



Violence against Women by Addicted Husbands in Iraq

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Abstract

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BACKGROUND: Despite that women are becoming active participants and protagonists of the development social, economic, and political process, they still suffer from the distress of violence, and this problem still spreads worldwide.

AIM: The violence against women is studied in the general population, but a violence against women with addicted husband was little highlighted, especially in Iraq, and this study aimed to reveal the rate of violence and to clarify the different types of violence against women of addicted husbands.

METHODS: This comparative study was conducted in Ibn Rushd Psychiatric Training Hospital in Baghdad, Iraq. This study has been done during the time extended from April 10, 2020, to December 20, 2020, and included 400 married women, 200 of them were with addicted husbands, and 200 were women with non-addicted husband. The inclusion criteria were as follows: Women live with their husbands and those who gave consent voluntarily. The exclusion criteria were women who did not want to participate in the study those who did not answer all the questions, and those who did not live with their husbands and divorced or widowed women were excluded from the study. The questionnaire used was valid and reliable and appropriate to our society's culture. The results of this study revealed that the mean score of violence was 70.47 ± 14.32 for the women with addicted husbands and 42.01 ± 7.50 for women with non-addicted husband and p value ($p < 0.001$). The mean score of physical violence is 23.71 ± 6.24 in women with addicted husband while 15.50 ± 3.76 in those with non-addicted husbands ($p < 0.001$). The mean score of psychological violence is 40.01 ± 5.03 in women with addicted husband and 23.40 ± 4.26 in those with non-addicted husbands ($p < 0.001$). Furthermore, the mean score of financial violence is 2.10 ± 0.94 and 1.19 ± 0.23 for women with and without an addicted husband, respectively ($p < 0.001$). Finally, the mean scores of sexual violence were 4.65 ± 2.11 and 1.92 ± 0.25 in women with and without addicted husbands, respectively ($p < 0.001$).

RESULTS: The findings of this study reveal that the prevalence of violence against women with addicted husband was significantly higher than that in women with non-addicted husband and especially if the addicted husband abused more than 1 type of addiction substances.

CONCLUSION: There is an increased rate of violence among women with addicted husband compared to those with a non-addicted husband, the mean scores of emotional, physical, sexual, and financial violence were significantly high in women with addicted husbands.

Introduction

Violence against women, especially partner violence, is both a public health concern and a violation of their fundamental rights. Violence against women is defined by the United Nations as "any act of gender-based violence that results in or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life [1]."

The World Health Organization, analysis of the data from 2000 to 2018 across 161 countries and areas, found that one-third of the women, or nearly 30%, had been suffered from physical and/or sexual violence from their partner [2]. According to functionalists, the family is the main social institution, acting as the foundation for all other social organizations. According to Parsons,

the family plays two important and irreducible roles: "Socialization" and "adult personality stability." Proper husband-wife synchronization is critical for attaining the aims and objectives of the family and society. As a result, the repercussions of someone's addiction are far reaching. When a loved one struggles with drugs or alcohol, their immediate family suffers as well [3].

Addiction affects everyone who cares about the addict, whether they are a child, parent, or wife. However, because of her role as a wife and mother, violence against women is particularly harmful, and due to the familial structure, the problem is frequently, has enormous impacts on the establishment of social interactions, and may have a significant impact on the health of the family as well as the public health. As a result, the violence against women might disturb the family report and also interfere with regular social interactions [4].

The violence against women can take many forms, including physical, psychological, sexual, and

financial subtypes. Any behavior that causes injury to the body is considered as physical violence, where the financial violence includes behaviors that put people under financial duress, discrimination, and harassment. Financial violence is demonstrated (for example) by withholding money from the family and selling trinkets and home items [4], [5], [6].

The prevalence of domestic violence varies from 13 to 71% in different nations. According to one research done in the neighboring country, the percentage of such violence ranges from 27 to 83% [7]. The lifetime frequency of domestic violence against women was 59% in a survey of 1000 married women, referred to three maternity and gynecological clinics [7], [8]. Women suffer from a relatively short- and long-term physical, psychological, sexual, and reproductive health problems as a result of such types of violence (physical, psychological, and sexual) by their husbands. They also have an impact on the health and well-being of their children [9]. The domestic violence and substance abuse are connected together either directly through the direct effect of neuroactive substances on the brain which may cause disinhibition or behavioral disturbances of the addicts which may lead to a variety of violence such as physical, sexual, or psychological. Substance addiction needs money and the addict persons who lose their jobs as one of the consequences of addiction will need money for buying addiction substances and this may be a cause of violence (physical, financial, or psychological) against women by addicted husband.

The consequences of such violence were the potential to have deadly consequences, such as suicide or homicide. Domestic violence by husband causes injuries, with 42% of women who have experienced it reporting an injury because of it, unintended pregnancies, induced abortions, gynecological issues, and sexually transmitted diseases, including HIV, are of possible consequences [8].

The World Health Organization's (WHO) research on the health burden was published in 2013 [2], [9]. Miscarriage, stillbirth, pre-term delivery, and low birth weight kids were all increased by violence and abuse during pregnancy [18]. The women who experienced violence by intimate partner were 16% more likely to miscarry and 41% more likely to give premature birth [9]. These types of violence can lead to anxiety, post-traumatic stress disorder, and other depressive disorders, as well as sleep disturbance, and suicidal attempts. Women who had been experienced intimate partner violence were nearly twice as likely to be depressed as shown in a 2013 study [2], [4].

In certain societies, such as Iraq, substance misuse is a big issue. According to a study in neighboring countries, the prevalence of addiction on substances is 2.75 and 2.47 in urban and rural regions, respectively. Furthermore, the Iraqi Mental Health Survey (IMHS) from 2006 to 2007 revealed a relatively low frequency

of alcohol and drug misuse among Iraqis. Anecdotal and clinical evidence has revealed that alcohol and drug consumption in Iraq has escalated since then [10], [11], [12].

Addiction would have a negative influence on the addicted person's character, reduce family closeness, increase unemployment and antagonism, and so increase the chance of violence against women. It should be noted that 81.7% of addicts are also married. In a review study, a study investigated the relationship between drug use and drug misuse therapy in an attempt to reduce violence. While other studies had explored many types of personality problems and their relation to violence prevalent in opium users' families [13], [14], [15], [16], [17], [18], [19], [20].

Despite numerous researches on violence against women have been carried, most of the studies had been conducted on a general population rather than on the women of addicted subjects. Then, more research on violence against women is required, particularly in households with addicted husband. In light of the difficulties raised, as well as the importance of the family in all society and the little number of published studies on the relationship between addiction and violence against women in Iraq, the present study sought to highlight the violence against women by addicted husband.

Aims of the study

This study aims to identify the prevalence rate of violence against women with addicted husbands, clarify the different types of violence in this subgroup, and assess the risk of future violence against women with addicted husband.

Methodology

An observational, cross-sectional, and comparative study included a total of 400 women aged from 18 to 60 years living in Baghdad, Iraq, attending as companions with the patients attending Ibn Rushd psychiatric teaching hospital (the only center for addiction treatment in Iraq) during the period extended from April 10, 2020, to December 20, 2020.

Two hundred were women of them with addicted husbands who were admitted to the hospital to receive treatment for addiction and 200 were women with non-addicted husbands who visited child psychiatric unit in the same hospital. Sampling was performed using the census method. Therefore, women of 214 addicted husbands (from a total of 266 addicts who attend to receive treatment of addiction) and who had the inclusion criteria were participated in the study. Only 200 questionnaires distributed among women with

addicted husbands were answered.

For comparison, 200 married women with no addicted husbands were selected among women who visited the same hospital. The inclusion criteria were women live with her husband and those women who gave consents were included in the study. Widows, divorced, and women who did not want to participate in the study and those who failed to answer all questions were excluded from the study. The women participate in the second group was matched with the women of the first group in terms of educational level (as possible) to eliminate confounding factor.

Regarding ethical consideration, all participants were informed about the objectives of the study and they would be free to participate in answering the designed questionnaire, after that written consent was obtained from all participants and ensured them that the information would not contain any name and used for research purpose only to get their trust.

The questionnaire used was valid and reliable, the validity was confirmed by Khosravi and Khaghanifard [21]. The questionnaire was appropriate to our society's culture, it includes two sections; first one determines sociodemographic data of the women such as (age, educational level, job, duration of the marriage, and number of children), and the type(s) of substance abused by the husband (i.e., alcohol, drug abuse, opium, heroin, and synthetic materials such as crystal meth). Persons who consumed consistently more than 1 type of substance were considered as multiple substance abusers. The second part of the questionnaire was that for the evaluating the extent of the violence against women according to the types of violence.

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]. This questionnaire was translated to Arabic language and was approved by the Iraqi committee of psychiatric specialization. This questionnaire contained 32 items, 16 items concerning the psychological violence, 11 items about the physical violence, three items about the sexual violence, and two items about the financial violence. The physical division of this questionnaire includes "slapping, kicking, boxing, pulling the hair, pinching the ear, biting, stretching on the floor, tying hands and feet, throwing a sharp object to the body, throwing a non-sharp object to the body, pushing, trying to strangle, and burning the organ." The psychological domain includes "lying, shouting, huffing, threatening to beat, rejecting, having a ban on watching television or internet, preventing from visiting family, deprivation of wearing the favorite clothes, deprivation of affection and attention, threatening to kill, threatening to imprison at home, vilification, mocking, and derision."

The sexual domain of this questionnaire includes "sexual intercourse without acceptance of the woman, interrupting the sexual relationship without

female satisfaction, and applying force to continue the sexual relationship." The financial domain includes "financial restriction, and irresponsibility toward children." Each item asked the participants about the occurrence of violent behavior by her husband during the past year.

All items had been answered by three choices (Likert scale) which include "never = 1," "once = 2," and "two or more times = 3," respectively. The lowest score had questionnaire 32 while the highest score 96. Furthermore, the range of scores was 16–48, 11–33, 3–9, and 2–6, in the psychological, physical, sexual, and financial violence subscale, respectively. An overall score of 32 was considered as the absence of the violence while an overall score of 33 and more referring to the presence of the violence.

Table 1: The overall number and percentage of sociodemographic characteristics for the groups of women (of addicted husbands)

Sociodemographic characteristics	F	%	
Age Mean ± SD = 33.04 ± 10.46	18–24 years	42	21
	25–34 years	85	42.5
	35–44 years	51	25.5
	45–54 years	12	6
	55–60 years	10	5
	Total	200	100
Level of education	Illiterate	12	6
	Primary school	95	47.5
	Intermediate school	64	32
	Secondary school	23	11.5
	College	6	3
	Total	200	100
Job	Governmental employee	35	17.5
	Private employee	20	10
	Retired	5	2.5
	Students	8	4
	House keeper	95	47.5
	Unstable job	37	18.5
Duration of marriage	Total	200	100
	<1 year	10	5
	1–3 years	18	9
	4–5 years	37	18.5
	6–10 years	66	33
	>11 years	69	34.5
Presence of children	Total	200	100
	No	19	9.5
Number of children	Yes	181	90.5
	<3	109	54.5
	More or equal 3	72	36

f. Frequency, %: Percentage, SD: Standard deviation.

For the assessing of the incidence of violence in the future, women of both groups were assessed by questioning them about their expectation of future violence from their husbands. All explanations were done for all participants on how to answer the questionnaire. Then, analysis of data was done using SPSS software (Version 24, SPSS Inc., Chicago, IL, USA). Chi-square test was used to compare the level of the education in the two groups. Mann–Whitney U-test was used to compare the levels of violence in the two groups. A Kruskal–Wallis test was used to compare the mean of the violence in relation to the each type of substances abused. Then, odds ratio (OR) was calculated to find out the risk of violence.

Results

Data listed in Table 1 show that women with addicted husband are with age (33.04 ± 10.46 years) in

Table 2: The number and percentage of the husband educational level in women with addicted husbands

Educational level	Women with addicted husband, n (%)
Illiterate	67 (33.5)
Primary	54 (27)
Intermediate school	41 (20.5)
Secondary	26 (13)
College	12 (6)

which the highest percentage is associated with the age group of 25–34 years ($n = 85$, 42.5%). The level of education was primary schools among nearly half of women with addicted husband ($n = 95$, 47.5%). Regarding occupation, 95 (47.5%) of women in the sample were housekeepers. The length of marriage is referring to 11 years or more ($n = 69$, 34.5%). The majority of women with addicted husband had children ($n = 181$, 90.5%) and the majority of them had three or less children ($n = 109$, 54.5%).

Table 3: The mean score and SD (standard deviation) of the violence against women in relation to the type of abused substances

Type of substance	Violence (mean \pm SD)	*p
Alcohol	63.41 \pm 11.79	0.028*
Opium	58.53 \pm 13.71	
Synthetic substances	61.85 \pm 15.59	
More than one substance	77.48 \pm 12.41	

SD: Standard deviation, Kruskal–Wallis test.

Regarding the husband educational level of women with addicted husband, the results shown in Table 2 revealed that the majority of them were illiterate level ($n = 67$, 33.5%), and the lowest percent of them had college education ($n = 12$, 6%).

Table 4: The subtype of violence and its frequency in women with addicted and with non-addicted husband

Type of violence	Women with addicted husband mean score	Women with non-addicted husband mean score	p
Emotional (16 items)	40.01 \pm 5.03	23.40 \pm 4.26	$p < 0.001^*$
Physical (11 items)	23.71 \pm 6.24	15.50 \pm 3.76	
Sexual (3 items)	4.65 \pm 2.11	1.92 \pm 0.25	
Financial (2 items)	2.10 \pm 0.94	1.19 \pm 0.23	

Table 3 reveals that regardless the type of abused substance, the overall substance addiction was related significantly to the degree of violence. In addition, score of violence was prominently higher in addict husband who abused more than one substance.

Table 4 shows that the mean scores of emotional, physical, sexual, and financial violence were significantly higher in women with addicted husbands compared with that for women with non-addicted husbands ($p < 0.001$).

Regarding violence risk, Table 5 shows that the risk of expected future violence was significantly higher ($p = 0.02$) in women with addicted husbands.

Discussion

The present study revealed that about half of women suffered from their husband's violence aged between 25 and 34 years, this result is supported by a qualitative study conducted in Pakistan [23] which means that young age women suffer from violence

Table 5: The risk for future violence

Expected violence from a husband	Women with addicted husband		Women without addicted husband		*p
	N	%	N	%	
Yes	173	86	43	21.5	0.02*
No	27	14	157	78.5	

*Chi-square test was used.

more than other age category. This result is similar to many previous studies [24], [25], [26], and this may be related to a decreased level of social experiences and unawareness of their rights by that young age group.

The level of education had a significant influence on the prevalence of violence against women, thus, a majority of women (79.5%) who have suffered from violence had primary or intermediate school education level. This result is same with another study conducted on 550 women in Karachi-Pakistan [27], which concludes that educations has a significant role in changing the attitudes of the persons and societies against violence by intimate partner.

A low level of education not only interferes women from recognition of their rights but in lieu stigmatizes their thinking about their gender role and makes them more satisfied with the act of violence to oblige these roles. Furthermore, other studies found that a low educational level was associated with women's acceptance and tolerance toward husbands' mistreatment and of wife beating or even battering, whereas higher level of education was significantly associated with intolerance and refusal of wife assaulting [28], [29].

The finding showed that two-thirds of women (66%) who suffer from violence by their husband work as housekeeper or have an unstable job compared with just 10% of women who have a private job, thus assure that the participation of women in work and other life domains decreases the percent of violence against them. This result is consistent with many studies, which demonstrated that worker women are less likely to encounter violence [30], [31], [32]. This may be related to the independence of women on her husband economically and feel of freedom financially, which forces self-esteem and refuses to be abused by her husband. In the same context, the result is reflected by other studies [33], [34], which elicited that when women are restricted to just working at home through their role as housekeeper, they lack connections to coworkers and social relationships, and result in acceptance of violence.

This study demonstrates that the majority of abused women have one child or more. This result goes with the results of other similar studies [35], [36], this result may reveal that women tolerance violence, because many reasons; one of them is the cultural norms of our society which tends to make women role specific to childbearing and this responsibility is specific for women or wives alone, and this explains that violence against women tends to be culturally

ingrained or derived from culturally based gender roles, many women were tolerant of the abuse they suffer to maintain a family, they think that their children's health depends on keeping their family together. Regarding the prevalence of violence against women with addicted husband, the findings reveal that the violence was significantly higher among women with an addicted husband than in women with a non-addicted husband. This result is consistent with several studies [37], [38], this increased violence rate in this group may be due to the direct effect of the neuroactive substances on the brain and their effect on the addicted aggressive behavior, on the other hand, the financial matters concerned with the use of substances and low economic status and unemployment of husband, all of these might be considered as the causes of this increased rate of violence.

In relation to future risk of violence, the result of the study confirmed that the majority of women (86%) with addicted husbands expected recurrence of violence in the future compared with just 21.5% of women without addicted husbands, this finding agrees with other study conducted by the WHO in multicountries [39], [40], which revealed that previous exposure of abuse was strongly associated with the occurrence of intimate partner violence, and this means that they are at high risk to a repetition of violence in the future.

Strength and limitations

Regarding strength points of this study; its objective was clearly stated, inclusion and exclusion criteria were listed, the questionnaire covered all the related aspects. Limitations included; the limited sample, divorced and pregnant women were not included, the fear of women for giving data about their exposure to violence from their husband, also there were no centers concerned for recording such types of violence against the women and of course, there were not reliable or sufficient data about this issue.

Conclusion

The addiction was considered as a big problem in our country, this study revealed that there is an increase in the rate of violence among women with addicted husband compared to women with a non-addicted husband, the mean scores of emotional, physical, sexual, and financial violence were significantly high in women with addicted husbands compared with that in women with non-addicted husbands ($p < 0.001$), and the results show that the different types of abused substances show different degree of violence, so the highest scores of violence were observed in women

whose husbands abused more than 1 type of abused substances but the risk of violence was significantly higher in women with addicted husbands ($p = 0.028$) regardless the type of substance. It seems that women with addicted husband are especially at high risk for domestic violence rather than women with no addicted husband and this issue had a very little of attention in our country, as there is few if not psychosocial centers that concerned with recording or managing such cases of violence against women.

Recommendations

To overcome such big problem in society, the authorities should pay more attention to the programs for the treatment of addiction which should be strengthened and approached in the public to find and to treat the addicted persons. More attention must be paid to families with an addicted spouse, also we need to establish more supportive agencies and implementation of specific training programs to support and train families with addicted husband for how to manage the aftermaths of addiction. Then, the rates of violence against women by addicted husband might be reduced. Further studies with larger sample size are needed for further enlighten of this vital issue.

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