



Original Article

Physical domestic violence trauma among women referred to the emergency department of imam khomeini hospital, urmia, iran

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Abstract

Introduction: Domestic violence is the most common form of violence against women that has negative effects on the health of the mother, children, family, and society. This study aimed to evaluate the trauma caused by physical violence in women referred to the Emergency Department of Imam Khomeini Hospital, Urmia, Iran.

Method: This descriptive cross-sectional study was performed on women referred to the Emergency Department of Imam Khomeini Hospital, Urmia, Iran, with trauma in the First quarter of 2016. The patient files were used to collect the required data. Subsequently, the obtained data were analyzed in SPSS software (version 18) through the chi-square test ($P < 0.001$)

Results: In total, 1746 women with trauma were referred to the Emergency Department in the First quarter of 2016, 38 of whom reported physical domestic violence. The mean age of the women was 37.57 ± 5.54 years; moreover, 16 (42.1%) cases had elementary education, and 20 (52.6%) women were urban dwellers. Regarding the marital status, 33 (86.8%) women were married. Considering the relationship between trauma severity and demographic characteristics, only education level showed a correlation with trauma severity. In total 14 (36.8%) and 11 (29%) cases had mild and severe traumas, respectively. Furthermore, the most injured parts were the limbs ($n=16$; 42.1%).

Conclusion: The results showed a significant increase in the severity of trauma in women with lower education levels. Accordingly, improvements in the level of education may decrease the prevalence and severity of physical domestic violence, which requires appropriate planning to increase women's education level.

Keywords: Domestic Violence, Trauma, Women

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Introduction

Domestic violence is one of the types of violence against women that refers to any abuse of a woman by her husband, sexual partner, or any of her relatives. This kind of violence can include various types of physical, psychological, and sexual abuse. Violence against women was first defined at the United Nations General Assembly as "violence against women by any act of gender-based violence that results in sexual, physical, or psychological abuse of women that ultimately deprives them of their liberty in private and social life" (1).

Abuse of women, in addition to physical problems, has long-lasting psychological consequences, such as depression, suicide attempts, and post-traumatic stress disorder. Violence against women is now widely recognized as an important health problem. Although many psychologists, sociologists, and criminologists are deeply concerned about the escalation of violence on the streets and in public places, a person in the family is much more likely to be beaten than outside the family. According to the World Bank, domestic violence causes more health problems for women aged 15-44 years, compared to diseases, such as breast and uterine cancers, as well as accidents (2). The results of a study by the World Health Organization on several countries showed that for every five years of women's healthy life, one year is lost due to injury, illness, or premature death due to violence (3).

Although violence against women is banned in many parts of the world, the reality is that violence against women is hidden behind cultural customs, social norms, and religious beliefs; moreover, violence against women as culturally inappropriate behavior is sometimes considered appropriate. Forensic studies in the country over 2.5 years show that out of two million women who have been examined by forensic medicine, half a million have been victims of domestic violence (4).

One of the largest studies on domestic violence in Iran is the National Survey, which was conducted in 28 cities of the country and reported that 66% of Iranian women have been abused at least once since the beginning of their life. Due to the confidentiality of domestic violence information, there are no accurate statistics on the prevalence of domestic violence.

Studies in the emergency departments show that most women who experience domestic violence are not identified by a nurse or physician since the victims do not dare to tell it to anyone for fear of retaliation. Violence against women has shown diverse prevalence rates in different studies with different methodologies. The results of a study conducted by the World Health Organization in 10 countries on 24,000 women showed that 10%-69% of women have been physically abused by their husbands during their cohabitation (5).

Domestic violence is not specific to a particular community or class. However, some types of violence may be more common in some parts of society. Until about three decades ago, sociologists considered domestic violence to be exceptional and specific to families with financial problems, low levels of culture, and critical situations, such as divorce.

However, the results of other studies are not consistent with the popular beliefs, and they show that violence exists in all families in different forms; furthermore, the main victims are women in the form of spousal abuse in various forms and children in the form of child abuse (6).

Several studies conducted previously reported that different factors affected physical violence against women. Moreover, this kind of violence caused different physical, mental, and psychological injuries (7-12).

Given that domestic violence is a bitter and disturbing reality, which is increasing every day, and despite significant human progress in various fields in the early 21st century, it is still widespread in many societies and families. Furthermore, for

many women and other members, it has turned the family environment into hell in which the fire of enmity, anger, resentment, and revenge is burning more and more; accordingly, it is necessary to pay attention to this important issue and determine its occurrence and prevalence among Iranian families and recognize causes and affecting factors.

The different prevalence rates of domestic violence in different studies show the impact of social and cultural contexts on violence. Regarding the specific cultural, social, and ethnic context that distinguishes West Azerbaijan province, especially Urmia from other cities in the country, this study aimed to compare the obtained findings with the results of other studies by examining physical domestic violence among traumatized women referring to the Emergency Department of Imam Khomeini Hospital, Urmia, Iran, in the First quarter of 2016. Moreover, it was attempted to prioritize the required planning to promote women's health.

Materials and Methods

This descriptive cross-sectional study was performed on all female patients referred to Imam Khomeini Hospital, Urmia, Iran, who had suffered trauma by the census in the First quarter of 2016. Initially, the required permission was obtained to get the approval of the study protocol. Subsequently, all medical files of the women referred to the Emergency Department of Imam Khomeini Hospital in the First quarter of 2016 with complaints of trauma were examined, and those who reported physical domestic violence in their biographies were included in this study. The inclusion criteria were the completeness of the medical history and the diagnosis of physical domestic violence.

On the other hand, the incomplete medical files or those with irrelevant diagnoses were excluded from the study. The demographic characteristics of the patients, such as age, education level, place of residence (urban or rural areas), and marital status, as well as site and severity of the

trauma, admission, and treatment (outpatient or hospitalized) were extracted from their files and recorded in this study.

The data obtained were analyzed in SPSS software (version. 18) through descriptive statistics and the chi-square test.

This study was extracted from a Ph.D. dissertation submitted to the Urmia University of Medical Sciences, Urmia, Iran. The study protocol was also approved by the Ethics Committee of Urmia University of Medical Sciences, Urmia, Iran (IR. UMSU.REC.1397.337).

Results

In total, 1,746 women referred to the Emergency Department with a complaint of trauma during First quarter of 2016. Out of these women, 109 cases referred due to beatings, and 38 (2.1%) individuals had complained of trauma caused by domestic violence. The mean age of the cases was 37.57 ± 5.54 years (age range: 24-52 years). Furthermore, 42.1% of the subjects had elementary education, and 20 (52.6%) cases were living in urban areas. Regarding the marital status, 33 (86.8%) women were married. Considering the relationship between demographic characteristics and the severity of the trauma, only the education level correlated with the severity of trauma ($P=0.021$) (Table 1). In total, 14 (36.8%) and 11 (29%) women had mild and severe trauma, respectively. Considering the site of injury, the most injured parts were limbs ($n=16$; 42.1%), and the majority of the patients were hospitalized (78.9%). It is worth mentioning that 30 cases received outpatient care (Table 2).

Regarding the severity of the trauma, most of the women who were residents of the urban area had mild injuries; however, the majority of those who were in rural areas experienced severe harm. Considering the education level, more severe damages were inflicted on those with elementary education; additionally, those with levels higher than elementary school experienced more mild and moderate damages (Table 3).

Table 1: Demographic characteristics of women with physical violence referred to Imam Khomeini Hospital, Urmia, Iran, in the first quarter of 2016

Variable		Frequency	Percentage	P-Value
Age	30-18	3	7	0.87
	35-31	11	29.4	
	40-36	12	31.5	
	45-41	11	29.4	
	45 and up	1	2.7	
Education level	Elementary	16	42.1	0.021
	Secondary school	7	18.4	
	High school	9	23.7	
	Above diploma and higher	6	15.8	
Place of residence	Urban	20	52.6	0.55
	Rural	18	47.4	
Marital status	Married	33	86.8	0.64
	Single	5	13.2	
Total number		38	100	

Table 2: Relationship of the severity of trauma with sites of injury in women with physical violence referred to Imam Khomeini Hospital, Urmia, in the first quarter of 2016

Variable		Frequency	Percentage
Severity of trauma	Mild	14	36.8
	Medium	13	34.2
	Severe	11	29.0
Location of injury	Neck	9	23.7
	Trunk	13	34.2
	Limbs	16	42.1
Treatment	Outpatient	30	78.9
	Hospitalized	8	21.1

Table 3: Relationship of the severity of trauma with place of residence and education level in women with physical violence referred to Imam Khomeini Hospital, Urmia, in the first quarter of 2016

Variable		Severity of trauma			Total frequency
		Mild	Medium	Severe	
Place of residence	Urban	8	7	4	19
	Rural	6	6	7	19
Education level	Elementary	3	4	9	16
	Secondary	2	4	1	7
	High school	4	4	1	9
	Above diploma and higher	5	1	0	6

Discussion

Domestic violence is one of the types of violence against women that refers to any abuse of a woman by her husband, sexual partner, or any of her relatives and can include various types of physical, psychological, and sexual abuses. Violence against women was defined at the United Nations General Assembly for the first time as "violence against women by any act of gender-based violence leading to sexual, physical, and psychological harassments of women and ultimately deprives them of their liberty both in private and social life" (13).

According to the World Bank, domestic violence is more damaging to the health of women aged 15 to 44 than diseases, such as breast and uterine cancers, as well as accidents (14). The results of a study by the World Health Organization on several countries show that for every five years of women's healthy life, one year is lost as a result of an injury, illness, or premature death due to violence (15). However, because of non-announcement, non-registration, or lack of numbers, exact statistics are not available in this regard. It should be noted that women themselves are involved in these misleading statistics since they are willing to bear such a problem for years but do not dare to talk about it with anyone; accordingly, it seems that the level of violence is higher than that reported (16, 17).

In this study, most of the affected women were in the age group of 36-40 years, which was not in line with the results of the studies conducted by Macro et al. (18) and Benebo et al. (19). This inconsistency can be due to the geographical location, the place where the study was conducted, and the age of marriage of women. Most of the affected women also had elementary education, which was consistent with the studies of Aghakhani (20), Cocker et al. (21), and Sayem et al. (22). There was also a relationship between the education level and the occurrence of violent behaviors. This issue shows that higher education levels cause more awareness to cope with conflicts

in close relationships and reduces the occurrence of violent behavior.

The majority of the affected women were the residents in the urban area, which was consistent with the studies performed by Khanlarzadeh et al. (23) and Sohrabzadeh et al. (24) since women in rural areas believe that domestic violence is a confidential matter. This flawed thinking causes women to think of ways to solve their problems. And refer to medical centers and as a result, this helps the existing meaningful relationship. Residency in urban areas creates a lot of worries for spouses that if they do not use the right problem-solving methods to deal with problems properly, they may play a role in their violent behavior.

In this study, most of the injured women were married, which was in line with the results of a study conducted by Sohrabzadeh et al. (24). This is due to the fact that most of the injured women are harmed by their husbands. Furthermore, the more affected parts were the limbs, which was consistent with the findings of the studies performed by Patterson et al. (25) and Hungarian et al. (26). However, the results of the studies by Barnett et al. (27), Shohani et al. (28), and Solomon et al. (29) were not consistent with the findings of the present study that in fact, all of this indicates that most injuries are attempts to intimidate women and are less intended to cause serious harm.

Most of the victims of violence received outpatient care. This indicates that most of the injuries were superficial and not intentionally severe. One of the strengths of this study is that it was the first attempt in the province that was conducted on physical violence against women in a trauma center. On the other hand, there were incomplete and illegible files that were excluded from the study.

Given the significant relationship of the education level with the prevalence and severity of domestic violence, it is recommended to develop plans to increase the education level

of women, thereby reducing the incidence of physical domestic violence. Furthermore, the incidence of physical domestic violence was low in our study, which was probably due to the fear of others, lack of assurance, or insufficient attention to this issue during recording the medical history. Accordingly, this issue should be studied prospectively and the history of patients should be taken by the researcher himself to bring the results closer to the actual values. Moreover, the women should be informed about their religious rights in the family and society, and counseling centers should be established and strengthened, thereby reducing gender discrimination and the subsequent problems.

Conclusion

The results of the study showed that most of the women with domestic violence trauma were between the ages of 36 and 40 years, and had mild trauma, limb injuries, and elementary education; moreover, they were married and received outpatient care. In addition, their level of awareness should be increased in order to take appropriate action and prevent violence at home. The hospital staff should also be trained on what to do when confronting these patients.

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Conflict of interest

There is no conflict of interest.

Reference:

1. Bush BJ. Democracy, autocracy, and hybridity: A cross-national analysis of political regimes, environmental sustainability, and performance: Northern Arizona University. 2009.2(4);41-45
2. Derakhshanpour F, Mahboobi H, Keshavarzi S. Prevalence of domestic violence against women. J J Gorgan Univ Med Sci. 2014;16(1);126-131
3. Flury M, Nyberg E. Domestic violence against women: definitions, epidemiology, risk factors, and consequences. Swiss medical weekly. 2010;140(3):355-365
4. Banaei M, Aliakbari SA, Ghalandari S, Eslami K. Assess the comparison of marital satisfaction between the abused and non-abused women. Int J Med Res Health Sci. 2016; 5(11):617-624.
5. Fallah MY, Talemi AN, Bagheri M, Allameh Y, Mazlounmirad M, Zandnia F, et al. Attachment styles, marital conflicts, coping strategies, and sexual satisfaction in spouse abused and non-abused women. J. Pharm. Res. Int. 2019:1-9.
6. Chafai H. Everyday gendered violence: women's experiences of and discourses on street sexual harassment in Morocco. The Journal of North African Studies. 2020;1(8);1-20.
7. N AK, Z M, S R. An Investigation on the Types of Husband's Violence Against Women and the Impact of Different Factors on Their Incidence in Women Referred to Forensic Medicine in Urmia in 2011-2012. Journal of Forensic Sciences. 2012;18(2), 69-78
8. Khoshemehry G, Marin S, Shamsi M, Almasi Hashiani A. Social factors contributing to violence against women by their partners in Shahid Fayazbakhsh hospital in 2012. J Neyshabur Univ Med Sci. 2014;2(4):36-44.
9. Aivazi AA, Manati W, Tavan H, Navkhasi S, Mehrdad A. Patients' bill of rights and effective factors of workplace violence against female nurses on duty at Ilam teaching hospitals. J Inj Violence Res. . 2017;9(1):1-6
10. Kiani M. Women experiencing domestic violence: A qualitative study. Int J Qual Stud Health. 2014; 3(1):14-26.

11. Evans MA, Feder GS. Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *HealthExpectations*. 2016;19(1):62-73.
12. Yeung H, Chowdhury N, Malpass A, Feder GS. Responding to domestic violence in general practice: a qualitative study on perceptions and experiences. *Int J Family Med*. 2012;4(12):12-20.
13. Babicky P. sustainability indicators in comparative sociology. *Routledge Handbook of World-Systems Analysis*. 2012
14. Ahmadi Z, Mehri A, Nadrian H, Hashemian M, Rahayy Z. Surveying the Degree of Domestic Violence against Women and its effective factors in Married Women in Sabzevar. *Asian Pac J Environment and Cancer*. 2018;1(1):49-53.
15. Rasoulilian M, Shirazi M, Nojomi M. Primary health care physicians' approach toward domestic violence in Tehran, Iran. *Med J Islam Repub Iran*. 2014;28(148):150-158.
16. Shamili MA. Observing The Relation between Emotional Intelligence of Female Teachers with Performed Violence Against them in Bandarabas Province. *Spectrum*. 2015;4(4):7-19.
17. Qureshi S. The Recognition of Violence against Women as a Violation of Human Rights in the United Nations System. *South Asian Studies* (1026-678X). 2013;28(1):187-198.
18. Moracco KE, Runyan CW, Bowling JM, Earp JAL. Women's experiences with violence: A national study. *Women's Health Issues*. 2007;17(1):3-12.
19. Benebo FO, Schumann B, Vaezghasemi M. Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BMC Womens Health*. 2018;18(1):1-17.
20. Schraiber LB, Barros CRdS, Castilho EAd. Violence against women by intimate partners: use of health services. *Revista Brasileira de Epidemiologia*. 2010;13(2):1-9.
21. Coker AL, Reeder CE, Fadden MK, Smith PH. Physical partner violence and Medicaid utilization and expenditures. *Public Health Rep*. 2004;119(6):557-567.
22. Sayem AM, Begum HA, Moneesha SS. Attitudes towards justifying intimate partner violence among married women in Bangladesh. *J Biosocial Sci*. 2012;44(6):641-650.
23. Khanlarzadeh E, Jiryae N. Investigating the frequency of physical violence against women by their husbands in women referring to health centers of Hamadan in 2017. *Violence Gend*. 2021;8(1):28-34.
24. Sohrabzadeh M, Manati R, Tavan H, Mozafari M, Manati W. Patients' aggressive behavior towards female nurses and lack of reporting event in Ilam hospitals in 2012. *Iran Occup Health J*. 2015;12.(1):47-55.
25. Paterson J, Feehan M, Butler S, Williams M, Cowley-Malcolm ET. Intimate partner violence within a cohort of Pacific mothers living in New Zealand. *J Interpers Violence*. 2007;22(6):698-721.
26. Mojarro-Iñiguez M, Valdez-Santiago R, Pérez-Núñez R, Salinas-Rodríguez A. No more! Women reporting intimate partner violence in Mexico. *J Fam Violence*. 2014;29(5):527-537.
27. Barnett O, Miller-Perrin CL, Perrin RD. Family violence across the lifespan, 3th ed. An introduction: Sage Publications, Inc; 2005.
28. Shohan M, Noori G, Mohammadyari E, Vasigh A, Kazeminezhad B, Tavan H. Effects of verbal and physical violence by patient companions on female nurses and their health. *Shiraz E Med J*. 2017;18(12):102-103.
29. Soleimani A, Khademi N, Ahmadi A, Delpisheh A, Jafarinia B, Sayehmiri K. Prevalence of violence against women during pregnancy in Iran: a systematic review and meta-analysis. *Nurs Midwifery J*. 2016;13(11):973-986.