0.001$).

According to the results, the subjects obtained the highest and the lowest average scores in respectively the psychological violence (44.13%) and the sexual violence domains (30.09%)(Table 2).

Table 2.Comparison of the three domains of domestic violence.

Victims of Domestic Violence	Psychological Violence	Physical violence	Sexual Violence
Number	110	110	110
Mean	44.13	33.88	30.09
SD	26.24	26.79	24.63
Minimum value	4.55	0	0
Maximum value	100	88.89	95

IV. DISCUSSION:

The present study was conducted to investigate types and causes of domestic violence and identify effective coping strategies from the perspective of victims. According to the results, the average age of the examined women was 33.94±6.92 years and the average age of their husbands was 37.16±7.03 years. Thus, domestic violence was mostly observed among young and middle-aged couples. Abramsky et al, 2011 [29, 30] believed that younger women are more prone to domestic violence by their husbands.

V. CONCLUSION

Health care providers can play an important role in a coordinated community response to domestic violence by acting in ways that increase the safety of the victim and the children, supporting victims in making their own decisions about their lives, and holding perpetrators, not victims, responsible for their domestic violence. Understanding domestic violence as an issue of abusive control of intimate relationships with health-shattering consequences is the first step to effective interventions.

Results indicated that psychological violence is the most prevalent form of domestic violence in Iran. Iranian female victims of domestic violence believed that shouting and cursing are the most common forms of psychological violence, while limiting rest, food and clothing are the least common forms.

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