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**Factors influencing emotional
and economic intimate partner
violence: *a study among
Persian refugee women in
Sweden***

*Health Science Master Program Thesis
Spring 2022*



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Term: Spring Semester 2022
Subject: Health science degree project
Level: Master
Course code: 5HÄ01E*



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Abstract

Intimate Partner Violence (IPV) is common among refugee women, and some adulthood and childhood factors are more influencing IPV against this group of women. Generally, there is a gap in research about the different influencing factors of IPV against refugee women. There is little empirical evidence and research about influencing factors for IPV in this vulnerable population and few studies on this specific topic in Sweden. To fill in this gap, this study aims to investigate the adulthood and childhood determinants of intimate partner violence against Persian refugee women in Sweden who had intimate partners during the past year. The main theoretical framework of this study was Socio-ecological model (SEM). I conducted a cross-sectional study using an online survey with five questionnaires and I did descriptive analysis for reaching results and final analysis for this project. I did linear regression to analyze how much two independent variables which are socio-cultural adaptation and childhood abuse victimization affect the main dependent variable. Findings show that; childhood abuse experience/victimization history as one of the main independent variables was significantly a higher predictor of the main dependent variable. According to the findings of this study, different layers of the socio-ecological model (SEM), such as individual, family, community, and society, influenced the main outcome of the study, which was emotional and economic violence against Persian refugee women in Sweden by their intimate partners. IPV can be identified, analyzed, and prevented using the SEM model and taking into account its various interconnected layers. Research on IPV and the factors that contribute to IPV victimization in women can advance knowledge in this field and aid in the development of future preventive interventions and programs to assist this vulnerable group.

Keywords

Intimate Partner Violence, Persian-Refugee Women, Socio-cultural adaptation, childhood abuse, victimization, intimate partner violence, emotional violence, economic violence

Acknowledgments

Words cannot express my gratitude to my supervisor for her valuable patience and feedback. I also could not undertake this journey without my defense committee, who generally provided knowledge and expertise. Additionally, this endeavor would not have been possible without the support from the Health Science master program team. I am also grateful to my classmates for their moral support, and feedback sessions. Lastly, I would like to extend my sincere thanks to my family, especially my lovely parents, and my fiancé. Their support and belief in me has kept my spirits and motivation high during this process. I would also like to thank my two beloved cats for all the entertainment and emotional support during this process.



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1 Introduction

Violence against women has been acknowledged as a public health and human rights concern, impacting more than one-third of all women globally (WHO, 2020).

Based on Um et al. (2018), Intimate partner violence is one type of Domestic Violence(DV). Abused women have higher rates of physical, mental, and reproductive health issues, as well as lower social functioning (Um et al., 2018). Nearly one-third (30%) of all women worldwide have experienced physical, sexual, or both forms of abuse, and abused women have higher rates of physical, mental, and reproductive health issues (Um et al., 2018). Intimate Partner Violence (IPV) is physical, sexual, and emotional violence that happens between persons in intimate relationships. Intimate partner violence, in particular, is a worldwide public health concern and a violation of women's human rights (Tesfa et al., 2020). It is a global phenomenon that happens in all circumstances and among all social, religious, and cultural groups (Tesfa et al., 2020). According to Nabaggala et al. (2021), IPV-exposed women have poor physical and mental health, poor psychological health, depression, anxiety, and phobias, and are more likely to consider and attempt suicide (Nabaggala et al., 2021). Furthermore, IPV among women can lead to unfavorable sexual and reproductive health consequences, such as HIV infection, adverse pregnancy outcomes, and unplanned and/or undesired pregnancies. Women's violence is now widely recognized as a major public health problem and a violation of their human rights all over the world (Nabaggala et al., 2021).

Immigrant and/or refugee (IMR) women are particularly vulnerable to intimate partner violence, including intimate partner murder (Sabri et al., 2018). IMR women are impacted by various elements that operate at multiple levels in their lives and can either put them in danger or protect them from IPV



(Sabri et al., 2018). While risk factors increase the likelihood that IPV survivors will face threats to their safety, protective factors reduce or mitigate the risk of IPV and improve women's ability to successfully manage violence and the health and safety risks that come with it (Sabri et al., 2018). Based to Um et al. (2018), immigrant and refugee women are at a particularly high risk of DV and IPV victimization due to previous experiences of violence in their home country and/or during migration, changes in gender roles upon resettlement, and many of other issues they face as they adjust to a new host society (Um, et al., 2018).

2 Background

The following literature review had the aim to collect findings on related factors and causes of Intimate partner violence, with emphasis on refugee and immigrant women living in different countries of Europe, and the USA. Literature review findings emphasized different factors influencing domestic violence/intimate partner violence against refugee and immigrant women who came to the host countries in Europe and America from different homelands (from Asia, the Middle East, Africa, etc.). I will describe these findings and explain more in detail my key findings related to my topic. I will separately explain each article's main ideas and findings.

2.1 Structural aspects impacting immigrant women's IPV victimization

Based on Holtmann & Rickards (2018), when assessing the issue of IPV as it affects immigrant women in New Brunswick, Canada, it was critical to consider structural factors that may have an impact on individual experiences (Holtmann & Rickards, 2018). The social determinants of health are the



economic and social factors that shape the health of individuals, groups, and jurisdictions as a whole, and the socioeconomic determinants of health reflect the number and quality of resources made available to society's citizens (Holtmann & Rickards, 2018). They aid in the prediction of outcomes, the identification of vulnerabilities, and the establishment of a foundation for addressing health as a social issue, and there is a focus on the following most important health variables (Gender, Culture, Social exclusion) for immigrant women who have suffered IPV based on qualitative data obtained in New Brunswick (Holtmann & Rickards, 2018).

2.2 Gender role beliefs influence immigrant women's IPV victimization

Gender is viewed as an essential feature of social relations based on perceived (socially created and culturally varied) differences between males and females, as well as a primary means of expressing (and naturalizing) power and hierarchy relationships (Montesanti & Thurston, 2015). All social interactions and the social institutions in which they take place are gendered in some way. Gendering a social institution means that constructs of masculinity and femininity are entwined in the daily lives of political, economic, and legal institutions (Montesanti & Thurston, 2015). Daily social interaction reproduces and reinforces gender relations. Gender as a social institution organizes social activity into hierarchical, mutually exclusive categories, preserving subservient positions, whether material or ideological, among persons within families, homes, or communities (Montesanti & Thurston, 2015).

The gender belief system is defined broadly as "a set of beliefs and opinions about males and females, as well as the purported qualities of masculinity and femininity" (Mencarini, 2014). This belief system includes stereotypical views



about men and women, as well as attitudes toward appropriate gender roles, and is based on the assumption that what is not feminine is necessarily masculine, and vice versa, and that a person who is either masculine or feminine in one aspect of behavior is similarly masculine or feminine in another (Mencarini, 2014). Gender roles are a set of social and behavioral norms that are considered socially appropriate for individuals in a specific culture, and they vary significantly across cultures and historical periods (Mencarini, 2014). Gender roles guide normative behaviors that are typical, ought to be, and thus "likely effective" for each sex in a given social context (Mencarini, 2014).

According to the research article of Um et al. (2018), immigrant and refugee women's gender role beliefs consider DV to be common and acceptable in marriage partnerships, and that a wife should keep the family in peace, women's chances of being mistreated are growing with time (Um et al., 2018). An analysis of DV across immigrant populations who came from Asia, in particular, revealed that patriarchal views were consistently higher than in other immigrant populations, also other research, however, indicated that immigrant women's conventional gender role ideas were related to reduced DV, because DV can be exacerbated by changes in gender roles and power relations-following resettlement in a host country (Um et al., 2018). Gender role reversals result from the growing engagement of immigrant women in the labor field and the deteriorating social standing of their husbands, which frequently challenges the man's power and may cause him to adopt abusive measures to reassert dominance over his wife (Um et al., 2018).

According to Alvarez et al. (2018), gender roles and stereotypes have consistently been identified as predictors of IPV among Latina populations, and these gender roles are frequently manifested through cultural values that prescribe ideal behavior; these gender roles are frequently manifested through cultural values that prescribe ideal behavior for Latina and Caribbean



immigrant women (LCIW) who have migrated to the United States (Alvarez et al., 2018). Some of these values are *marianismo*, the belief that women should keep their virginity until marriage, avoid talking and learning about sex, and leave sex decision-making to their male partner/husband; *machismo*, the belief that men are the decision-makers, providers, and protectors of the home; *simpata*, the belief that a woman should not be confrontational and should always aim to maintain harmonious relationships with her partner and family members; which is *familialismo* belief (Alvarez et al., 2018). Also, according to Alvarez et al. (2018), further research and emphasis should be put on related current gaps which are: despite significant descriptive study on IPV among immigrant Latina women, culturally relevant treatments for primary and secondary IPV prevention in this population are still missing (Alvarez et al., 2018). Raising awareness of IPV and assisting women in recognizing when they are being abused are primary and secondary preventive measures in health services. Creating culturally relevant and effective preventative interventions for abused Latina immigrant women necessitates a more sophisticated understanding of the interactions of cultural values, immigration status, and IPV symptoms (Alvarez et al., 2018).

2.3 Childhood victimization history influences women's IPV victimization

Based on Logie et al. (2019), according to a 2017 systematic review of 32 cross-sectional studies in humanitarian settings, exposure to violence against women and children was linked to low income, women's and children's alcohol and drug use, mental health, and coping techniques, and a lack of social support. In a variety of ways, economic hardship exacerbates the dangers of violence among refugees and displaced Adolescent Girls and Young Women (Logie et al., 2019).



Based on Kim's (2017) research, the discovery that childhood trauma predicts IPV emphasizes the intergenerational transfer of violent victimization. Using data from the Illinois Families Study, researchers discovered that children who suffered childhood maltreatment (physical and sexual abuse) and watched family violence were more likely to be harmed by their spouses as adults. Furthermore, women who were physically and sexually abused as children or saw interparental violence are more likely to be victimized in multiple-partner relationships as adults (Kim, 2017). Most IPV couples have children, indicating that a large proportion of youngsters are exposed to IPV by observing violence between parents (Kim, 2017). Nonetheless, a vast body of research has demonstrated that childhood abuse makes children more vulnerable to IPV. Korean immigrant women in the USA who believe they were victims of physical and sexual abuse as children may be at a higher risk of becoming victims of IPV (Kim, 2017). A vast corpus of research has been conducted to better understand the link between childhood maltreatment history and IPV victimization (Kim, 2017). However, few experts have focused on immigrant groups (Kim, 2017). The study by Kim (2017) also discovered that women who hold patriarchal views are more likely to be victims of IPV and a higher degree of patriarchal ideals, which stress a hierarchical family structure in which males are the heads of households, might enhance women's acceptance of violence, making them more likely to remain in abusive relationships (Kim, 2017). Korean immigrants retain their cultural identity (including the hierarchical family system) in a variety of ways, including language preservation and participation in cultural community activities also cultural identity has a tremendous influence on Koreans' perceptions of IPV and child abuse (Kim, 2017). A difficulty may arise when immigrant communities simply maintain their culture and refuse to adopt the host society's norms and regulations (Kim, 2017). As a result, strong involvement and contact attempts between Korean immigrant groups and host societies would be critical in decreasing patriarchal beliefs (Kim, 2017).



Based on Richards et al. (2017); Childhood physical and sexual abuse has been linked to a variety of undesirable outcomes, including IPV perpetration and victimization and also according to these studies, there is a causal relationship between prior victimization and later perpetration of violence via intergenerational transmission of violence, or "the cycle of violence," in which children who witness violence in their families are more likely to learn the utility of violence and model violence in their relationships (Richards et al., 2017). According to this viewpoint, those who have experienced abuse in their family of origin may be more prone to accept violence as an anticipated element of interpersonal relationships, as well as an increased risk of relationship violence victimization (Richards et al., 2017).

Childhood emotional abuse is one form of maltreatment that has gotten less attention in the cycle of violence research and almost no consideration in IPV literature. Emotional abuse is frequently overlooked in scholarly studies of childhood and adolescent trauma, although it is both common and potentially harmful to later outcomes (Richards et al., 2017). Attachment theory may explain the significance of emotional abuse in eventual IPV involvement, partly because healthy child-caregiver attachment is necessary for children to form functional models of interpersonal interactions (Richards et al., 2017). Secure child-caregiver attachment instills in children a strong sense of security and trust in the world as they grow, allowing them the confidence to explore their surroundings and build secure connections with others throughout their lives. In contrast, insensitivity or unresponsiveness on the part of the main caregiver(s) leads to an insecure attachment in the kid, resulting in emotions of dread and/or anxiety, as well as a belief that the world is marked by rejection and an absence of safety (Richards et al., 2017). Thus, child maltreatment, particularly emotional abuse, can contribute to insecure attachments in adult relationships, which are connected with violence (Richards et al., 2017). Indeed, theories support the idea that emotional abuse can have varying effects



on an individual's capacity to form and maintain healthy relationships (Richards et al., 2017).

2.4 Association between Muslim beliefs and immigrant women IPV victimization

One of the factors that play a significant impact in IPV situations is religion. When studying IPV, it's crucial to understand how IPV interacts with the multifaceted roles religion plays in society, as well as how religion intersects with other cultural factors (Jayasundara et al., 2014). Any religion does not allow IPV, and it is a violation of religious principles that encourage peace and harmony. Despite this, many perpetrators of IPV utilize religion as a tool of abuse (Jayasundara et al., 2014).

Muslims, a religiously, culturally, nationally, and socioeconomically diverse faith-based population, are no exception (Jayasundara et al., 2014). Many abusers use religion and culture to justify their actions, despite clear evidence to the contrary (Jayasundara et al., 2014).

According to Gennari, Giuliani, & Accordini (2017), the scientific research on the association between Muslim immigrants' beliefs and IPV has concentrated in particular on three interconnected main themes influencing the genesis and continuation of marital violence and help-seeking behaviors among immigrant/refugee women: 1) Traditional gender role attitudes, 2) Family integrity and honor, 3) Social isolation in the post-migration context (Gennari, Giuliani, & Accordini, 2017).

Regardless of local or global context, studies on views about IPV looked at tendencies to rationalize marital abuse, particularly in certain circumstances and notably by males (Jayasundara et al., 2014). According to one study on Arab American men and women conducted in the United States, more than 58



percent of the women and 59 percent of the men thought it was acceptable to slap a wife if she hit the husband first (Jayasundara et al., 2014). Surprisingly, 48 percent of women and 23 percent of men believed it was acceptable for a husband to hit his wife if she had an affair, with 18 percent of women justifying homicide if a wife had an affair. According to a Canadian study, Muslim men have significantly more lenient attitudes toward wife abuse than Muslim women (Jayasundara et al., 2014). However, it was discovered that higher self-esteem mitigated those negative attitudes, with Muslims with higher self-esteem being more likely to be against wife abuse, regardless of gender (Jayasundara et al., 2014).

A study of immigrant Pakistani women in Germany discovered that some women claimed IPV was not an issue in their culture and that the concept of abuse as a crime is a Western construct that attempts to disrupt the family system. Some even believed that a certain level of abuse in marriage was essential and permissible (Jayasundara et al., 2014).

Muslim women who suffered IPV coped by striving to tolerate it, accepting responsibility for their victimization, attempting to modify their conduct, accepting responsibility for changing their husband's behavior, employing indigenous ways, and obtaining support from informal support agents (Jayasundara et al., 2014). Coping and seeking help were strongly linked to cultural and religious contexts and beliefs, as Muslim women in North America come from a variety of cultural and national backgrounds (Jayasundara et al., 2014).

IPV risk among Muslim women was discovered to be dependent on "religious beliefs, family support, economic, social, immigration status, legal rights, and English language skills." Several qualitative studies examined interconnected factors associated with IPV such as immigration stressors, isolation, spirituality, racism, sexism, work-related stressors, conflict with the husband's



family, financial stressors, and alcohol abuse by the husband (Jayasundara et al., 2014).

Also based on Alghamdi et al. (2021), there is a scarcity of data on police-reported instances relating to IPV among Canadian Muslim immigrant women. Nonetheless, around 25% of immigrant women, particularly Arab, Iranian, and Afghani women express a weaker sense of safety in their intimate relationships than Canadian-born women (Alghamdi et al., 2021). According to this study, there are some vital factors influencing IPV against Muslim refugee/immigrant women in Canada:

1) Acculturative Stress: Loss of social support and connections, linguistic challenges, financial troubles, and changes in gender roles and family dynamics can all cause acculturative stress. According to data from the Survey of Muslims in Canada, around one-third of Muslims in Canada have faced discrimination or unfair treatment because of their religious identification (Alghamdi et al., 2021).

2) Loss of Social Network: During a period of extreme vulnerability, the immigration process can cause relationship/family disruptions, limited communication, and isolation, and Muslim immigrant women in Canada experience low levels of social support and stigma and are more likely to accept IPV and report it to authorities (Alghamdi et al., 2021).

3) Financial Strain: According to research, underemployment is a risk factor for IPV, and the disadvantages that immigrant women suffer due to underemployment and low-paying occupations may exacerbate other life stressors that enhance the likelihood of IPV (Alghamdi et al., 2021).

4) Patriarchy and Sexism: Patriarchal ideals, or institutionalized gender disparities that legitimate male dominance and female obedience, as well as



sexist practices, are widespread across the world, but may be especially significant to Muslim women migrating to Canada (Alghamdi et al., 2021).

2.5 Socio-cultural factors influence immigrant women's IPV victimization

Based on Sasseville et al. (2022); certain IPV-related factors were described in the literature as different because of their relationship with a vulnerable situation and this was especially true for research on immigrant women, which found a link between an increased risk of contracting IPV and coming from a non-Western nation, the length of an immigrant's stay in the new host country, and a fragile immigration status such as sponsorship (Sasseville et al., 2022). In addition, a lack of language skills and changes in a couple's socioeconomic situation was recognized as sources of conflict and stress. These elements were presented as being unique to the migration process and contributing to the existence or absence of IPV (Sasseville et al., 2022).

The ability to manage day-to-day living in the host culture environment is referred to as socio-cultural adaptation, and it reflects the degree of ease with which one navigates one's daily life (Chen, Lio, & Mao, 2019). In other words, socio-cultural adaptation is concerned with daily life, which accounts for the majority of an expatriate's foreign life and time (Chen, Lio, & Mao, 2019). The shown relevance of socio-cultural adaptation supports the conclusion that this dimension plays a key role in cross-cultural adaptation, as maladjustment in this dimension leads to psychological disengagement, poor performance, and early return (Chen, Lio, & Mao, 2019). Those who have serious difficulties adjusting to their new surroundings may become despondent, and more dependent on their family and their partners which can increase their violence victimization, or even try suicide, demonstrating that socio-cultural adaptation leads to psychological adaptation failure (Chen, Lio, & Mao, 2019).



Socio-cultural adaptation is measured by the amount of social difficulty encountered in the new environment and is influenced by general cultural knowledge, length of residence, and amount of social contact with the host culture; whereas psychological adaptation is measured by mood states (e.g., anxiety, depression, and exhaustion) and is influenced by personality, life changes, and social support (Chen, Lio, & Mao, 2019). These two aspects, on the other hand, are inextricably linked (Chen, Lio, & Mao, 2019). Positive sociocultural adaptation improves psychological health, and psychological well-being helps an individual's learning, development, and communication abilities in international encounters (Chen, Lio, & Mao, 2019).

According to Ahmad-Stout et al. (2018); Significant socio-cultural factors associated with South Asia, as well as the immigration experience, have been identified as contributors to IPV in this community (Ahmad-Stout et al., 2018). In a mixed-gender sample, one research found that enculturation (behaviors, attitudes, and community engagement in culture of origin activities) was most connected to a perception of accepting IPV (Ahmad-Stout et al., 2018). Furthermore, the relationship between South Asian marital customs, immigrant status, and patriarchal norms is the most commonly cited contribution, with some research linking patriarchal cultural standards to feelings of abuse. Religion and family may also be connected to abuse experiences, as may gender and sexual attitudes (Ahmad-Stout et al., 2018).

2.6 Emotional and economic violence by partners against refugee women

Emotional abuse is defined as any nonphysical behavior or attitude used to control, subdue, punish, or isolate another person through humiliation or fear. The current paper focuses on this type of abuse while investigating its links to age and gender (Karakurt & Silver, 2013). Emotional abuse includes behaviors



that are meant to cause emotional injury or the danger of emotional harm to the victim, such as insulting, humiliating, threatening, or frightening the victim, whereas controlling conduct involves monitoring a partner's activities or isolating them by limiting actions, such as prohibiting them to leave the house, restricting contact with other people, or constantly insisting on knowing the victim's whereabouts (Martín-Fernández et al., 2019). Verbal abuse, dominance, control, isolation, ridicule, or the use of intimate knowledge for degradation are all examples of emotional abuse (Karakurt & Silver, 2013). It is often a precursor to physical abuse because it targets the victim's emotional and psychological well-being (Karakurt & Silver, 2013).

In a study conducted in the USA on IPV against refugee Latin women, Asia, and the middle east, by Raj & Silverman, (2002); Both Asian and Latina victim women report emotional abuse from absolute male control of family decision-making. This male household control is especially difficult because cultural norms expect women to take primary responsibility for children and domestic chores (Raj & Silverman, 2002). Furthermore, when verbal abuse (e.g., calling the woman stupid or crazy) occurred in the presence of others, it was primarily cited as abuse (Raj & Silverman, 2002). Because these assaults are unidirectional, they are particularly humiliating. Many immigrant women are prevented from speaking out against their husbands due to culturally-based gender roles (Raj & Silverman, 2002). Latin women, South Asian and middle eastern refugee victims women report that their husbands constantly mock or criticize their feminine characteristics, such as their appearance, cooking ability, mothering, or sexual modesty (Raj & Silverman, 2002). In cultures where these characteristics are used to define women, emotional abuse eventually leads to the batterer denying the woman's worth as a person (Raj & Silverman, 2002).

Economic violence is one type of intimate partner violence. Economic violence is frequently categorized as emotional or psychological violence



(Alkan et al., 2021). However, scholars have recently begun to define economic violence as a distinct type of violence (Alkan et al., 2021). Other than physical, sexual, and psychological abuse, economic abuse is a unique and mandatory form of control behavior used by the abuser in an intimate relationship (Alkan et al., 2021). In the late 1980s, the term "economic abuse" first appeared. Economic violence is the control of a woman's ability to obtain, use, and sustain economic resources, thereby threatening her economic security and self-sufficiency potential (Alkan et al., 2021). Economic abuse can be a very powerful tactic in manipulating, dominating, and controlling a person to encourage dependency or financially abuse them. Economic violence aims to make the victim economically dependent on the perpetrator (Alkan et al., 2021). It happens when the victim has complete control over his or her financial resources. The abuser has complete control over the victim's money and other economic resources or activities (Alkan et al., 2021). Economic violence against women is defined by male partners who have complete control over financial resources, keep financial resources, or refuse to contribute financially to their female partners, leaving women completely reliant on them for their most basic needs and satisfaction (Alkan et al., 2021).

In addition to threats of deportation, batterers frequently use economic abuse to exert control over their immigrant partners (Raj & Silverman, 2002). Both Mexican and South Asian battered women say their partners prevent them from working or accessing money. Immigration laws that make it illegal for many immigrant women to work facilitate batterers' economic control (Raj & Silverman, 2002). However, economic control and its effects may differ depending on race/ethnicity. According to research on low-income Latinas, a woman's higher level of financial contribution to the family is predictive of abuse (Raj & Silverman, 2002). It is hypothesized that men's societal economic disempowerment, symbolized by women providing greater financial security for the family, fosters men's desires to control their female partners



through violence (Raj & Silverman, 2002). Studies demonstrate that Vietnamese refugee women with comparable financial status in relationships, on the other hand, are not more likely to be battered than those Vietnamese refugee women with no comparable financial status in intimate relationships (Raj & Silverman, 2002). These findings are not surprising given that it is a gender norm among Vietnamese for women to be responsible for domestic finances and a gender norm among Latinos for males to be responsible for generating income (Raj & Silverman, 2002).

2.7 Intimate partner violence against Persian women

Violence against women is known to go unreported and largely unnoticed in the Islamic Republic of Iran (Moradian, 2009). "Women are subjected to harsh treatment not just by an authoritative state that governs on every area of their public life, but it also offers the arena and fosters control over their private lives " (Moradian, 2009). Inequality in the judicial system has given men unjustified authority in Iran, which is fueled further by "custom, ignited by religion, fostered by the prevailing authoritarian regime, and empowered by poverty and ignorance " (Moradian, 2009). Domestic and intimate partner abuse takes on a completely different form in Iranian society (Moradian, 2009).

The government accomplishes this by encouraging fundamentalist views of women as possessions of my (Moradian, 2009). It accomplishes this by establishing an unfair legal system and failing to prosecute assault even when it results in serious harm or, in extreme cases, death (Moradian, 2009). Domestic violence becomes more than just a domestic issue when it becomes fed by tradition, sparked by religion, supported by the prevailing authoritarian state, and propelled by poverty and illiteracy (Moradian, 2009). Domestic abuse takes on a completely different form in Iranian society. Most forms of



violence against women are punishable by the government, such as whipping or jail, and in extreme circumstances, death for adultery (Moradian, 2009). If the regime recognized domestic violence as an issue, it had to address how it supports, allows, encourages, and ignores violence against women (Moradian, 2009).

Human rights organizations, political/humanitarian oppositional groups, and women's advocacy groups were the only voices in Iran that recognized the existence of this widespread phenomenon and advocated for improvements in law and community education (Moradian, 2009).

Generally, erroneous attitudes and practices, gender inequality, a lack of social support for abused women, a low education level, and women's lack of information about their rights all contribute to the perpetuation of this social crisis (Zand, 2008). Education expanded access to financial resources, and increased participation in decision making, as well as raising public understanding of human rights through education and awareness campaigns, are critical in combating violence against Iranian women (Zand, 2008).

According to Zand (2008), 24.8 percent of Iranian women living in the United States had experienced all three categories of violence: physical, sexual, and emotional/psychological. "Twenty-three women had a history of bone fracture, and 31 women had a history of unconsciousness as a result of physical and also emotional abuse " (Zand, 2008).

2.8 Iranian immigration to Sweden

According to Khosravi, (2018); there has been a dynamic and mixed migration flow of Iranians to Sweden over the last four decades, including asylum migration, irregular migration, family reunification, labor migration, and student migration (Khosravi, 2018). According to the 2016 census, the Iranian



population in Sweden (by country of birth) numbered slightly more than 70,000 people. 52 percent were men and 48 percent were women (Khosravi, 2018). Until the 1979 Revolution, Iranians in Sweden were mostly guest students, with a population of around 2,000 people (Khosravi, 2018). The 1979 Revolution, the outbreak of war between Iran and Iraq, and the violent persecution of political dissidents resulted in a massive migration to Western countries, including Sweden (Khosravi, 2018). Iranian migration to Sweden peaked in the second half of the 1980s, primarily as asylum seekers (Khosravi, 2018). The 1989 ceasefire between Iran and Iraq, as well as a harsher asylum policy in Sweden beginning in the early 1990s, reduced the number of Iranians admitted as refugees (Khosravi, 2018). Despite a decrease in asylum migration in the early 1990s, Iranians continued to migrate to Sweden, primarily for family reunification, skilled labor, or education. In the 2000s, a new wave of Iranian migration began as a result of changes in Swedish migration policy that favored skilled migrants over asylum seekers (Khosravi, 2018).

3 Research Aim & Scope

3.1 Research gaps

According to the literature review in this field, although much research has been done on violence against women which mostly emphasizes physical and sexual violence and their impacts on women's health. There are few studies done on Intimate Partner Violence against refugee women who are highly vulnerable to emotional and economic violence. Also, there is a gap in research about influencing factors of IPV against middle eastern women refugees in western countries. Generally, there is little empirical evidence and research about the determinants of IPV in this vulnerable population and there are no studies about emotional and economic IPV among refugee women in Sweden.



3.2 Research scope

To fill the current gaps, this project wanted to examine not only some basic factors like sociodemographic factors, socio-cultural and religious ones but also how childhood victimization/experience, and sociocultural adaptation, was associated with Persian refugee women's past year of IPV. I focused on emotional and economic violence since there is a shortage of research in this area. Moreover, for ethical reasons, I considered questions related to physical and sexual violence to be distressing and cause emotional damage to respondents. Specifically, for this project, I considered Sweden's Persian refugee women who had an intimate partner during the past 12 months.

As a woman who is an immigrant in Sweden, I feel dedicated to working on this topic to have a small positive role in this field of violence against women like me who are refugees from other countries. I saw so many immigrants and refugee women around me who were victims of IPV and I see this need to work on this topic to do the best for my academic and humanistic role for the refugee women community.

3.3 Research aim

The general aim of this project was to investigate adulthood and childhood determinants of emotional and economic intimate partner violence against Persian refugee women living in Sweden who had an intimate partner during the past year.

3.4 Research Questions

The two research questions of this project are:

- 1) “ How does socio-cultural adaptation influence emotional and economic violence of intimate partners against Persian refugee women in Sweden?”
- 2) “ How does childhood abuse victimization influence emotional and economic violence of intimate partners against Persian refugee women in Sweden?”



4 Theoretical Framework

The main theoretical framework that I considered for this project is the socio-ecological model.

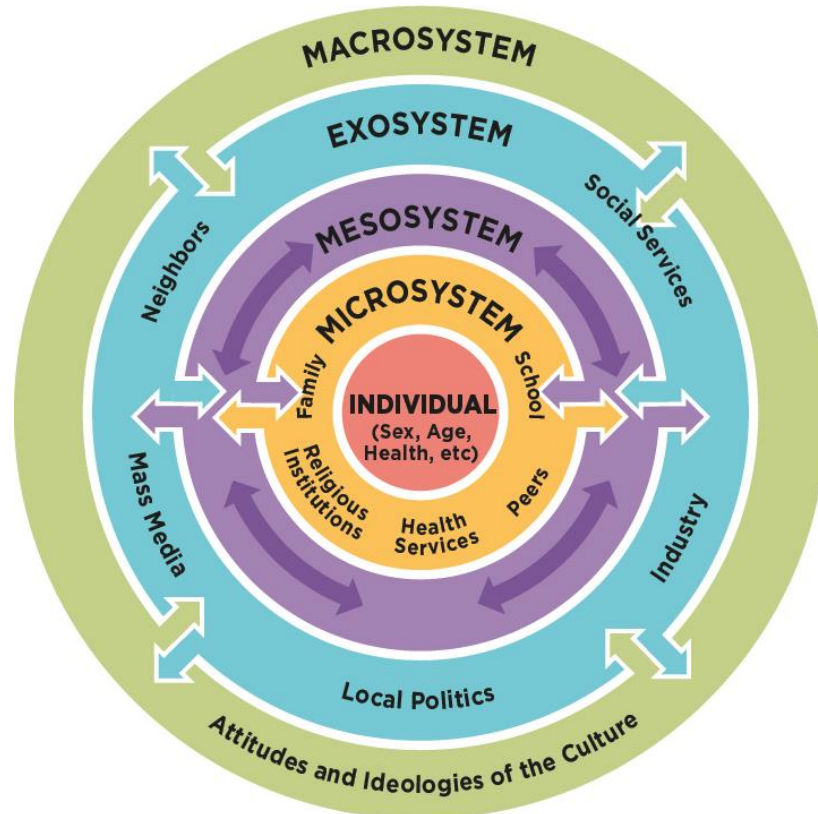


Figure1:Socio-ecological model(SEM)

Urie Bronfenbrenner first proposed the socio-ecological model (SEM) as a conceptual model for understanding human development in the 1970s, and it was later formalized as a theory in the 1980s. Bronfenbrenner's original theory was represented by nesting circles, which put the individual in the center and surrounded him with various systems (Kilanowski, 2017). The microsystem closest to an individual has the most powerful influences and includes the interactions and relationships of the immediate environment and also the



mesosystem, which looks beyond immediate interactions and includes those with whom the individual has direct contact, such as work, school, church, and neighborhood, is the second circle (Kilanowski, 2017). The exosystem has no direct impact on the individual, but it does interact with them in both negative and positive ways, such as through community contexts and social networks. Values and influences from society, religion, and culture are all part of the macrosystem (Kilanowski, 2017). Finally, the chronosystem includes both internal and external time and historical content; in revised models, this level also includes policy influence. In the SEM, the construct of health was broadly conceptualized and focused on the major contributors that could have an impact on health (Kilanowski, 2017). According to the SEM, health is influenced by the interaction of an individual's characteristics, the community's characteristics, and the environment's physical, social, and political components (Kilanowski, 2017). Furthermore, because the original model recognized the many factors that influence human development, subsequent revisions and adoptions have used the SEM to represent multilevel approaches to public health promotion, violence prevention, healthy college campuses, geriatric preventive health, and colorectal cancer prevention, to name a few (Kilanowski, 2017).

The socio-ecological model provides a valuable framework for identifying and organizing IPV risk and protective variables at the macrosystem (society), exosystem (community), microsystem (relationship), and individual (survivor/individual) levels (Sabri et al., 2018). IMR women encounter established gender norms and cultural ideas that allow violence against women at the macrosystem level and also, and attitudes that condone violence and conventional sex-role ideology both raise the incidence of IPV, potentially increasing the risk experienced by IMR women (Sabri et al., 2018). Community members or social networks that promote the use of violence against women might endanger women's safety at the exosystem level, which



encompasses community structures such as neighborhoods, social networks, and community-level social institutions (Sabri et al., 2018). Close ties, such as in-laws, paternal family, husband, and children, are included at the microsystem level (Sabri et al., 2018). In the available research on non-immigrant and immigrant populations, micro system-level characteristics such as frequency or severity of abuse in an intimate partner relationship, forced sex, strangling, and murder threats have been identified as the main risk factors (Sabri et al., 2018). The individual-level represents a survivor's personal history and includes IPV risk variables such as age, education, and income and abusive spouses can also impact individual risk factors (Sabri et al., 2018). A spouse who hinders an immigrant woman from working, going to school, or learning English is more likely to re-assault her severely (Sabri et al., 2018). Depression, alcoholism, and illegal drug use all raise the likelihood of violence (Sabri et al., 2018).

5 Relevance of The Study in Current Health Science Research

DV and IPV are widespread and urgent public health problems around the world. Based on Ahmed (2006), domestic violence and intimate partner violence have been identified as public health issues as a major threat to both physical and mental health (Ahmed, 2006). The inclusion of DV/IPV in public health may help to de-stigmatize it and assist victims who are afraid to complain (Ahmed, 2006). Public health research typically employs epidemiological methods, such as examining the characteristics of victims and abusers, as well as the circumstances and causes of violence (Ahmed, 2006). This approach will serve as a solid foundation for developing DV/IPV prevention programs (Ahmed, 2006). Also, based on Salinsky (2017), domestic and intimate partner violence have a significant impact on the health and well-being of victims (Salinsky, 2017). Approximately 13% of women



and 4% of men have been physically injured as a result of domestic violence at some point in their lives. An intimate partner kills nearly 40% of all female homicide victims (Salinsky, 2017). Domestic violence is associated with long-term negative health outcomes in addition to the immediate physical injuries and fatalities suffered by victims (Salinsky, 2017). Women who have experienced domestic violence and IPV are more than three times more likely to have a mental health condition than non-abused women, and they are more likely to experience sexually transmitted diseases, unintended pregnancy, and poor pregnancy outcomes (Salinsky, 2017).

Researching and working on the vital and sensitive topic of violence against refugee women is very necessary for different reasons: it is an important field of study to support women, refugee women facing intimate violence from psychological, societal, criminal, and family aspects/perspectives. Also by researching this topic we can gradually help not only women who are facing violence but also deeply understand the factors and determinants causing DV/IPV. By considering these rooted factors they can generally help children who are victims of family violence that can lead them to be a violent partner or be violated by women in a relationship in the future. Because all these aspects of violence and DV/IPV are interconnected. By researching and providing more valid knowledge in this field we can help women to learn more about their rights and get more knowledge or support about violence against them. By deeply researching this field and preparing more valid knowledge we can help to improve the physical and mental health of women who are one of the vulnerable groups.

6 Transdisciplinary position of the study

The transdisciplinary entails not only the integration of approaches, but also the development of fundamentally new conceptual frameworks, hypotheses,



and research strategies that synthesize diverse approaches and eventually extend beyond them to transcend preexisting disciplinary boundaries (Haire-Joshu & McBride, 2013). Another distinguishing feature of a TD approach from other cross-disciplinary approaches is the emphasis on translating research findings into practical solutions to social problems (Haire-Joshu & McBride, 2013). The following is a definition of TD research, approach, and practice: an integrative process in which scholars and practitioners from both academic and non-academic fields collaborate to develop and apply novel conceptual and methodological approaches that synthesize and extend discipline-specific perspectives, theories, methods, and translational strategies to yield innovative solutions to specific scientific and societal problems (Haire-Joshu & McBride, 2013). Based on Velthuisen (2012); the term "transdisciplinary" does not refer to a new discipline, but rather to a way of viewing the world as systemic and holistic. All research occurs along a fluid continuum, spanning the two imaginary poles of pure disciplinary work to a grand synthesis of all human knowledge (Velthuisen, 2012). Research and education are two examples of knowledge. The number of disciplines involved, the 'distance' between them, the novelty and creativity involved in combining the disciplinary elements, and the degree of integration can all be used to compare research and education (Velthuisen, 2012). Transdisciplinary education is based on transdisciplinary methodology, which enables us to create connections between people, facts, images, representations, fields of knowledge, and actions, as well as to discover the 'Eros of learning' throughout our lives and to foster constant questioning and integration of beings. Coherence among different levels of reality in the natural world is defined as transdisciplinarity (Velthuisen, 2012). From the infinitely small to the infinitely large, from the infinitely brief to the infinitely long, an enormous self-consistency ('a cosmic bootstrap') appears to govern the evolution of the universe. In our physical universe, a coherent flow of information is transmitted from one level of Reality to another (Velthuisen, 2012). As the



vacuum of classical physics, the space between and beyond disciplines is empty, completely void. The space between disciplines and beyond disciplines is full in the presence of multiple levels of reality,' just as the quantum void is full of all potentialities, from quantum particles to galaxies, that condition the appearance of life in the universe (Velthuisen, 2012). Even though they are completely complementary, transdisciplinary research is distinct from disciplinary research. Disciplinary research is limited to one level or fragments of reality at most. Transdisciplinary, on the other hand, is concerned with the dynamics engendered by the simultaneous action of several levels of reality (Velthuisen, 2012). As is often the case with interdisciplinary research, transdisciplinarity should not simplify reality by only dealing with parts of it that are compatible at the intersection of multiple disciplinary perspectives (Haris et al., 2010). Also, transdisciplinarity exists between disciplines, across disciplines, and beyond any discipline, combining and transcending all multidisciplinary and interdisciplinarity processes (Haris et al., 2010).

This research topic has a transdisciplinary perspective because it is interrelated to various disciplines , particularly psychology, sociology, criminology, and public health. Generally, because of the link between mental health disorders and family violence/domestic violence, mental health services play an important role in identifying clients who are at risk of suffering or are experiencing, Domestic Violence (DV) and improving the likelihood of a positive result, mental health treatments may need to be included as part of a multi-agency interventional strategy employing trauma and violence-informed practice to address needs, which should include acknowledging the cumulative impact of present and prior trauma (Victorian Royal Commission in Family Violence, 2016).

Psychology examines neural processes, social processes, mental health issues, human growth, and the effects and ramifications of adversity, including violence and abuse (Aakvaag & Glad, 2021). Psychologists have been



concerned with the implications of domestic violence and abuse since the profession's early days, but domestic violence entered psychology' in a systematic, scientific sense in the 1970s (Aakvaag & Glad, 2021).

Intimate partner violence was previously regarded as a private affair rather than a public (and consequently criminal) one (Barton-Crosby, 2017). However, it has become more clear over the last 40 years or so that violence between intimate partners should not be overlooked by the criminal justice system (Barton-Crosby, 2017). Despite the law's tendency to ignore less serious violence (i.e. violence that did not result in damage), IPV (particularly, men's violence against women) has been viewed as criminal conduct, albeit the amount of public concern and harshness of punishment has varied (Barton-Crosby, 2017). Furthermore, while IPV was recognized as illegal activity, it was seldom seen as an issue suited for criminal law (Barton-Crosby, 2017). A thorough analysis of risk variables for (male and female) IPV perpetration discovered that many IPV risk factors are also risk factors for crime, and so IPV is conceptually and intra-individually related to these [criminal] behaviors (Barton-Crosby, 2017).

There is an importance of involving other stakeholder's perspectives, such as refugee communities, together with academic researchers, in developing measures to fulfill immigrant's needs.

The complex and multifaceted factors associated with the problem of domestic and familial violence in refugee populations were selected as a research priority in 2004 kinds of researches (Rees & Pease, 2006). In the current context of conservatism and religious and racial debate, there is a risk that studies on refugee challenges may be utilized to reinforce an existing agenda to demonize or criticize immigrants, particularly those entering from Muslim countries (Rees & Pease, 2006). The involvement of the community sector, and particularly refugee communities, was critical to ensuring that the applied research objective (including the right of refugees to define their needs) was



more likely to be met and that the direction and involvement of refugee groups and advocates might protect against the pathologizing of refugee communities (Rees & Pease, 2006).

Based to Haire-Joshu & McBride (2013), because social problems are inherently complex and multifaceted, resolving them frequently necessitates cross-disciplinary research that integrates perspectives from various disciplines and fields (Haire-Joshu & McBride, 2013). Furthermore, translating science into new and effective programs and policies typically necessitates the formation of partnerships involving a wide range of stakeholders, including academic institutions, government agencies, nongovernmental organizations (NGOs), and community organizations (Haire-Joshu & McBride, 2013). Relevant stakeholders in this area are immigration organizations, refugee associations/centers, NGOs, health services, and mental health services.

In addressing intimate partner violence, public health can play an important and unique role. Public health agencies, which typically prioritize prevention and work to achieve broad population-level impact, can provide critical leadership and resources to address this issue (Niolon et al., 2017). These organizations, for example, can act as conveners, bringing together partners and stakeholders to plan, prioritize, and coordinate IPV prevention efforts. In addition, public health agencies are well-positioned to collect and disseminate data, implement preventive measures, evaluate programs, and track progress (Niolon et al., 2017). Although public health can take the lead in preventing IPV, the strategies and approaches outlined in this technical package cannot be implemented solely by the public health sector (Niolon et al., 2017).

Other related sectors to intimate partner violence are: Education, government (local, state, and federal), social services, health services, business and labor, justice, housing, media, and civil society organizations such as domestic violence coalitions and service providers, faith-based organizations, youth-



serving organizations, foundations, and other non-governmental organizations are all critical to the implementation of this problem (Niolon et al., 2017). To take a comprehensive approach to identification and prevention, multiple sectors must collaborate across multiple strategies. Collectively, all sectors can help to prevent IPV by influencing the various contexts and underlying risks that contribute to partner violence (Niolon et al., 2017).

Children, youth, and families with histories of child abuse and neglect, conduct problems, and prior involvement in violence and crime can benefit from collaboration between the health care, justice, and social service sectors (Niolon et al., 2017). Local and state public health departments, like other prevention programs, can bring community organizations and other partners together to plan, prioritize, and coordinate prevention efforts, as well as play a leadership role in evaluating these programs and tracking their impact on health, behavioral, and other outcomes (Niolon et al., 2017). The business and labor sectors, as well as government agencies, are best placed to develop and implement policies to Strengthen Economic Support and Create Protective Environments in workplaces and communities (Niolon et al., 2017). These are the industries that can address some of the community-level risks and environmental contexts that make IPV more likely. Public health entities can play an important role in gathering and synthesizing information, collaborating with other agencies within their state or local governments in support of policy and other approaches, and evaluating the effectiveness of measures implemented (Niolon et al., 2017). Partnerships with domestic violence coalitions and other community organizations can also help to raise awareness and support for policies and programs that affect women, children, and families (Niolon et al., 2017).

Other related sectors that can cooperate in this field and their perspectives can be useful include victim-centered services, criminal justice , and social service safeguards, and a variety of therapeutic approaches to Support Survivors and



Reduce Harm (Niolon et al., 2017). Domestic violence advocates, community organizations, and other professionals who work with survivors, in collaboration with the justice, housing, social services, and the health care sector, are uniquely positioned to identify and deliver critical intervention support and victim-centered services in a way that best meets survivors' needs and circumstances (Niolon et al., 2017). Working with victim advocates and in collaboration with justice and social services, the health care sector is also uniquely positioned to address trauma and the long-term consequences of IPV (Niolon et al., 2017). Aside from having licensed providers who are trained to recognize and address trauma, the health care sector can also coordinate wrap-around behavioral health and social services to address the health consequences of IPV as well as the conditions that may increase the risk of repeat violence (Niolon et al., 2017).

7 The relevance of the study for human and non-human health in times of climate change

This project is entirely concerned with human health, not only in the daily lives of victims but also in times of climate change. I considered violence (IPV against Persian refugee women) as a non-human health factor in times of climate change. Also, this kind of violence harms these women's health. Generally, climate change is one of the main factors for not only the increase of violence against women, poverty of women, and health problems of this vulnerable group but also a vital reason for the migration of these women. There is a clear interconnection between climate change, poverty, health problems, violence against women, and migration.

Some Persian refugee women immigrate to other countries as a result of climate change which causes political, social, financial, health, and family problems for them. These Persian women are prime victims of climate change-induced problems. Based on the report of the NCRI Women's Committee,



(2022); Iran is one of the top ten polluting countries in the world in terms of greenhouse gas emissions, emitting more than 600 million tons of greenhouse gases into the Earth's atmosphere each year. In July 2018, Iran's interior minister warned that the country was on the verge of a serious social crisis, namely climate migration, which could have a significant impact on Iran's social fabric over the next five years (NCRI Women's Committee, 2022). The climate change crisis and consecutive drought years have resulted from the government's anti-popular management of Iran and its natural resources, drowning Iranian women and children in thirst, poverty, unemployment of women, disease, and a variety of other problems (NCRI Women's Committee, 2022). The depletion of water resources has resulted in job losses in urban and rural areas, resulting in a significant drop in household income. Because agriculture and livestock are the most important businesses in the villages, the current droughts have affected entire families, particularly villagers and mostly women. Women must bear the majority of the burden of the family's difficulties, and despite this, there are no support, educational, or employment opportunities (NCRI Women's Committee, 2022). Furthermore, as family income declines, the food basket shrinks, and the burden of food preparation remains on women's shoulders which brings a high level of mental pressure on these women (NCRI Women's Committee, 2022). Women, enduring malnutrition and its consequences, prefer to give a small portion of their food to the sick, elderly, and children for emotional and cultural reasons. This is on top of the difficult conditions that rural women face daily, making their lives resemble slaves' even when there is no drought (NCRI Women's Committee, 2022). For instance, 93,000 female-headed households in Sistan and Baluchistan province in Iran are in dire financial straits because of climate change-induced problems. They lack social support and have never been educated or empowered to live a better life and they are treated with mistreatment by their partners. They had no educational infrastructure, family support, let alone training to live in a crisis (NCRI Women's Committee,



2022). Climate change has already begun in Iran, particularly if you are poor, a child, the elderly, disabled, a farmer, and more importantly a woman. Female poverty, unemployment, and all forms of discrimination and violence against women are exacerbated by the climate crisis and this crisis is one of the important reasons for the immigration of women to other countries (NCRI Women's Committee, 2022).

Women, unlike children and the elderly, have the physical and mental capacity to participate in economic activities. However, unlike men, they have not acquired the necessary skills and financial resources to adapt to climate change due to historical and institutionalized inequalities under cleric rule (NCRI Women's Committee, 2022). From 1986 to 2016, female poverty spread in Iran. Iran's water crisis has already increased poverty, unemployment, addiction, and social anomalies such as divorce, addiction, partner violence, and widespread migration, among other things (NCRI Women's Committee, 2022). As a result of all these problems for women in Iran which are induced by climate change and government lack of management, so many Persian women migrate to other countries as refugees.

According to Duncombe (2020), Climate change and environmental degradation are increasing violence against women and impeding the achievement of long-term goals, and worsening conditions around the world may lead to even more violence as natural resources dwindle (Duncombe, 2020). Because climate change will exacerbate weather-related disasters, droughts, extreme weather, and other consequences, there is a warning that exacerbating situations will lead to higher rates of violence. They concluded that we were on a very dangerous path (Duncombe, 2020). In one case study from the Pacific island of Vanuatu, intimate partner violence increased by 300 percent after two tropical cyclones (Duncombe, 2020). Domestic violence increased in Australia after several years of drought, and in general, it was outlined how intimate partner violence increases when men try to control



scarce resources in the face of environmental pressures and threats (Duncombe, 2020).

Also, based on Castañeda Camey et al. (2020), the social, financial, and infrastructure stresses associated with natural resource scarcity – particularly those that arise or are reinforced during and after weather-related disasters and climate change – can exacerbate gender inequalities, domestic violence, and gender-based violence (Castañeda Camey et al., 2020). Incidents of sexual and other domestic/gender-based violence endanger women's lives and health, as well as impede their ability to carry out essential livelihood activities such as accessing their fields or collecting water and firewood, risks that are heightened in the aftermath of disasters and climatic stress (Castañeda Camey et al., 2020). Families may increase harmful domestic/gender-based violence practices in an attempt to cope with compounding climate or disaster impacts (Castañeda Camey et al., 2020). Climate-induced migration and other forms of displacement caused by resource stress and scarcity can be extremely dangerous, increasing the vulnerability of women, children, and other marginalized people to gender-based violence (Castañeda Camey et al., 2020). Conflicts triggered or exacerbated by resource scarcity, including those caused by disasters and climate change, create favorable conditions for domestic violence/gender-based violence to thrive, which can threaten women's physical and mental health (Castañeda Camey et al., 2020). Women, particularly those from poor and indigenous communities, are more vulnerable to the negative effects of climate change (Castañeda Camey et al., 2020). This risk and vulnerability to climate change impacts are caused by interconnected social, economic, cultural, institutional, and legal discrimination, which contributes to these groups' unequal access to vital resources that aid in the development of the adaptive capacity to climate change (Castañeda Camey et al., 2020).



8 Method

8.1 Research Method

In this project, I used a quantitative design, which was an observational, cross-sectional study. Data for observational research is either collected by the investigator specifically for the study (primary data) or has previously been collected for another purpose but is being used by the investigator to investigate a novel research question (secondary data) (Carlson & Morrison, 2009).

A cross-sectional study is an observational study in which each subject's exposure and outcome are determined simultaneously. It is frequently described as taking a "snapshot" of a group of people (Carlson & Morrison, 2009). Cross-sectional studies are best suited for screening hypotheses because they require a smaller time commitment and fewer resources to carry out (Carlson & Morrison, 2009).

8.2 Data Collection

The method for data collection for this project was Online Survey Approach. According to Li et al. (2019), the online survey method has the advantages of being low-cost and time-efficient, having a broad geographical reach, and reaching out to hard-to-reach populations by distributing study flyers through social networking sites (Li et al., 2019). Evidence is also accumulating that data collected via the Internet is reliable and valid and because IPV is such a sensitive subject, the online survey may increase participants' sense of anonymity, facilitate disclosure of trauma history, and reduce socially desirable responses (Li et al., 2019).

8.2.1 Procedure & Participants recruitment

Participants were recruited by online/electronic advertisement on groups for refugee communities in Sweden on Facebook. This advertisement included the



link to the informed consent page and a questionnaire survey of the project, which was a direct link to the Survey Monkey website. Before the survey, the topic of the study, procedure, risks, their right to withdraw, and confidentiality were explained in the informed consent form. Only Persian refugee women participants who agreed to the consent form would have access to answer the survey questionnaires on survey monkey in the Persian language

I used "Survey Monkey" to plan and edit my questionnaires for this online survey, and I received a direct link to my survey questions from "Survey Monkey" that I can share that survey link on my Facebook channels. Data gathered by this survey will be completely deleted from the Survey Monkey website at the end of this project, which can guarantee confidentiality.

In this cross-sectional study, I included all women participants who were eligible and agree to participate in this project. Women in this project were considered eligible if they were Persian refugees, 18+-year-old, are literate, and have or had a male intimate partner during the past 12 months.

8.3 Instruments

This survey gathered needed data for this project with the use of five questionnaires: 1) Socio-demographic questionnaire, 2) Socio-cultural adaptation questionnaire, 3) Childhood experiences/victimization history questionnaire, 4) General health questions, 5) Emotional and economic intimate partner violence questionnaire. These include validated questionnaires that were used in other studies in English and other languages.

Some questions from Um et al., (2018) IPV questionnaire related to emotional and economic violence and socio-cultural adaptation were chosen, as were questions from Kim's (2017) study related to childhood abuse victimization



history, and some questions from the SF36 general health questionnaire was used in this project survey questionnaire.

In this project, all these five questionnaires were presented to participants in the Persian language and they will be translated by two native speakers of the Persian language. The English version of questionnaires used in other studies were presented to the first native Persian speaker to translate from English to Persian, and then this translated questionnaire was presented to the second native Persian speaker to translate from Persian to English to ensure the correctness of translation of questionnaires in this language.

8.3.1 Questionnaires

The questionnaire is in appendix 1.

This survey questionnaire includes five questionnaires: 1) Socio-demographic, 2) Living in Sweden (Socio-cultural adaptation), 3) Childhood treatment by parents/caretakers (childhood abuse victimization history), 4) General health, 5) Partner treatment during the past year (economic and emotional violence by an intimate partner).

8.3.2 Informed Consent

Informed consent is in appendix 2.

This informed consent includes information about the aim of the study, benefits, and harms of this study for participants, information about the voluntary participation of respondents in the study, etc.

8.4 Measurement of independent variables & outcome variable

I considered socio-cultural adaptation(living in Sweden) and childhood abuse experience/victimization history (parents/caregivers' maltreatment during childhood) as independent variables and intimate partner violence(emotional and economic) as an outcome variable. Descriptive statistics were computed to compare the characteristics of respondents based on their victimization in the previous year. I considered a score for each answer of each question for my independent variables questions and also main dependent variable questions. However, no scoring criteria were provided for socio-demographic



questions, as well as for questions 24 and 25 on intimate partner emotional and economic violence (Where is your partner from?/How long have you been with your partner?).

In SPSS I scored questions 8-13 (socio-cultural adaptation) from the highest score of 5(not at all adapted to Sweden) to the lowest score of 1(highly adapted to Sweden): Strongly agree (5score), Agree (4), Neither agree nor disagree (3), Disagree (2), Strongly disagree (1). I scored questions 14-20 which were childhood abuse experience/victimization history that is the second independent variable of the project from highest (the high level of childhood abuse experience) to lowest score(low level of childhood abuse experience): Always (5score), Often (4), Sometimes (3), Rarely (2), Never (1). Also, I scored questions 27-36 (intimate partner emotional and economic violence) from highest (high level of victimization) to lowest scores(low level of victimization): Always (5score), Often (4), Sometimes (3), Rarely (2), Never (1). In negative questions, a higher score indicated a higher degree of violence and a lower score indicated a lower degree of violence. But positive questions were reversed to indicate a higher score equaling more violence.

These positive questions were scored from lowest (low level of victimization) to highest scores(high level of victimization). These positive questions are Q26: My partner treated me with respect and affection (Always: 1, Usually: 2, Sometimes: 3, Rarely: 4, Never: 5)/ Q37: My partner respected me and my privacy, without controlling me(Always: 1, Usually: 2, Sometimes: 3, Rarely: 4, Never: 5)/ Q38: I'm pleased/satisfied with my relationship with my partner(Strongly agree: 1score, Agree:2, Neither agree nor disagree: 3, Disagree: 4, Strongly disagree: 5).

8.5 Statistical Analysis

Categorical variables (age groups, education level, employment status, marital status, having children, monthly family income, and length of stay in Sweden)



were summarized as prevalence (%). Continuous variables, including childhood and adulthood violence and socio-cultural adaptation scores, were described as mean/median analysis, presented in tables and histogram graphs.

Linear regression was chosen for the continuous outcome variable. Linear regressions were performed to examine whether socio-cultural adaptation and childhood abuse experiences/victimization history are related to emotional and economic intimate partner violence. Also, I conducted Spearman's correlation analysis to check whether there is any correlation between two independent variables and the main dependent variable of this project.

Overall, I calculated the results by statistical software using SPSS version 28.

8.6 Ethical Considerations

In general, participants in this study were informed about the research project topic, its purpose and goals, benefits, risks, and the study's confidentiality. All participants in this study were provided with informed consent, and because this is an online survey, the informed consent process was not included signing consent. Participants read online all information about the project and show their agreement for participating in this project by clicking 'yes' or 'accept'. I informed participants from the beginning that this is voluntary participation and that whenever they want for any reason, they could leave this study. I mentioned this project to them in a way that it is a project about the maltreatment of intimate partners of Persian refugee women in Sweden, and more detailed information about the project and its aim were presented to them in a consent form.

Because of ethical reasons from South-eastern Sweden Ethical Advisory Board recommendations, questions related to physical and sexual violence were deleted from the questionnaire because these questions could be distressing, cause emotional damage, and monitoring participant's reactions to



questions or providing support to their distress was difficult by online questionnaire, as a result, emotional and economic violence were kept in the outcome questions. Also, there is a risk of becoming upset and sad after answering questions of this project's survey which can make some participants at risk of distress. For managing and helping this situation I include contact information of me as a project author and the contact number of kvinnofredslinien which is Sweden's National Women's Helpline.

Participants who are victims of domestic violence might feel distressed when answering the questionnaire, but I think the benefits will balance this distress since they also will feel acknowledged through their participation. Based on Cook et al., (2015), the results of some studies that used trauma-exposed samples are mixed. Participants who experienced trauma-related distress while participating in the study reported more distress, but also greater benefits (Cook et al. 2015). According to several research, few participants got upset and regretted their participation (Cook et al. 2015). A new mixed-methods study investigated some previously unknown factors of involvement in domestic violence (DV) research (Cook et al. 2015). Relationship commitment and satisfaction were positively related to reports of emotional reactions to participation, perceptions of benefits, negative feelings and fear toward one's partner, and thoughts about ending the relationship as a result of research participation in a large sample of women with DV experiences (Cook et al. 2015). In this situation, the research experience may have prompted women to reconsider their relationships and, as a result, increase their safety, which is an incomparable advantage (Cook et al. 2015).



9 Results

9.1 Descriptive statistics

I started my data collection through the Survey Monkey link, after sharing the advertisement of this project in FB Sweden's refugee pages. Finally, 36 women participated in the study.

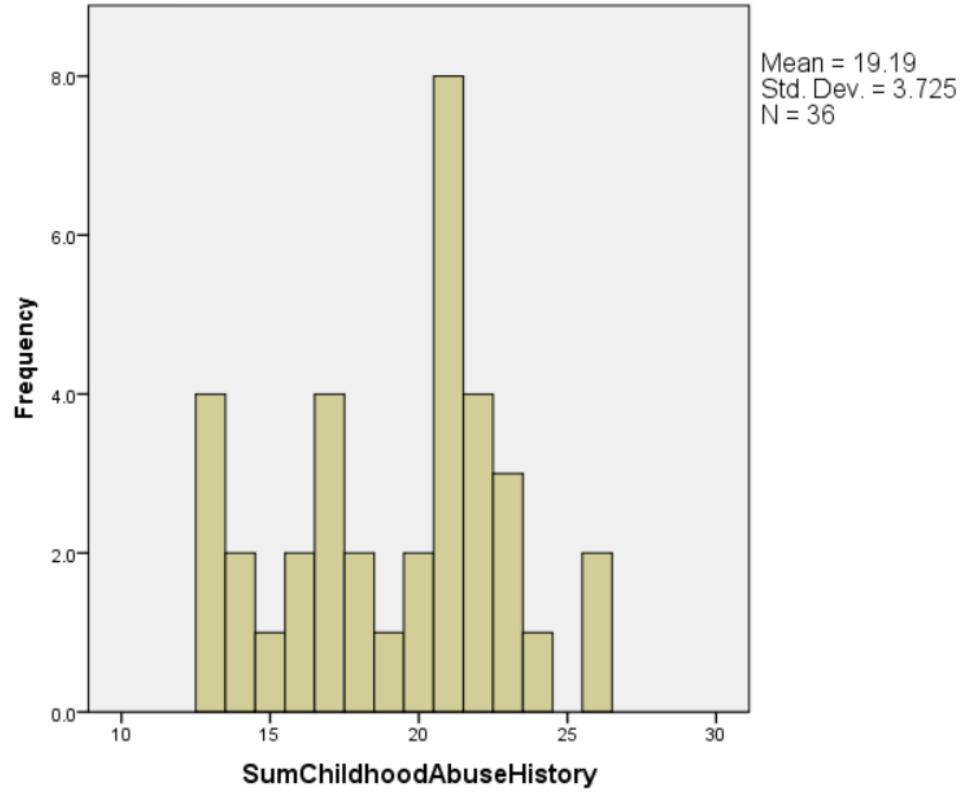
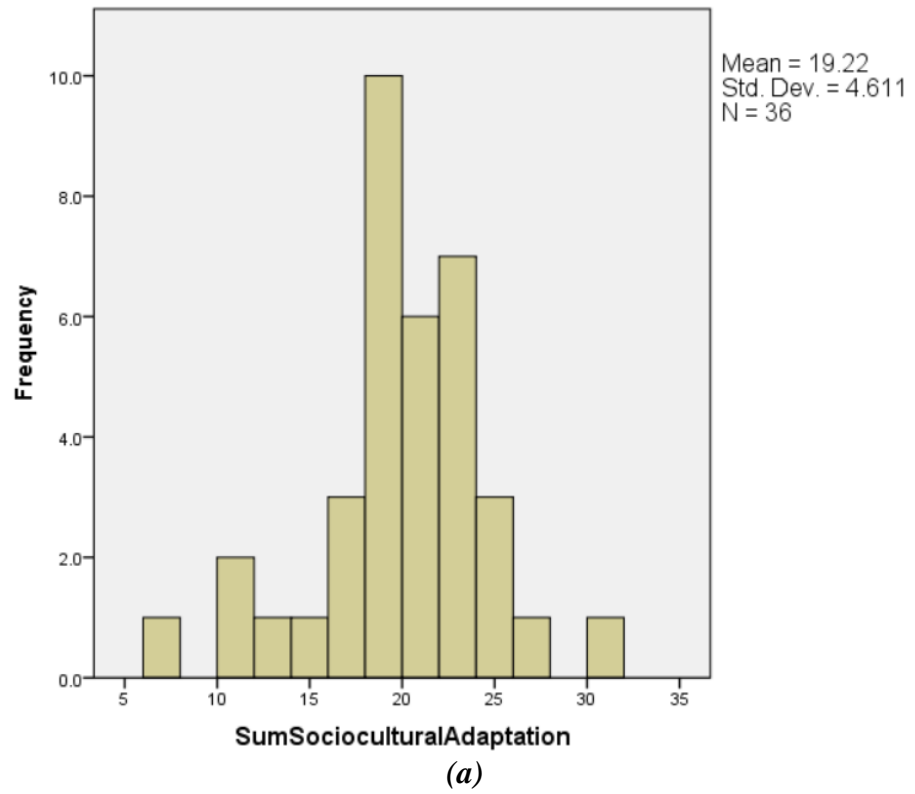
Table1: Socio-demographic characteristics of participants

Characteristics	Frequency	Percentage
Age		
18-24	7	19.4
25-34	9	25.0
35-44	13	36.1
45-54	6	16.7
55-64	1	2.8
Educational Level		
Elementary	1	2.8
secondary	32	88.9
Higher secondary	3	8.3
Employment status		
Employed full time (40+ hours a week)	13	36.1
Employed part-time (less than 40 hours a week)	6	16.1
Other	2	5.6
Retired	1	2.8
Student	10	27.8
Unemployed	4	11.1
Marital status		
Cohabiting	3	8.3
Divorced/Separated	7	19.4
Married	16	44.4
Never married	10	27.8
Having children		
No	22	61.1
Yes	14	38.9
Monthly family income		



Over 50,000SEK	-	-
Between 30,000-50,000SEK	13	36.1
Between 10,000-30,000SEK	12	33.3
Between 5,000-10,000SEK	3	8.3
Under 5,000SEK	2	5.6
Don't know	6	16.7
Length of stay in Sweden		
More than 5 years	13	36.1
Between 2-5 years	13	36.1
Less than 2 years	9	25.0

The data in the Table 1 showed that the highest majority of each demographic characteristics are: 13 respondents (36.1%) were in the 35-44 year range, 32 respondents (88.9%) had secondary as their education level, 36.1% of respondents were employed full time (40+ hours a week), 16 respondents (36.1%) were married, 22 respondents (61.1%) did not have children, 13 respondents (36.1%) had monthly family income Between 30,000-50,000SEK, two groups of 13 respondents (36.1%) were between 2-5 years and more than 5 years length of stay in Sweden.



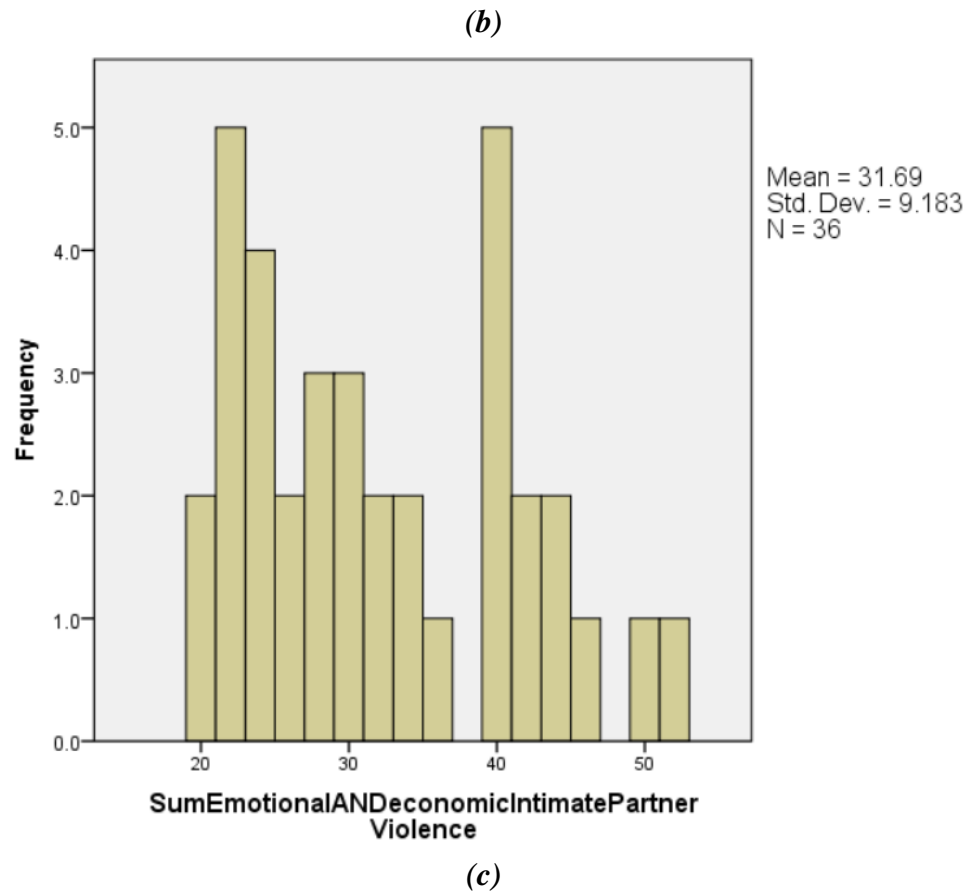


Fig. Frequency histogram graphs

(a): Sum of a socio-cultural adaptation frequency histogram

(b): Sum of childhood abuse victimization history frequency histogram

(c): Sum of emotional and economic intimate partner violence frequency histogram

Histogram graphs showed frequency in childhood abuse victimization history is with Mean=19.9, Std. Dev.=3.725, and high frequency for the socio-cultural adaptation variable with Mean=19.22, Std.Dev.=4.611. Also, the very high frequency of emotional and economic violence, with Mean=31.69, Std.Dev.=9.181.



Also, comparing the means of background variable which is the socio-demographic characteristics of participants was done to have an overview of each of these characteristics concerning the main outcome of the study. Average score of emotional and economic violence was computed by socio-demographic categories.

Table 2: Sum of emotional and economic violence by socio-demographic categories

<i>Socio-demographic categories</i>	<i>N</i>	<i>Median</i>	<i>% of Total N</i>
Age			
18-24	7	27.00	19.4%
25-34	9	30.00	25.0%
35-44	13	32.00	36.1%
45-54	6	39.00	16.7%
55-64	1	23.00	2.8%
Education level			
Elementary	1	23.00	2.8%
Secondary	32	29.00	88.9%
Higher than secondary	3	43.00	8.3%
Employment status			
Employed full time (40+ hours a week)	13	34.00	36.1%
Employed part-time (less than 40 hours a week)	6	28.00	16.7%
Other	2	32.50	5.6%
Retired	1	41.00	2.8%
Student	10	28.50	27.8%
Unemployed	4	24.00	11.1%
Marital status			
Cohabiting	3	32.00	8.3%



Divorced/Separated	7	43.00	19.4%
Married	16	25.00	44.4%
Never married	10	27.00	27.8%
Having children			
No	22	27.00	61.1%
Yes	14	39.00	38.9%
Monthly family income			
Between 10,000-30,000SEK	12	35.00	33.3%
Between 30,000-50,000SEK	13	32.00	36.1%
Between 5,000-10,000SEK	3	27.00	8.3%
Under 5,000SEK	2	25.00	5.6%
Dont know	6	28.00	16.7%
Length of stay in Sweden			
Less than 2 years	9	25.00	25.0%
Between 2-5 years	14	36.00	37.1%
More than 5 years	13	25.00	36.1%

Based on the descriptive analysis of Table 2, emotional and economic violence scores were highest in the age group 45 to 54, and lowest in women aged 55 to 64. The score was much higher in higher educated women (but these were only three women). The scores were higher in retired women and lowest in unemployed women. The scores were highest in divorced /separated women, and lowest in married women. The score was much higher in women with children. The scores were higher in women with family income between 10,000-30,000SEK, and lowest in women with family income under 5,000SEK. Also, the score was higher in women whose length of stay in Sweden was between 2-5 years.

Based on Table 3, Table 4, Table 5, and Table 6, these tables show frequencies for single questions of socio-cultural adaptation, childhood abuse



victimization history, and emotional and economic violence. there are data related to the frequency and percentage of respondents answer to each category of each question in two independent variables questions, also questions of the main dependant variable.

Table 3: Frequency table of socio-cultural adaptation

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither agree nor disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Socio-cultural adaptation questions	N(%)	N(%)	N(%)	N(%)	N(%)
I have difficulty understanding the Swedish language and its different accents	5(13.9)	15(41.7)	9(5.6)	2(5.6)	5(13.9)
I cannot adapt/adjust to Sweden's culture.	1(2.8)	11(30.6)	14(38.9)	3(8.3)	7(19.4)
I avoid being in contact with Swedish people because of language and cultural differences.	3(8.3)	7(19.4)	14(38.9)	5(13.9)	7(19.4)
Swedish people are prejudiced against me.	4(11.1)	10(27.8)	15(41.7)	3(8.3)	4(11.1)
I don't feel I belong to this country.	4(11.1)	13(36.1)	8(22.2)	9(25.0)	2(5.6)
Sweden's social and cultural values and attitudes are different from my own culture and beliefs.	6(16.7)	21(58.3)	4(11.1)	3(8.3)	2(5.6)



Table 4: Frequency table of childhood abuse experience/victimization history

	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Childhood abuse experience/victimization history	N(%)	N(%)	N(%)	N(%)	N(%)
I was treated with respect.	12(33.3)	7(19.4)	13(36.1)	2(5.6)	2(5.6)
I was threatened to be hated or ignored.	2(5.6)	9(25.0)	7(19.4)	10(27.8)	8(22.2)
I was forbidden to have any hobby or to play with my friends, family members children, classmates, etc.	2(5.6)	9(25.0)	7(19.4)	6(16.7)	12(33.3)
I was abandoned from meals, and not taken to the doctor or clinic when I was sick.	21(58.3)	3(8.3)	-	2(5.6)	10(27.8)
I was insulted, sworn at, or treated with wild and harsh words.	12(33.3)	12(33.3)	13(36.1)	2(5.6)	9(25.0)
I was slapped.	2(5.6)	14(38.9)	1(2.8)	6(16.7)	13(36.1)
I was treated with love and affection.	8(28.6)	3(10.7)	11(39.3)	5(17.9)	1(3.6)

Table 5: Frequency table of general health

	<i>Excellent</i>	<i>Very good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
General health	N(%)	N(%)	N(%)	N(%)	N(%)
In general, would you say your health is:	4(11.4)	9(25.7)	13(37.1)	8(22.9)	1(2.9)
	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>



	N(%)	N(%)	N(%)	N(%)	N(%)
During the past 4 weeks, how much of the time has your physical health interfered with your social activities (like visiting friends, and relatives, or going to religious events)?	-	4(11.1)	17(47.2)	9(25.0)	6(16.7)
During the past 4 weeks, how much of the time have emotional problems interfered with your social activities (like visiting friends, and relatives, or going to religious events)?	8(22.2)	6(16.7)	11(30.6)	10(27.8)	1(2.8)

Table 6: Frequency table of emotional and economic intimate partner violence

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Intimate partner emotional and economic violence	N(%)	N(%)	N(%)	N(%)	N(%)
My partner treated me with respect and affection.	12(33.3)	6(16.7)	10(27.8)	6(16.7)	2(5.6)
My partner has forbidden me to meet my friends.	3(8.3)	5(13.9)	8(22.2)	6(16.7)	14(38.9)
My partner swore, insulted, and reviled me.	2(5.6)	2(5.6)	12(33.3)	7(19.4)	13(36.1)
My partner threatened to slap me.	3(8.3)	-	6(16.7)	8(22.2)	19(52.8)
My partner broke and destroyed my favorite belongings.	4(11.1)	-	9(25.0)	5(13.9)	18(50.0)
My partner threatened to hit our child/children.	2(5.9)	7(20.6)	4(11.8)	20(55.8)	1(2.9)



My partner disposed of my property without my consent.	20(55.6)	-	1(2.8)	11(30.6)	4(11.1)
My partner has forbidden me to work.	1(2.8)	1(2.8)	7(19.4)	6(16.7)	21(58.3)
My partner did whatever he wants with my income, saving, and belongings without my consent.	1(2.8)	2(5.6)	11(30.6)	3(8.3)	19(52.8)
My partner did not allow me to buy necessities.	1(2.8)	11(32.4)	5(14.7)	16(47.1)	1(2.9)
My partner took full control of our income and expenses.	3(8.3)	4(11.1)	14(38.9)	2(5.6)	13(36.1)
	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
My partner respected me and my privacy, without controlling me.	11(30.6)	6(16.7)	8(22.2)	6(16.7)	5(13.9)
	<i>Strongly agree</i>	<i>Agree</i>	<i>Neither agree nor disagree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
I'm pleased/satisfied with my relationship with my partner.	1(2.8)	16(44.4)	6(16.7)	9(25.0)	4(11.1)

9.2 Regression analysis

Table 7: Linear regression on intimate partner emotional and economic violence

Model	B	Beta	P-value(Sig.)
(Constant)	0.247	-	0.976
Socio-cultural adaptation	0.796	0.400	0.10
Childhood abuse experience/victimization history	0.841	0.341	0.025



Based on Table 6, linear regression was conducted to find out how socio-cultural adaptation and childhood abuse experience/victimization history influence intimate partner emotional and economic violence. It showed that childhood abuse experience/victimization history ($B=0.841$, $P=0.025$) as one of the main independent variables was significantly associated with intimate partner emotional and economic violence. Socio-cultural adaptation did not have a statistically significant association with the dependant variable.

9.3 Spearmans correlations

Table 8: Spearmans correlation between intimate partner emotional/economic violence and socio-cultural adaptation questions

Socio-cultural adaptation	intimate partner emotional and economic violence rho	P-value(Sig.)
I have difficulty understanding the Swedish language and its different accents.	0.096	0.579
I cannot adapt/adjust to Sweden's culture.	0.330*	0.049
I avoid being in contact with Swedish people because of language and cultural differences.	0.324	0.054
Swedish people are prejudiced against me.	0.638**	0.000
I don't feel I belong to this country.	0.355*	0.034
Sweden's social and cultural values and attitudes are different	0.122	0.477



from my own culture and beliefs.		
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*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

According to Table 8, spearman's correlation analysis of each question of two independent variables shows that Q9: (I cannot adapt/adjust to Sweden's culture) /Q11: (Swedish people are prejudiced against me) /Q12: (I don't feel I belong to this country).

Based on the results of these correlations tables, difficulties in adjusting and adapting to Swedish culture ($\rho=0.330^*/ P= 0.049$), Sweden's prejudice against Persian refugee women ($\rho=0.638^{**}/ P=0.000$), and don't feel belonging to Sweden ($\rho=0.355^*/P=0.034$) are significantly associated to the main outcome of the project and these questions are positively correlated with the violence, in comparison to other components of socio-cultural adaptation.

Table 9: Spearman's correlation between intimate partner emotional/ economic violence and childhood abuse victimization history questions

Childhood abuse experience/victimization history	intimate partner emotional and economic violence rho	P-value(Sig.)
I was treated with respect.	0.416*	0.012
I was threatened to be hated or ignored.	0.686**	0.000
I was forbidden to have any hobby or to play with my friends, family members children, classmates, etc.	0.518**	0.001
I was abandoned from meals, and not taken to the	0.734**	0.000



doctor or clinic when I was sick.		
I was insulted, sworn at, or treated with wild and harsh words.	-0.305	0.071
I was slapped.	0.477**	0.003
I was treated with love and affection.	0.221	0.258

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Based on Table 9, with correlation analysis of the second independent variable questions (childhood abuse experience/victimization history), Q14: (I was treated with respect)/Q15: (I was threatened to be hated or ignored)/Q16: (I was forbidden to have any hobby or to play with my friends, family members children, classmates, etc) /Q17: (I was abandoned from meals, and not taken to the doctor or clinic when I was sick) /Q19: (I was slapped) are highly significant questions.

Based on the results of these correlations tables, not treated with respect by parents and caretakers ($\rho=0.416^*/P=0.012$), being threatened to be hated or ignored by parents/caretakers ($\rho=0.686^{**}/P=0.000$), is forbidden to have any hobby or to play with a friend, family members children, classmates, etc. ($\rho=0.518^{**}/P=0.001$), being abandoned in childhood from meals, and not taken to the doctor or clinic when they were sick ($\rho=0.734^{**}/P=0.000$), and being slapped by parents/caretakers ($\rho=0.477^{**}/ P=0.003$), are significantly associated to the main outcome of the project and these questions are positively correlated with the violence.



10 Discussion

The goal of this study was to determine whether socio-cultural adaptation and childhood abuse victimization history are determinants of the victimization of intimate partner's emotional and economic violence against Persian refugee women in Sweden. Based on an online survey in Survey Monkey that was advertised on related refugee pages on Facebook, 36 women were included as participants in this study.

This study has emphasized influencing factors in childhood which are related to childhood abuse experience/victimization history, and also socio-cultural adaptation as another important influencing factor. By the final results of this study, we can conclude that both were associated with influenced victimization/experience of emotional and economic violence against Persian refugee women in Sweden. Socio-cultural adaptation was not significant in this project analysis. However, the effect of Socio-cultural adaptation was approximately as large as the one for childhood abuse victimization (i.e. The coefficient B/beta), but not statistically significant.

The effect of childhood abuse victimization history was highly significant on the main outcome of this study. According to the main theoretical framework of this study, the socio-ecological theory, the main outcome which is emotional and economic violence by intimate partners is dependent on the microsystem, mesosystem, exosystem, and macrosystem of their lives. All these surrounding systems are interrelated and influence emotional and economic intimate partner violence. The family, the society, the environment, or the cultural beliefs and norms have an impact on being a victim of emotional and economic violence by intimate partners.

The general findings of this study showed that socio-cultural adaptations which are related to the macrosystem and exosystem of an individual's life



were not significant to the main outcome and childhood abuse victimization history which is related to the microsystem and mesosystem of their lives has a significant influence on experiencing emotional and economic violence in adulthood. So, I can conclude that adulthood victimization of these refugee women is dependent not only on individual characteristics, but mostly dependent on the family, society, environment, and culture that they live in during their lives.

The most effective independent variable which is childhood abuse victimization history had a significant role in adulthood victimization. Based on the findings of this study, a higher level of childhood abuse victimization corresponds to, a higher level of adulthood emotional and economic victimization by intimate partners.

More specifically those Persian refugee women who in their childhood history experienced less respect from their parents and caretakers were ignored or hated by them, were forbidden to have any hobby or play with other children, being slapped by parents and caretakers are currently more likely to experience emotional and economic violence by their intimate partners.

The findings of my study are consistent with previous studies on IPV. But it should be mentioned in this project emotional and economic violence of intimate partners was studied not generally IPV.

In particular, Stith et al. (2000); the findings suggest a "weak-to-moderate relationship" between growing up in an abusive family and entering a violent marital relationship, according to the researchers. "Findings indicate a low-to-moderate significant association of child abuse and neglect with later IPV," Capaldi, Knoble, Shortt, and Kim (2012) concluded. According to a recent systematic review of data from East Asia and the Pacific Region, children who were sexually abused were three times more likely to become victims of IPV later in life (Fry, McCoy, & Swales, 2012). IPV victims, when compared to



non-victims, have higher rates of childhood victimization among women refugees, according to other studies. Furthermore, having experienced physical violence as a child has a statistically significant link to IPV victimization (Kim 2017). Another study conducted in the USA showed that people who have experienced childhood maltreatment are more likely to accept violence in a romantic relationship, which is mediated by their distorted views of proper behavior toward themselves (Kim 2017).

From the findings of this study and its results, we can conclude that experiencing childhood abuse history as a microsystem and mesosystem aspect of these refugee women's lives can increase the likelihood of engaging in abusive intimate partner relationships in adulthood of Persian refugee women. Moreover, women who had a childhood abuse history by their parents and caretakers gradually normalize abusive behaviors. Consequently, they tolerate abusive emotional and economic behaviors by their partners more than other women in intimate partnerships. As a result, experiencing them in adulthood by their intimate partners is not considered abnormal actions. Abused women become more emotionally and economically dependent on their intimate partners, which makes them under the control of the emotional and economic power of their abusive partners. Based on the study by Um et al (2016); in adulthood, having a history of child abuse was a risk factor for IPV in North Korean refugee (NK) women in South Korea. As a result, refugee women who were abused as children likely grew up to be more tolerant of abusive partners than those who were not (Um et al., 2016). In terms of the link between childhood abuse and adult economic abuse, this could be explained by the fact that NK refugee women who were abused as children in North Korea were most likely deprived of basic rights to the money, food, and goods in an abusive family during the nationwide famine (Um et al., 2016). As a result, maltreated NK girls may have had limited opportunities and ability



to assert their right to financial control, particularly when their partners are abusive (Um et al., 2016).

The second influencing independent factor in this study is socio-cultural adaptation. This study specifically showed that Persian refugee women who are less socio-culturally adapted to Sweden, are more likely to become victims of emotional and economic violence by their intimate partners. This study showed that those Persian refugee women who had problems in adapting and adjusting to Swedish culture, prejudice of Swedish people against them, and not feeling belonging to Sweden were the main aspects of socio-cultural adaptation that were high in the frequency of responses and cause emotional and economic victimization of these women by their intimate partners in past 12 months. This study reached the same findings as previous ones.

In Um et al. (2016), a study in South Korea, about North Korean refugee women, gender role beliefs, child abuse history, and sociocultural adaptation were all linked to domestic violence; child abuse history and sociocultural adaptation were both linked to multiple types of abuse (Um et al., 2016).

Based on Um et al. (2016); except for the marginal effect of sociocultural adaptation on refugee women's abuse victimization, better adaptation to the new social and cultural environment was a protective factor for all types of abuse among NK refugee women (Um et al., 2016). It's possible that as these women adapted to the host country's society, their awareness of abuse and assertiveness in fighting for their rights and safety grew (Um et al., 2016). This increased awareness may have aided these women in recognizing emotional and economic abuse, as well as marital rape, as abusive acts, which are more difficult to detect than physical abuse (Um et al., 2016). On the other hand, there are some studies opposite to the findings of Um et al. study, that have found that highly acculturated Hispanic refugee women in the US are more likely to report DV victimization. This disparity could be due to Hispanic women's increased awareness of existing abuse that they had not recognized



before becoming acquainted with American culture, rather than an increase in DV (Um et al., 2016). Latinas with the lowest levels of acculturation were less likely to be the victim of IPV and report it; in other words, the odds of reporting IPV decreased for those with the lowest levels of acculturation. Other ethnic groups, regardless of acculturation level, marital status, pregnancy status, or occupation, may see an increase in reported IPV over time. The Latino culture, which values family, children, marriage, and pregnancy, appears to reduce the incidence of reported IPV while being victims of IPV (Garcia et al., 2005).

For North Korean refugee women who had experienced multiple forms of abuse in the previous year, sociocultural adaptation was the only significant correlate (Um et al., 2016). Because of their poor adaptation, NK refugee women may rely on their partners or ethnic communities for social and emotional support (Shiu-Thornton et al., 2005), which may encourage victims to accept the abuse and remain silent (Bhuyan et al., 2005).

From the findings of this research, it can be concluded that different layers of the socio-ecological model (SEM), from individual, family, community, and society influenced the main outcome of the study which was emotional and economic violence against Persian refugees' women in Sweden by their intimate partners. IPV can be identified, analyzed, and prevented with the help of the SEM model and by considering its different interconnected layers. Research on IPV and its influencing factors that cause IPV victimization of women can promote necessary knowledge in this field and assist upcoming preventive interventions and programs to help this vulnerable group. Different stakeholders, programs, strategies, approaches, and perspectives can have a vital role in this prevention process of IPV. To achieve this goal, there should be cooperation between these various transdisciplinary perspectives so that they can consider different surroundings influencers of IPV in women victims' lives.



IPV is complicated and the result of multiple influences on behavior. It is about how people interact with others and with their surroundings (Niolon et al., 2017). The SEM enables us to address the risk and protective factors that put people at risk of experiencing violence, as well as the prevention strategies that can be used at each level to address these factors (Niolon et al., 2017). Each level in the social-ecological model can be viewed as both a level of influence and a key point for identifying influencing factors and prevention. It provides a framework for related stakeholders and program planners to use in determining where to focus prevention efforts (Niolon et al., 2017). To identify and prevent IPV, it is critical to implement programs and policies that reduce risk factors while increasing protective factors at each level of the model (Niolon et al., 2017).

The first SEM layer for identification and prevention of IPV is the individual level which identifies biological and personal history factors that increase the likelihood of becoming a victim of IPV, such as age, education, income, substance use, or a history of abuse (Niolon et al., 2017). The second layer is the relationship or family level which close relationships that may increase the risk of experiencing IPV as a victim are investigated (Niolon et al., 2017). A person's closest social circle—peers, partners, and family members— influences and broadens their range of experience (Niolon et al., 2017). The third layer is the community level which investigates the settings in which social relationships occur, such as schools, workplaces, and neighborhoods, in order to identify the characteristics of these settings that are associated with becoming victims of IPV (Niolon et al., 2017). The fourth layer is the societal level which examines broad societal factors such as health, economic, educational, and social policies that contribute to the creation of a climate in which IPV is encouraged or inhibited and contribute to the perpetuation of economic or social inequalities between groups in society (Niolon et al., 2017).



Intimate partner violence (IPV) is a serious issue that has long-term and negative consequences for individuals, families, and communities (Niolon et al., 2017). Ultimately, prevention efforts should aim to reduce the prevalence of IPV by promoting healthy, respectful, and nonviolent relationships. Addressing risk and protective factors at the individual, relationship, community, and societal levels can help to promote healthy relationships (Niolon et al., 2017).

Some strategies can be conducted by various stakeholders in different layers of the SEM model which include approaches to reach IPV identification and prevention. The first strategy is to teach safe and healthy relationship skills by approaches of social-emotional learning programs for youth, and healthy relationship programs for couples (Niolon et al., 2017). The second strategy is to engage influential adults and peers by use of approaches of men and boys as allies in prevention, bystander empowerment and education, and family-based programs (Niolon et al., 2017). The third strategy is disrupting the developmental pathways toward partner violence by applying approaches of early childhood home visitation, preschool enrichment with family engagement, parenting skill and family relationship programs, and treatment for at-risk children, youth, and families (Niolon et al., 2017). The fourth strategy can be creating protective environments by conducting approaches to improving school climate and safety, improving organizational policies and workplace climate, and modifying the physical and social environments of neighborhoods (Niolon et al., 2017). The fifth strategy can be strengthening economic support for families by applying approaches of strengthening household financial security and strengthening work-family support (Niolon et al., 2017). The last strategy for reaching this goal of IPV prevention can be to support survivors to increase safety and lessen harm by conducting approaches of victim-centered services, housing programs, first responder and



civil legal protections, patient-centered approaches, and treatment and support for survivors of IPV (Niolon et al., 2017).

10.1 Strength and limitations of the study

The data of this study were collected by online survey, by this way, I reached Persian refugee women all around Sweden, not just in one or two cities. Also, by online survey respondents on this sensitive topic faceless anxiety and shame for answering questions in contrast to face-to-face data collection. Another strength of this study is that chosen study population which was Persian refugee women in Sweden is a population that no study has been done on specified population in Sweden for their victimization of emotional and economic violence by their intimate partners. Another strength of this study is the focus on emotional and economic violence as the main outcomes. Since usually violence does not start directly with physical or sexual violence, but it is more “subtle”. For example, through emotional and economic violence. Perhaps this survey has been useful to “detect” these first signs of abusive behaviors and maybe to prevent further kinds of violence (women became more aware of these abusive signs while answering the survey).

This study had some limitations that should be mentioned. Because of limited time for this study, few participants answered this study survey, which makes the findings of this study not much generalizable to the whole population of Persian refugee women in Sweden. Also, because of the sensitivity of the topic and the Southeastern Sweden Ethical Advisory Board considerations about very sensitive questions about the sexual and physical intimate partner, that can negatively impact the distress of respondents, as a result, sexual and physical intimate partner violence was deleted from the questionnaire to lower the distress of respondents. So, we put emphasis only on emotional and economic violence as our main outcome. As a result, this study lack finding of physical and sexual intimate partner violence as the outcome of this project.



11 Conclusion

The current study provides descriptive evidence of childhood and adulthood risk factors impacting Persian refugee women's adulthood emotional and economic victimization by their intimate partners. This study gives descriptive analysis that can be used for future further studies on this topic. Also, this study contributes to intimate partner violence literature, that correlates to two types of IPV which are emotional and economic violence and findings can inform and help the design of influencing prevention interventions and programs for economic and emotional violence victims. These interventions and programs can gradually help these victims to become more knowledgeable, confident, goal-oriented, and less mentally and physically harmed. For reaching more effective interventions for IPV victims researchers and practitioners should try to examine all different types of IPV to have a holistic view of the different types of IPV that these victims had experienced and by this holistic knowledge they should provide intervention programs that are planned for each victim problem.



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Appendix 1

Survey Questionnaire

This is a master's degree project in Health Science at Linnaeus university about partner maltreatment against Persian refugee women in Sweden. I would like to know your experiences in this matter. Please complete this short survey. Your responses are anonymous and you can skip any questions you are not comfortable with. I would, however, appreciate it if you answer all the questions.

[Your participation in this research study is voluntary. You may choose not to participate. Your information will be kept confidential. All data is stored in a password-protected electronic format. To help protect your confidentiality, the survey will not publish information that will personally identify you. If you have any questions, please contact me at negar.emamian2308@gmail.com].

Please answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

❖ General questions

1. Age:

18-24

25-34

35-44

45-54

55-64

65+



2. Education level:	No education Elementary Secondary Higher than secondary
3. Employment status:	Employed full time (40+ hours a week) Employed part-time (less than 40 hours a week) Unemployed Student Retired Other
4. Marital status:	Married Divorced/Separated Widow Cohabiting Never married
5. Having children:	Yes No
6. Monthly family income:	Under 5,000SEK Between 5,000-10,000SEK Between 10,000-30,000SEK Between 30,000-50,000SEK Over 50,000SEK Don't know



7. Length of stay in Sweden:	Less than 2 years Between 2-5 years More than 5 years
<i>❖ Living in Sweden</i>	
8. I have difficulty understanding the Swedish language and its different accents.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9. I cannot adapt/adjust to Sweden's culture.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
10. I avoid being in contact with Swedish people because of language and cultural differences.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
11. Swedish people are prejudiced against me.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



12. I don't feel I belong to this country.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
13. Sweden's social and cultural values and attitudes are different from my own culture and beliefs.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
❖ <i>Treatment by parents and caretakers in your childhood</i> <i>[These questions are about how your parents and other people who took care of you treated you during your childhood].</i>	
14. I was treated with respect.	Always Often Sometimes Rarely Never
15. I was threatened to be hated or ignored.	Always Often Sometimes Rarely Never



16. I was forbidden to have any hobby or to play with my friends, family members children, classmates, etc.	Always Usually Sometimes Rarely Never
17. I was abandoned from meals, and not taken to the doctor or clinic when I was sick.	Always Usually Sometimes Rarely Never
18. I was insulted, sworn at, or treated with wild and harsh words.	Always Usually Sometimes Rarely Never
19. I was slapped.	Always Usually Sometimes Rarely Never
20. I was treated with love and affection.	Always Usually Sometimes Rarely Never
❖ <i>Your general health</i>	



21. In general, would you say your health is:	Excellent Very good Good Fair Poor
22. During the past 4 weeks, how much of the time has your <u>physical health</u> interfered with your social activities (like visiting friends, and relatives, or going to religious events)?	Always Often Sometimes Rarely Never
23. During the past 4 weeks, how much of the time have <u>emotional problems</u> interfered with your social activities (like visiting friends, and relatives, or going to religious events)?	Always Often Sometimes Rarely Never
❖ Questions about partner treatment <i>[These questions are about how your current or previous partner treated you in the past 12 months].</i>	
24. Where is your partner from?	Iran Sweden Arab countries Europe Other
25. How long have you been with your partner?	Less than 6 months 6-12 months More than 12 months



26. My partner treated me with respect and affection.	Always Usually Sometimes Rarely Never
27. My partner has forbidden me to meet my friends.	Always Usually Sometimes Rarely Never
28. My partner swore, insulted, and reviled me.	Always Usually Sometimes Rarely Never
29. My partner threatened to slap me.	Always Usually Sometimes Rarely Never
30. My partner broke and destroyed my favorite belongings.	Always Usually Sometimes Rarely Never



31. My partner threatened to hit our child/children.	Always Usually Sometimes Rarely Never
32. My partner disposed of my property without my consent.	Always Usually Sometimes Rarely Never
33. My partner has forbidden me to work.	Always Usually Sometimes Rarely Never
34. My partner did whatever he wants with my income, saving, and belongings without my consent.	Always Usually Sometimes Rarely Never
35. My partner did not allow me to buy necessities.	Always Usually Sometimes Rarely Never



36. My partner took full control of our income and expenses.	Always Usually Sometimes Rarely Never
37. My partner respected me and my privacy, without controlling me.	Always Usually Sometimes Rarely Never
38. I'm pleased/satisfied with my relationship with my partner.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
39. Any other comments?	



Thank you very much for your contribution to this study!

Your identity will remain anonymous.

Some of these questions might have been upsetting and difficult for you to answer. Below you find contact information. Regarding the study or general concerns, you can contact me (Negar Emamianrostami). For emotional or practical support, you can contact Kvinnofridslinjen.

- *Study Author(Student):* **Negar Emamianrostami/**
[**negar.emamian2308@gmail.com**](mailto:negar.emamian2308@gmail.com)
- *Kvinnofridslinjen – Sweden's National Women's Helpline:* **020-50 50 50**

Website address: [**https://kvinnofridslinjen.se/**](https://kvinnofridslinjen.se/)

(Kvinnofridslinjen is Sweden's national helpline for women who have been subjected to threats and physical, psychological, and sexual violence. The line is open around the clock and your call is free of charge. Your call will not show on the telephone bill).



Appendix 2

Informed Consent

This is a study about Persian women's experiences of the treatment by their partners. And related factors.

The study is part of Negar Emamianrostami's thesis within the master's program of Health Science at Linnæus University, Kalmar.

Title of Research: Experiences of intimate partner treatment- a study among Persian Refugee Women in Sweden

***Study Author(master student): Negar Emamianrostami/
negar.emamian2308@gmail.com***

***Supervisor: Dr. Barbara Schumann
(barbara.schumann@lnu.se)***

1. Purpose of the Study:

Violence and other forms of maltreatment are often occurring in intimate partners' relationships. Generally, this study aims to examine the link between different factors and the experience of maltreatment against Persian refugee women living in Sweden.

2. Your participation in this study:

Participants must be 18+ old, female Persian refugees, and had a male partner during the past 12 months. Your participation will involve completing one time an online questionnaire via the platform "Survey Monkey".



3. Potential Risks and Discomforts:

There may be some potential discomforts for you while answering some questions, which can make you sad and distressed.

4. Potential Benefits:

Participating women will receive contact information numbers if they feel distressed or need help regarding experiences in their partnership or if they have questions related to this matter.

5. Confidentiality:

Your responses are completely anonymous. All information taken from the study will be coded. No names or other identifying information will be collected. The investigator will safely keep all collected data in a password-secured file on the personal computer. Once the data has been fully analyzed it will be deleted.

6. Compensation:

You will not be compensated for participation in this study.

7. Voluntary Participation and Authorization:

Your decision to participate in this study is completely voluntary. If you decide to not participate in this study, it will not affect you negatively. If you decide to participate in this study, you may withdraw at any time without negative consequences.

8. Cost:

There is no cost for participating in this study.



(Authorization)

By signing this form, you authorize the use and disclosure of the following information for this research.

"I authorize the use of my records, any observations, and findings found during this study for education and presentation"

I voluntarily agree to participate in this research program

Yes

No