

PATTERNS, RISK FACTORS AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN IN BAGHDAD CITY

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ABSTRACT

Background: Violence against women (VAW) is a widespread yet unrecognised human rights violation worldwide. Physical, sexual, or psychological violence can occur in families, communities, or by the state. Research indicates that violence against women can have severe psychological and physical implications. Objective: this study was carried out to explore the main patterns & risk factors & consequences of VAW in Baghdad. **Method:** The study comprised 203 women from Medical City and Al-Dhubat Primary Health Care Centres, with data collected between January and May 2012. An open questionnaire with three parts was used to interview each participant. The first part includes sociodemographic data. The second aspect asks about direct experiences of violence against women. The Iraqi version of the general health questionnaire 28 was the third element. Results: 86.2% of the sample experienced various sorts of VAW, with 88.5% of ever-violated women reporting abuse by their spouses. Out of all women who have become pregnant, 71% have experienced violence throughout their pregnancy. 83.7% of participants reported public harassment, while 42.4% experienced unwanted sexual contact. The rate of VAW was significantly impacted by socio-demographic factors such as poor education, low income, early marriage, and big age gap between married couples. Women who are violated experience both physical and psychological health impacts, with a considerably higher mean GHQ-28 score compared to non-violated women. **Conclusion:** Our study revealed a high prevalence of violence against women (VAW) in Baghdad, with many facing domestic violence from husbands and family members, especially those with low educational and socioeconomic levels. Young age at marriage, significant age differences between spouses, and unemployment were key factors. VAW has significant health, social, and psychological impacts, with alcoholism and substance abuse common among abusers.

KEYWORDS: Patterns, Risk Factors, Consequences, Violence, Women.

INTRODUCTION

Violence is a significant public health issue, evident in all aspects of life, and is increasing globally. It is a leading cause of death and non-fatal injuries worldwide and a crucial public health concern for every nation.^[1] Violence against women (VAW) is the most pervasive yet under-recognized human rights violation globally. It profoundly impacts women's health, draining their energy, compromising their physical and mental health, and eroding their self-esteem. Beyond immediate injury, violence elevates women's long-term risk of various health issues.^[2] The global scale of this violence is alarming, as studies on its incidence and prevalence reveal. No society is free from such violence; only the patterns and trends vary across countries and regions.^[3] The United Nations defines violence against women (VAW) as "any act of gender-based violence that results

in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. Acts of VAW also encompass forced sterilization and abortion, coercive use of contraceptives, female infanticide, and prenatal sex selection".^[4] The psychological effects of VAW can be as severe as the physical impacts. Depression is among the most common consequences of sexual and physical VAW. Women experiencing violence are also at a higher risk of stress and anxiety disorders, including post-traumatic stress disorder (PTSD).^[5] In Iraq, efforts to address VAW are hindered by insufficient data on its extent and nature. Survivors are often reluctant to report due to poor handling by medical, police, and judicial authorities, and cases are not systematically recorded when they do report.^[6]

Therefore, this study was conducted to explore the causes and risk factors of VAW in Baghdad. The aim of study is to find the prevalence of violence against women in Baghdad city, describe the risk factors & causes related to violence against women and to identify the patterns related to VAW.

METHOD

This cross-sectional study was designed to explore the causes and risk factors of violence against women (VAW) in Baghdad, Iraq. The study was conducted at Medical City and Al-Dhubat Primary Health Care Center in Baghdad. Data were collected between January and May 2012. A convenience sample of 212 participants was initially surveyed. However, the study included 203 women who were residents of Baghdad governorate. The sample was selected from various wards and outpatient clinics of Baghdad Teaching Hospital, Gazy Al-Hareery Hospital, Nursing Home, and the primary health care center in Al-Dhubat. The participants included both patients and relatives of patients, with ages above 15 years. Permission to conduct the study was obtained, and consent forms were signed by participants before data collection began. Participants were informed that the study aimed to explore the existence, risk factors, and effects of VAW. Each participant was interviewed using an open-ended questionnaire containing three elements: This section gathered data on age, religion, education (illiterate, up to primary, intermediate/secondary, diploma/bachelor, postgraduate), occupation (housewife, government employee, self-employed, student), marital status (single, married, divorced/separated, widow), age at marriage, age difference between spouses, number of offspring, residence, income, and housing status (owned or rented).^[1] This section included direct questions about experiencing VAW, based on previous studies and validated by a pilot study.^[1] Questions addressed.

- Type of violence (psychological, physical, sexual) and age of victimization (childhood, adolescence, adulthood).^[7]
- Information about the abuser (education level, occupation, substance abuse).
- Physical and psychological effects of VAW, including hospital admissions, work absences, and diagnosis of psychological disorders (PTSD).
- Exposure to violence during pregnancy and its effects (abortion, stillbirth, premature labor).
- Impact of VAW on children, including exposure to violence, educational performance, and behavioral issues.
- Community violence and women's attitudes towards it, including harassment, decision-making pressures, and societal discrimination.^[8]

The Iraqi version of the GHQ-28, was used to assess psychological well-being. The GHQ-28 includes 28 items divided into four sub-scales: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. Each item has four response options (1-not at all, 2-no more than usual, 3-rather more than usual, 4-

much more than usual), scored using a binary method: 0 for choices 1 and 2, and 1 for choices 3 and 4. The total GHQ score is 28, with a threshold score of more than 4 indicating psychological distress (Michele Sterling).^[9]

Inclusion Criteria

1. Women aged above 15 years.
2. Residents of Baghdad.

Exclusion Criteria

1. Women aged less than 15 years.
2. Residents of governorates other than Baghdad.

Data were input and analyzed using SPSS version 18 (Statistical Package for the Social Sciences). Continuous variables were presented as mean \pm SD, while discrete variables were presented as numbers and percentages. The Chi-square test for goodness of fit was used to test the significance of observed distribution trends. A P-value of less than 0.05 was considered significant. The Chi-square test for independence was employed to test the significance of associations between discrete variables, and the ANOVA test was used to examine differences in means.

RESULTS

A total of 212 participants were surveyed and a total of 203 of them were included in the study as their residency was Baghdad. The age of the study group ranged between 18 – 53 years, their mean age was (33.4 \pm 7.2). 9.4% of women were single, 78.8% are married and the remaining are separated, divorced and widows; high percent of them were housewives (59.1%), while the remaining were government employer (32.5%), self-employed (6.9%) and students (1.5%). The majority of women (74.4%) had intermediate/ secondary or high level of education. The majority of participants are Muslims (96.1%), about 137 (67.5%) of them had moderate monthly income that ranged between 500 - 1500 thousand ID and about 59.1% lived in their owned house; the Sociodemographic characteristics of the sample are summarized in (table 1).

Table 1: Sociodemographic characteristics of study sample.

	N=203	Percent
Age Group (year)		
• < 20	1	0.5
• 20-29	59	29.1
• 30-39	106	52.2
• 40-49	27	13.3
• 50-59	10	4.9
Education Level		
• Illiterate	14	6.9
• Up to Primary	38	18.7
• Intermediate/Secondary	69	34.0
• Diploma/Bachelor	82	40.4
Occupation		
• Housewife	120	59.1

• Governorate Employer	66	32.5
• Self Employed	14	6.9
• Student	3	1.5
Marital Status		
• Single	19	9.4
• Married	160	78.8
• Separated	3	1.5
• Divorced	12	5.9
• Widow	9	4.4
Religion		
• Muslim	195	96.1
• Christian	7	3.4
• Others	1	0.5
Income (1000 ID/month)		
• < 500	27	13.3
• 500-1500	137	67.5
• > 1500	39	19.2
Living Place		
• Owned	120	59.1
• Rent	66	32.5

It was significant to find the majority of not violated women are of good educational level, and educational level decrease in violated women as the abuse level increase from psychological to sexual ($p < 0.001$, table 2). It was also significant to find that the percentages of housewives among not violated women or women exposed to psychological violence only are (46.4% & 45.3% respectively) & their percentages increase in women exposed to physical & sexual violence (74.7% & 50.0% respectively). While the percentages of governmental employers among not violated women or women exposed to psychological violence only are (46.4% & 48.4% respectively) & their percentages decrease among women exposed to physical & sexual violence (25.0% & 32.5% respectively). ($p < 0.001$) (table 4). The study shows that all the divorced participants experienced either physical or sexual violence or both. However, there is significant association was found between marital status and exposure to violence ($p = 0.031$). (Table 3)

Table 2: Distribution of study sample according to type of violence and to each of educational level and occupation.

Characteristic	Type of violence						P value
	Not violated	Psychological	Physical	Sexual	Total		
Educational Level							
• Illiterate	N	1	7	5	1	14	0.000
	%	3.6	10.9	5.5	5.0	6.9	
• Up to Primary	N	3	3	25	7	38	
	%	10.7	4.7	27.5	35.0	18.7	
• Intermediate/ Secondary	N	7	18	37	7	69	
	%	25.0	28.1	40.7	35.0	34.0	
• Diploma/ Bachelor	N	17	36	24	5	82	
	%	60.7	56.3	26.4	25.0	40.4	
Occupation							
• Housewife	N	13	29	68	10	120	0.000
	%	46.4	45.3	74.7	50.0	59.1	
• Governorate Employer	N	13	31	17	5	66	
	%	46.4	48.4	18.7	25.0	32.5	
• Self Employed	N	2	4	3	5	14	
	%	7.1	6.3	3.3	25.0	6.9	
• Student	N	0	0	3	0	3	
	%	0.0	0.0	3.3	0.0	1.5	

Table 3: Distribution of study sample according to type of violence and marital status.

Marital Status	Type of Abuse						P value
	Not Violated	Psychological	Physical	Sexual	Total		
Single	N	5	6	8	0	19	0.031

	%	17.9	9.4	8.8	0.0	9.4
Married	N	22	52	71	15	160
	%	78.6	81.3	78.0	75.0	78.8
Separated	N	0	1	1	1	3
	%	0.0	1.6	1.1	5.0	1.5
Divorced	N	0	0	8	4	12
	%	0.0	0.0	8.8	20.0	5.9
Widow	N	1	5	3	0	9
	%	3.6	7.8	3.3	0.0	4.4

It was significant to find the majority of participant (81.8%) having GHQ score higher than 4 which indicate caseness ($P < 0.05$, figure 6). It is also significant to find that increase percentage of those who have positive score in GHQ28 with increase severity of violence (64.3% of not violated, 70.3% of psychologically violated, 91.2%

of physically violated, 100% of sexually violated women) ($p < 0.001$). Those women who are violated have significantly higher mean of GHQ-28 score when compared to not violated women ($P < 0.001$) as shown in (table 4).

Table 4: distribution of women by GHQ score mean for each type of violence.

Abuse Type	GHQ Score					P value
	N	Mean	SD	Minimum	Maximum	
• Not Abused	28	6.6	3.7	2	15	0.000
• Psychological	64	8.3	5.1	1	22	
• Physical	91	10.0	4.0	3	18	
• Sexual	20	16.0	5.3	10	26	
Total	203	9.6	5.1	1	26	

In addition to effects of violence on women, it also affects their children as shown in table (14); 52.6% of children of abused women were exposed to violence, and high percentage of them (70%) of children are physically abused and 97.8% of the mothers of those abused

children reported that violence in the household affects their children social wellbeing. Results shows that most violated women (91.5%) punish their children physically as in table 5.

Table 5: Effects of VAW on their children.

History	N/ Total	Percent
Abuse to Children	92/175	52.6
Type of Child Abuse		
• Psychological	22/92	23.9
• Physical	70/92	76.1
Influence on Child Academic Performance	42/92	45.7
Influence on Child Social Wellbeing	90/92	97.8
Presence Retarded Academic Progress	48/92	52.2
Complains from School	21/175	12.0
Complains from Neighborhood	30/174	17.2
Changing School due to Abuse	10/109	9.2
Changing Neighbor due to Abuse	6/174	3.4
Physically Punish Children		
• Most Times	24/176	13.6
• Sometimes	83/176	47.2
• Rarely	54/176	30.7
• Never	15/176	8.5

83.7% of participants reported exposure to harassment in public, and 42.4% experienced unwanted sexual touching in public. 82.3% of participants stated that their families pressured them on important personal decisions. Despite this, 83.1% said they had the right to agree to their marriage, and 51.7% said they could wear what they wanted. 33.5% reported facing discrimination in

favor of their brothers, but only 22% expressed a preference for male offspring. Additionally, 60.3% faced sex discrimination at their jobs. More than half (about 53.2%) of the participants reported having an inferiority complex and feeling inferior to men. Furthermore, the majority of participants (92.6%) believe that social traditions support abuse, and 95.1% believe that the law

does not adequately limit VAW. All these results are shown in Table 6.

Table 6: Social environment and related women attitude and believes.

Characteristic	N/ Total	100.0%
Threatened with Harm/Divorce	136/203	67.0
Exposure to harassment in Public	170/203	83.7
Exposure to unwanted sexual touching in Public	86/203	42.4
Pressure on Important Personal Decisions	167/203	82.3
Had Personal Right for Marriage Agreement	152/183	83.1
Free to Wear	105/203	51.7
Faced Discrimination for Brother	68/203	33.5
Faced Sex Discrimination at Job	44/73	60.3
Believe that Social Traditions Support Abuse	188//203	92.6
Believe that Law does not Limit Abuse	193/203	95.1
Feeling Inferior to Man	108/203	53.2
Abused in front Your Children	116/174	66.7
Prefer Offspring Sex	29/127	22.8
Bias to Male Sex	28/29	96.6

DISCUSSION

Our study highlighted several crucial aspects of violence against women (VAW) in Baghdad, reflecting high prevalence and multifaceted impacts. The findings indicate significant correlations between various demographic factors and the types and severity of violence experienced by women. The study revealed a high exposure rate to different forms of VAW, with 86.2% of participants reporting experiencing psychological, physical, or sexual violence. Specifically, 31.2% of women experienced psychological violence, 44.8% physical violence, and 9.9% sexual violence. These findings align with other regional studies, such as those conducted in Kurdistan, which reported similar patterns of family-based physical and sexual attacks.^[10] The pervasive nature of VAW in Iraq may be attributed to prolonged periods of armed conflict and societal instability, which exacerbate the prevalence of violence as a displaced form of aggression against women. Our data indicated that intimate partner violence is a significant issue, with 52% of ever-married women experiencing physical violence and 10.9% experiencing sexual violence by their partners. These results are consistent with global studies showing similar ranges of intimate partner violence.^[11] Cultural and religious factors in Iraq, which may justify a husband's right to discipline his wife, could contribute to the high rates of physical violence. Conversely, the lower reported rates of sexual violence might be due to cultural norms that discourage women from recognizing or reporting non-consensual sexual activities within marriage. Several demographic features were significantly correlated with VAW. Low educational levels for both victims and perpetrators, low socioeconomic status, unemployment, younger age at marriage, and significant age differences between spouses were all associated with higher rates of violence. This aligns with global data indicating that women with lower socioeconomic status and educational levels are at greater risk of experiencing violence. Furthermore, the presence of alcoholism and substance

abuse among abusers was noted, which is a common risk factor that exacerbates the incidence of VAW.^[12] The psychological consequences of VAW were profound, with many women reporting significant psychological distress. Table 14 from our results chapter indicates that the mean General Health Questionnaire (GHQ) scores were significantly higher among abused women compared to non-abused women, with sexual violence victims exhibiting the highest scores. This highlights the severe mental health impacts of VAW, including depression, anxiety, and post-traumatic stress disorder (PTSD).^[13] The study also revealed significant effects of VAW on children. Over half of the children of abused women were exposed to violence, primarily physical abuse, which adversely affected their social wellbeing and academic performance. This is consistent with other studies that have shown the detrimental impact of witnessing domestic violence on children's mental health, behavior, and educational outcomes.^[14] Our findings indicated that a significant majority of Iraqi women face community violence and sex discrimination in public and work areas. Table 16 from our results chapter shows that 83.7% of participants reported harassment in public, and 60.3% faced sex discrimination at work. These societal attitudes, supported by traditional norms and inadequate legal protections, further compound the suffering and psychological distress experienced by women, in addition to domestic violence. The high prevalence of VAW in Baghdad, exacerbated by cultural, economic, and societal factors, underscores the urgent need for comprehensive interventions. These should include educational programs, legal reforms, and support systems for victims to address the root causes and mitigate the severe health and social consequences of VAW.^[16]

CONCLUSION

Our study revealed a high prevalence of various forms of violence against women (VAW) in Iraq, including psychological, physical, and sexual violence, even during

pregnancy. Most women faced domestic violence, predominantly from husbands and family members, with key demographic factors including low education and socioeconomic levels, unemployment, and younger age at marriage. Alcoholism and substance abuse were common among abusers. VAW had severe health impacts, with significant psychological distress and medical care required for injuries. Additionally, children of abused mothers were often exposed to the same violence, and many women faced community violence and sex discrimination, exacerbating their suffering.

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