

Social constraints and sexual violence: experiences of female victims of sexual violence of receiving health care services

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Journal of Research & Health
Social Development & Health Promotion
Research Center
Vol. 6, No. 5, Nov & Dec 2016
Pages: 504- 511
DOI: 10.18869/acadpub.jrh.6.5.504
Original Article

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Received: 29 Dec 2013
Accepted: 9 Mar 2014

How to cite this article: Shahali Sh, Lamyian M, Mohammadi E, Kashanian M, Eslami M. Social constraints and sexual violence: experiences of female victims of sexual violence of receiving health care services. *J Research & Health* 2016; 6(5): 504- 511.

Introduction

Over the past two decades, the issue of violence against women has been recognized as a public health problem by human rights institutions, the World Health Organization (WHO), and Pan American Health Organization (PAHO) [1]. Sexual violence can lead to physical, sexual, and psychological damage. In most cases, victims are faced with problems that are not

Abstract

Because of the nature of sexual violence, using medical services by female victims is different from use of these services in other circumstance. Thus, this qualitative study was conducted using conventional content analysis to understand particular experiences of female victims of sexual violence of receiving medical services. In-depth non-structured interviews were performed with 10 purposefully selected female victims of sexual violence attending public and private health centers in Ahvaz and Tehran, Iran. Data extracted from interviews were analyzed using qualitative content analysis based on Graneheim-Lundman technique and three themes emerged: "discontinuation of treatment", "social sensitivity and stigma of loss of hymen", and "conflict between expectations and services received". These themes reflect victims' concern about people's treatment and fear of social stigmatization, which leads to concealing incident of sexual violence and failure to receive medical services, and encourages victims to think about illegal ways to resolve the issue of social stigma following sexual violence. These results indicate "social constraints and damage following stigma". Thus, it seems necessary to design educational programs to create changes in social attitude and eliminate judgmental behaviors of medical team toward victims of sexual violence, so as to facilitate victims' access to medical services.

Keywords: Health Care, Sexual Violence, Social, Woman

necessarily urgent, but badly hurt them. For instance, psychological harm that remains can have long term effects on their professional, social, emotional and sexual life, and this may lead to frequent use of health services by victims [2]. Besides numerous health consequences of sexual violence, stigmatization and rejection by

spouse, family, and community leads to further damage, and affects victim's use of medical and legal services [3].

Studies also show that several factors affect victims' use of medical and legal services after the incident. For instance, victims of stranger sexual violence are more likely to seek legal and medical services [4], while if a woman is raped by someone she knows, she hesitates to seek these services immediately after the event. A report by the Australian government in 2004 identifies cultural issues effective in use of medical services and reporting of the incident, and attributes this to the shame and fear of disgrace that may follow reporting [5]. A study by Ulman *et al.* on over 1000 sexual assault victims showed that only 16% seek medical services after the event [6].

There is always the question whether there are barriers that prevent victims from seeking medical services. This question has not been adequately addressed in few foreign studies. Furthermore, in Iran, sexual violence has rarely been studied due to cultural and social taboos surrounding the issue. Furthermore, legal and juridical prohibition on sexual relationship outside marriage and legal prohibition on abortion resulting from rape causes further adverse consequences of sexual violence in future lives of victims and their families. Thus, it seems essential to investigate process of providing clinical health and support services for these women, which is consistent with the perspective of qualitative study method because qualitative studies aim to explore and understand people's inner world. Since experiences make up structure of truth for every individual, it is only by entering people's world of experiences that a researcher can discover the meaning of phenomenon from their perspective. Qualitative studies are widely applicable in health care, including investigating causes of human behaviors, such as acceptance of treatment by patient, decision-making, organization of maintaining and promoting health programs by specialists and care providers [7]. Thus,

this qualitative study was conducted with the aim to understand unique experiences of sexual violence victims about receiving medical services.

Method

In this study, qualitative content analysis method was used. Initially, this method was formed with the aim to describe systematic and quantitative content of relationships, but gradually was developed for interpretation of hidden contents in texts, and used in quantitative and qualitative forms [8]. Varieties of qualitative content analysis include conventional, directed and summative; all of which rely on a naturalistic paradigm. In this study, given the objective, conventional content analysis was used because contents of textual data are interpreted subjectively in this method, and meanings are interpreted systematically and objectively, and overt and covert themes are identified using systematic classification [9]. In this study, purposive sampling was used to select those with direct experience of the issue. Permission was obtained from the ethics committee of Tarbiat Modarres university, and letter of introduction to study centers was issued. The researcher explained study objectives to participants, and obtained their written and verbal consents, and agreed with them on the place of interview.

This study was conducted in Ahvaz and Tehran from February 2012 to September 2013. Study sites included teaching hospitals (emergency departments, obstetrics and gynecology clinics), forensic medical centers, health centers and offices of psychiatrists and clinical psychologists, obstetricians, general surgery specialists, and midwives, and specialized centers offering services for high-risk women (centers for prostitute women, sexual health, and behavioral counseling clinics). In this study, participants consisted of Iranian women, able to speak Persian, living in Khuzestan or Tehran, with a history of sexual violence and desire to take part in the study, and able to describe their experiences

of receiving medical services following sexual violence. Participants included 10 victims of sexual violence, within age range 15-31 years and mean age 19.37 ± 5.97 years, and time elapsed since the incident between 2 and 3 months, with education level ranging from illiterate to university degree. Interviews were conducted individually, in a place agreeable to participants.

In this study, data were collected through in-depth non-structured individual interviews. Interviews began with a general question, such as: "Have you ever been to a medical center? What did they do for you?" to allow participants freely describe their experiences of receiving services and their feelings about facing medical team. Then, to obtain richer data, depending on participants' replies, exploratory questions were asked: "Could you elaborate on this and give an example? What do you mean? Why and how?" and ... Finally, interview would end with a few open-ended questions such as: "What else can you think of? And if you remembered something after we leave or you wanted to change your mind about something, you can contact me".

Interviews lasted according to participants' desire to answer questions, between 25 and 30 minutes, which varied according to participants' answers. One or two interview sessions were held for each participant. Interviews continued until saturation of data, when no further new data were obtained. In this study, according to the researcher, saturation of data occurred by the 7th interview and 3 more interviews were performed to ensure no further new data could be extracted.

Data analysis was performed concurrently with data collection. To this end, the five stages of Graneheim & Lundman method were used:

- 1) Transcription of interview immediately after completion.
- 2) Reading the whole transcribed text to grasp an overall understanding of contents.
- 3) Determining meaning units and initial codes.
- 4) Categorizing similar initial codes in more objective and comprehensive categories, and

labeling

- 5) Determining hidden contents in data as themes [8]

Accordingly, in this study, interviews were transcribed immediately after completion, and read several times and initial codes were extracted. Then, codes were merged and categorized according to similarities. Ultimately, hidden contents in data were extracted.

To ensure rigor and reliability of data, 4 criteria of Lincoln-Guba were used, including credibility, confirmability, dependability and transferability [10]. To this end, the researcher was engaged with study sites, which led to participants' trust and better understanding of study environment. Member check was also used to ensure rigor of data and codes. After coding, interview texts were returned to participants to confirm rigor of codes and interpretations. Those codes that did not concur with participants' views were modified. Interview texts were also externally checked. To this end, extracted codes and categories were studied by a number of science faculty members. To determine transferability of data, results and categories from this study were compared to those of other similar studies. The researcher investigated transferability of data through rich description and in-depth analysis of data, description of study context, and clear description of barriers and limitations.

Results

Analysis of data relating to participants' experiences of receiving medical services identified three categories: "discontinuation of treatment", "social sensitivity and stigma of loss of hymen" and "contradiction between expectations and services received". From these three categories, the main study theme was extracted as "social constraints and damages following stigmatization". Table 1 presents process of extracting a category, and Table 2 shows results of analysis of interviews.

- 1) *Discontinuation of treatment*: This category was extracted from three

subcategories of "fear of treatment", "legal barriers to treatment" and "cultural barriers to treatment".

Many participants had delayed receiving medical services following incident of sexual violence. Reasons for not seeking treatment were concerns such as fear of social stigmatization when attending to receive medical services, fear of drug side-effects, prolonged treatment or legal processes, leaving insufficient time for the victim to attend to receive medical services.

In such circumstances, the victim is concerned that therapist may not believe sexual violence occurred, or blame her for the incident, or seeking treatment may frequently remind her of the event, leading to further psychological hurt.

For example, a participant (a victim) gave her reasons for not visiting a psychiatrist, despite symptoms of anxiety, social limitations and fear of stigmatization as a mental patient as follows:

"I'm afraid if my school mates found out, they'd think I'm a loony, and treat me like one" (15-year-old, high school education, living in Behbahan)

Another victim considered fear of social stigmatization a barrier to receiving medical services, and argued: "I'm already disgraced. There's never been anything like that in our family. It'd be really bad if anyone found out". (31-year-old, bachelor's degree, living in Dezful)

2) *Social sensitivity and stigma of loss of hymen*: This category was extracted from 4 subcategories of "honor and intact hymen", "future life and intact hymen", "marriage and intact hymen", and "a sense of guilt following loss of hymen".

Among social constraints facing victims are taboo of loss of hymen and fear of stigmatization by society and family because loss of hymen is hugely important due to cultural problems, and intact hymen has a direct relationship with honor and marriage of girls. For example, when a victim of sexual violence is asked "why hymen is so important",

she replied:

"My honor has gone, my future depends on it" (22 year-old, high school diploma, living in Tehran). Therefore, social constraints affect prospects of these victims.

In relation to the importance of hymen, two other victims blamed society's narrow-mindedness, and considered a girl's health and potential marriage subject to intact hymen, and argued: "Well, this is so important to me. After all, every girl needs this for the day she wants to marry, or if she has to show she's untouched and like other girls, or when she gets married she should have intact hymen. It's so important to me" (16 year-old, high school student, living in Sarbandar)

"Hymen is very important to me. This is the first thing that a girl should have if she wants to get married" (15 year-old, high school student, living in Behbahan)

Among consequences of extreme social pressure based on victim's role in failing to prevent imminent sexual assault is huge psychological pressure and guilt that victims have to bear.

In this respect, a victim of sexual assault described her mental pressure and guilt as:

"Once, I rang up a counselor in Welfare Organization, and told her how mentally wrecked I was, and about my nightmares, and that someone was going to throttle me. I kept thinking I must have been a bad girl to have this happen to me. She said that I had to go to doctors for examination, and I refused". (18 year-old, high school diploma, living in Izeh)

Furthermore, because of social sensitivity and guilt feeling following loss of hymen, victims are exposed to risk of suicide, or getting killed by a family member to reinstate family or community honor. In this regard, a participant said:

"I didn't tell my father. When I returned home at 10 o'clock, my father put a knife to my throat and asked where I was. I lied, and told him I had gone to the market, and I couldn't find a taxi back. I wanted to tell him, but I couldn't, I was ashamed and frightened.

My father's a military man, and I fear him. He kills me if I tell him". (24 year-old, high school diploma, living in Mahshahr)

3) *Contradiction between expectations and receiving services*: This category was extracted from 4 subcategories of "victim's expectations and requests", "a lack of response to victim's requests due to legal prohibitions or time limitations", "providing illegal services to victim by therapist", and "dissatisfaction with service provision".

Because of social constraints and the relationship of intact hymen with honor, future, and marriage, and stigmatization due to loss of hymen, victims develop the idea of using illegal strategies to overcome their needs, which often involves hymen surgical repair, or abortion (if pregnant), and occasionally, such a request is refused by the therapist due to illegality, or too high a gestational age for abortion.

In this respect, a victim that was trying to find a way to receive hymen repair services said: "I went to the legal medicine organization and told them about my problem. They examined me and said, my hymen was a bit worn at 12 o'clock, but torn at 7 o'clock, and the tear was irreparable, and if it was, the next time it would worsen. So I went to a midwife that I knew, and she said the same thing, and said if she repaired it, and I didn't marry for another ten years, the same problem may occur, and the tear may get worse. But told me to go and see her couple of months before getting married, and she would fix it like the day one, so no one would know". (16 year-old, high school student, living in Sarbandar)

In relation to abortion resulting from rape, there are many social constraints for victims. For example, a 7-month pregnant victim asserted: "I went to a midwife, and she took blood and urine samples, and listened to the fetus heart, and said everything was right and healthy, and the baby is about 4 months. Can it be aborted, I said. She said no, it has passed the time. Everywhere else I went, they said the same thing" (15 year-old, illiterate, living in Tehran) There are clinicians that use this social stigma and instead of helping treat victims, invite

them to take illegal routes such as repairing hymen or abortion. For example, one of the victims that had gone to a gynecologist for hymen examination said:

"She examined me and said there was a problem at 12 and 7 o'clock, but it can be repaired, and told me to go and see her again after confirmation by the Legal Medicine Organization, but I didn't go". (16 year-old, high school student, living in Sarbandar)

In this regard, another victim asserted:

"I went to a doctor for examination, afterward, she said that I was damaged and I should have hymen repair if I was going to marry. I asked for a midwife's address, and went to the midwife. She said it'd cost 500 to 600 thousand Tomans" (22 year-old, high school diploma, living in Tehran)

Because of social and legal problems and frustration due to hymen repair or abortion, most victims of sexual violence felt angry, frustrated and unhappy. For example, when a 15 year-old high school student was asked if she was happy with clinicians' performance, she replied:

"With doctors in Dezful that disheartened me? Well, no, I can't say I'm not happy; it shouldn't have happened to me; so why should I be dissatisfied with anyone?" (15 year-old, high school student, living in Dezful)

Given categories: "discontinuation of treatment", which is in fact due to concerns about treatment of the community, cultural issues and social stigma that victims have to face, fear of disgrace, stigmatization and rejection from family and community, "social sensitivity and stigma of loss of hymen", which is due to social narrow-mindedness and the relationship of intact hymen with honor, future and marriage, and "seeking illegal services" to resolve social stigmas, and "dissatisfaction with legal services" due to frustration to meet needs and requests to eliminate or lighten social stigmas caused by the damage; the common feature in all these categories (as explained above) is social constraints and damage caused by stigma, which forms the main theme of this study.

Table 1 *Process of extraction of a category*

Meaning unit	Summarized codes	Category
I have been dishonored	Honor and intact hymen	
My life depends on it (intact hymen)	Future and intact hymen	
After all, girls need this for when they want to get married	Marriage and intact hymen	Social sensitivity and stigma of loss of hymen
I keep thinking that this has happened because I have been a bad girl	Guilt following loss of hymen	

Table 2 *Results from analysis of interviews*

Sub-categories	Categories	Theme
1. Fear of treatment	Discontinuation of treatment	Social constraints and damage following stigma
2. Legal barriers		
3. Cultural barriers		
1. Honor and intact hymen	Social sensitivity and stigma of loss of hymen	
2. Future and intact hymen		
3. Marriage and intact hymen		
4. Guilt following loss of hymen		
1. Victims' expectations and requests	Conflict between expectations and services received	
2. Failure to respond to victims' requests due to legal prohibitions or time limitations		
3. Illegal service provided by therapists		
4. Dissatisfaction with services received		

Discussion

This study was conducted with the aim to understand perceptions and experiences of victims of sexual violence regarding receiving medical services.

Results indicate that female victims of sexual violence are in a social constraint for deciding to use medical services, which involves social pressures due to what has happened, stigmatizing and blaming the victim for the event, and lack of empathy with the victim as the injured party. The inclement social conditions, concern about being disgraced and fear of facing future and marriage due to losing the hymen or unwanted pregnancy resulting from rape create expectations and demands in victims to protect themselves

against social pressures, including hymen repair or abortion (if pregnant), which makes victims visit medical centers to deal with their needs and requests. However, due to legal barriers and conflicting guidelines between victims' needs and medical service providers in this society, these expectations and requests remain unanswered.

In this study, all participants emphasized social constraints and damage due to stigmatization. Many studies show that social stigma is a factor to silence victims following sexual violence, and their lack of seeking medical and legal services. Perhaps, it can be said that, adopting such an approach by the victim is affected by several factors,

of which, the event being a social taboo is the most important [3,11].

What is noteworthy is family's failure to support victims in seeking medical and legal services, and their stigmatization. Even if a victim shares the problem with her family; in most cases, parents avoid revealing the issue due to the stigma surrounding sexual problems and fear of dishonor. This is confirmed in various studies. For instance, in a study by Maljo [11] investigating victim's reaction to incest, social stigmatization was expressed as the reason for family's failure to support the victim [11].

Interestingly, the majority of victims' expectations and requests are not associated with treatment of physical and psychological injuries [12], but with the need for hymen repair or abortion (if pregnant), which explains victim's attempt to safeguard against social pressures. This finding is also clearly observed in similar studies in Islamic countries, which display social constraints faced by victims of defloration or pregnancy outside marriage [13]. Results of a qualitative study by Jean Clode et al. [3] are generally similar to those in the present study, which aimed to identify causes and effects of stigmatization on victims' health in Congo, and showed that stigmatization and discrimination against victims is related to perception of rape, social norms, fear of sexually transmitted diseases, and family and community honor. These factors lead to increased vulnerability of victims and exacerbate consequences caused by sexual violence by depriving victims of social support and care. Thus, in Clode et al. study, social stigmas were considered as barriers to seeking medical help, and also fear of sexually transmitted diseases was proposed as a reason for social deprivation, which was not found in the present study. This may be due to high prevalence of Sexually Transmitted Diseases (STDs), especially AIDS (acquired immunodeficiency syndrome) in Congo, and group rape of women in the study by armed forces in civil wars.

The present study results also agree with those found by Keith Case. In his study, Case aimed to identify legal and medical needs of victims and

social response to these needs, and found that victims were dissatisfied with meeting their legal needs, who found legal services erosive and with further psychological hurt due to judgmental treatment of service providers [14]. This confirms the present study findings about dissatisfaction with services due to social and legal problems in cities studied.

In a qualitative study by Campbell et al. [15] aiming to assess quality of nursing services from the perspective of adolescent victims of sexual violence, it was found that patients have a very positive experience of services they received, and considered nurses kind, caring and personable, which disagrees with the present study results. The difference between studies may be due to the fact that in Campbell study, victims had been referred to a center with Sexual Assault Nurse Examiner Program (SANE), and trained nurses in providing medical services for victims led to their satisfaction with services.

Conclusion

Researchers believe that results suggest social narrow-mindedness and stigmatization of victims, and confirm the need for creating a realistic view at the level of management and authorities of health system toward problems already faced by victims of sexual violence, and the need for changes in social attitude (with stigma and prejudgment) and eliminating judgmental behavior of medical team toward victims through educational community-based programs that can pave the way for victims' access to medical services they need.

This study was conducted in Tehran and Ahvaz as a limited qualitative study. Thus, like all qualitative studies, it is restricted in generalizability of results, and it should be repeated in other locations with different cultures. In this study, experiences of men and children victims of sexual violence were not used, and it is recommended that their experiences also be studied.

This study is the first of its kind in Iran. Authors recommend further studies in sexual violence

and its various dimensions, including seeking medical treatment by victims. Considering that development of effective programs for providing services for these victims by planners is only possible through research-based data, and that there is inadequate basic knowledge about providing clinical health services for female victims of sexual violence, thus it is essential that researchers conduct further studies in this area to provide data required for effective policies.

Acknowledgements

This study was part of reproductive health PhD dissertation (Registry No: 1070710) approved at the school of medical sciences, Tarbiat Madarres University. Researchers wish to thank all university officials and participants in this study.

Contribution

Study design: SHSH

Data collection and analysis: ML, SHSH, ME

Manuscript preparation: ML, SHSH, EM, MK, ME

Conflict of Interest

"The authors declare that they have no competing interests."

Funding

The author (s) received no financial support for the research, authorship and/or publication of this article.

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