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# Comparing Husbands' Addiction in Women With and Without Exposure to Domestic Violence

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## ABSTRACT

**Introduction:** Domestic violence is considered a serious threat to the health and rights of women throughout the world. Evidence indicates that addiction and the consumption of narcotics and alcohol is among important individual causes resulting in violence against women.

**Objective:** This research aimed to compare the impact of the addiction of the spouses on women who were subject of violence with women who were not subject of violence.

**Materials and Methods:** This was an analytical cross-sectional study. The study samples included 110 women referring to health and treatment centers and the family courts of the city of Rasht, Iran selected by the convenience sampling method. Study tools included the World Health Organization questionnaire on domestic violence. The questionnaire's reliability was assessed through intraclass reliability coefficient. Descriptive statistics indicators and Independent t test, Chi-square test, Mann Whitney test, and the repeated measures ANOVA were used for data analysis.

**Results:** The mean age of the participants in the non-violated group and in the violated group were (32.69±7.65) and (33.94±6.92) years, respectively. The most rated violence was psychological violence with 44.13%, followed by the physical violence with 33.88% and the sexual violence with 30.9% in the group who have experienced domestic violence. The use of opium (P=0.03), and heroin (P=0.002) was significantly higher in the spouses of women who had experienced domestic violence compared to the spouses of women without experiencing domestic violence. However, no significant difference was seen between the two groups, with regard to smoking and the use of psychedelic drugs and consumption of alcohol.

**Conclusion:** Considering the high incidence of domestic violence against women who participated in this research and recognizing that addiction is a major risk factor in violence against women, psychological health policies should consider preventive plans and allocate resources to prevent violence against women and its terrible consequences.

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## Introduction

Family is the smallest social unit; however, it is the most important and effective support and education system for the society. The feelings of security, assurance, health and satisfaction need peace and quiet that requires affection and wisdom-based family relationships [1]. One of the primary functions of the family is the development and formation of human beings' personality.

According to the social analysts, addiction to narcotics is currently one of the complicated social issues with many underlying social harms and deviations [2]. Addiction not only endangers the lives of addicted people, but also their families [1]. Domestic violence is among important public health and human rights issues. It is defined as violent and dominant behavior of a family member against another member(s) of that family [3]. Committing domestic violence against women is one the most common social crimes in today's world in all nations, social classes and groups. Although the violence outside of the family is considered a crime in most of today's societies, the governing laws and ethics support domestic violence continuity by their silence and ignorance [4].

Any act of sexual violence that leads to physical, sexual or psychological harm (or high odds of its occurrence) that is painful for women, or leads to the forced deprivation of their individual or social liberty, is considered violence against women [5]. A study on domestic violence conducted with the cooperation of the World Health Organization showed that the lifetime incidence rate of domestic violence against women by close partner varies from 15% in Japan to 71% in Ethiopia and different factors including the level of literacy, use of alcoholic drinks and narcotics, and partner's age, can affect the incidence of violence [6].

Domestic violence is the most common form of violence against women with a negative impact on other important health priorities such as women's health and safety, family planning and psychological health [7]. One of the factors affecting the incidence of violent behavior is addiction. Substance deprivation can be so severely painful that may lead to violent behaviors in users [8]. Society's comprehensive support can be an important step in prevention or reduction of domestic violence against women and its unfortunate consequences [9].

Studies have been conducted in Iran regarding the role of addiction in domestic violence, and stated that addiction has had an effective role in breakup of families and divorce in Iran and has been the underlying cause of 30% to 67% of divorces in Iran. Addicts usually have desire for destructive behavior and turning their internal violence to others after experiencing internal conflicts. Addiction is a personal and social phenomenon that is intensely related to the issue of violence. In other words, narcotics remove the barriers of violent behavior [2, 5]. Considering the reports available regarding the phenomenon of spousal abuse, further investigations of domestic violence is needed. Considering the special importance of the family in our culture and religion, keeping family secrets is of essential for the Iranian women and this issue prevents realistic reports regarding domestic violence.

Therefore, addiction in the family is a social dilemma and a strong factor in incidence of domestic violence that may lead to spouse abuse. With regard to the destructive impacts of domestic violence on women's health, this study was conducted to compare the spouse's addiction on the two groups of violated and non-violated wives in the city of Rasht, Iran. The results of such studies can provide more information about addiction and domestic violence for pre-marriage counseling and couple therapy, to reduce the harms arising from these problems.

## Materials and Methods

This was an analytical cross-sectional study conducted in 2013. The study samples were collected by convenience sampling method. After obtaining required permits to access women referred to legal centers for family problems, sampling was conducted in the family courts No. 8 to 12, and 15, followed by the health and treatment centers No. 7 and 15 in Rasht City. The sample size was determined using the PASS software. By considering the test power as 0.80, the probability of Type I error as 0.05, the effect size as 0.3, the probability of Type II error as 0.19, degree of freedom (df) as 2, the Chi-square test was 9.72. Therefore, a sample size of 110 was calculated and the minimum number of samples needed in each group was 55 persons. After obtaining consent forms from the study participants and providing sufficient explanations regarding the research, women who met the inclusion criteria were selected.

The inclusion criteria for the group who were subject to domestic violence included literacy, no psychological disorders, no history of using narcotics and psychedelic drugs, no refractory illnesses (cancers and AIDS), and experiencing at least one type of domestic violence (physical, sexual, and psychological) by their spouse,

and in the group whose members were not subject to violence, all the above circumstances must have been met, except for the experience of domestic violence.

The samples were necessarily selected from women who were completely conscious and aware and were not under any treatment for psychological disorders. Findings were kept completely confidential and the samples could discontinue study participation, whenever they wanted. All of the initial 55 persons who enrolled in the research, have announced their consent for participation and all met the inclusion criteria. The data collection tools were demographic information questionnaire and WHO domestic violence questionnaire. The demographic questionnaire included questions about age, education and occupation of the wife and the husband, monthly income, marriage status, duration of marriage, family relation with the spouse, the number of household members, marriage ranking of herself and her husband, housing status, number of children and addiction to narcotics.

The WHO domestic violence questionnaire has been used in many articles in Iran that investigates different areas of domestic violence (physical, psychological, and sexual). In this research, the domestic violence was considered as violence committed by the husband during the past year. This questionnaire includes 34 questions and 26 additional items asking about physical, sexual, and psychological violence. Physical violence had 10 items, sexual violence had 5 items and psychological violence had 11 items.

Number of cases of different types of violence was calculated based on a 5-point Likert scale (never, once, twice, 3-5 times, more than 5 times). Experiencing violence was considered as at least one positive response to the questions on physical, psychological or sexual violence of the questionnaire [10]. To evaluate the reliability of the questionnaires, the Intraclass Correlation Coefficient (ICC) was used. This value was 0.99 indicating the tools reliability. The data analysis was carried out using SPSS (V. 18) and descriptive statistics and statistical tests of Independent t-test Chi Square, Mann-Whitney and variance analysis were used for Repeated Measure ANOVA in order to compare the median score of violence (three scores for physical, psychological and sexual violence were considered, for each sample). The significance level was considered 0.05.

## Results

The results indicated that the mean age of the participants was 32.69±7.65 years in the group without experiencing domestic violence and 33.94±6.92 years in the group who had experienced domestic violence. The educational level of the former group was primary school in 5.5% of cases, junior high school in 16.4%, high school in 14.5%, high school diploma in 36.4%, and higher education in 27.3% of the participants.

Also, 70.9% of the participants were housewives, 38.2% lived in rental houses, monthly income of 14.5% of cases was less than 200 $, and 85.5% of cases lived with their husbands and children. Educational level in the group who had experienced domestic violence in 7.3% of cases was at primary school, 18.2% were educated up to junior high school, 10.9% up to high school, 40% had high school diploma, and 23.6% studied up to higher education. The result showed there is no significant deferences between marriage status and family relation with spause (Table 1). In addition, 76.4% were housewives, type of housing in 43.6% of cases was rental, monthly income in 20% of cases was less than 200$ and 47.3% of all cases lived with their husbands and children. The Chi-square test did not show any significant difference between the members of the two groups with respect to the variables regarding the wife and the husband's educational level, wives' occupation, monthly income level, number of pregnancy and childbirth, number of abortions, number of living children, marriage status, number of household members, and wife and husband's satisfaction of marriage. However, there was a significant difference between the two groups with regard to husband's occupation (P=0.04) and housing situation (P=0.03) (Table 2).

At first the violence score was calculated based on percentage. For comparing the mean score of violence (three aspects of physical, psychological, and sexual) in the group who had experienced domestic violence, the ANOVA test for repeated measures was used. As a result, a significant difference was observed between the scores of the three areas of violence in this group (P=0.001). The highest score of violence in the group who had experienced domestic violence was related to psychological violence with 44.13%, followed by the physical violence with 33.88% and finally sexual violence with 30.09%. Pushing (34.5%) and slapping (29.1%) were the most common forms of physical violence and burning, scorching or flogging (1.8%) were among the least prevalence types of physical violence, practiced.

Forced sexual intercourse (36.4%) was the most common form of sexual violence, and reject to have sexual intercourse as punishment (9.1%) was among the forms of sexual violence that was less used. Shouting and vilification (61.8%) were the most common forms of psychological violence, and restraining rest, food, or clothing

**Table 1.** Distribution of the demographic information of t the study subjects in the two groups of the study

| Characteristics | Group of Subject to Violence | Group of Not Subject of Violence | |
|---|---|---|---|
| | Mean±SD | Mean±SD | Sig. |
| Age, y | 6.92±94.33 | 32.69±7.65 | 0.37* |
| Husband's age, y | 37.16±7.3 | 36.51±8.72 | 0.66* |
| Duration of marriage, y | 11.6±6.57 | 6.32±9.82 | 0.15* |
| Number of pregnancies | 1.54±1.21 | 1.04±1.56 | 0.25** |
| Number of childbirth | 0.92±1.25 | 0.91±1.38 | 0.37** |
| Number of abortions | 0.32±0.66 | 0.25±0.51 | 1** |
| Number of living children | 0.99±1.25 | 0.93±1.4 | 0.52** |

* The Independent t-test

** The Chi-squared test

(12.7%) were among the least used form of psychological violence in the study subjects.

Most women in the group who had experienced domestic violence (47.3%) mentioned economic difficulties as the cause of violence by their husbands. Addiction or consumption of alcohol by their husbands (43.6%) and interference by the husbands' families (43.6%) were discussed at the next level as the cause of violence.

Regarding the main study objective, the results of the Chi-Square test revealed a significant difference between the two groups with regard to the addiction of the husbands (P<0.05). The majority (52.7%) of husbands in the group who had experienced violence and 50.9% of the husbands of the other group smoked cigarettes, consumed opium (P=0.03) and or heroin (P=0.002). The consumption of narcotics was significantly higher in the husbands of wives who had experienced domestic violence, compared to the wives who had not experienced domestic violence. However, no significant difference was seen between the two groups in respect to smoking and the use of psychedelic drugs and or consumption of alcohol (Table 3).

## Discussion

In this study, no significant difference was seen between two study groups with regard to wives' age, husbands' age, duration of marriage, family relation with the husband, educational level of the wife and the husband, occupation of women, monthly income level, number of pregnancy and childbirth, number of abortions, number of living children, marriage status, number of household members, and satisfaction with the marriage. Therefore, the impact of these factors (as interfering elements) has been controlled in the results. However, there was a significant difference between the members of the two groups, with regard to the husbands' occupation and the housing situation.

Violence against women has extensive consequences in the society; however, due to lack of informing or records or minimizing the number of domestic violence that have occurred, there are no statistics available on this subject partly because wives are willing to tolerate this problem for years, and do not have the courage to talk about it with someone [11]. A study shows that the scale of domestic violence increases by ageing [12]. However in another study, the younger age of the wives has been indicated among the risk factors for the increase of violence committed by the husbands [13]. In our study, no significant difference was seen between the two groups with regard to the subjects' age. Certainly, the domestic violence can happen in all ages and even during pregnancy; therefore, the wives of all ages should be screened with regard to the domestic violence [14]. An investigation conducted in

**Table 2.** Distribution of relative frequency of the study subjects based on occupation and level of income

| Occupation | | Group of Subject to Violence | Group of Not Subject to Violence | sig.* |
|---|---|---|---|---|
| Housewife | | 76.4 | 70.9 | |
| Employee | | 10.9 | 20 | |
| Labor | | 7.3 | 5.5 | 0.62 |
| Independent | | 3.6 | 3.6 | |
| Specialist or high ranking expert | | 1.8 | 0 | |
| Income level ($) | <100 | 20 | 14.5 | |
| | 100-300 | 27.3 | 20 | |
| | 300-500 | 18.2 | 27.3 | 0.6 |
| | 500-800 | 21.8 | 21.3 | |
| | >800 | 12.7 | 16.4 | |

* The Chi-squared test

connection with social and psychological factors of aggression, considers the role of education, income, occupation and personal health as effective in committing domestic violence [2].

In this study, there was a significant difference between the two groups as regards the husbands' occupation in a way that the number of unemployed husbands in the group who had experienced domestic violence was more than that in the group who had not experienced violence. Therefore, men's unemployment can be effective in the incidence of violence. In general, unemployment has been identified as one of the risk factors in marital violence. It is interesting that even after statistical control of income, age, and ethnicity, husband's unemployment increases the odds

**Table 3.** Distribution of absolute and relative frequency of the study subjects based on addiction of the spouse

| Groups | Subject to Violence (No. %) | | Not Subject to Violence (No. %) | | Sig. |
|---|---|---|---|---|---|
| Frequency of Abuse | Yes | No | Yes | No | |
| Cigarettes | 29(52.7) | 26(47.3) | 28(50.9) | 27(49.1) | 0.84 |
| Opium | 16(29.1) | 39(70.9) | 4(7.3) | 51(92.7) | 0.03* |
| Alcohol | 13(23.6) | 42(76.2) | 8(14.5) | 47(85.5) | 0.2 |
| Sedatives or anti-depressant drugs | 12(21.8) | 43(78.2) | 5(9.1) | 50(90.9) | 0.065 |
| Heroin | 9(16.4) | 46(83.6) | 0(0) | 55(100) | 0.002* |

* The Chi-squared test

of incidence of violence [15]. Numerous studies have investigated the connection between the occupation and occurrence of violence [2, 7], in which unemployment and financial problems of the husband have been the element of most cases of financial, verbal, and physical violence [2].

In this regard, research results also confirm that lower education of each partner, unemployment and economic difficulties associate with spouse abuse with a higher percentage, and women whose husbands are unemployed and are educated below the high school diploma experienced more psychological, verbal, and physical violence [2, 11]. One of the reasons to explain this issue is that probably economic difficulties, unemployment and lack of sufficient income ordinarily cause an increase in pressure and concern in the family and sometimes these pressures lead to violent behaviors.

The present study shows that, psychological violence was the most type of violence that has been experienced, followed by physical violence, and sexual violence. As compared with global studies, we achieved higher rates. However, our results are consistent with results of studies conducted in Iran. In line with our findings, Derakhshanpour showed that the level of psychological violence was reported at the highest level, followed by physical violence and sexual violence [16]. Incidence of domestic violence and its types vary between societies due to the culture of each society, screening tools used, and the time and methods of research. The cultural obstacles in reporting this type of violence, the lack of accurate and specific definition of it, and different social cultural contexts can be among factors affecting different incidence frequencies of sexual violence.

In the present study, the abuse of opium and heroin was significantly higher in the husbands of women who were subject to violence, compared to the husbands of women who were not subject to violence. However, no significant difference was seen between the two groups, with regard to smoking and psychedelic drugs and alcohol. Similarly, another study reported higher frequency of physical violence in unemployed men, and it was correlated with the consumption of narcotics by the husbands, their low literacy, and lack of having a personal residence [17]. Stuart showed that men's aggression toward women was significantly higher in the days that they had consumed narcotics and consumption of alcohol and cocaine were significantly correlated with the increased odds of men's aggression toward women.

Hashish and opiates were not significantly connected with the increase in the odds of aggression towards women, and consumption of narcotics was a stronger predictor than consumption of alcohol for husbands' violence among those who were arrested for committing that crime. Among men, consumption of Marijuana and stimulants (Cocaine and Amphetamine) was correlated with violence in the married couple's relationships [18]. In this regard, a study states that consumption of some drugs has more connection with violent behaviors, in comparison with the other drug. For example Cocaine, Met Amphetamine, and alcohol have a strong connection with violent behaviors, compared to the other drugs [19].

Goudarzi et al. also reported that a positive and significant connection exists between consumption of narcotics and committing violence against women [2]. Different cultures, different statistical populations, use of different tools in assessing violence, and the availability and popularity of the some types of narcotics in some regions, compared to the other regions explain the differences in reports about the various types of drugs and domestic violence.

Our results indicate that addiction and domestic violence has a positive and significant relationship with each other. One of the irreparable complications of the husbands' addiction can be increased violence towards women during their partnership. Awareness of importance of domestic violence and its complications can be considered from different aspects including the fact that despite dreadful consequences of violence against women, this phenomenon has not yet been fully recognized in some of the countries of the world including ours, and in many cases, these incidences due to shame or embarrassment are not disclosed to others outside the family. As a result, most healthcare providers are not aware of the real rate of the incidence of domestic violence and its complications on the population and cannot play a useful role in this regard. In this respect it is required that health personnel including midwives receive the necessary training in this context so that they can react appropriately, once needed.

In more general terms, enabling women to reduce the circumstances of being vulnerable to domestic violence, confront violent situations, increase the practice of safe behaviors in women, improve self-confidence of women, increased use of health counseling services and treatment centers, or the police, also provide required training to adolescents and youth in schools and centers of higher education, develop women's support centers

and provide legal, medical, and psychological services for those who were subject to domestic violence, can be effective in reducing incidence of domestics violence against women and to improve their health condition.

Some limitations of this study included failure of some participants to provide accurate responses to questions due to shame and embarrassment and as a result failure to divulge domestic violence. We tried to control this problem to a great extent by establishing proper communication with them and providing sufficient explanations and placing the questionnaires at their disposal. Completing the questionnaires based only on the statements of the wives was another limitation of this research. Results of this research can provide the grounds for conducting more profound research in this respect. Instead of hiding violence against women, it must be researched wisely and honest responsibility.

## Ethical Considerations

### Compliance with ethical guidelines

This article is extracted from the approved project No. 6144 under the Ethics Code of SBMU.REC.1392.586 in Tehran Shahid Beheshti University of Medical Sciences.

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### Conflict of interest

No conflict of interest has been declared by the authors.

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