

# Iranian Women's Strategies for Coping with Domestic Violence

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## Abstract

**Background:** Behavioral coping strategies may lead to either increased or reduced violence or associated stress, while also affecting psychological outcomes. To help abused Iranian women cope better with domestic violence and to provide better care for them, it is crucial to investigate their strategies for coping with domestic violence.

**Objectives:** This qualitative study explores the strategies used by Iranian women to cope with domestic violence.

**Materials and Methods:** This study uses a qualitative design, based on a content analysis approach. The participants comprised 24 married women, selected from parks, health centers and two colleges located in Tehran, Iran. The purposive sampling method was used to recruit the participants and continued until data saturation was reached. Semi-structured interviews were carried out to gather data.

**Results:** During the data analysis, a theme "situation management" emerged together with two categories, comprising "the strategies of violence control" and "the strategies of distress control". The results show that the participants try to manage the abusive situation by controlling violence and or the distress it causes.

**Conclusions:** Unlike common stereotypes that reveal women to be submissive and passive in the face of violence, the results show that the participants in this study coped with violence using consciousness and creativity, and by relying on the available resources. An understanding of the coping strategies used by abused women could help health staff to provide better care for such women and encourage them to use more effective strategies.

**Keywords:** Coping, Strategies, Intimate Partner Violence, Domestic Violence, Wife Abuse, Iran

## 1. Background

Violence against women is considered a major public health concern worldwide due to high morbidity and mortality (1). Intimate partner violence (IPV) is associated with numerous physical and mental outcomes; in addition to injuries related to physical violence such as contusions, bruises, abrasions, broken bones, burns, abortion, and knife or gun wounds, we can include mental disorders such as depression, suicide, substance abuse, post-traumatic stress disorder, and low self-esteem (2, 3).

The prevalence of domestic violence across different regions in Iran has been examined in other studies. Garusi et al. reported that the prevalence rates of emotional, physical, and sexual violence suffered by women attending health centers in Kerman city were 60.7%, 41.4%, and 25.2%, respectively (4). Another study in Marivan showed significant rates of exposure to psychological (79.7%), physical (60%), and sexual (32.9%) IPV (2).

The use of coping behavior to handle violence may lead to increased or reduced violence or associated stress (5), and can also affect psychological outcomes (6). Coping is a

dynamic process that involves constantly changing cognitive and behavioral efforts, with the aim of managing internal and external demands that are outside the individual's resources (7).

Coping is conceptualized in different ways, the most common of which is problem- versus emotion-focused coping. Problem-focused coping aims to manage or change the problem that has caused distress, whereas emotion-focused coping aims to regulate emotional responses to the problem. Problem-focused coping applies when the conditions creating the distress are perceived as changeable, whereas emotion-focused coping is used when it has been concluded that the circumstances giving rise to the distress cannot be modified (7).

Coping strategies used by abused women, which have been investigated in the international literature, include seeking help (5, 8-15), spirituality (10-15), silence and not answering back, leaving the husband permanently or temporarily (5, 8-16), submission, placating the husband (8-15), denial (10, 12, 14) and minimizing the violence (8-16). However, the coping strategies used by abused Iranian women have not yet been analyzed. This is important because the

way that abused women cope with violence depends on the context and varies according to the contextual factors (17).

The majority of Iranian people (99.4%) are Muslim (18). Islam's teachings and Iran's civil law (article 1105) recognize the husband as the household head and the decision maker in family affairs. According to Islam's teachings, a woman's most important duty after performing her religious duties is to meet her husband's emotional and sexual needs, and to obey him (19).

In Iran, a husband's power over his wife and a wife's submission to her husband are traditionally sanctioned; prevailing attitudes in society encourage women to tolerate domestic violence. We note, for example, beliefs such as that a woman is responsible for maintaining the integrity of the family and should be submissive in front of her husband, that wife abuse is a normal part of married life, that wife abuse is a private matter and should be kept within the confines of the home, and that a woman who tolerates her husband's abusive behavior is a good woman (4).

Divorce for Iranian women, on the other hand, means losing financial assistance, social respect, and children (4). Under Iranian civil law, the full custody of children over a certain age is given to the father when divorce occurs. The age differs for boys and girls. As a result, women choose to stay in abusive relationships rather than seeking divorce. Reasons include fear of defamation, fear of losing their children, lack of social and legal support, and the pressure of social norms that reject divorce (20).

## 2. Objectives

Given the influence of cultural and contextual factors on coping behavior, an examination of abused Iranian women's coping strategies has the potential to extend the current knowledge of the way that abused women cope with domestic violence. In addition, studying this under-researched population of abused women could enable us to encourage them to use more effective coping strategies. As a result, this qualitative study was designed to explore the strategies used by Iranian women to cope with domestic violence.

## 3. Materials and Methods

### 3.1. Design

The content analysis approach was used to design this qualitative study. Qualitative methodology was applied in order to answer the research question: what are the coping strategies of abused Iranian women? Qualitative content analysis is the best method to study subjects constrained by cultural context (21). Conventional content analysis was used in the current study.

### 3.2. Sampling

Purposive sampling was carried out in parks, health centers and two colleges located in Tehran, Iran. Inclusion criteria for participants were the experience of domestic violence during married life, the ability to speak Farsi, being Iranian and married, and being older than 18 years. Exclusion criteria were being pregnant and less than six months postpartum.

Consistent with qualitative methodology, domestic violence was self-defined and self-identified by the participants. When recruiting the abused women, women who themselves believed that their husbands treated them badly and were dissatisfied with their married life were interviewed if they met other inclusion criteria. Although dissatisfaction with married life does not necessarily mean experiencing violence, our rationale in selecting this group was that they are more likely to experience violence and would be suitable key informants regarding the phenomenon under study.

### 3.3. Participants

The participants comprised 24 married women; with one exception, all participants were living with their violent husbands at the time of the interview. Participant profiles are shown in [Table 1](#).

### 3.4. Data Collection

Data were collected through individual semi-structured interviews over the course of 17 months (June 2012 to November 2013). Taherkhani explained the objectives and the nature of the research to each potential participant after entering the research setting (parks, health centers and two colleges). If a participant met the inclusion criteria, she was interviewed privately in an empty room (health centers), in a quiet corner (parks), or in a room in college after obtaining her consent to participate in the study and signing the informed consent form. If the participant could not be interviewed at that point in time, she was given an appointment for an interview according to her preference in terms of time and place.

### 3.5. Interview Procedures

Interviews began with a general question such as: "Describe your married life?" Participants were then asked if they had been abused by their husbands during their marriage. If so, they were asked to talk about it and encouraged to share their experiences and understanding of being abused and how they dealt with it. Interview questions focused on the violent experiences, the strategies used to face the violence, the reason for choosing particular strategies, the tendency of strategies to change over time, and

**Table 1.** Participants' Characteristics (n = 24)

Characteristics	Values
<b>Age, y</b>	
Median (IQR)	37 (22 - 72)
Mean $\pm$ SD	39.54 $\pm$ 12.87
<b>Duration of marriage, y</b>	
Median (IQR)	17 (3 - 58)
Mean $\pm$ SD	20.25 $\pm$ 13.34
<b>Education, No. (%)</b>	
Illiterate	1 (4.2)
$\leq$ 5 years of schooling	7 (29.2)
5 - 8 years of schooling	4 (16.6)
High school diploma	7 (29.2)
Bachelor's degree and higher	5 (20.8)
<b>Employment, No. (%)</b>	
Housewife	18 (75)
Civil servant	4 (16.7)
Faculty member	2 (8.3)
<b>Number of children, No. (%)</b>	
1 - 2	17 (70.8)
3 - 4	3 (12.5)
> 4	4 (16.7)
<b>Self-report of economic status, No. (%)</b>	
Appropriate	8 (33.3)
Fairly appropriate	12 (50)
Poor	4 (16.7)

the consequences of the strategies used. All interviews were carried out by the same interviewer. The interviews lasted between 25 and 106 minutes (mean 60 minutes).

### 3.6. Data Analysis

The conventional content analysis approach was used to explain the phenomenon under study. The data were analyzed simultaneously with data collection, using the Graneheim and Lundman method (22), as follows:

1. Interviews were transcribed verbatim and reread several times to gain an overall understanding of their content;
2. Text was divided into condensed meaning units;
3. Condensed meaning units were abstracted and coded;
4. Codes were compared based on similarities and differences and classified into categories and subcategories, reflecting the manifest content of the text;

5. The themes of the categories were specified, reflecting the latent content of the text.

To facilitate data analysis, Open Code software was used (23). The interviews ended when categories were saturated and further data collection resulted in trivial information. Table 2 shows the analysis process and gives three examples of how a subcategory emerged from the text.

### 3.7. Trustworthiness

To ensure trustworthiness of data, the Lincoln and Guba criteria of credibility, dependability, confirmability and transferability were used (24). Checking out the emerging codes and categories by participants (member check), by three expert coauthors (peer debriefing) and taking account of the maximum variation in sampling in terms of variables such as age, education, occupation, gender of children, number of children, duration of marriage and the economic situation increased the credibility of the results. In peer debriefing, the process of analysis was reviewed by members of the research team including S.T. and three expert coauthors during regular meetings. If there was a disagreement, the review continued until agreement was reached.

An external audit increased the dependability and confirmability of the data. During external audit, interview texts, the extracted codes, and the categories were examined by two experienced researchers in qualitative research, selected from outside the research team. They confirmed the correctness of the analysis. In addition, the direction and steps taken in the study were documented in detail so that auditability is provided for future researchers. To verify transferability, the findings of the study were shared with 10 other abused women who had been to court or who had attended forensic medical centers after experiencing violence. They also confirmed the use of these strategies in dealing with violent husbands.

### 3.8. Ethical Considerations

The study was approved by the ethics committee of Shahid Beheshti University of Medical Sciences (400/4834), and the participants were briefed on the purpose and nature of the study, the voluntary nature of participation, the right to withdraw from the study at any time, and its guarantee of confidentiality and anonymity. Informed written consent was obtained for participating in the study and for voice recording. To ensure the safety of participants and the researcher, and also to ensure the validity of data, the ethical guidelines for research on domestic violence against women were followed (25). Interviews were carried out in complete privacy, and an attempt was made to

**Table 2.** Examples of Meaning Units, Condensed Meaning Units, Codes and Subcategory

Meaning Unit (from the Transcripts)	Condensed Meaning Unit (Description Close to the Text)	Code	Subcategory
I threw high-heeled shoes from the top of the stair onto his head	Throwing shoes at the husband	Applying physical violence to the husband	Retaliation
I swear at him while running away	Swearing while running away	Swearing at the husband	Retaliation
I tell him when our daughter gets married and leaves house, I will leave you.	Expressing the idea of leaving the husband after the marriage of the daughter	Threatening to leave the husband	Retaliation

keep the subject of the interview hidden from other people, including companions and acquaintances of the participants. If necessary, participants were referred to consulting services.

#### 4. Results

Through the data analysis procedures, situation management emerged as the study theme. It was made up of two categories: the strategies of violence control and the strategies of distress control (Table 3). A more precise presentation of the results is given below; quotations from the participants are included to better illuminate their coping strategies.

##### 4.1. Situation Management

After experiencing unpleasant sensations and physical and mental injuries following violence, the participants tried to manage the abusive situation. On the one hand, they tried to control the violence and, on the other, concurrently or sequentially, they employed strategies to control the distress caused by the violence, without focusing directly on the violence. The categories that emerged are described below.

##### 4.1.1. The Strategies of Violence Control

Participants tried to prevent the occurrence, intensity, and continuation of violence by using the strategies of violence control (Table 3).

##### 4.1.1.1. Talking to the Husband

In the initial exposure to violence, all the participants tried to control violence by using conversation, by expressing their demands, expectations, and their resentment of their husbands' behavior, by asking the reason for their husband's behavior, by attempting to listen to their husbands' demands, and by suggesting reasonable solutions. To reach the desired result, they talked to their husbands at the right time when they were at peace or in a better mood:

"When he's feeling so up, I'd tell him I was much offended by his name calling the other day. I'd ask him to

never ever repeat that." (24 years, married 7 years, educated with high school diploma)

##### 4.1.1.2. Submission and Behaving According to the Husband's Wishes

In this strategy, the participants tried to control violence in different ways including obedience, trying to resume the relationship when the couple's relationship had been distorted, behaving according to their husbands' wishes, behaving well, lowering their expectations of and demands on their husbands, and even accepting responsibilities that their husbands neglected. This strategy was used by all participants:

"Whatever he wants, whatever he says, I'll do it, for example, when he wants some food, I'll cook it for him, whenever he tells me to do that job, I'll do it, no matter it's little or big, I won't say no." (30 years, married 15 years, 3 years of schooling)

##### 4.1.1.3. Resistance

Insisting on one's position and not submitting to the demands of the husband was another strategy that a few participants used to control violence. The women's resistance increased as the husbands' behavior became more irrational. Sometimes, resistance escalated the violence:

"My husband told me not to go out of the house. He said I don't have the right to go to the gym, to do that job, and I said I'm going to do all these things." (32 years, married 7 years, Bachelor's degree)

##### 4.1.1.4. Retaliation

Among other strategies utilized to control violence, retaliatory behavior was used, including actions that could result in injury to the husband. As retaliation often exposed the women to more violence, few participants used this strategy:

"I attack him at times, I can't, but yet I want to beat him. He beats me once, I beat him once. He beats me ten times, and I still beat him once." (22 years, married 3 years, 5 years of schooling)

**Table 3.** Summary of Subcategories, Categories and Theme

Theme	Situation Management	
Category	The Strategies of Violence Control	The Strategies of Distress Control
Subcategory	Talking to the husband	Emotional discharge
	Submission and behaving according to the husband's wishes	Thoughts of suicide and homicide
	Resistance	Being hopeful
	Retaliation	Paying attention to the children
	Saving face	Distraction
	Not showing any reaction and keeping away	
	Lying	Taking refuge in spirituality
	Secrecy	Engaging in activities of interest
	Seeking help	Denial
	Elimination of the external Factors that Fostered the occurrence of violence	Minimizing the violence

#### 4.1.1.5. Saving Face, Trying not to Show Their Real Feelings

while simultaneously showing assumed feelings, some participants tried to persuade their husbands that their violent behavior was not important for them and that this was not a good way to hurt them. In this way, they hoped to lessen the likelihood of violence in the future:

“He mocks me saying I’m fat, I get very upset, I tell him obesity is very good, my skin is smoothed, besides my doctor told me I could gain 10 kilos. If I lose weight, my skin gets wrinkled, and looks bad. But I’m sad because of my obesity.” (36 years, married 19 years, 7 years of schooling)

#### 4.1.1.6. Not Showing any Reaction and Keeping Away

Almost all the participants tried to control violence by not showing any reaction toward their husbands’ behavior or by keeping out of their way. In cases where a serious threat was perceived, women ran away. Keeping away from the husband could be temporary or permanent. One of the participants was currently separated. This strategy kept participants safe from more exposure to violence: “When he was very violent for example screaming or throwing a plate, I stood in front of him completely quiet. It was very hard for me at that moment, but I didn’t show any reaction. I controlled myself and I didn’t show a negative reaction to provoke him. (41 years, married 13 years, Bachelor’s degree)

“He would beat me if he got his hands on me. When I see him upset, I’ll take my chador and get out, I sit in the park.” (72 years, married 58 years, illiterate)

#### 4.1.1.7. Lying

Some women attempted to lie in order to calm their husbands down or prevent the occurrence or escalation of violence. One woman, who had disclosed her husband’s

behavior to clinic staff, and had been punished by him after he found out, said:

“He didn’t let me go to my father’s home. He deprived me of doing so for 8 months. He says I talk about what’s happening in our home to others. Then I came to know how to behave, and said I swear it wasn’t like that, they were talking about contraceptive methods ... Suddenly he was relieved and believed I was right.”

(27 years, married 13 years, 8 years of schooling)

#### 4.1.1.8. Secrecy

To prevent violence, many women secretly carried out tasks that were not in accordance with their husbands’ wishes and could therefore provoke them:

“He wouldn’t brush his teeth even if I insisted. He doesn’t like it at all. I should brush my teeth secretly, not to be seen by him ... He dislikes makeup. I wear makeup when he isn’t home, and clean it up when he comes. I have hidden a red lipstick behind the cabinet.” (36 years, married 19 years, 7 years of schooling)

#### 4.1.1.9. Seeking Help

To control violence, meet their needs, and acquire information on how to control violence, participants sought help from informal support sources (neighbors, family elders, children, clergyman, a prayer writer, books and magazines) and from formal support services (judicial authorities and consultants).

The vast majority of participants began by seeking help from informal support sources. Where these resources were useless or not accountable, and where the violence escalated, they approached formal sources such as judicial authorities. However, few women used formal support services:

“He threw me out of the house; he didn’t let me in, so I had to stay out for some hours. Then I called my daughter-in-law. She and her mother mediated and took me home.”(72 years, married 58 years, illiterate)

#### 4.1.1.10. Elimination of External Factors That Fostered the Occurrence of Violence

When participants thought that external factors fostered or provoked the occurrence and severity of violence, many tried to remove these annoying factors in order to control the violence. For example, when the husband’s relatives were responsible for intensifying the violence, the participants tried to change the relatives’ behavior to their advantage by establishing friendly relationships and loving them. Alternatively, in the case of a husband’s betrayal, a wife might try to remove the woman who was in a relationship with her husband by threatening and using violence against her.

A participant who had divorced her [first] husband after being betrayed talked about her attempt to get rid of another woman in her second marriage:

“Actually, I texted her the night before last night, calling her names; I even went to her house and called her names. I don’t think there has remained a thing that I haven’t tried to do to prevent her.” (32 years, married 7 years, Bachelor’s degree)

#### 4.1.2. The Strategies of Distress Violence

In an attempt to relieve of the distress caused by violence, the participants employed the strategies of distress control (Table 3). These strategies focused mainly on the woman herself without a direct relation to the husband. In the vast majority of cases, using these strategies to control distress could also control violence indirectly. Reducing negative emotions made it less likely that a woman would apply strategies such as retaliation or resistance that could increase exposure to violence. On the other hand, some of these strategies could also increase a women’s tolerance of the current situation.

##### 4.1.2.1. Emotional Discharge

All the participants tried to control their distress by releasing negative emotions in different ways such as taking a bath, crying, speaking to themselves, writing their hearts out, breaking dishes, overeating, and other retaliatory measures carried out in secret:

“I take a bath. I talk to myself and cry in the bathroom. Leaving there, I’m relieved and calm. (38 years, married 18 years, high school diploma)

By having a heart-to-heart talk with others or by using aggressive behavior toward the people around them, most

participants tried to release their feelings and get rid of their distress:

“I go to consulting centers, or I talk to my friends by phone. Speaking discharges you, as if a load is lifted from your shoulders. You’ll go home with no more disputes.”(24 years, married 7 years, high school diploma)

##### 4.1.2.2. Thoughts of Suicide and Homicide

In a few participants, trying to get rid of their distress could lead to thoughts of murdering their husbands, or killing themselves and their children:

“I was about to kill him several times. I was about to kill myself and my children several times. Even recently I wanted to kill him. I told him one day either I’d kill you or you’d kill me but more likely you’d kill me”. (32 years, married 16 years, high school diploma)

##### 4.1.2.3. Being Hopeful

Almost all the participants hoped for their husbands’ behavior to improve and for an end to the violence. They hoped that as time passes, they have children, their living conditions improve, and they are obedient to their husbands, their husbands’ behavior will improve. Hope for an end to the violence, even hopes of getting rid of the husband, relieved the participants and increased their tolerance for the current situation:

“I thought maybe he was young with no experience; perhaps having a baby would shape our life up. All these problems would be solved over time, I kept telling myself all these years that he’d be better over time and all my efforts have been to make him better.” (47 years, married 25 years, Master’s degree)

##### 4.1.2.4. Paying Attention to Children

Paying attention to children’s health and success and meeting their needs made many participants feel happy and satisfied:

“When I saw my kids could pass the school exams, they had their favorite foods and were not hungry anymore, with good clothes, in good health, I felt happy.” (55 years, married 36 years, 5 years of schooling)

“When my son comes home, I watch over him and this is enjoyable for me. I’m overjoyed to watch him. I feel all these pains and sorrows and fatigues are gone.” (54 years, married 30 years, 7 years of schooling)

##### 4.1.2.5. Distraction

To control distress, most participants entertained themselves and attempted to avoid preoccupation:

“I’ve been deliberately memorizing materials for a while, for I don’t want my thoughts to spoil my mood

more, I don't want to think about it anymore because I can't do anything. I go out, meet people, and recently I've decided to go to work to keep myself busy." (42 years, married 23 years, 6 years of schooling)

#### 4.1.2.6. *Taking Refuge in Spirituality*

All the participants tried to relieve themselves by trusting God, praying, fasting, reading the Quran, participating in religious ceremonies, and performing righteous deeds. This strategy increased their tolerance and hope and helped them to cope better:

"I asked God for his behavior to get better. If women can't have a heart-to-heart talk with somebody or answer their husbands back, they take refuge in God, fasting, praying and the like. In our early quarrel I fasted for one month. I feel more relieved with praying and fasting than quarrelling or speaking with someone about my husband's behavior." (29 years, married 15 years, 5 years of schooling)

In an attempt give themselves some relief, some participants considered the current situation (being abused) to be a form of divine:

"I was once asking too much of God, I was complaining too much, saying why doesn't He answer me when I beg Him so much, but not anymore. I'd say now perhaps these are all a test. When one is placed in certain paths I think it is God's will. We'll know later the wisdom behind it." (33 years, married 10 years, high school diploma)

#### 4.1.2.7. *Engaging in Activities of Interest*

The majority of participants performed favorite activities such as listening to music, dancing, exercising, visiting friends and relatives, studying, going out with their children and friends, and participating in parties, education and employment. This strategy improved their recovery and resilience despite staying in a violent relationship. Feelings of joy and calmness gave them the necessary power to cope with violence:

"When I listen to music, I get very calm." (24 years, married 7 years, high school diploma)

"I go out, I exercise, I go walking, I go to the swimming pool with my daughter." (62 years, married 44 years, 4 years of schooling)

#### 4.1.2.8. *Denial*

In the early stages of facing violence, a few participants denied its occurrence in order to control their distress:

"At first, I didn't want to believe his betrayal; I didn't want to lose my relative peace of mind. Even my daughter told me "mom you are wrong, through his calls I know he is having an affair." I told her to stop it, I told her we were good with each other for a couple of days and she was jealous of that." (47 years, married 25 years, Master's degree)

#### 4.1.2.9. *Minimizing the Situation*

Most participants minimized violence in an attempt to control distress. This included downgrading the acts of their husbands, believing that violence is common among men, and imagining that violence is normal in married life:

"I don't get upset too much, I say that's how a man is. We have to live with it... I take it this way; however you take it, life will be like that. Take it bad, it'll be bad. Take it good, it'll be good. I take it as good and say this is life." (50 years, married 37 years, 5 years of schooling)

Believing a husband's behavior to be unintended, justifying a husband's bad behavior, attributing his behavior to external factors, and blaming oneself or others are among the strategies mentioned:

"I pity [him] at times, I say to myself, he hadn't a good family, no mother, no father, and then who the child should have learnt from, so he isn't to blame. He's been raised up like this. So I have to somehow bear him. It's kind of justifying myself, then I calm down." (46 years, married 25 years, Bachelor's degree)

Other ways of minimizing the violence included comparing one's situation with worse cases, seeing possible problems in the absence of the husband, paying attention to the good aspects of the husband, and considering the good sides to his presence:

"I say maybe there's some goodness in him that I could ignore his behaviors. For example, he's not addicted, he's not lazy and works very well. That's why I disregard other things in life." (31 years, married 9 years, high school diploma)

## 5. Discussion

According to the results, the strategies used to cope with domestic violence include the strategies of violence control and the strategies for controlling the distress caused by violence. These results are consistent with the conceptualization of Lazarus and Folkman in that the strategies of violence control can be considered equivalent to problem-focused coping, whereas the strategies of distress control can be considered equivalent to emotion-focused coping (7).

Problem-focused coping is in general preferred to emotion-focused coping as it targets the source of stress. However, the results show that the strategies of violence control did not always have a protective function and could expose women to more violence (with retaliation and resistance, for example). Similar findings have been reported by Hayati et al., who indicated that the active coping strategies women use to eliminate violence (such as

engagement and approach responses) put them at risk of negative consequences such as a husband's retaliation (10).

Some of the strategies used by the present study's participants to control violence have also been noted in other studies. These include submission and behaving according to a husband's wishes (8-15), resistance (9, 11, 13), retaliation (5, 11, 13, 15), not showing any reaction and keeping away (5, 9-16), and seeking help (5, 8-15). Talking to the husband, saving face, lying, secrecy, and the elimination of external factors that foster or provoke the occurrence of violence, were among other strategies to control violence that have not been reported by previous researchers.

Distress control strategies were another type of strategies used by the participants. Strategies that have also been mentioned in other studies include the following: thoughts of suicide and homicide (9-11, 16), being hopeful (9, 11-14, 16), paying attention to the children (12, 14), taking refuge in spirituality (10-15), engaging in activities of interest (9-11, 13-16), denial (10, 12, 14), and minimizing the violence (8-16). However, the other strategies in this category, including emotional discharge and distraction, have not been reported by previous researchers.

In other studies, alcohol abuse (5), substance abuse (9), or both (11), have been mentioned as strategies to cope with domestic violence. However, in the current study, due to legal and cultural barriers as well as stigma, such strategies were not available to the participants. The world health organization has found that men are far more likely than women to disclose problems with alcohol abuse to their health care provider. Accordingly, it is also possible that participants did not disclose their alcohol or substance abuse.

According to the results, distress control strategies played a very important role in coping with domestic violence. For example, minimization played an important role in giving relief and increasing participants' tolerance of the current situation. In other studies, believing that violence is normal behavior in a partnership, thinking that a husband's behavior was not intended (16), and paying attention to the positive aspects of the relationship (15) have led women to stay in the relationship and also increased their tolerance. These results are comparable with those reported by Lazarus and Folkman, who indicated that coping should not be considered equivalent to overcoming the environment, as most sources of stress cannot be overcome. At such times, tolerating, minimizing, accepting, or disregarding something that cannot be overcome can be considered as an effective way of coping (7).

According to the cultural values of Iranian society, divorce is generally rejected and obeying the husband is emphasized. Maintaining marital life was therefore very important for the current study's participants. Therefore, in

the vast majority of cases, women seek to control violence or the distress caused by it, using strategies that do not put marital life at risk of divorce. This is the reason why strategies such as submission, behaving according to a husband's wishes, not showing any reaction, taking refuge in spirituality, and minimizing the situation were more commonly employed than resistance and retaliation.

The results increase our understanding of the strategies used to cope with domestic violence. These results could help caregivers, advocates and policy makers to design better care for abused women. An understanding of the coping strategies of abused women could enable health care providers to encourage such women to use more effective strategies.

Future studies are recommended to explore ways of coping with domestic violence for pregnant women and for women who are less than six months postpartum. Further research is also needed to design interventions with the aim of supporting the endeavors of abused women to seek help. These include strengthening formal and informal support systems and facilitating access for abused women to formal services, particularly the health care system.

Since some participants turned to suicidal and homicidal thoughts to rid themselves of distress, abused women's coping strategies should be investigated carefully with the aim of assessing the risk of suicide. In addition, women who attempt suicide or have suicidal ideation should be screened for domestic violence.

A limitation of the present study is that younger women could not participate because they had brought their children along or they did not have anyone to take care of them. Another limitation is the concealment of certain issues that are culturally sensitive such as sexual violence, and alcohol or substance abuse.

In conclusion, contrary to common stereotypes that show women as submissive and passive in the face of violence, our results show that the participants deal with violence with creativity and intelligence, and by relying on the available resources. The participants employed strategies to control the violence or the distress caused by it. As maintaining marital life was extremely important for the participants, in the vast majority of cases, they used strategies that did not result in divorce.

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## Footnotes

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