Assessment of Factors influencing Domestic Violence among married Women: Cross-sectional study at Kasralainy, Family Medicine clinic

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Abstract

Background: Violence in personal relationships is widespread around the world. It has detrimental physiological and psychological impacts. Physical assault may leave a more noticeable trace, but psychological harm is more challenging to explain and share aimed to find out the prevalence of domestic violence and different types of it and to identify the various risk factors for violence.

Methods: Screening for domestic violence and inviting women who identified as abused by an intimate partner to participate in the study, assessment of socioeconomic status, taking a personal and medical history, evaluation of domestic violence exposure. 325 participants, fulfilled the inclusion criteria, were evaluated of domestic violence exposure by using the valid Arabic version of Composite Abuse Scale.118 participants were identified to be abused by their intimate partner, had Composite Abuse Scale total score of 7 or more, were invited to a structured interview. It included personal and medical history, assessment of socioeconomic status

Results: The study found a 36.3% overall prevalence of intimate relationship violence in the group that was the subject of the study. the highest form was psychological abuse, followed by physical one then severe combined abuse including sexual abuse items. However, least of them were exposed to harassment.

Conclusions: The present study hereby concludes that combination of physical and emotional violence is the most common type of domestic violence, which has a strong association with literacy status of both women and their husbands.

Keywords: Domestic Violence, Different types, Abused women.

1.   Introduction

Domestic violence is a prevalent issue among married women, despite their demographic characteristics. Addressing domestic violence is a key concern for global public health due to its prevalence and the associated hazards to one's physical, mental health, and mortality. Physical, sexual, psychological, and financial aspects of domestic abuse can also involve controlling or coercive behaviors and acts. [1]

Domestic violence is reported in all countries and at varied rates across jurisdictions and cultures, even though its incidence is linked to socioeconomic problems such as homelessness and poverty. [2]

A lifetime of physical and/or sexual abuse by an intimate partner, non-partner sexual assault, or both affects 31% of women in the world between the ages of 15 and 49 (almost one in three women). [3]

Domestic violence in heterosexual relationships is caused by men's need to exert authority over and control over

their female partners, according to research conducted worldwide. Wife-bashing has become normal due to past practices that treated women like children and gave men the power to harm them, making it challenging to stop. [4]

Research shows that men without jobs who are poor and less able to support themselves are more likely to commit violent crimes. Men who have been unemployed are more likely to have low self-esteem, insecurities, and higher levels of wrath, all of which are risk factors for committing domestic violence. Lack of control over money issues is another factor that has been connected to domestic violence in close relationships. According to studies, partnerships where the man is unemployed are more likely to experience domestic violence. [5]

Violence against women has many negative effects, including murder, suicide, shock, infections, chronic pain, alcohol and drug abuse, miscarriages, unintended pregnancies, unsafe abortions, victim/survivor guilt, anxiety, fear, and self-denial, economic dependence, and loss of role or function in society. [6]

This study aimed to find out the prevalence of domestic violence and different types of it and to identify the various risk factors for violence.

2. MATERIALS AND METHODS

This is a cross-sectional study's objectives were to find out the prevalence of domestic violence and different types of it and to identify the various risk factors for violence. 118 married women who were at least 18 years old and were also married were included in the study.

The Study design

A. Type of study: A Cross- sectional study.

B. Site of study:

Our investigation was carried out at the Family Medicine outpatient clinics at Cairo University Hospitals. While providing ongoing, comprehensive healthcare for individuals and families, family medicine practices take into account the bio-psycho-social, clinical, and behavioral elements. Each month, Kasr-Alainy's family medical clinics see roughly 500 patients.

The family medicine clinic at Cairo University Hospitals was chosen due to its substantial patient population as well as its productive working ties with other medical specialists.

C. Participants:

Married women who visited the outpatient family medicine clinic at Cairo University between August 2022 and January 2023, were 18 years of age or older, and provided their agreement to participate in the study.

Women who are at least 18 years old, married or have lived together for at least a year and are identified as having experienced abuse from a close relationship in the previous year were included in the study.

Women with intellectual disability, cognitive impairment, or extreme mental illness were excluded from the study.

D. Sample Size:

Considering the mean self-esteem score after a program to empower women exposed to domestic violence on improving self-esteem, learnt resourcefulness, and coping mechanisms in women as a significant outcome, as well as information from a previous study that looked at a related subject **(Bahadir-Yilmaz et al. [7])**. The sample size for this prospective interventional study was calculated using Epi-calc 2000. Assuming 80% power, 0.05 level of significance, a null hypothesis value of 60.93, a standard deviation of 14.3, and an estimated mean of 66.36, 54 people will make up the sample size. The final sample size for each group will be 59 people, assuming a 10% drop-out rate.

E. Data collection tools and technique:

1- Informed consent:

An informed consent prior to being enrolled in the study was obtained from participants. It includes assuring the confidentiality of all participant-related data and stating the study's objectives and purpose.

2-The socio-demographic sheet:

The socio-demographic sheet was used to extract the participant's important personal and medical history information.

3-The updated Socio-economic status (SES) scale [8]

A scale that scored 84 overall and examined seven factors, including family, economic, occupational, family goods, home sanitation, and health care, was used to analyze specific socioeconomic status (SES) data. Each component was given a score, and the total was determined. Based on the quartiles of the calculated score, which are low 42, middle 43, and high 64, the socioeconomic level was then split into low, middle, and high levels.

4 -Valid Arabic version of The Composite Abuse Scale [9]

The amount of violence was evaluated using the exact Arabic translation of the Composite Abuse Scale. The 29-item Arabic Composite Abuse Scale (CAS) responses from women were used in this investigation. Each item fell under one of four subscales, including Severe Combined Abuse. physical abuse, emotional abuse and harassment. It is possible to calculate the overall and subscale scores by adding up all pertinent components. [10]

Scoring

The range of 0 to 5 for each item provides the possible scores for each subscale of Severe Combined Abuse (0-35), Physical Abuse (0-35), Emotional Abuse (0-55), and Harassment (0-20). A total score research found that a cut-off score of 7 would accurately classify 95.8% of women as having experienced abuse, with no women being incorrectly labeled as such. [11]

A Pilot study was conducted over August 2022. Forty females were screened, eighteen women were detected to be abused and only thirteen agreed to participate in the pilot study.

Feedback from the pilot study:

1. Taking only one phone number from the wife caused the loss of communication in many times, a high percentage of women to drop out; therefore, more than one number was taken to ensure women compliance and safety.

2. No need for addition or modification of questions in the used questionnaires.

3. Most of females were cooperative and willing to participate.

4. The time needed to complete the questionnaires ranged from 20 to 30 minutes.

Data collection phase (September 2022 –February 2023):

Domestic abuse was detected using the dependable Arabic Composite Abuse Scale, and women who disclosed experiencing abuse from an intimate partner were invited to participate in the study.

obtaining the participants' agreement after informing them of the study's objectives, methods, anticipated outcomes, questionnaire details, and data confidentiality. The structured interview's questionnaire completion phase took 20 to 30 minutes. It included an evaluation of socioeconomic status, a personal and medical history, an assessment of exposure to domestic violence.

Ethical and official approval

The current study's methodology was evaluated and approved by the Kasr-Alainy Family Medicine Department

Council. The study protocol was approved by both the scientific research ethical committee at the Faculty of Medicine and the research ethics committee at Cairo University. The authorization number is MD-186-2022.

For the purpose of maintaining the confidentiality of the data gathered, each participant was asked for their informed consent prior to being involved in the study. Only those who agreed to participate remained after those who declined were removed.

Statistical analysis of data

The data were collected, coded, and checked in Microsoft Excel® for quality and completeness before being analyzed in the Statistical Package for the Social Sciences (IBM SPSS®) (version 22). For quantitative variables having a normally distributed distribution, mean and SD were used for summarizing data. For quantitative variables with an asymmetric distribution, median and interquartile range (IQR) were used for summarizing data. The groups were compared using the independent samples t-test and Mann-Whitney U test for group comparisons of non-parametric quantitative data. Pearson and non-parametric Spearman correlations were used to compare quantitative data that were not regularly distributed. Paired sample t-tests were carried out to gauge the success of the intervention program as a whole. The Shapiro-Wilk test was used to test for normality. P-values below 0.05 were considered significant for purposes of interpretation.

3. RESULTS

About 325 individuals who met the inclusion criteria were assessed for their exposure to domestic abuse using an appropriate Arabic translation of the Composite Abuse Scale. About 118 participants who had been identified as being abused by their intimate partner and had a Composite Abuse Scale total score of 7 or above were invited to a structured interview.

According to the Composite Abused Scale (CAS), 118 women with a mean age of 34.84.12.87 who had been abused by their spouses were included in the study. The group under research had a median age of 33.5 (29-42) years, a mean age at marriage of 12.87 (8.21) years, and a mean number of children of 2.61 (1.13), with a mean age of 34.84 (12.87) years. The bulk of participant homes (69.5%) were in urban slums. (88.1%) did not use drugs and had no ongoing medical conditions. The socioeconomic status of 41.5 percent of participants (or participants) was moderate **[Table 1]**.

Regarding woman's education shows that, about (16.9%) were illiterate. More than half of women (53.4%) were Housewives and (36.4%) were Semi-professionals or clerk.

Regarding husband education, about (34.7%) were university graduate or higher. About (39%) of husbands were Semi-professional or clerk and professional workers and only 5.9% were un-skilled workers **[Table 2]**.

The mean score of CAS is (32.85±21.48), with median 26 (17-50). The mean Severe combined abuse was 5.53±4.66, the mean Physical abuse was 8.95±7.08, the mean Emotional abuse 15.61±9.71 and the mean Harassment was 2.75±2.86 **[Table 3]**.

Table 1. Showing basic socio-economic characteristic of the studied group

Characteristic	Study group (n=118)		
Age (years) Mean ±SD Median (IQR)	34.84±12.87 33.5 (29-42)		
Marriage Years Mean ±SD Median (IQR)	12.87±8.21 11 (6-20)		
Number of Children Mean ±SD Median (IQR)	2.61±1.13 3 (2-3)		
Category		**No.**	**%**
Residence	Urban Slum	82	69.5
	Rural	25	21.2
	Urban	11	9.3
Chronic Disease	No	104	88.1
	One disease	10	8.5
	More than One disease	4	3.4
Medication	No	104	88.1
	Yes	14	11.9
Socio Economic Status (SES Level)	Low socioeconomic level	39	33.1
	Middle	49	41.5
	High	30	25.4

Table 2. Distribution of education and occupation among the studied group.

Study group (n=118)			
Category		**No.**	**%**
woman's Education	**Illiterate**	20	16.9
	Read and write	1	0.8
	Primary school level	9	7.6
	Preparatory school level	10	8.5
	Secondary school level	16	13.6
	Intermediate	15	12.7
	University graduate	28	23.7
	Postgraduate degree	19	16.1
Husband's Education	**Illiterate**	22	18.6
	Read and write	4	3.4
	Primary school level	4	3.4
	Preparatory school level	6	5.1
	Secondary school level	21	17.8
	Intermediate	20	16.9
	University graduate	34	28.8
	Postgraduate degree	7	5.9
Husbands' Occupation	**Non-working**	6	5.1
	Unskilled manual worker	7	5.9
	Skilled manual worker	34	28.8
	Trades/business	25	21.2
	Semi-professional/clerk	34	28.8
	Professional	12	10.2
wives' Occupation	**Non-working**	63	53.4
	Unskilled manual worker	4	3.4
	Trades/business	3	2.5
	Semi-professional/clerk	43	36.4
	Professional	5	4.2

Table 3. Abuse experiences of participants.

Characteristic	Study group (n=118)
CAS total score	
Mean ±SD	32.85±21.48
Median (IQR)	26 (17-50)
Severe combined abuse	
Mean ±SD	5.53±4.66
Median (IQR)	5 (1-8)
Physical abuse	
Mean ±SD	8.95±7.08
Median (IQR)	7 (3-14)
Emotional abuse	
Mean ±SD	15.61±9.71
Median (IQR)	14 (7.75-23)
Harassment	
Mean ±SD	2.75±2.86
Median (IQR)	2 (0-5)

4. DISCUSSION

Human rights violations like domestic violence are common and detrimental to your physical and mental health. Even though IPV affects both men and women, the majority of violent, persistent, and sexual assaults against women have a detrimental effect on their health. [12,13,14]. The World Health Organization (WHO) describes violence against women as a pandemic-scale global public health epidemic that is preventable. [15]

Because the condition's chronic physical and psychological effects are complex, lengthy, and challenging for both patients and service providers to address, treatments for managing violence against women must enhance mental health issues, safety, and support. [16,17]

Women's socioeconomic circumstances and personality characteristics have an impact on IPV. [18] In this regard, it was discovered in the current study that the participant women who had been abused (n=118) were young, with a mean age of 34.8412.87, and that the majority of them did not have any chronic illnesses or take any medications. 41.5 and 33.1%, respectively, of the participants were from middle- and low-socioeconomic-class backgrounds. Furthermore, it was shown that abused women had a range of educational backgrounds, with university graduates making up the largest percentage (23.7%). Homemakers made up 53.4% of the workforce for women.

The average age of the cohort, which included 422 women of diverse ages, ethnic backgrounds, and experiences of abuse, was 33.74 8.48 years, according to an Australian study. [19]

The average age of the 196 heterosexual women who participated in the American survey and who reported having experienced IPV was 37.24 years old, and 33.7% of them had completed high school. More over half of the participants (58.7%) were unemployed. [20]

The majority of the women who had experienced domestic abuse (n=248) were found to have received a City and Guilds diploma, with an average age of 33 (SD=17, Median=31). Nearly 80% of people did not hold a steady employment. [21]

According to a comparison study by **Gosangi et al.** [20], between the years of 2017 and 2019, the average age of

assaulted women was 41 and a half. However, their average age was 37 years and 13 months because of an upsurge in IPV during the COVID-19 pandemic in 2020.

Understanding the participant's socio-demographic characteristics was necessary in order to establish rapport and trust, both of which were beneficial during the implementation of the intervention.

The patients (n=118) in this study had a mean CAS score of 32.85 21.48, and the mean scores for severe combined abuse, physical abuse, mental abuse, and harassment were 5.53 4.66 8.95 7.08 15.61 9.7 2.75 2.86. There was a statistically significant positive correlation between the total CAS score and each of the CAS components (P 0.001). This implies that the subjects had experienced different kinds of mistreatment.

According to Ferrari et al.'s cross sectional study [23], a higher CAS score was found, with a mean CAS total score of 57 ±34, and the mean scores for severe abuse, physical abuse, emotional abuse, and harassment being (6 ±8, 13 ±10, 31 ±16, and 8 ±6), respectively.

In a cross-sectional study conducted by Ferrari et al. [24], a higher CAS score was found, with a mean CAS total score of 57± 34, a mean severity score of 6 ±8 median 3, a mean physical abuse score of 13 ±10 medium 11, a mean emotional abuse score of 31± 16 median 3.1, and a mean harassment score of 8± 6 median 7.

The results of this study supported those of **Chandrasekaran et al. [21]**, who asserted that individuals had experienced emotional abuse more frequently than physical or sexual abuse. However, sexual form was the least prevalent (65.0%), followed by psychological form (24.0%), and finally physical form (7.0%), according to **Fadya et al. [22]**.

5. CONCLUSION

Young people from middle-class and lower socioeconomic backgrounds disproportionately exhibited high rates of violence towards women in intimate relationships. Domestic abuse has a bad effect on psychological health. The present study hereby concludes that combination of physical and emotional violence is the most common type of domestic violence, which has a strong association with literacy status of both women and their husbands. This study recommends that to prevent domestic violence government has to take stringent action for making women more self-reliant by making the women more literate and more financially independent.

6. RECOMMENDATIONS

-Provision of routine domestic violence screening among women attending primary care services is greatly needed so as to offer appropriate services to victims.

-Subsequent to the screening, mandatory reporting as well as referral to appropriate resources should be made to prevent the dangerous consequences for the women who are subject to domestic violence.

-Provision of health services and counseling places to help abused women.

-Offer awareness programs in different community settings attempting to prevent the cycle of violence from ever starting by preparing young couples for healthy marital relationship by practicing compulsory pre-marital counseling and offering health education sessions to all expected couples about marital health and family life.

Source of Support: Nill

Conflict of Interest: Nill

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