Barriers to seeking help among abused Iranian women

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Abstract
Purpose – The purpose of this paper is to identify barriers to seeking help among abused Iranian women.
Design/methodology/approach – This qualitative research was carried out using content analysis approach. The participants were 24 married women who were selected from health care centers, recreational centers, and two universities in Tehran, Iran. Semi-structured interviews were used to collect the data.
Findings – During data analysis, four themes emerged that explained barriers to seeking help in the participants: “fear of negative consequences of help-seeking,” “lack of resources,” “beliefs and attitudes,” and “indirect experiences of not being supported.”
Originality/value – This study has practice and policy implications for promoting help-seeking among abused women. Based on the results, to promote help-seeking, intervention plans must focus on empowering women to improve their education and employment, eliminating attitudes and beliefs hindering help-seeking, and fortifying formal and informal support systems for abused women.
Keywords Iran, Domestic violence, Barriers, Intimate partner violence, Help-seeking, Wife abuse
Paper type Research paper

Introduction
According to the definition by World Health Organization (WHO), violence is the intentional use of physical power against one’s self, another person, or a group or community that would lead to injury, death, mental damage, poor development, and deprivation or would be associated with high risks of the mentioned conditions (Dutton et al., 2006). Violence against women is considered to be a human rights violation and a serious public health problem (Taherkhani et al., 2014). Domestic violence, which is also known as intimate partner violence (IPV) or spouse abuse, is defined as a pattern of bullying control which includes physical, sexual, or psychological violence against the current or previous partner (Usta et al., 2007).

In the WHO’s study that was conducted on 24,000 women in ten countries, 15-71 percent of the studied women experienced physical or sexual partner violence or both of them in their lifetime (Garcia-Moreno et al., 2006). This problem is of high prevalence in Iran. In a study conducted in Tehran, the prevalence of domestic violence in the past year was 88.3 percent, and the prevalence of physical, sexual, and emotional violence was 25.4, 39.1, and 87.3 percent, respectively (Taherkhani et al., 2009). In another study in Babol, the prevalence of physical, sexual, and psychological violence in the past year was 15, 42.4, and 81.5 percent, respectively (Faramarzi et al., 2005).

Among the consequences of violence we may note injuries caused by physical violence, such as burns, bruising, broken bones, and being injured by knife or gun (Nouri et al., 2012). Central nervous system disorders, gastrointestinal disorders, cardiovascular problems, and irritable bowel syndrome may occur due to the impact of violence on endocrine and immune system (Breiding et al., 2008; Crofford, 2007; Leserman and Drossman, 2007; Taherkhani et al., 2010). Depression, substance abuse, suicide, and reduced self-esteem are among psychological consequences of violence (Nouri et al., 2012; Taherkhani et al., 2015). Violence has also negative consequences on women’s reproductive health. For instance it can lead to
not using condom or contraception methods, unwanted pregnancy (Bibi et al., 2014; Stephenson et al., 2006), abortion, pelvic inflammatory disease, sexually transmitted disease, and maternal mortality (Bibi et al., 2014).

Due to the negative outcomes of violence, WHO has recommended primary preventive strategies for IPV at different periods of life. These strategies at the infancy, childhood, and early adolescence periods include interventions for adolescents or children who have experienced maltreatment or IPV. During adolescence and adulthood, these interventions include school-based programs to prevent dating violence. For adults, these strategies are empowering and collaborative approaches to cope with gender inequality such as educating gender equality, microfinance and educating relationships and communicational skills. Also, decreasing availability of alcoholic beverages, decreasing the excessive use of alcoholic beverages and changing social and cultural gender norms by informing through the media and educating men and boys have been suggested as strategies for the lifetime (World Health Organization and London School of Hygiene and Tropical Medicine, 2010).

In Iran, still, no law exists that specifically and comprehensively addresses violence against women or domestic violence. The provided services for abused women include phone consultation (hotlines) and shelters. These services mostly provided at urban centers by the Welfare Organization or NGOs. A team consisting of social workers, legal advisors, psychiatrists, and psychologists is present at the shelters to provide necessary consultations (Nasr, 2016). But, since no programs exist at the community level for educating and preventing domestic violence, most of the women are not informed about these centers.

Researchers have shown that formal and informal social support could protect abused women against persistent violence. Abused women who receive tangible and emotional support are less vulnerable to psychologically damaging effects of partner violence such as anxiety, depression, suicide, and post-traumatic stress disorder. The use of official support can also affect the physical safety of abused women (Liang et al., 2005). However, not seeking help or receiving useless responses from supportive sources would make it impossible for abused women to reach the necessary resources for escaping from violence (Evans and Feder, 2016).

When faced with domestic violence, an individual’s ability to seek help is of great importance to his/her overall well-being; therefore, seeking help is an important issue for service providers (Hodges and Cabanilla, 2011). Although service providers have designed interventions for abused women, these programs often fail because abused women do not seek help or even do not feel their need for help (Hodges and Cabanilla, 2011). In a multi-country study by the WHO, 55-95 percent of women had never sought help from governmental institutions (Djikanović et al., 2012). Therefore, the fight against domestic violence is difficult because not only domestic violence disrupts all aspects of victims’ health but also women are faced barriers preventing them from reporting violence or terminating their relationship (Kulwicki et al., 2010).

The literature has identified several barriers to seeking help, which includes fear of being known as the guilty one or not being approved by others and considering violence as a normal or not serious issue (Decker et al., 2013). Also being afraid of the consequences of disclosing violence such as being faced with more violence, being afraid of losing children (Decker et al., 2013), hoping for husband’s change, and blaming one’s self or justifying violence were some other barriers (Djikanović et al., 2012). Some studies mentioned the inability to ask for help, not trusting in institutions (Djikanović et al., 2012), and being afraid of the stigma from disclosing violence (Evans and Feder, 2016) as barriers to not seeking help. It is noteworthy to mention that understanding violence, deciding to seek help, and even selecting a source for help-seeking are all affected by community’s social and cultural factors (Liang et al., 2005).

**Sociocultural context of women in Iran**

Iranian society is a patriarchal society that emphasizes on men’s superiority over women in all aspects and the centrality of the family. People’s position in the family is determined based on expectations of their gender role; men are expected to work outside the house and provide for the family and women are expected to stay at home and care for the children, raise them, and perform the house chores. Men have more chances for education and employment than women and have
access to more financial resources (Saberian et al., 2004). Compared to past decades, women’s educational level and their presence in the society have significantly increased; a high percentage of universities’ admission is girls. However, the rate of women’s economic participation is still low and most of the women are financially dependent on their husbands (Hadianrasnani, 2008).

Most of the Iranian population is Muslim. Islam has emphasized the integrity of family’s unit and has considered divorce a lawful but yet discouraged act. Also in the Islamic teachings, the husband is the head of the family and wife should obey her husband (Salarifar, 2009). In Iranian-Islamic culture also, wife’s obedience to the husband, bearing husband’s violence and maintaining the family are women’s duties and considered virtuous (Garrusi et al., 2008).

Therefore, women are defined by their roles as mothers or wives in the Iranian society. Both of these roles expect them to sacrifice and put their husband’s and children’s needs ahead of their own so that they could maintain the family from the danger of collapsing. These expectations increase as women’s age and duration of marriage increase. Marital argument is considered unusual in lingered marriages that could endanger woman’s reputation and honor (Saberian et al., 2004).

Although the rate of divorce has increased compared to the past, but divorce is still considered a shame for Iranian women. After the divorce, legal custody of children would be assigned to their father (Garrusi et al., 2008). If a woman has been the one who requested for divorce, she would be considered as the reason for her family’s breakdown and might be blamed by her acquaintances and even children. Women might be rejected by their relatives after divorce. Divorced and lonely women experience more insecurity and harassments in the society, and their occupational and social security would be endangered. So, forcefully, they will restrict themselves and become isolated (Sadeghifasai, 2010). It is obvious that, in Iran, women are under a great deal of pressure to maintain their marriage. Therefore, it is not a surprise that the social-cultural environment of Iran would lead abused women toward not seeking for help and not leaving their marriage.

Another factor that has an important role in Iranian women’s behavior toward their husbands’ violence is emergence of attitudes related to gender equality in the recent decades, such as “believing that raising the children and performing the housework are common duties of women and men” and “disagreeing with women’s unconditional obedience of men,” which have challenged the patriarchy ideology (Mahmoudian, 2005). These attitudes were less accepted by older women and those with lower educational levels and lower incomes or no income, and also more religious women (Taleb and Goodarzi, 2004).

The following case vignette shows ways in which culture and sociocultural factors shape women’s decisions about help-seeking.

Sahar, 47-year old, was born in a city in Zanjan province. She married her 25-year old husband at the age of 22. She was upset and dissatisfied due to her husband’s ignorance toward her and that he expected her to perform all of the housework, along with working outside the house, even when she was ill. A few months after their marriage, her husband’s physical, sexual, and emotional abuses were begun.

Sahar has repeatedly spoken to her husband about his misbehaviors and asked him to stop his violent behavior; but it was useless. She did not inform her family about her husband’s violence because she was afraid that the relation between her family and her husband or her in-laws might be disturbed. She thought about leaving her husband several times but fear of the stigma of divorce, fear of becoming regretful in the future, and the hope for improvement in her husband’s behaviors always discouraged her. She stated that:

From the very beginning, he was like this, but why didn’t I do something because when you are engaged to someone and you want to divorce, you tell yourself that look, you will always be labeled as divorced. Then people would say that if she was woman enough, she would have lived; how could you realize that someone is bad for living in just a few months […] You always think that maybe you are deciding too early, you are making a mistake, you will regret it in the future, he might become better. During all of these years I kept telling myself that he would improve over time.

Sahar tried to reform her husband’s behaviors herself. Therefore she gave in to her husband’s wishes and behaved as he desired. To prevent her husband from applying violence, she agreed
to give him complete access to all of her monthly income and take care of her in-laws. Sahar was not even allowed to save a part of her income for herself. But her surrendering had no significant effect on her husband’s behaviors. She always toned down in her direct conflicts with her husband, tried to justify his behaviors for herself in different ways and gradually, get used to his behaviors. She kept herself busy with working and exercising and tried not to think about her husband’s behaviors.

After 14 years of marriage, Sahar found out about her husband’s infidelity; she described infidelity as the most unbearable experienced violence. At this time, she discussed her husband’s violence with her family and following the experience of physical violence from her husband, she sued him and filed for divorce. In the court, she was faced with unsupportive behaviors of the court personnel; on the other hand, although her family showed supportive behaviors, they were not agreed to the divorce. These factors made her change her mind about the divorce.

After Sahar’s legal complaint, her husband showed no more physical violence against her and promised to change his behaviors. So, she decided to give him another chance. But after a while, she realized that her husband had cheated again. This time, she asked for help from her in-laws, but not only they did not help her, but they also supported her husband. Since it was hard for her to tolerate her husband’s infidelity, she decided to live separate from her husband and moved to another city. She mentioned: “My family does not approve divorce, so that they encourage me, but they prefer us to live just separately; the fact that I am separated right now, I have calm and peace of mind, it is really good.”

But she believes that this kind of living is wrong and prefers that others would not know anything about her condition:

People will not accept you as a complete family. You are just a person who is living with her daughter, not a complete family, as in wife, husband and child, so you would not like others to know about this problem. I still tell my colleagues that my husband is traveling around and he visits us frequently. Even if I decide to get a divorce I will not tell anybody and keep my wedding ring on my finger, eventually you say it’s all right. Even Educated people look at you differently, maybe they say that she has no husband and feel pity for you.

She believes that because her daughter is about the age of marriage, she should not get a divorce to protect her daughter’s reputation. Also another reason for her for not getting a divorce is that divorce is a time-consuming and difficult process and she mentioned that she does not have enough time for spending in courts. “Getting a divorce is very complicated. You should spend many years in the courtrooms, it really destroys people, you should have iron shoes for it.”

Despite her access to financial resources, this woman has tolerated violence for years for different sociocultural reasons such as expectations from gender role and cultural beliefs and norms like the stigma of divorce. This matter would reveal the importance of sociocultural context in choosing strategies by abused women, especially for seeking help.

To help abused Iranian women to seek help promptly, before experiencing the severe physical and psychological consequences of violence, we must become aware of barriers to seeking help. Given that no study in Iran has deeply investigated barriers to seeking help among abused women, this study was designed to explore barriers to seeking help among this under-researched population.

Methods

Design

This study is part of a grounded theory PhD dissertation exploring the process of coping with domestic violence. It is worth mentioning that barriers to seeking help in every community are under the influence of individual and cultural factors. In the present study, we used qualitative content analysis approach because it is the most appropriate method to study culture-related contextual issues (Babamohamadi et al., 2011).
Sampling

The participants were selected from health care centers, recreational centers, and two universities in Tehran, Iran, using purposive sampling method. The subjects who met the following inclusion criteria were enrolled in the study: having experienced domestic violence during the marriage, being able to speak Farsi, having Iranian nationality, being married, being over 18 years old, not being pregnant, and having delivered their babies at least six months ago.

Participants

The participants included 24 married women. All the participants, except one, were living with their husbands at the time of interview. One participant was living separately. The mean age (±SD) of the participants was 39.54 (±12.87) years, ranging from 22 to 72 years. The mean length of marriage (±SD) was 20.25 (±13.34) years, ranging from 3 to 58 years. Five participants (20.8 percent) had a bachelor degree or higher, seven (29.2 percent) had high school diploma, and the rest had a degree lower than high school diploma. Six participants (25 percent) were employed and the rest were housewives. The majority of participants (70.8 percent) had one or two children. The economic status of participants was reported as: poor (16.7 percent), fairly appropriate (50 percent) or appropriate (33.3 percent). The profile of participants is shown in Table I.

Data collection

Data were collected over a period of 17 months from June 2012 to November 2013 using semi-structured interviews. All the participants were interviewed in private by the first author in an empty room in the health center or university campus, or in a quiet place in the park. When a participant was not able to interview at that time, the interviewer made an appointment to conduct the interview later.

<table>
<thead>
<tr>
<th>Number of participant</th>
<th>Age (years)</th>
<th>Duration of marriage (years)</th>
<th>Education</th>
<th>Employment</th>
<th>Number of children</th>
<th>Self-report of economic status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>55</td>
<td>36</td>
<td>5 years of schooling</td>
<td>Housewife</td>
<td>6</td>
<td>Fairly appropriate</td>
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<td>2</td>
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<td>58</td>
<td>Illiterate</td>
<td>Housewife</td>
<td>8</td>
<td>Poor</td>
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<tr>
<td>3</td>
<td>34</td>
<td>14</td>
<td>High school diploma</td>
<td>Housewife</td>
<td>2</td>
<td>Fairly appropriate</td>
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<tr>
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<td>42</td>
<td>23</td>
<td>6 years of schooling</td>
<td>Housewife</td>
<td>2</td>
<td>Fairly appropriate</td>
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<tr>
<td>5</td>
<td>27</td>
<td>13</td>
<td>8 years of schooling</td>
<td>Housewife</td>
<td>2</td>
<td>Appropriate</td>
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<tr>
<td>6</td>
<td>31</td>
<td>9</td>
<td>High school diploma</td>
<td>Housewife</td>
<td>2</td>
<td>Fairly appropriate</td>
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<td>7</td>
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<td>10</td>
<td>High school diploma</td>
<td>Housewife</td>
<td>2</td>
<td>Poor</td>
</tr>
<tr>
<td>8</td>
<td>32</td>
<td>7</td>
<td>Bachelor’s degree</td>
<td>Civil servant</td>
<td>1</td>
<td>Fairly appropriate</td>
</tr>
<tr>
<td>9</td>
<td>36</td>
<td>19</td>
<td>7 years of schooling</td>
<td>Housewife</td>
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<td>Housewife</td>
<td>1</td>
<td>Poor</td>
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<tr>
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<td>18</td>
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<td>2</td>
<td>Fairly appropriate</td>
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<tr>
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<td>21</td>
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<td>14</td>
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<tr>
<td>16</td>
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<td>20</td>
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<td>Appropriate</td>
</tr>
<tr>
<td>22</td>
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<td>25</td>
<td>Bachelor’s degree</td>
<td>Civil servant</td>
<td>2</td>
<td>Appropriate</td>
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<td>23</td>
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<td>Civil servant</td>
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<td>Fairly appropriate</td>
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<td>24</td>
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<td>25</td>
<td>Master’s degree</td>
<td>Faculty member</td>
<td>2</td>
<td>Appropriate</td>
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</tbody>
</table>

Note: n = 24
Interview procedures

The interview began with a general question “Describe your married life?”. The participants who reported being abused by their husbands during the marriage were asked to talk about it. They were encouraged to describe their experiences, and understanding of being abused and ways to deal with it. Interview questions were focused on experiences of violence and barriers to seeking help. All interviews were conducted by the first author. The interviews lasted 25-106 minutes, in average 60 minutes.

Data analysis

Graneheim and Lundman method was used for data analysis which has the following steps: verbatim transcription of interviews and reading it several times to obtain a general understanding of the content. Dividing the text into condensed meaning units. Abstracting condensed meaning units and coding them. Comparing the codes based on similarities and differences and classifying them into subcategories and categories. Extracting themes out of categories, which reflect the latent content of the text (Graneheim and Lundman, 2004). Open Code software was used to facilitate the analysis of the data (Department of Public Health and Clinical Medicine, 2009).

Trustworthiness

Lincoln and Guba criteria for credibility, confirmability, dependability, and transferability were applied to verify the trustworthiness of the data (Polit and Beck, 2012). To prove the credibility of the results, the extracted codes and categories from the data were reviewed and approved by the participants (member check) and three expert co-authors (peer debriefing). To increase the credibility, we also considered maximum variation in sampling regarding participants’ age, duration of the marriage, occupation, education, gender of the children, number of the children, and economic status.

The external audit was used to increase confirmability and dependability. During the external audit, the correctness of analysis was approved by two experienced researchers in qualitative research. Also, the participants and the context of the study were described in detail, so that other researchers become able to evaluate the transferability of the results.

Ethical considerations

The research was approved by the Ethics Committee of the Shahid Beheshti University of Medical Sciences (400/4,834). The participants were fully informed about the purpose and nature of the study, voluntary participation, their right to withdraw from the study, and anonymity and confidentiality. Written informed consent was obtained from all the participants. When designing and conducting the study, we observed the ethical guidelines recommended for the research on domestic violence against women (Department of Gender and Women’s Health Family and Community Health World Health Organization, 2001; Taherkhani, 2016).

Interviews were conducted in complete privacy. The effort was that others, including women’s companions and relatives, would not realize anything about the subject of the interviews (by mentioning false titles in case of anybody asked, cutting the interview or changing the subject in case of anybody walks in and conducting individual interviews with the participants except for those who had a child of less than three years old with them). If any of the questions caused distress for the participants, the interview was stopped and after a while, and by the participant’s permission, it was continued. At the end of the interviews, necessary information about the existing services for abused women was given to the participants and they were referred to receive services, if necessary.

Results

During the analysis, four themes emerged: “fear of negative consequences of help-seeking,” “lack of resources,” “beliefs and attitudes,” and “indirect experiences of not being supported.” The first theme consisted of four categories and the second theme consisted of two categories. The meanings of the themes together with participants’ quotations are presented below.
Fear of negative consequences of help-seeking

Considering the statements by participants, it was found that fear of negative consequences of help-seeking was a major barrier to seeking help. This theme included the four following categories: “fear of upsetting relatives,” “fear of putting the husband at risk,” “fear of divorce and losing the family,” and “fear of worsening its own situation after seeking help.”

Fear of upsetting relatives. Most participants feared that when their relatives become aware of the problem, they would become upset. This fear was more significant when women felt their relatives could not help them much. Fear of upsetting relatives was exacerbated especially when relatives were not in good condition (e.g. being affected by a disease, old age, or recent sorrow). One of the participants said: “My parents themselves are faced with too many problems and distress. I don’t like to make them sad anymore. Both my father and mother are sick. If they realize that I’m in trouble, their condition will get worse” (Participant 5).

Fear of putting the husband at risk. Some participants feared that after disclosing their husband’s behavior to their relatives, they would have an inappropriate behavior with the husband; the husband would not be respected anymore and would be humiliated by the relatives. Participant 17 said: “I never informed my brothers, because I do not want them to disrespect my husband. I want my husband respects them, and also my brothers respect him.”

Fear of divorce and the loss of family. The vast majority of participants believed that divorce was associated with the loss of children, and considered it as a threat to the peace and welfare of the children that could deteriorate the future of their children. According to the participants, the other consequences of divorce were the loss of everything that they had achieved over the years of tribulation, the start of a new life with poverty and hardship, being faced with difficulties to survive, and loss of dignity and social respect. Taking into consideration all these factors, they were largely afraid of the collapse of the married life and seriously inclined to preserve their marriage.

The participants declined to disclose their husbands’ behavior, because they feared that disclosing husband’s behavior and seeking help could result in divorce, and losing their children. As Participant 13 said:

I did not say anything to my family because I was afraid of separation and loss of my children. I knew if I informed my parents about our quarrels, they might force me to divorce. My husband was aware of my weakness and said he would not let me keep the children.

Fear of worsening its own situation after seeking help. Because of the fear of worsening their own situation after seeking help and disclosing husband’s behavior (for instance, being humiliated or stigmatized) many participants gave up seeking help. Participant 4 said:

The only choice which I had was silence and tolerance. I have to tolerate for my honor. My child is 23 years old. If I made an official complaint, it only would stigmatize us and bring our situation into people’s focus. It was not helpful for me at all.

Lack of resources

As the participants mentioned, lack of any kind of personal and social resources for supporting abused women was one of the main barriers to seeking help.

Lack of personal resources. Knowledge and awareness of the services available in the community and how to use them, having money, time, energy, and patience, were described as the personal resources by the study’s participants. In the absence of these resources, the participants gave up to seek help, especially help from the officials. Participant 15 said:

I was 23 years old but I was as knowledgeable as an 8-year old girl. I did not have any experience. I did not know what to do and where to go. I had no understanding of life, in other words I did not know life skills.

Participant 16 said:

I have neither time nor money to make a formal complaint. It is necessary to go to a court so many times and spent too much money to send a criminal to the prison. I am a civil servant. I do not feel like going to court even when it is essential.
Lack of social resources. Participants described the relatives’ or institutions’ support as a source of social support and in this study we title these supporting resources as “social resources.”

Social resources may include consulting/informational support, emotional support, violence control, and financial or nonfinancial supports. Participants avoided disclosure of violence and help-seeking because of the accessibility barrier or non-supportive behaviors of the personnel working at these institutions.

Concerning inaccessibility to social resources, participant 15 said: “There was no older person to guide me or to talk with, for solving my problems.” Participant 21 talked about unsupportive, discriminatory, and insulting behaviors of staffs of the judicial system and said:

I made a formal complaint but I gave up, because the courts are in bad condition. For example when you want to complain or talk to the staffs, or even judges, they insult and treat you so bad, as if women are always guilty.

The findings revealed that women who lacked resources (personal or social) for meeting their needs and were dependent on their husband, had more limited choices in confronting their husbands’ violence, were more likely to suffer the negative consequences of seeking help and had more fears and concerns about the negative consequences of seeking help.

Beliefs and attitudes

Beliefs and attitudes directly or indirectly, through affecting individual’s perception of violence, played an important role in the help-seeking behavior of the participants. The participants expressed the attitudes that prevented them from disclosing the violence and seeking help such as need to protect marriage, considering divorce as a despicable act, need for flexibility and being subordinate to the husband, tolerating the violence and overlooking husband’s behavior, considering violence as a normal issue in married life, need to hide husband’s violence from others and not to seek help from others.

Some attitudes such as considering violence as a normal issue in married life made it difficult for women to perceive husband behavior as the violence. Thus, they even did not feel the need for help-seeking. Participant 2 said: “I said nothing to anyone, because I thought that was life.” Concerning the need to hide husband’s behavior from others, Participant 12 said: “I thought a good woman must be reserved and should not express this problem anywhere. She must not say something that damages the family. As a result, I did not say anything to anyone.”

Some women did not seek help because they believed their husbands were not changeable and help-seeking was useless: “I did not seek help from anyone because I knew my husband’s behavior was unchangeable; he could not be corrected, he did not listen to other people’s advice” (Participant 18):

I accepted him myself, so I was not able to tell others how he was behaving. People might tell me “he was your choice so you have to tolerate. It was your fault [to marry him]”. I could guess [their negative reaction], so I did not say anything (Participant 1).

Many of these attitudes and beliefs were rooted in cultural norms of the community. Such norms were a reason for fear and tolerating violence. The following quotation shows how norms could lead to fear of divorce and consequently failure to seek help: “I never complained to the police about my husband’s behavior. If I do this, my husband will divorce me because people say a woman who complains is of no value and must be given a divorce” (Participant 1). The other norms which were considered as barriers to seeking help are presented in the following quotations: “This is a woman’s task to control her husband’s behavior;” “Husband’s behavior would become better over time;” “A woman must go to her husband’s home with a bride dress and leave there with shroud;” “A true woman stays and lives; the one who divorces is not a woman;” “A divorced woman is like a towel, everybody uses and then throws away;” “A husband’s violence is common; the next husband may not be better, even he may be worse.”
Indirect experiences of not being supported

When help-seeking behaviors of others were useless, it prevented the participants from seeking help, frustrated them, and ruined their trust in judiciary institutions.

Participant 10 said:

To whom can I say my problem? The law never supports me. I cannot tell the judiciary system. My mother had problems with my father. My father put a knife on her throat. My mother complained to the police. They said “he did not hit you, go home, and come back for complaint whenever he injured you”. My husband also used a cutlass to hit me; he was going to injure me. To whom can I say? If I complain, they will say whenever he injured you come for complaint.

Discussion

This study aimed to identify barriers to seeking help among abused Iranian women. Help-seeking is one of the most important coping strategies that abused women uses to escape from violence (Taherkhani et al., 2016). Based on the results, “fear of negative consequences of help-seeking,” “lack of resources,” “beliefs and attitudes,” and “indirect experiences of not being supported” were the barriers to help-seeking in the participants. The results suggested that help-seeking is the result of an interaction between individual, interpersonal, social, and cultural factors. This finding is consistent with Liang et al.’s (2005) conceptualization of help-seeking behavior among abused women.

Participants largely pointed out their fear of negative consequences of help-seeking (such as upsetting relatives, putting husband at risk, divorce and the loss of family, and worsening its own situation). Other studies similarly reported fear as a major obstacle to reveal a husband’s behavior and seek help. Among them we can mention the followings: fear of upsetting family members or friends (Evans and Feder, 2016; Kulwicki et al., 2010; Rabbani et al., 2008), fear of loss of family honor (Decker et al., 2013), fear of taking revenge on the partner by family members, fear of negative consequences of formal disclosure for the partner and children (Evans and Feder, 2016), and fear of termination of the relationship and being abandoned (Fanslow and Robinson, 2010; Kiss et al., 2012; Nash, 2005; Zakar et al., 2012).

The results showed the fear was affected by other contextual factors such as lack of resources and beliefs and attitudes that were often rooted in norms. As mentioned in the Introduction section, there are many cultural norms in Iran that can be a source of fear for abused women and consequently prevent them from seeking help. For example, divorce is a stigma in Iran (Sadeghfasi, 2010), when a woman feels that help-seeking may lead to divorce, the fear of the stigma of divorce and its consequences such as losing her children may deter her from seeking help.

In the present study, lack of personal resources (such as knowledge and awareness of the services available in the community and how to use them, having money, time, energy, and patience) prevented participants from seeking help, especially from courts. Other researchers also have noted that the lack of personal resources such as knowledge and awareness of using the services (Decker et al., 2013; Reina et al., 2014; Yan, 2015) and unawareness of the effects of violence on self and children (Prosman et al., 2014) were among the barriers to seeking help.

In Kaukinen et al.’s study, women whose education was equal to or higher than that of their partners sought help from various sources, including family, friends, police, and health workers. Also, employed women who had access to financial resources were more prone to seek help from family and friends while unemployed women who were financially dependent on their male partners were less likely to contact the police. Education probably increases women’s awareness and knowledge of sources of support and how to use them (Kaukinen et al., 2013).

In this study, more aspects of personal resources such as time, energy, and patience were identified, while they were not mentioned in other studies. This finding is important because determining the various aspects of personal resources will help us to design more comprehensive interventions.

Results showed that lack of access to social resources or being faced with unsupportive behaviors of social resources prevented the participants from disclosing violence and seeking help. This finding is consistent with the results of other studies. In a study by Reina et al. (2014),
lack of bilingual service providers in service centers was one of the main obstacles preventing Latin immigrants to seek help. In Zakar et al.’s (2012) study in Pakistan, lack of accountability of the official institutions, blaming the woman, and discriminatory and inappropriate treatments discouraged women from seeking help from official institutions, especially from the shelters.

Based on the results, another factor that played an important role in non-disclosure of violence and not seeking help was the participants’ beliefs and attitudes. Based on such beliefs and attitudes, help-seeking was useless and inefficient, domestic violence was normal, and it was necessary to keep the marriage and tolerate the violence. In most cases, these beliefs and attitudes were rooted in cultural norms and not only directly inhibited help-seeking but also could indirectly affect an individual’s perceptions of violence. Other researchers have also reported that some beliefs and attitudes could hinder the process of help-seeking such as the followings: blaming one’s self (Amar et al., 2012; Evans and Feder, 2016; Yan, 2015), considering help-seeking as a useless act (Decker et al., 2013; Kiss et al., 2012), and considering violence as a normal event in married life (Evans and Feder, 2016).

The results of this study showed that the unsuccessful help-seeking of others could be another barrier to seeking help among the participants that, in most cases, led to distrust in legal institutions. The participants in Kiss et al.’s (2012) study also refrained from seeking help if it was useless for others. Other scholars also showed that distrust in institutions is one of the barriers to seeking help (Djikanović et al., 2012; Evans and Feder, 2016; Zakar et al., 2012).

Implication for research and practice

Research. It is recommended that the process of decision making for seeking help, from the stage of perceiving the violence until the stage of making the decision for seeking help and choosing the kind of resource for seeking help would be evaluated. Different populations of abused women should be evaluated through qualitative studies, so that different aspects of this process would become clearer. The studies should not only focus on women who have sought help and women who were not able to find help should also be assessed. According to the result of these studies, appropriate interventions should be designed to eliminate the barriers and their effectiveness should be evaluated through longitudinal studies.

Practice. Perceived violence is a conceptual phenomenon and each woman would describe violence based on her condition. Therefore, service providers should be educated to approach violence from women’s point of view, and not their own, respect women’s perceive of violence and not judge them for refusing to seek help. Short-term and long-term supportive services should be provided as women-defined not service-defined and they should be available at urban and rural centers.

Empowering women and girls by providing educational and occupational opportunities for them, familiarize them with their rights, educating them with life skills, wide promotion of anti-violence programs in the society and the manner of accessing them are recommended. Through enhancement of women’s socioeconomic condition, their perception of violence would be improved and so, they could have better definitions of unbearable situations (Liang et al., 2005).

Eliminating gender stereotypes from students’ textbooks and media’s programs, and educating men and boys about gender equality, avoiding violence, life skills, and anger management are also recommended. At the legislation level, it is recommended to develop laws for criminalizing domestic violence, punish the perpetrators and legally support the abused women.

Undoubtedly, extensive education for various groups of the society including the service providers about IPV, its physical and mental consequences, dissenting opinions for seeking help, gender equality, existing services for the victims and the manner of accessing them has an important role in advocacy for abused women and strengthening their unofficial and official support system because educating and discussing the subject of violence at the society level would change it from a personal matter into a publicly known and more understandable subject. It would also help the voices of abused women to be heard (Taherkhani, 2016). This way, the traditional beliefs and attitudes related to patriarchy ideology might also be modified.
Limitations

In spite of all measures taken, it is likely that culturally sensitive issues such as sexual violence had not been disclosed by the participants. On the other hand, retrospective nature of the study could have led to recall bias. In the present study, barriers to seeking help among different age groups were not assessed which is considered as one of its limitations.

Conclusion

Based on the results, several factors such as “fear of negative consequences of help-seeking,” “lack of resources,” “beliefs and attitudes,” and “indirect experiences of not being supported” were the barriers that prevented abused Iranian women from seeking help. As long as these barriers are present, women will not seek help and consequently continue their relationship and experience violence and its negative consequences.

References


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