Psycho-Social and Cultural Barriers in Disclosure of Victimization and Mental Health of the Sexually Abused Indian and Iranian Women

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Abstract

Sexual assault continues to represent the most rapidly growing violent crime that occurs globally and across many cultures regardless of age, economic-status, race, religion, nationality or educational background. Although many sexual abuse and rape cases are reported in India and Iran, the majority of sexual assaults are never reported. Numerous independent studies on violence against women and children have been conducted on small scales in Iran; they have never been widely published or utilized due to political issues. The present study aimed to clarify and expand our previous knowledge about the status of the Indian and Iranian women, and in a comparative way brought some facts to the light, regarding gender gap and gender inequalities and the negative reactions which are commonly received by victims disclosing their assaults to others. This qualitative and comparative study on 54 Indian and Iranian women, 27 each from India and Iran, conducted an in-depth literature review, and one survey to elicit facts and information on the existing barriers, and to analyze the mental health of women regarding existing barriers. This study investigates that, culture of silence, female subjugation, traditional gender roles, victim blaming, strong emphasize on virginity or devalued body, cultural stigma, honor killing or sense of degradation for family, and restricted mobility and low educational status, make women feel they must remain silent about such abuses, and place pressures on victims to endure suffering in silence rather than to speak out, so these psycho-social and cultural barriers will barricade the victims for help seeking from parents, friends or formal mental health support, that will be hazardous for sexually abused victim’s mental health.

Keywords: Sexual abuse, cultural barriers, disclosure, mental health, help-seeking.
Introduction

If we plant a seed in a desert and it fails to grow, do we ask, “What is wrong with the seed?” No. The real conspiracy lays in this: to look at the environment around the seed and to ask, “What must change in this environment such that the seed can grow?” The real conspiracy that we are participating in here today is to stop saying what’s wrong with psychiatric survivors and to start asking: “How do we create hope filled, humanized environments and relationships in which people can grow? (The keynote address by Dr. Deegan in the MHS conference, 1996, Brisbane).

Although women experience sexual abuse at alarming rates, they are less likely to disclose or seek help in the aftermath of sexual abuse. Culture plays a key role in determining societal attitudes towards the female sex and their protection from victimization (Ghassemi Gh.R., et al, 2010). Women in traditional societies like “India” and “Iran” are governed by social norms that restrict their mobility. In most of the conservative societies the identity of women is not independent but linked to that of their fathers, brothers, husbands and sons. The collectivistic nature of these two cultures in which the family plays a very important part in the women’s life, and at times, shows that there is no separation between the individual, the family and the community. Therefore belonging to a collectivistic culture is significant when women try to leave an abusive relationship as well their help seeking behavior; it affects where women go to get resources, who they talk to, how they talk to people and who they trust (Escolar and Nizher, 2008).

According to act 375 of Indian Criminal Law Amendment Act 2006, sexual assault means:

(a) The introduction (to any extent) by a man of his penis, into the vagina (which term shall include the labia majora), the anus or urethra or mouth of any woman or child–

(b) The introduction to any extent by a man of an object or a part of the body (other than the penis) into the vagina( which term shall include the labia majora) or anus or urethra of a woman

(c) The introduction to any extent by a person of an object or a part of the body (other than the penis) into the vagina( which term shall include the labia majora) or anus or urethra of a child.

(d) Manipulating any part of the body of a child so as to cause penetration of the vagina (which term shall include labia majora) anus or the urethra of the offender by any part of the child's body; In circumstances falling under any of the six following descriptions:

Firstly – Against the complainant's will. Secondly – Without the complainant's consent. Thirdly – With the complainant's consent when such consent has been obtained by putting her or any person in whom the complainant is interested, in fear of death or hurt. Fourthly – With the complainant's consent, when the man knows that he is not the husband of such
complainant and that the complainant's consent is given because the complainant believes that the offender is another man to whom the complainant is or believes herself to be lawfully married. Fifthly – With the consent of the complainant, when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by the offender personally or through another of any stupefying or unwholesome substance, the complainant is unable to understand the nature and consequences of that to which such complainant gives consent. Sixthly, – With or without the complainant's consent, when such complainant is under eighteen years of age. Provided that consent shall be a valid defense if the complainant is between sixteen years and eighteen years of age and the accused Person is not more than five years older. Consent means the unequivocal voluntary agreement by a person to engage in the sexual activity in question.

According to (Mohammadi 2009), As dictated by Article 74 of Iran's Penal Code, a woman's testimony in court is worth half that of a man's. Should a woman wish to sue a man for rape, she will need a female and three male eye-witnesses to corroborate her testimony, by virtue of Article 76; failure to do so will result in the victim woman being charged with false accusation and will bear the punishment of 80 lashes, by virtue of Article 140 of the Penal Code.

Sexual aggression includes rape, oral, anal, and vaginal intercourse; forced intercourse, inappropriate touching, forced kissing and sexual torture. Forced intercourse—having sex with a non-consenting spouse—is not defined or referenced in Iranian laws. Since, based on Shi‘a law, a woman is considered her husband’s property, the principle of obedience dictates that she submit to him if he so desires.

In such traditional societies exists multi-layered constraints, as well as psycho-social and cultural barriers which are drawing back women. Based on these aspects, some enjoy privileges while others suffer disadvantages. The balance between power and powerlessness is maintained through social norms. Those who enjoy the privileges of power want to hang on to them; in fact, the tendency is to increase their scope. Social norms are so constructed that both men and women are taught to maintain the ‘limits’ or ‘accepted boundaries’. Social control is maintained based on those norms—those who cross the limits are censored, taught a lesson, curbed, suppressed, silenced, tortured, punished and sometimes eliminated (Burte, 2008). The cultural imperatives determine the behavior of many Asian women in the wake of sexual abuse, a woman that is subjected to psychological and sexual violence in the family: Religion tells her – ‘the honor of the family lies in your silence.’ Customs tell her – ‘only bad women talk about such matters.’ The law asks her – ‘what proofs do you have?’ The police shrug her off – ‘it is a family matter so you have to go to court’. The judge dismisses her — ‘it does not constitute cruelty since the allegations are not substantiated.’ Education is already denied to her since she comes from a lower socio-economic strata and caste. She can access
the public health system with great difficulty where her complaint is unaddressed but at the most she receives some painkillers (Burte, 2008).

(Table I), represents comparison of status of Indian and Iranian women by United Nations Development Program, 2013, regarding gender inequality index. Therefore value, rank, maternal mortality, women participation in parliament, females over 25 with secondary education and women in labor force of these two countries are manifested in this table.

(Table II), manifests the global gender gap index of India and Iran according to the global gender gap report, 2012, of the world economic forum, which represents the rank of these two countries out of 135 countries.

Status of women is shaped by the norms and values of society lay down with regard to woman’s behavior. There are numerous prescriptions, sanctions, and constraints which overtly or covertly determine the behavior of a woman.

The Status of Indian women- The status of women in India has been subject to many great changes over the past few millennia. From equal status with men in ancient times through the low points of the medieval period, to the promotion of equal rights by many reformers, the history of women in India has been eventful.

In modern India, women have held high offices in India including that of the President, Prime Minister, Speaker of the Lok Sabha and Leader of the Opposition (Rathi, "n.d").

However, women in India continue to face atrocities such as rape, acid throwing, and dowry killings while young girls are forced into prostitution; as of late rape has seen a sharp increase following several high profile cases of young girls brutally raped in public areas. Sex crimes are common in India. The National Crime Records says, the capital, New Delhi, has the highest number of sex crimes among major cities, with a rape reported on average every 18 hours, according to police figures (Aljazeera, 2013, Deccan Herald 2013, Times of India 2013).

According To National Crime Records Bureau, India, 2011, 1 molestation case happens every 15mins, 1 rape case happens every 20mins, 1 sexual harassment case happens every 53mins, 35565 kidnapping & abduction of women and girls were reported I 2011, 42968 molestation cases were reported, 8570 sexual harassment were reported, and 24,200 rape cases were reported in the year 2011.

The Status of Iranian women- The Iranian culture ignores proper sex education for children and in most cases the children are kept in the darkness until they become sexually
active themselves. This lack of openness and discomfort makes sexual abuse a taboo subject as well. Children who have been abused often find that they do not know where to turn or who to talk to. The hidden trauma stays hidden until the abused gets a chance to abuse another or when their sexual abuse as a child is manifested into psychological problems in their adulthood (Teimoori, "n.d"). In most Asian cultures like the Iranian culture, expressions of sexuality outside of marriage are considered highly inappropriate. Most Asian cultures are highly collectivistic and patriarchal; thus, sexuality that is allowed open expression (particularly among women) would represent a threat to the highly interdependent social order as well as to the integrity of the family. Many Asian cultural traditions place emphasis on propriety and the observance of strict moral and social conduct, thus modesty and restrained sexuality are valued (Zarrabian, "n.d").

In terms of equal opportunities, Iranian women compete successfully with men and have achieved high-level positions in the educational, scientific and financial fields. However, cultural changes, especially those affecting traditional beliefs and practices about female upbringing, are challenging for many communities. As a result, a sizeable number of women in the Islamic Republic of Iran still live in male-dominated communities in which the rights of women to have social and physical security from birth to adulthood are ignored (Ghassemi, et al, 2010). Traditionally, if a woman is single and is not a virgin or she is divorced from her husband or has been unfaithful to him, she is immediately relegated to a lower class and is shamed and looked down upon by others. Once she loses her position in the strata of society, she becomes a target for sexual use and abuse (Zarrabian, "n.d."). In a society that a simple bicycle ride (not forbidden by law) can easily turn into a full-fledged internal debate about cultural invasion (Farhi, 1998).

Methodology

Motivation of the Study

1. Although new statistics in India and Iran show an alarming increase in the number of rapes and sexual abuses, but the women are less likely to disclose or seek help in the aftermath of sexual abuse, then there is a need to specifically categorize the psycho-social and cultural barriers which shape the behavior of women.

2. The need to understand how sexual abuse on the shade of these barriers can affect mental health of sexually abused victims.

3. Be beneficial for social workers, counsellors, psychologists and psychiatrists in multi-cultural societies, and the need to develop their understanding of culture as well as socio-Cultural barriers which overtly and covertly affect the Iranian and Indian women’s life.

Theoretical framework-
The suggested theoretical framework (Figure 1) analyzes the impact of sexual abuse with regard to existing psycho-social and cultural barriers, on mental health of victims.

(Figure 1), Hence, this should then be the focus when analyzing the impact of psycho-social and cultural barriers – in any form-sexually abused victims. In doing so the barriers imposed to women were presented one by one and the information about the possible psychological and behavioral impacts on victims have been sought.

**Hypothesis of the study** - The purpose of this study is to provide a critical examination of the psycho-social and cultural barriers to disclosure for Indian and Iranian women that:

a. Cultural, societal and patriarchal pressures will result in women in India and Iran remaining largely silent and not seek help after sexual victimization.

b. Cultural and other barriers that prevent women from sharing their stories and seeking help after sexual victimization will result in mental health difficulties for women in Iran and India.

**Sample of the study** - A total of 54 respondents included in this study, where 27 each from India and Iran. Sample from India was drawn from, Mangalore, Karnataka, and the sample from Iran was selected at the City of Kerman.

**Research design** - This study as a comparative survey, conducted an in-depth literature review, and one survey. Credible journals, new articles, peer reviewed-journals, and web references tackling about sexual abuse, mental health, and psycho-social and cultural barriers to disclosure are sourced out. This was used as an integral part in coming up with the conclusion and recommendation. At the same time, one survey was conducted which sought to elicit facts and information on the existing barriers, and to analyze the mental health of women regarding existing barriers.

**Population and sampling** - This study as a comparative survey, conducted an in-depth literature review, and one survey subjecting women between the age group of (14-48), to answer a 4-page survey questionnaire. The Indian women who took part in this survey were referred to Kasturba Medical College hospital, Psychiatry ward, and Manashanthi counseling, research and training center in Mangalore, India, and the Iranian women who took part in this survey were inmates of a women de-addiction center, and referents of two other women-based governmental organizations of Mehr and Talash in Kerman, a city in South East of Iran in 2013. While most of the respondents have referred to counsellors for any other reason, but after starting counselling sessions the counsellors came to know that the client has been sexually abused previously, so in order to be eligible for the study the women had to have been sexually abused. Therefore the snowball method was adapted for the selection of the respondents, the questionnaires were given to the counselling centers and organizations, and were collected by the researcher from the same place, for the Iranian respondents, the questionnaire was translated into Persian.
Techniques of data collection- Both primary and secondary methods of investigation were used in soliciting information for the study. Books, journals and articles played a significant role especially for the secondary data of this study (the in-depth literature review). While survey questionnaires were the most important tool for the survey part. Primary data were obtained from a self-structured questionnaire developed by the researcher. Where the constructs on mental health and other categories are based on the victims’ self-report. Questionnaire which was consisting of a combination of open and close ended questions, the questionnaire was of 4 parts: (a) Personal and demographic profile of the respondents. (b) Awareness on sexual abuse category. (c) Assessment of Mental health of the sexually abused. (d) Assessment of Psycho-socio-cultural barriers.

Method of analysis- For the in-depth literature review, all information that gathered are analyzed, summarized, and are used as significant aspect for conclusion and recommendation. Meanwhile, the data that were gathered in the survey were also analyzed and summarized using SPSS 20, and Frequencies, percentile, cross check, and Pearson’s correlation test were computed, data were presented in both tabular and graphic form in order to easy analysis and to facilitate appropriate understanding of the data. The results so obtained are compared according to nationality.

Data Analysis and Interpretation

I. Profile of the respondents

Age- 29.6% of the Iranian national respondents are between the age group of 14-19, 25.9 percent of the respondents come under the age group of 20-25, 22.2 percent of the respondents belong to the age group of 26-31, and 22.2% of the Iranian respondents are in the age group of 32-37.

A relative majority (40.7%) of the Indian national respondents do fall between the age group of 14-19, 37 percent of the respondents come under the age group of 20-25, 14.8 percent of the respondents fall between the age group of 26-31, a few 3.7 percent are under the age group of 32-37, and only a few (3.7%) of the respondents belong to the age group of above 38.

Religion- A relative majority (44.4%) of the Indian respondents belongs to Hindu religion, 29.6 percent of the respondents are Christian, and 25.9 percent of the respondents are Moslem.

Education level- In terms of Educational qualification, vast majority (70.4%) of the Iranian respondents have completed their secondary schooling, only a few (29.6%) have completed their higher education.

Out of the total Indian national respondents the majority (55.6%) has completed their secondary schooling, 33.5 percent have completed their higher education, and a few (11.1%) have completed their primary schooling.
Region of living- A majority (55.6%) of the Iranian respondents live in urban areas, 22.2 percent of the respondents live in semi-rural areas, and 18.5 percent live in semi-urban areas, and only a few (3.7%) live in rural areas. Out of the total Indian respondents a 40.7% live in urban areas, 37 percent live in semi-urban areas, and 14.8 percent live in rural areas, and just a few (7.4%) live in semi-urban areas.

Family structure- among the Iranian national respondents, majority (59.3%) has the nuclear family structure, 33.3 percent have the single parent structure, 3.7 percent are joint family and 3.7 percent are extended family. Out of the total Indian respondents, majority (59.3%) have the nuclear family structure, 25.9 percent have the joint family structure, 11.1 percent live in extended families, and only a few (3.7%) live in single parent families.

II. Awareness on sexual abuse category

Age of first sexual abuse- The majority (63%) of the Iranian respondents were sexually abused when they were 12 to 17 years old, 22.2 percent were abused when they were 6 to 11 years old, 11.1 percent of the respondents were first abused when they were 18 to 23 years old, and a few (3.7%) have been abused when they were 24 to 29 years old. Out of the total Indian respondents nearly one third (37%) were sexually abused when they were 12 to 17 years old, 37 percent were sexually abused when they were 18 to 23 years old, 18.5 percent were sexually abused when they were 6 to 11 years old, 3.7 percent were abused when they were 30-35 years old, and only a few (3.7%) of Indian respondents were abused when they were 36 to 41 years old.

Frequency of abuse- A little less than the half (48.1%) of the Iranian respondents were abused more than thrice, 25.9 percent of the respondents were abused twice, 14.8 percent were abused once, and a few (11.1%) of the Iranian respondents were abused thrice. Among the Indian respondent, 29.6% were sexually abused more than thrice, 29.6 percent were abused twice, 22.2 percent of the respondents were abused once, and 18.5% of the Indian respondents were sexually abused thrice.

Perpetrators’ relation to the respondents- Father: A few (3.7%) of the Indian respondents were sexually abused by their fathers, but among the Iranian respondents no one (0%) was abused by her father.

Step-Father: Out of the total Iranian respondents a few (3.7%) have been sexually abused by their step-father, and among the Indian respondents a few (3.7%) have been sexually abused by their step-father.

Brother: 3.7% of the Iranian respondents were sexually abused by their brothers, whereas among the Indian respondents no one (0%) was abused by her brother.

Husband: 11.1% of the Iranian respondents were sexually abuse by their husbands, whereas none of (0%) the Indian respondents were sexually abused by their husbands.
Relatives: Among the Iranian respondents one third (33.3%) have been abused by their relatives, and also among the Indian respondents 40.7% has been abused by their relatives.

Friends: Out of the total Iranian respondents a few (14.8%) have been sexually abused by their friends, but among the Indian respondents 25.9 percent were sexually abused by their friends.

Neighbor: Among the Iranian respondents only a few (3.7%) were abused by their neighbor, though 25.9 percent of the Indian respondents were sexually abused by their neighbor.

Strangers: Among the Iranian respondents 40.7 percent were abused by strangers, and among the Indian respondents 29.6 percent has been sexually abused by strangers.

Type of sexual abuse- unwanted kissing or touching: less than one third (25.9%) of Iranian respondents have gone into unwanted kissing or touching, hence majority (66.7%) of Indian respondents have forced into unwanted kissing or touching.

Threatened and pressured that she will be abuse: Among the Iranian respondents a few (11.1%) of the respondents have been threatened and pressured for abuse and a few (11.1%) of Indian respondents have been threatened and pressured that they will be abuse.

Condom refusal and restricted to access to birth control: A few (11.1%) of Iranian respondents were abused by condom refusal and were restricted to access to birth control, whereas none (0%) of the Indian respondents were abused by condom refusal and were restricted to access to birth control.

Unwanted Sexual activity: less than one third (29.6%) of Iranian respondents have been forced into a kind of unwanted sexual activity, and more than one third (40.7%) of Indian respondents has gone through unwanted sexual activity.

Rape or Attempted Rape: more than one third (40.7%) of Iranian respondents have been raped or attempted rape, also 40.7% of Indian respondents has been raped.

III. Mental state of the respondents

Depression- among the Iranian respondents a vast majority (74.1%) and out of the total Indian respondents the vast majority (92.6%) see themselves depressed, unhappy and sad.

Feeling of hopelessness- The majority (66.7%) of the Iranian respondents, and majority (63%) of the Indian respondents, have the feeling of hopelessness.

Suicidal ideations- Majority (55.6%) of the Iranian respondents and a relative majority (48%) of the Indian respondents had suicidal ideations.

Fear of happening abuse again- The majority (59.3%) of Iranian respondents and a vast majority (88.9%) of Indian respondents have the fear of happening abuse again.
Sleep disorders - The majority (55.6%) of Iranian and Indian respondents has sleep disorders.

Nightmares seeing - 37 percent of the Iranian respondents see nightmares when sleeping, but among the Indian respondents a little more than half (55.6%) of the respondents see nightmares when sleeping.

Feeling of failure - The vast majority (77.8%) of the Iranian respondents, and among the Indian respondents, the majority (66.7%) have the feeling of failure.

Avoidance to go to the place of abuse - The vast majority (77.8%) of the Iranian respondents, also the vast majority (74.1%) of the Indian respondents, avoids going to the place of abuse.

Avoidance to see the abuser - The vast majority (85.2%) of the Iranian respondents and among the Indian respondent the vast majority (88.9%) avoid seeing their abuser.

Frequent flashback to the event - Among the Iranian respondents 48.1 percent and also a vast majority (74.1%) of Indian respondents, have frequent flash back to the event.

Trouble in concentration - The majority (63%) of Iranian respondents and the vast majority (81.5%) of Indian respondents has trouble in concentration.

Feeling of shame and guilt - The vast majority (74.1%) of Iranian respondents, also the vast majority (77.8%) of Indian respondents have the feeling of shame and guilt.

Loss of spiritual faith - less than half (44.4%) of the Iranian respondents, and among the Indian nationals, more than half the size (55.6%) of the respondents, have lost their spiritual faith as the result of sexual abuse.

Avoid joining activities which require sustained mental effort - The vast majority (70.4%) of the Iranian respondents and 48.1 percent of Indian respondents avoids joining activities which require sustained mental effort.

Having eating disorders - One third (33.3%) of the Iranian respondents, and the relative majority (59.3%) of the Indian respondents has Eating Disorders in the result of sexual abuse.

Jump from one activity to another - The relative majority (59.3%) of the Iranian respondents, and also one third (33.3%) of the Indian respondents, expressed that they are not able to concentrate on one activity to fully finish it, they jump from one activity to another.

Easily annoyed by others - The vast majority (81.5%) of the Iranian respondents, also the vast majority (77.8%) of Indian respondents feel that they are easily annoyed by others.

Fear of intimately relate to others - Among the Iranian respondents, more than one third (40.7%) of the respondents, whereas the vast majority (85.2%) of the Indian respondents have the fear to intimately relate to others.

Chronic headaches - 44.4 percent of the Iranian respondents, as well 48.1 percent of the Indian respondents have the chronic headaches aftermath of the sexual abuse.

The respondent’s dependence on any substance abuse - Out of the total Iranian nationals, a little less than one third (29.6%) of the respondents was dependent on substances, and among the Indian respondents no one (0%) was dependent on substance abuse.

Types of substances used by respondents - Among the Iranian respondents the vast majority (70.4%) were not dependent on any substances, 25.9 percent were dependent on
drugs, and just a few (3.7%) were dependent on alcohol, and this survey is not applicable for Indian respondents, as no one was dependent on substances. Among the respondents who are dependent on different substances, the vast majority (87.5%) is dependent on drugs and 12.5 percent of the respondents are dependent on alcohol.

IV. Assessment of psycho-socio and cultural barriers for disclosure of victimization

Made silenced by- This survey wants to estimate that to what extent the respondents blame their family, society, and culture, for disclosure of their victimization, among the Iranian nationals 44.4 percent of the respondents blame the society for making them silenced, 22.2 percent blame (family + Society + culture) for making them to be silent, 18.5 percent of the respondents see both their (family + society) cause of their silence, 7.4 percent of the respondents blame the society for making them silent, 3.7 percent of the respondents blame both their family & culture, and 3.7 percent of the Iranian respondents blame their society & culture for making them silenced. Out of the total Indian respondents 41 percent blame their family for making them silenced, 25.9 percent blame their society, 18.5 percent of the Indian respondents, blame their culture, 3.7 percent of the respondents blame, family + society + culture for making them silence, and just a few (3.7%) of the Indian respondents believe that no one has made them silenced.

Made submissive- one third (33.3%) of the Iranian respondents believe that Family & Society made them submissive, 29.6 percent believe that their family made them submissive, 18.5 percent of the Iranian respondents believe that, Family + Society + Culture are the reason of their being submissive, 14.8 percent of the Iranian respondents blame the society for making them submissive, and only a few (3.7%) believe that both family & culture made them submissive. Out of the total Indian respondents, one third (33.3%) believe that their families made them submissive, 25.9 percent blame their culture for making them submissive, 22.2 percent of the Indian respondents believe that society has made them submissive, 14.8 percent think that no one has made them submissive, and only a few (3.7%) believe that both family & culture made them submissive.

Expected to be noisy and critical- this question shows the expectation of the family, society, and culture, from the girls behavior in different settings, among the Iranian respondents the vast majority (88.9%) expressed that no one encourage them to be noisy and critical, and just a few (3.7%) of the Iranian respondents believe that their family encourage them to be critical and noisy. Among the Indian respondents the vast majority (85.2%) believe that no one encourage them to be critical and noisy, 11.1 percent believe that society expect them to be noisy and critical, and just a few (3.7%) of the Indian respondents believe that their family encourage them to be critical and noisy.
Encourage the respondents to be aggressive- Among the Iranian respondents the vast majority (85.2%) expressed that no one encourage them to be aggressive, 11.1 percent believe that their family encourage them to be aggressive, and just a few (3.7%) of the Iranian respondents believe that their society encourage them to be aggressive. Among the Indian respondents a majority (59.3%) believe that no one encourage them to be aggressive, 29.6 percent believe that their family expect them to be aggressive, and just a few (11.1%) of the Indian respondents believe that their society encourage them to be aggressive.

Degradation in result of disclosure of sexual abuse- Among the Iranian respondents, a little less than half size (48.4%) mentioned that they will be degraded in Family+ society+ culture, 29.6 percent think that they won’t be degraded because of the sexual abuse disclosure, 14.8 percent feel that they will be degraded inside their family, 3.7 percent think that they will be degraded in society, and 3.7 percent of Iranian respondents believe that they will be degraded inside their culture. Out of the total Indian respondents a majority (59.3%) expressed that they will be degraded in Family+ society+ culture, 18.5 percent of the Indian respondents believe that they will be degraded in society, 11.1 percent feel that they will be degraded in their family, and only a few (11.1%) of the Indian respondents believe that they won’t be degraded because of the sexual abuse disclosure.

Respondents being blame in different settings- more than one-third (37%) of the Iranian respondents believe that they will be blame in society in the result of sexual abuse, 37 percent believes that they will be blame by no one, 18.5 percent believe that they will blame by their family, and just a few 7.4 percent believes that they are blame by their culture. Out of the total Indian respondents a majority (51.9%) believe that they will be blame in their culture, 25.9 percent of the Indian respondents believe that they will be blame by family, 11.1 percent feel that they will be blame by society, and 11.1 percent of the Indian respondents feel that they will be blame by no one.

Feeling of inferiority in different settings aftermath of sexual abuse- Out of the total Iranian respondents, a relative majority (48.1%) expressed that they will have the feeling of inferiority in society, 25.9 percent believe that they won’t have the feeling of inferiority, 18.5 percent have expressed that they will have the feeling of inferiority in family, and just a few (7.4%) of Iranian respondents believe that they will have the feeling of inferiority in their culture. Among the Indian nationals, one third (33.3%) of the respondents believe that they will have the feeling of inferiority in their culture, 25.9 percent believe that they will have the feeling of inferiority in family, 25.9 percent expressed that they won’t have the feeling of inferiority, and 14.8 percent of the Indian respondents think that they will have the feeling of inferiority in their society.

Discouraging for continuation of education- Among the Iranian respondents, a little less than half (48.4%) expressed that no one is hampering them from continuing their
education, 44.4 percent believe that their family prevent them from continuing their education, only 3.7 percent believe that society excluded them for education, and just a few (3.7%) of the **Iranian** respondents blame family, society, and culture for not continuing their education. Out of the total **Indian** respondents, the majority (63%) expressed that no one is hampering them from continuing their education, 22.2 percent believe that their family prevent them from continuing their education, 11.1 percent believe that their culture excluded them from education, and just a few (3.7%) of the **Indian** respondents blame the society for not continuing their education.

**Made weak and powerless by-** A little less than the half size (48.1%) of the **Iranian** respondents believe that their family made them weak and powerless, 18.5 percent see the society, as the cause of their powerlessness and weakness, 11.1 percent believe that both family & society made them weak and powerless, 11.1 percent believe that both society & culture made them weak and powerless, and a few (11.1%) of the **Iranian** respondents blame family, society, and culture for their weakness and powerlessness.

Out of the total **Indian** nationals one third (33.3%) of the respondents believe that their culture made them weak and powerless, 29.6 percent believe that they are not weak and powerless, 22.2 percent blame the society for making them weak and powerless, and just a few (14.8%) believe that their family made them weak and powerless.

**Feeling of being unfit for marriage-** Among the **Iranian** nationals, a little less than one third (29.9%) of the respondents, believe that disclosure of sexual abuse, will reflect this prospect in my family that I am unfit for marriage, 29.6 percent believes that no one will mention them as an unfit person for marriage, 18.5 percent will face such a feeling in society, 11.1 percent will face these feeling in both family & society, 7.4 percent expressed that they will face with such opinion in family, society, and culture, and just a few (3.7%) of the **Iranian** respondents believe that, their culture will label them as an unfit person for marriage. Out of the total **Indian** respondents, the vast majority (70.4%) think that no one will label them as an unfit person for marriage, and they mentioned that because they are not going to disclose their victimization, 14.8 percent believe that they will face these feeling in society, 7.4 percent will face such a kind of feeling in their culture, 3.7 percent think that their family will mention them as an unfit person for marriage, and just a few, 3.7 percent of the **Indian** respondents believe that both the society & culture will give them such a feeling of unfitness for marriage.

**Suppression to reveal the history of abuse-** 40.7 percent of the **Iranian** respondents believe that they are suppressed to reveal their history of abuse in Family, society, and culture. 25.9 percent feel they are suppressed to reveal their history of abuse in family, 22.2 percent believe that they are suppressed to reveal their history of abuse in both family & society, 7.4 percent of **Iranian** respondents see the society, as the factor of their suppression,
and just a few (3.7%) believe that they are not suppressed. Out of the total Indian respondents, 29.6% believe that they are suppressed to reveal their history of abuse in Family, society, and culture. 25.9 percent feel they are suppressed to reveal their history of abuse in family, 14.8 percent believe that they are suppressed to reveal their history of abuse in society, 11.1 percent of the respondents, believe that they are not suppressed, 7.4 percent of Indian respondents see the culture, as the factor of their suppression, 7.4 percent believe that both family & society have suppressed them, and just a few (3.7%) believe that they have suppressed in both family & culture.

**Respondent’s keeping away from religious activities**- The majority (66.7%) of the Iranian respondents believe that they won’t keep away from the religious activities, 14.8 percent believe that they will keep away from religious activities by their family, 14.8 percent think they are going to keep away from religious activities by the society, and just a few (3.7%) think that both the family & society, will keep them away from the religious activities. The vast majority (74.1%) of the Indian respondents believe that they won’t keep away from the religious activities, 14.8 percent believe that they will keep away from religious activities by their family, 7.4 percent think that they are going to keep away from religious activities by the society, and just a few (3.7%) think that their culture will keep them away from religious activities.

**Dominant consequence of abuse on respondents**- According to traditional societies, dignity and worth of women is defined by and is limited to her body, therefore sexually assaulted girls, though it is not their fault, but they are more worry about their virginity, and their spiritual faith than their mental health. A relative majority (44.4%) of the Iranian respondents is more worry about loss of their virginity aftermath of sexual abuse, 40.7 percent are worry about their mental health, 11.1 percent are worry about loss of their spiritual faith, and just a few (3.7%) are worry about both their loss of virginity & loss of spiritual faith. Out of the total Indian respondents, a relative majority (44.4%) is more worry about loss of their virginity aftermath of sexual abuse, 25.9 percent are worry about loss of their spiritual faith, 22.2 percent are worry about their mental health, and just a few (7.4%) are worry about both their loss of virginity & loss of spiritual faith.

**V. Disclosure and help seeking behavior of the respondents**

The help seeking process serves as an important filter such that only a portion of those who need professional mental health treatment actually seek such assistance (Ponterotto, 1995).

**Whom the respondents prefer for disclosure of their history of sexual abuse**- Among the Iranian respondents, one third (33.3%) of the respondents expressed that they prefer to disclose their sexual abuse to counselor or psychologist, 22.2 percent prefer to disclose to their sisters, 18.5 percent prefer their mothers, 18.5 percent prefer their friend, only a few of
3.7 percent prefer police and only a few of 3.7 percent prefer their fathers. Out of the total Indian national respondents, one third (33.3%) of the respondents expressed that they prefer to disclose their sexual abuse to a counselor or a psychologist, 29.6 percent prefer to disclose to their friends, 18.5 percent prefer their mothers, 7.4 percent prefer police, only a few of 3.7 percent prefer their sisters, and only a few of 3.7 percent prefer their fathers, also a few 3.7 percent of the respondents prefer their husbands.

If the respondents have ever refer to any counsellor/ formal setting - A little more than half (51.9%) of the Iranian respondents expressed that, they have never refer to any counselor or psychologist or any other formal setting, and 48.1 percent of the respondents expressed that they have referred to counselor previously. Among the Indian respondents, the majority (66.7%) expressed that they have referred to formal settings/counselor, and one third, 33.3 percent of the respondents mentioned that they never refer to any formal resource/counselor.

Respondent’s reason of reference to any formal setting/counselor- Among the Iranian respondents, the reason for reference of 25.9 percent of the respondents to formal settings/counselors was their addiction, 7.4 percent have referred, because they had problems in managing relationships, the reason for reference of 3.7 percent of the respondents was divorce, 3.7 percent have referred because of their mental health and adjustment problems, 3.7 percent of the respondents had somatic symptoms, 51.9 percent of the respondents never referred to any formal setting or counselor, and the reason of reference for just a few (3.7%) of the Iranian respondents was sexual abuse. Among the Indian respondents, the reason for reference of a majority 44.4% of the respondents to formal setting/counselors was problems in their mental health and adjustment, 7.4 percent have referred, because they had problems in managing relationships, the reason for reference of 7.4 percent of the respondents was somatic symptoms, 33.3 percent of the respondents never referred to any formal setting or counselor, and the reason of reference for just a few (7.4%) of the Indian respondents was sexual abuse.

If for one day, you have power in your hands, what would you like to change for the girls in the society - In an open ended question, the respondents were asked that what they would like to change for the girls in the society, out of the total Iranian respondents, a vast majority (70.4%) have expressed that they will increase freedom, equal rights, freedom of speech, and will make the society more supportive for women, 18.5 percent expressed that they will give the women, freedom of choice, and 11.1 percent wish to build a more secure society. Among the Indian respondents 44.4% have expressed that they will give proper education about sexuality, 33.3 percent of the respondents expressed that they will apply the capital punishment for the abusers, 18.5 percent wish to build a more secure society, and 3.7 percent expressed that they like to give the women, freedom of choice.
(Table III)

In Table III, Pearson’s correlation test was applied for two variables of frequency of abuse and feeling of depression, since the level of significant is 0.05, and the Pearson’s correlation value of these two variables is .096, which is more than 0.05, this means that there is no significant relationship between these two variables of feeling of depression and frequency of abuse.

(Figure 2)

In Figure 2, two variables of suicidal ideations and respondent’s age when she was abuse for the first time are cross checked, and it shows the relation between these two variables, it is obvious that there is a significant relation between suicidal ideations and the happening of suicide at the age group of adolescence (12-17).

(Figure 3)

Figure 3, investigates the dominant consequence of abuse on respondents in relation to their region of living, it shows that among the respondents who are living in urban areas a majority (20.37%) are worry about their mental health, and none (0%) of the respondents living in semi-rural areas are worry about their mental health.

Discussion and Recommendations

This study examined the negative social reactions which 54 Indian and Iranian sexually abused women think they will face in result of disclosing sexual assaults to informal and formal support providers. Analyses of data indicated that negative reactions, are commonly received by victims disclosing their assaults to others. The vast majority (70.4%) of Iranian women and a little less than one third (29.6%) of Indian women believe that disclosure of sexual abuse, will reflect this prospect in family, society or culture, or in all the three setting that they are unfit for marriage as the most dominant consequence of abuse on half of (51.9%) the Iranian and a little less than half (48.4%) of the Indian respondents, is loss of their virginity. Among the Iranian respondents who are dependent on different substances, the vast majority (87.5%) are dependent on drugs and 12.5 percent of the respondents are dependent on alcohol. A vast majority (70.3%) of the Iranian respondents and 88.8 percent of the Indian respondents expressed that they will be degraded aftermath of sexual abuse in their family or society or culture or in all settings. 41 out of the 54 victims expressed that they will be blame in their family or society or culture, or in all the three settings in the result of disclosing sexual abuse.

Belief in the guilt of a survivor may also cause a survivor’s family or community to isolate her or reject her calls for assistance and support after an assault. This isolation and rejection is more extreme in Indian and Iranian communities where the shame of sexual
assault has far-reaching implications for the honor of the family and for the social standing or marriageability of the women, therefore the following lists summarize that women who are victims of sexual violence need:

**Social inclusion of the victims**

*Being far away from stigma and discrimination* - improvement in family, culture and public attitudes is used as an indicator of social inclusion. (Ministry of Public Safety and Solicitor General, Victim Service Worker Handbook, 2007)

*Social action* - According to Corey (2007), Social action, or social activism, is an essential quality of feminist therapy. Therapists may suggest to clients as they become more grounded in their understanding of feminism that they become involved in activities such as volunteering at a rape crisis center, lobbying lawmakers, or providing community education about gender issues. Participating in such activities can empower clients and help them see the link between their personal experiences and the sociopolitical context in which they live.

*Changing mindset of people towards the victims* - The most dominant consequence of abuse on half of (50%) the Iranian and the Indian respondents is loss of their virginity and receiving the message that their body is not valuable any more. 70 percent of the Iranian and 29.6 percent of the Indian respondents believe that disclosure of sexual abuse, will reflect this prospect in their family or culture or society or all these three settings, that they are unfit for marriage. So these mindsets toward the survivors should be changed: Women do not get pleasure from being sexually assaulted, no behavior of any woman causes or justifies violence, no woman ever deserves to be sexually assaulted and Woman body is not devalued and imperfect after math of sexual abuse.

*Giving voice and Social interaction* - In most instances, the survivor never discussed the abuse with others while it was occurring, but it is important to speak with someone about the abuse and past and current feelings, whether it is a friend or counselor. (Tree climber’s blog, “n.d”). Among the Iranian nationals a majority (44.4%) of the respondents blame the society for making them silenced, whereas a majority (48.1 %) of Indian respondents blame their family for making them silenced. The vast majority (88.9%) of the Iranian respondents also 85.2% of the Indian respondents expressed that family; culture and society discourage them from being noisy and critical. Therefore for the women empowerment in both Indian and Iranian societies, the researcher recommends that: Educating Professionals, adolescents, children, and society in general will help the victims to find out that sexual abuse which has happened to them is not their fault; it’s the society that should be blamed. The family and society should give courage to the victims to come forward and seek help and integrate with family, friends and community and victims should be included for full participation in social and cultural life.
Support throughout the legal process - Only 3.7 percent of the Iranian and 7.4 percent of the Indian respondents prefer police for the disclosure of their sexual abuse, therefore the victims should be support throughout the legal process by increasing access to Legal Aid and court support for victims of sexual assault and domestic violence and Police, prosecutors and victim support workers should be trained to be trustworthy and have non-judgmental attitudes towards the victims.

Make services and programs accessible to community members

Although a little more than half (51.9%) of the Iranian respondents expressed that, they have never refer to any counselor or psychologist or any other formal setting, but one third (33.3%) of both Iranian and Indian respondents, expressed that they prefer to disclose their sexual abuse to counselor or psychologist, Therefore: It is important to make sure that women will have access to information about available services. The best way to disseminate information will vary across communities, but local cable access channels, local radio stations, bulletin boards in frequented offices and stores, parent teacher meetings at schools and Head Start, public restrooms, and other community events are all good places to advertise. It is unlikely that many victims will approach advocates in such public settings but these strategies raise awareness. Home visits are also an important component of many successful programs. Agencies and programs should have community members and survivors as part of their staff. (Hamby, 2011)

Raising the level of school guidance and counseling services - Patients will often present in therapy with other complaints or problems such as depression, addictions, eating disorders, relationship issues, sexual dysfunction, aggression and so forth, before revealing sexual trauma in childhood.

Culturally appropriate services - Survivors from different cultural backgrounds need services that are not only accessible in terms of language, but also sensitive to various cultural pressures and conflicts and services that meet their special needs. Women with disabilities, very young women, older women, street-involved women, lesbians, gay men, transsexual people, and rural and isolated women all have specific needs that must be addressed. A basic need of all people who have been victimized is sensitivity to their particular circumstances. (Ministry of Public Safety and Solicitor General, Victim Service Worker Handbook, 2007)

Training the practitioners – Practitioners involved in the consultation event should receive more training in how to deal with disclosures and that there should be a more readily accessible network for advice and consultation.
Sensitization of children and adults on sexual abuse

At the practice level, promoting primary prevention, such as awareness programs and parenting programs, and secondary prevention aimed at larger structures such as the media and justice system should be developed and sustained, as these influences can have profound effects on how children and youth perceive abuse, and anticipate responses to disclosure based on cultural messaging. The promotion of such programs also has the potential to reach parents and professionals to sensitize them to possible disclosures and preferable responses. (Alaggia, 2010)

Mental health interventions

This study examined the mental health of 54 of Indian and Iranian women who are the victims of sexual abuse. According to Regehr, Alaggia, Jane, Pitts, and Saini (2013), trauma associated with rape or sexual assault differs from trauma stemming from other experiences, in part due to the strong element of self-blame, the individualized nature of this type of trauma, social support and social acceptance factors, and the higher incidence of concurrent depression. Therefore, it is critical to examine the effectiveness of interventions specific to victims of sexual violence and rape.

Feminist therapy - Feminist therapy is aimed at both personal and social change. The major goal is to replace the current patriarchal system with feminist consciousness and thus create a society that values equality in relationships, that values diversity that stresses independence rather than dependence (Corey, 2007). Feminist therapy stresses the importance of considering the social and cultural context, including gender-based oppression, in understanding the causes and nature of women's psychological difficulties. In this way, feminist therapy contrasts with traditional psychotherapies that attribute problematic behaviors and emotions to intra-psychic causes, have a tendency to blame the sufferer for her own distress and ignore the role of sociocultural factors and how women are treated in society in gendering psychological disorder (Astbury, 2006).

Supportive approaches - Supportive psychotherapy (SP) and supportive counseling (SC) are provided in both individual and group modalities. Victims are given the opportunity to describe their traumatic experience, the symptoms they experience as a result of the traumatic event, and the reactions of others. The treatment aims to normalize experiences, offer a safe, supportive environment, and to promote helpful approaches to managing symptoms and situations (Regehr, et al, 2013).

Cognitive and Behavioral therapy - Cognitive-behavioral models of treatment cover a range of specific approaches including Exposure Therapy or Prolonged Exposure (ET/PE),
Stress Inoculation Training (SIT), Cognitive Processing Therapy (CPT), and Eye Movement De-Sensitization and Reprocessing (EMDR). Cognitive-behavioral therapy incorporates cognitive, behavioral, and social learning theory components, to explain functioning as a product of reciprocal interactions between personal and environmental variables. Behavioral interventions often focus on control of physical stress reactions through controlled breathing or muscle relaxation. Cognitive therapy aims to assist individuals to identify and modify trauma-related dysfunctional beliefs that influence response to stimuli and subsequent physiological and psychological distress (Regehr, et al, 2013).

**Conclusions:** research findings confirmed the hypotheses mainly. As findings indicate that societal, cultural and patriarchal pressures will cause women who are sexually abused remaining largely silent and not seeking help after a sexual victimization, so preventing women from sharing their stories and seeking help after sexual victimization will result in mental health difficulties for sexually-abused women in Iran and India.

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Notes

1. 8 of the Iranian respondents, who took part in this survey, were women-de-addiction center inmates.
2. Both countries, India as well as Iran, most of the respondents who took part in this survey has been referred to counseling centers and the women-based governmental organizations for different reasons.
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Tables

<table>
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<th>Indexes</th>
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<th>Iran</th>
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<td>Value</td>
<td>0.610 (2012)</td>
<td>0.469 (2012)</td>
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<tr>
<td>Rank</td>
<td>132\textsuperscript{nd} out of 148</td>
<td>107\textsuperscript{th} out of 148</td>
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<td>Maternal mortality (per 100,000)</td>
<td>200 (2008)</td>
<td>21 (2010)</td>
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<td>Women in parliament</td>
<td>10.9% (2012)</td>
<td>3.1% (2012)</td>
</tr>
<tr>
<td>Women in labor force</td>
<td>29.0% (2011)</td>
<td>49% (2011)</td>
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Table I. Gender inequality index by Human Development Report of United Nations Development Program, 2013

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<td>Approx. T\textsuperscript{b}</td>
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<tr>
<td>Approx. Sig.</td>
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<tr>
<td>1.696</td>
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<td>.096\textsuperscript{c}</td>
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N of Valid Cases | 54

Table II. Global gender gap index of India and Iran by the Global Gender Gap Report 2012 of World Economic Forum
Table III - Pearson’s correlation between two variables of feeling of depression and frequency of abuse

Figures

- Sexual Abuse
- Traditional Gender Roles
- Culture of Silence
- Strong Emphasize on Virginity and Devalued Body
- Cultural Stigma/Sense of Degradation for Family/ Victim Blaming
- Fundamentalist Religion
- Female Subjugation
- Low Educational Status

Figure 1 - depicts the Theoretical Framework of the study

- poor and Problematic Mental Health
Figure 2 - Suicidal ideation among the respondents in relation to their age when they were sexually abused for the first time
Figure 3- Dominant consequence of abuse on respondents in relation to their region of living

Biography
Maryam Shabanipour is a medical and psychiatric social worker in welfare organization of Kerman, Iran. Her research focuses on existing psycho-social and Cultural barriers for Indian and Iranian women, as well as their mental health with a particular emphasis on sexual violence. Recent publications are; Double Oppression of Disabled Women, in Roshni Nilaya’s journal, and, Iranian women; contribution and conditional transformation before and after Islamic revolution, in Samvedi journal of Deeds organization.