FAMILY STRUCTURE AND WOMEN'S EXPERIENCES OF INTIMATE PARTNER VIOLENCE

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Dedication

I dedicate this work to my grandmother, Kathleen Vincente Passley, who migrated to Philadelphia from Jamaica at 37 on a domestic worker visa. She earned her high school diploma at night while supporting seven children. She attended Penn to pursue a nursing degree, but like so many Black women, she never got to finish due to financial and family obligations. She retired from HUP as a nursing assistant in 1995. Grandma, I am proud to carry on your legacy and share my Penn degree with you!

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Last, I thank the twelve women who shared their lived experiences with IPV and polygyny with me. I hope that by sharing their stories, we will attain a better understanding of female agency in Muslim family life and how polygyny and IPV could be associated.

ABSTRACT

FAMILY STRUCTURE AND WOMEN'S EXPERIENCES OF INTIMATE PARTNER VIOLENCE

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Intimate partner violence (IPV) is a pervasive problem. The WHO estimates that 30% of women worldwide who have been in a relationship report having experienced physical or sexual violence by an intimate partner. IPV can result in negative sexual, perinatal, physical, mental health, and economic consequences. Most studies on IPV explore risk by looking solely at the relationship between the assailant and the victim – specifically, the occurrence of IPV in married, cohabiting, and dating couples – but do not assess how family structure (polygynous marriage, unions with children, and extended family members in the home) may influence these experiences. Family structures vary across societies, and not all family forms are equally available to all people. Polygyny, for example, when one man has two or more wives, is officially practiced in over eight hundred societies worldwide. However, there is a paucity of research looking at how marital types (i.e., polygyny) relates to IPV. This multi-paper, multi-cite, and mixed-methods dissertation focuses on this gap in the literature. In Paper 1, I conduct a systematic review of prevalence studies that report IPV rates by various relationship and family structures. Findings from this review of 20 studies suggest 1) an association exists between Relationship Status and IPV, 2) there is not evidence of an association between Marriage Type and IPV, and 3) there is inconsistent support for a relationship between Family Structure and IPV. Paper 2 is a secondary data analysis of Ghana's 2008 Demographic Health Survey exploring married women's experiences with IPV. Polygyny was not found to be a significant predictor of IPV. Paper 3 is a qualitative study with

Black Muslim women that seeks to understand their lived experiences with IPV and polygyny. Through phenomenological thematic analysis of 12 interview transcripts, I capture the essence of their experiences. Participants did not believe polygyny to be inherently more abusive than monogamy. Misconceptions surround polygyny, and this body of work aims to increase cultural competency in conversations about relationship and family types, and IPV.

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CHAPTER 1: INTRODUCTION

This multi-paper dissertation explores the relationship between Intimate Partner Violence (IPV) and family structure. The United Nations defines IPV as "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2013, p. 12). IPV is a pervasive problem. The World Health Organization estimates that 30% of women worldwide who have been in a relationship report having experienced physical or sexual violence by an intimate partner. The prevalence of lifetime IPV victimization varies widely, from 15% of women in Japan to 71% of women in Ethiopia. IPV can result in negative sexual, perinatal, physical, mental health, and economic consequences. Most studies on IPV explore this issue by looking solely at the relationship between the assailant and the victim – specifically, the occurrence of IPV in married, cohabiting and dating couples – but do not assess how family structure (polygamous marriage, unions with/without children, multi-generational, and extended) may influence these experiences. This dissertation focuses on this gap in the literature.

Rationale

Given how pervasive IPV is globally, there is a need to explore this phenomenon in different relationship and family structures and cultural contexts. IPV often begins when couples are dating and often increases after couples cohabitate. Relationship status (e.g., dating, cohabitating, married, separated, divorced, widowed) puts some women at greater risk of IPV than others (Sutton & Dawson, 2018). A substantial body of research has found IPV to be more frequent and severe in cohabiting and estranged relationships relative to married or dating relationships (Brown & Bulanda, 2008; Brownridge, 2006; Brownridge, Hiebert-Murphy, et al., 2008; Dawson & Gartner, 1998; Rennison,

DeKeseredy, & Dragiewicz, 2013; Spiwak & Brownridge, 2005). For example, a study of young adults in the U.S. found that cohabiting couples reported significantly higher relationship violence rates than either married or dating couples (Brown & Bulanda, 2008). Women in cohabiting relationships have higher rates of physical violence and injuries resulting from IPV than married women (Zlotnick, Kohn, Peterson, & Pearlstein, 1998). Among Mexican and white Americans, currently married couples report lower IPV rates than separated couples; never-married couples report lower rates than currently married couples (Sorenson & Telles, 1991). In Canada, unmarried women cohabiting for two years or less have higher odds of IPV compared to married women living with a husband for more than five years (Urquia, O'Campo, & Ray, 2012). In India, longer marital duration (six or more years) is a positive predictor of all types of IPV (Babu & Kar, 2009). In Nigeria, cohabiting women are two times more likely to experience IPV than married women (Owoaje & Olaolorun, 2006). Regardless of nationality, relationship type - dating, cohabitating, or married - is an important factor in IPV; family structure and how it affects these relationships is not well understood.

Relationships do not occur in a vacuum, and the presence of others in the home, such as children or other relatives, can influence the dynamics of the couple. The available literature suggests that risk factors for IPV vary depending on household composition. In Egypt, IPV prevalence was higher for women who lived with their spouse, in-laws, or had any children compared to women living without children or any marital relatives in the home (Yount, 2005; Yount & Li, 2010). Cross-sectional studies from multiple countries find that having children with her partner is associated with a higher odds of women experiencing IPV, sometimes as much as two-fold (Acevedo, Lowe, Griffin, & Botvin, 2013; Adebowale, 2018; Aklimunnessa, Khan, Kabir, & Mori, 2007; Atteraya, Gnawali, & Song, 2015; Flake, 2005; Kwagala, Wandera, Ndugga, &

Kabagenyi, 2013; Owoaje & Olaolorun, 2006; Sabri, Renner, Stockman, Mittal, & Decker, 2014; Tokuç, Ekuklu, & Avcioğlu, 2010; Vest, Catlin, Chen, & Brownson, 2002). However, there is also evidence to the contrary that IPV prevalence does not differ by child-bearing status in some African and Middle Eastern countries (Iman'ishimwe Mukamana, Machakanja, & Adjei, 2020; Metheny & Stephenson, 2019; Murshid, 2017; Wandera, Kwagala, Ndugga, & Kabagenyi, 2015; Yuksel-Kaptanoglu, Turkyilmaz, & Heise, 2012). Crowding or the presence of non-nuclear family members in the home also is associated with higher rates of IPV (Babu & Kar, 2009; Tokuç et al., 2010; Villarreal, 2007), which supports "the notion that a greater number of people living in close proximity creates stress and increases conflict between the couple" (Villarreal, 2007, p. 428). In Bangladesh, the percentage of women reporting IPV victimization decreased as the number of children and household size increased (Rahman et al., 2014). These inconsistent findings indicate that additional research is needed to explore how and if extended family members and children in the household affect the use of violence between intimate partners.

Patterns of family structure differ around the globe; for example, extended families (which include adults in addition to parents) are common in Asia, the Middle East, Central/South America, and sub-Saharan Africa, but not in other regions of the world (Child Trends, 2014). Global trends document ongoing family structure changes, and two-parent families (i.e., nuclear families) are on the decline. In the U.S. Census, children living with both parents have decreased by 20%, from 91% in 1960 to 70% in 2020 (US Census Bureau, 2020). Racial groups differ in their family structure patterns: in the U.S., more than twice as many Black children (51%) live with a single parent as their White counterparts (21%). Religion can also influence living arrangements, as it prescribes specific marriage types; for example, the Hindus practice arranged marriage,

and Islam permits polygamy (Child Trends, 2019; Kamat, 2005; Yusuf Ali, 1991). Worldwide, Muslims and Hindus have bigger households, with average sizes of 6.4 and 5.7 people, compared to Christians with 4.5, Buddhists with 3.9, Jews and the religiously unaffiliated with 3.7 (Pew Research Center, 2019). Family living arrangements are associated with different economic circumstances, children's educational attainment, and health outcomes (Child Trends, 2017; P. N. Cohen, 2018). However, there is a paucity of research on how family structures and marriage types (i.e., polygamous) relate to IPV. Different risk and protective factors might be identified when the association between family structure and IPV is examined. Findings from this dissertation will be relevant to policymakers and service providers and enhance global health efforts to reduce violence against women through a better understanding of those at greater risk.

Typology and definitions of IPV

According to the CDC, there are three IPV types - physical, sexual, and psychological (M. Breiding, Basile, Smith, Black, & Mahendra, 2015). Physical violence is defined as actual acts or threats of slapping, punching, kicking, pushing, cutting, stabbing, strangling, or burning that can cause bodily harm, injury, disability, or death. Sexual violence is the use of force or threat of force to coerce a woman to perform sexual acts against her will, whether the acts are completed. Psychological abuse includes threats or intimidation tactics such as shouting, humiliating, bullying, stalking, and controlling behaviors. This dissertation examines all three types of IPV perpetrated against women in cisgender female-to-male couples and does not include literature on IPV among same-sex or any other gender minority couples.

IPV is not a uniform phenomenon. Johnson (2010) asserts that four types of violence occur between intimate partners based on whether the perpetrator uses violence to exert general control over a partner: intimate terrorism, violent resistance, mutual

violent resistance, and situational couple violence. The first type, *intimate terrorism,* describes a perpetrator who uses violence as a means to gain general control over his partner. Intimate terrorism describes the use of severe, frequent, and escalating forms of violence by one partner when the other partner is not violent. In this case, the intimate terrorizer traps his partner in the relationship by instilling a strong sense of fear, eroding her confidence and self-esteem, and isolating her from family and friends. In essence, the victim becomes terrorized and controlled by her partner. Intimate terrorism is what most people mean when they think about "domestic violence." In heterosexual couples, intimate terrorism is rooted in patriarchal gender norms about male privilege, superiority over women, and social acceptance of violence against women (Johnson, 2010, 2011; Johnson & Ferraro, 2000).

The second type of IPV, *violent resistance* describes a relationship in which one partner is violent and controlling – an intimate terrorist- and the other partner is violent but not controlling. In this case, the resister's violence arises in reaction to their partner's attempt to exert control over them. In *violent control,* both partners use violence in attempts to control the other. The fourth type, *situational couple violence,* is different from the other three as it is not organized around either partner trying to exert control over the other. Situational couple violence occurs less frequently and usually does not result in life-threatening injuries. Here, the perpetrator (and sometimes their partner) is violent but not out of a desire to gain general control over the other partner. Violence occurs out of a need to gain control of a particular situation.

Johnson (1995) developed these categories after a scholarly debate about gender symmetry among IPV perpetrators. He tried to make sense that representative sample data reveal an equal gender distribution of IPV victims than service or treatment-seeking samples. For example, both the 1975 and 1985 National Family Violence Surveys showed

perfect symmetry in IPV use by men and women. National figures were 12.1% and 11.3% for men, 11.6% and 12.1% for women in 1975 and 1985, respectively. Johnson offered these typologies as an explanation. He argued that men and women could perpetrate situational or everyday couple violence, which is captured by national surveys about IPV. However, intimate partner terrorism is gendered, and women fleeing their abuser are the ones who end up in shelters. In sum, research methods influence findings about who is affected by IPV. The next section provides an overview of the most commonly used data sources and measurement tools for IPV.

Data Sources and Measurement Tools for Studying IPV

Data sources

Several methods can be used to assess IPV prevalence, and each has its strengths and limitations. Studies that report IPV rates based on crime statistics emphasize the most extreme IPV cases, such as the number of homicides committed by an intimate partner, and such studies yield a low prevalence. Depending on how crimes are classified in a particular jurisdiction, IPV may be grouped with other domestic incidents (e.g., a child fighting with a parent or sibling in the home), making it impossible to separate IPV from other contexts. Other studies estimate IPV based on clinical samples of women receiving services at health clinics or large health systems. This perspective raises similar concerns about assessing individuals seeking help for extreme cases of IPV. Again, low estimates of IPV are found in clinical samples (WHO, 2013). Issues of misreporting by patients, health practitioners not identifying injuries resulting from IPV, access to health care for populations at risk, and selectivity in those willing to seek help reduce generalizability from clinical samples. Population-based surveys provide data on the full range of IPV – emotional, physical, and sexual - not just the extremes resulting in injury or death.

Measurement

There is growing consensus among scholars about how to best measure IPV (Krantz & Garcia-Moreno, 2005; Krug, Mercy, Dahlberg, & Zwi, 2002; WHO, 2013). The gold standard is to interview participants and ask direct questions about their experiences with specific acts of violence over a defined period, instead of asking general questions about "abuse" (WHO, 2013). What is considered "abuse," "domestic violence," "rape," or "sexual assault" varies by gender, culture, and social norms and influences disclosure. In addition, the survey implementation procedures - including the selection and training of interviewers - can impact disclosure (Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001; Garcia-Moreno, 2001; Jansen, Watts, Ellsberg, Heise, & Garcia-Moreno, 2004).

The Conflict Tactics Scale (CTS) (Murray A. Straus, 1979) is the most widely used measure of IPV. The CTS uses behaviorally-specific questions related to each type of IPV, ranging from humiliating comments to severe physical violence such as being burnt, and all are framed in the context of relationship conflict. Respondents are asked about their experiences with IPV in their lifetime and the past year. A few studies also ask about violence in the last month or within a particular relationship (WHO, 2013). Many multi-country studies (e.g., UNICEF's Demographic Health Surveys) use adapted versions of the CTS to estimate IPV prevalence. However, they frame the questions not as successions of relationship conflict but rather as independent acts in a constellation of experiences. The CTS and adaptations of the CTS have been applied in various settings and are considered valid and reliable measures of IPV.

The definitions and root causes of IPV have been examined from a variety of perspectives. Multiple theories provide useful frameworks for understanding the causes

of IPV and how to address it. The next section describes the theoretical frameworks used in this dissertation - the socio-ecological model and feminist theories.

Conceptual Framework for this study -the Social Ecological Model

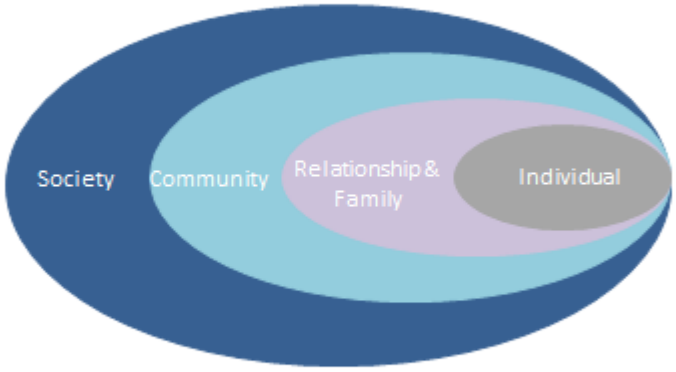
Following previous research on IPV in multiple countries, this dissertation uses an ecological model as its guiding framework (Abeya, Afework, & Yalew, 2011; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Sitawa R Kimuna & Djamba, 2008; Owoaje & Olaolorun, 2006; Puri, Frost, Tamang, Lamichhane, & Shah, 2012; Yuksel-Kaptanoglu et al., 2012). Initially conceived by Bronfenbrenner (1974) to describe human development, the Social Ecological Model has been adapted by McLeroy and others (1988) to describe the sources of influence on various health behaviors. The framework includes multiple levels of influence on behavior – "intrapersonal, interpersonal, organizational, community, and public policy (McLeroy et al., 1988, p. 351) - with each level nested within the next. The key concept is "reciprocal causation," by which the individual's behaviors shape and are shaped by the social environment.

The social-ecological model integrates many theoretical explanations for IPV and offers a comprehensive perspective on possible determinants of IPV (Heise, 1998). The model posits that an intimate relationship does not exist in isolation; the familial and larger social contexts in which the couple exists shapes behaviors and beliefs about what is acceptable in an intimate relationship.

The model is useful in examining IPV across locales in that it emphasizes the importance of the social context in determining correlates of IPV. IPV is a complex problem with multiple determinants, and the ecological model captures the embedded levels of causality. I use the ecological framework version as adapted by Heise and colleagues (1999) (Figure 1) to understand the dynamics between personal, situational,

and socio-cultural factors that intertwine to contribute to IPV. Although women and persons in same-sex couples also perpetuate IPV, the factors described herein focus on male-to-female IPV determinants. For this discussion, I consider four levels: individual, relationship and family, community, and society.

Figure 1: Ecological Model



Individual

The innermost circle of the social-ecological model, the individual level, represents the personal histories and characteristics each person brings into his/her relationships. This level includes one's "attitudes, values, and beliefs learned in one's family of origin; personal resources, skills, and abilities; subjective perceptions of reality and world view; and personal weaknesses, problems and pathologies" (Carlson, 1984, p. 571). Multiple factors that contribute to IPV operate at this level.

Personal history of violence. A person's history with violence in the home is important. Several population-based studies document a positive correlation between witnessing IPV in childhood and experiencing IPV in adulthood (Abeya et al., 2011;

Abramsky et al., 2011; Flake, 2005; Islam, Tareque, Sugawa, & Kawahara, 2015; Jewkes, Levin, & Penn-Kekana, 2002; Kwagala et al., 2013; Yuksel-Kaptanoglu et al., 2012). In addition, being physically or sexually abused as a child is associated with a higher risk for men to perpetrate violence towards an intimate partner and women to become a victim of IPV (Abeya et al., 2011; Abramsky et al., 2011; Flake, 2005; Hayes & van Baak, 2016; Jewkes et al., 2002; Yuksel-Kaptanoglu et al., 2012).

Personal resources. The resources one brings to the relationship (e.g., socio-economic status) are associated with risk of IPV. A person's educational attainment is negatively associated with IPV; studies conducted worldwide show that women with no or low education are more likely to report IPV victimization than those with a secondary or college education (Abeya et al., 2011; Abramsky et al., 2011; Akmatov, Mikolajczyk, Labeeb, Dhaher, & Khan, 2008; Allendorf, 2013; Ambrosetti, Abu Amara, & Condon, 2013; Antai, 2011a; Babu & Kar, 2009; Flake, 2005; Jewkes et al., 2002; Sitawa R Kimuna & Djamba, 2008; Sitawa R. Kimuna, Djamba, Ciciurkaite, & Cherukuri, 2013; Lipsky & Caetano, 2007; McCloskey, Williams, & Larsen, 2005; Vung et al., 2008). Wealth and income are significant factors when examining correlates of IPV. Specifically, women in low-income families are at greater risk of IPV than women in higher-income families (Abeya et al., 2011; Abramsky et al., 2011; Adebowale, 2018; Aekplakorn & Kongsakon, 2007; Allendorf, 2013; Babu & Kar, 2009; Islam et al., 2015; Sitawa R Kimuna & Djamba, 2008; Sitawa R. Kimuna et al., 2013; Tokuç et al., 2010; Vest et al., 2002; Vung et al., 2008).

Age. Younger women (<30 years old) are more likely to report IPV victimization than their older counterparts (Abramsky et al., 2011; Aekplakorn & Kongsakon, 2007; Aklimunnessa et al., 2007; Akmatov et al., 2008; Islam et al., 2015; Sitawa R. Kimuna et al., 2013; Lipsky & Caetano, 2007; Owoaje & Olaolorun, 2006; Vest et al., 2002; Yount &

Li, 2010; Yuksel-Kaptanoglu et al., 2012). Young women's elevated risk of victimization occurs in both nonfatal and fatal IPV.

Alcohol use. Another key correlate of IPV is alcohol consumption, primarily by the abuser but also by the victim. Studies conducted around the globe consistently find that women's risk of IPV increases if their partners frequently consume alcohol or get drunk (Abeya et al., 2011; Abramsky et al., 2011; Adebowale, 2018; Aekplakorn & Kongsakon, 2007; Babu & Kar, 2009; Bair-Merritt, Holmes, Holmes, Feinstein, & Feudtner, 2008; Flake, 2005; Hayes & van Baak, 2016; Jewkes et al., 2002; Karamagi, Tumwine, Tylleskar, & Heggenhougen, 2006; Sitawa R Kimuna & Djamba, 2008; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Puri et al., 2012; Wandera et al., 2015). In Peru, an abuser's alcohol consumption to be the strongest predictor of IPV: women whose partners sometimes get drunk are more than twice as likely to be abused than women whose partners never get drunk are, and frequent drunkenness is associated with a 9.2 times greater likelihood of being abused than if the women's partner never drinks (Flake, 2005).

Attitudes. The Theory of Planned Behavior posits that a person's attitudes about a behavior (e.g., attitudes about the use of violence in a relationship) predict a person's intention to engage or disengage in the behavior (Fishbein, 1967). Research to date documents that a person's attitudes and beliefs about IPV (e.g., whether or not they believe violence is justified under certain circumstances) are associated with differential risk of IPV. Globally, 37% of girls aged 15-19 report that a husband is warranted in hitting or beating his wife under certain circumstances, such as if the wife neglects the children or refuses to have sex (UNICEF, 2020). Women who believe wife-beating can be justified have a higher likelihood of experiencing IPV (Abramsky et al., 2011; Ambrosetti

et al., 2013; Antai, 2011a; Islam et al., 2015; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013).

In sum, one's history with violence within the family, personal resources, and attitudes, values, and beliefs about violence are associated with IPV. I turn now to the next levels of the Ecological Model, which have received less attention from researchers.

Relationship and family

The relationship and family level represent the immediate context in which IPV takes place and focuses on the nature of family life (e.g., familial roles, organization, interactional dynamics). This level is of primary interest as family structure is the unifying variable of my dissertation. I will use family structure, family type, and family composition as interchangeable terms throughout this dissertation.

Relationship and marital status. As reported in a previous section, relationship type (e.g., dating, cohabitating, married) and the presence of children and number of people living in the household are relevant factors in IPV. Women in cohabiting relationships (Abramsky et al., 2011; Brown & Bulanda, 2008; Urquia et al., 2012; Zlotnick et al., 1998), who have children (Acevedo et al., 2013; Adebowale, 2018; Aklimunnessa et al., 2007; Atteraya et al., 2015; Flake, 2005; Kwagala et al., 2013; Owoaje & Olaolorun, 2006; Sabri et al., 2014; Tokuç et al., 2010; Vest et al., 2002), or have non-nuclear family members in the home (Babu & Kar, 2009; Tokuç et al., 2010; Villarreal, 2007) are at increased risk of IPV compared to dating, married, women without children, and women living with only nuclear family members. Women married longer than five years (Ambrosetti et al., 2013; Babu & Kar, 2009) and women in polygamous marriages (Abeya et al., 2011; Abramsky et al., 2011; Karamagi et al., 2006; Sitawa R Kimuna & Djamba, 2008; McCloskey et al., 2005; Vung et al., 2008) also are at increased odds of experiencing IPV.

Age, education, & income discrepancies. Age differences, specifically when the husband is five or more years older than the wife, are associated with increased IPV (Adhikari & Tamang, 2010). Women who have a higher level of education than their husbands also appear to be at increased risk of IPV (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Ambrosetti et al., 2013; Bagheri, Nabavi, & Hossein, 2009; Flake, 2005). Similarly, one study found that women who earn more money than their spouses have a greater likelihood of experiencing IPV than women who earn less than their spouses (Antai, 2011a). Employed women are at increased risk if their husband is unemployed (Caetano, McGrath, Ramisetty-Mikler, & Field, 2005; Flake, 2005). Thus, IPV risk is higher for women with a higher status (i.e., more education or higher income) than her partner (K. L. Anderson, 1997; Hornung, McCullough, & Sugimoto, 1981; Kaukinen, 2004).

Interaction patterns. Relationship roles and expectations also operate at the family level. Specifically, who holds decision-making power in the relationship can reflect the woman's autonomy. Women who have no to low household decision-making power are more likely to experience IPV than those who have decision-making power or make decisions jointly with their husbands (Adhikari & Tamang, 2010; Assaf & Chaban, 2013; Flake, 2005). Along the same lines, women who report that their partner exhibits controlling behaviors towards them (e.g., the husband tries to restrict her contact with family and friends) are up to seven times more likely to report sexual and physical IPV victimization than are women whose partners do not exhibit these behaviors (Adhikari & Tamang, 2010; Antai, 2011a; Barrett, Habibov, & Chernyak, 2012). Marital conflict, such as frequent arguments, also is associated with IPV (Aldarondo, Kantor, & Jasinski, 2002; Capaldi, Knoble, Shortt, & Kim, 2012; Coleman & Straus, 1986).

For completeness, I will now discuss the final two levels of the Ecological model - Community and Society - although they are not examined in the dissertation.

Community

The community-level encompasses institutional and social structures, both informal and formal, that constrain or promote IPV in a person's community (e.g., neighborhood, workplace, school, law enforcement). Poor institutional control or law enforcement practices can maintain an environment conducive to abuse. Studies have found that some law enforcement and judicial personnel hold negative attitudes toward women and believe in rape myths (Danns, Persad, & Basmat, 1989; Muftić & Cruze, 2014). Women are less likely to report IPV to the authorities if they think they will not be believed or will be blamed by law enforcement personnel (Fleury, Sullivan, Bybee, Davidson, & William, 1998; Menjívar & Salcido, 2002). Poverty, high unemployment, and lack of economic opportunities are positively associated with IPV (Buvinic, Morrison, & Shifter, 1999; de Olarte & Llosa, 1999; Heise, 1998; Jewkes et al., 2002; Morrison, Ellsberg, & Bott, 2007). Isolation or lack of social support from friends and family is positively associated with women's odds of IPV victimization (de Olarte & Llosa, 1999; Heise, Ellsberg, & Gottmoeller, 2002). IPV risk associated with urban or rural residence is inconclusive: studies in Ethiopia, India, and the U.S. found women in urban areas to be at greater risk (Abeya et al., 2011; Babu & Kar, 2009; Sorenson, Upchurch, & Shen, 1996), whereas studies in Bangladesh, Kenya, and Peru found women in rural areas to be at greater risk (Abuya, Onsomu, Moore, & Piper, 2012; Aklimunnessa et al., 2007; Flake, 2005).

Society

Broad societal factors have implications for the individual, family, and community to create or reduce opportunities for IPV. Women in communities with

norms that tolerate IPV are at greater risk (Antai, 2011a). Societies with rigid gender roles or concepts of masculinity linked to dominance, honor, or aggression are more prone to IPV (Heise, 1998; Krug et al., 2002). Societies with a high level of violence and accept violence as a way to resolve disputes also tend to have a higher level of IPV (Antai, 2011b; Erchak & Rosenfeld, 1994; Heise, 1998; Krug et al., 2002). Moreover, women in countries in conflict or post-conflict conditions are at increased risk of IPV (Buvinic et al., 1999; Krug et al., 2002). Buvinic argues that "increased social violence generates more domestic violence by lowering inhibitions against the use of violence, by providing violent role models, and by subjecting individuals to additional stress, a situational trigger for violent behavior" (Buvinic et al., 1999).

This framework is the most comprehensive as it incorporates various theories about IPV in its nested levels. As noted above, scholars have applied the framework in studies across the globe. Although the ecological model is useful in accounting for how different systems play on individuals and relationships, it is not without its limitations. Many scholars have raised issues that the model has a U.S./Western focus and that the levels do not necessarily nest in this way across societies. The model assumes that each level carries equal weight and influence on the individual and relationship. However, in some societies, that is not the case. For example, some Asian societies are community-oriented or may have a culture that placing a higher value on boys. Thus, in these societies, the family, community, and societal levels may carry more weight. These cultural differences should be noted when applying the model in certain countries and regions. Nonetheless, this model is useful as it provides a way to account for these various factors at various levels simultaneously.

Feminist approach

The socio-ecological framework includes the feminist perspective at various levels in its model (e.g., male control of wealth and decision making in the family) and is the lens through which I apply this model throughout my dissertation. The next section grounds my dissertation in gender studies by highlighting feminists' views on marriage, IPV, and intersectionality as an analytical framework.

Feminism on Marriage. Over the past four decades, feminists have revealed the oppressive nature of marriage and family life for women by critiquing the traditional gender- structured marriage and documenting the overwhelming financial, emotional, and physical cost to women (Blaisure & Allen, 1995; Glenn, 1987). For centuries and continuing to today, women are the primary marital partners responsible for the "family's emotional intimacy, for adapting their sexual desires to their husbands', for monitoring the relationship and resolving conflict from a subordinate position, and for being as independent as possible without threatening their husbands' status" (Blaisure & Allen, 1995, p. 6). Feminists have linked the problematic nature of marriage for women to patriarchy (i.e., the gender inequality of power in our society) and the devaluation of women's work (Ferree, 1990; Glenn, 1987).

The end of the Middle Ages marked the beginning of capitalism, which moved the basic production unit outside of the family, and for the first time, non-Black people were paid wages for work regularly. As the market for wage labor increased, the family had to evolve to support it, leading to a rise in nuclear families, the erosion of women's position, and the strengthening of men's authority (Leacock, 1972 #328). The domestic work (i.e., child-rearing and cleaning) performed by women received no wages and therefore became devalued (Kelly, 2011).

Other feminists focus on the marriage system that exploits women for men's benefit, as women are mainly valued for sexuality and fertility (Tabi, Doster, & Cheney, 2010). For instance, in some societies where farming is the leading occupation, a wife's fertility is valued by her husband because she will bore him lots of children to work the land, leading to greater economic success. Scholars document that polygyny was favored in many African nations, as men were encouraged to have multiple wives and children to increase their labor force (Gwanfogbe, Schumm, Smith, & Furrow, 1997). Polygynous men were more successful and retained a privileged social status; the more subordinates and dependents the man has, the wealthier he became. In the marriage system, the feminist view is that women are regarded as just a vessel for men's seed, and even more so in polygynous unions" (Nasimiyu'Wasilte, 2005).

Feminist views of IPV. Feminist explanations of IPV focus on patriarchy and how power inequality is expressed in relationships (e.g., husbands use violence to maintain dominance). Structurally, societies worldwide grant men power over women's economic, educational, political, legal, and religious institutions, and women occupy a subordinate position. Patriarchy gives men the "right" to dominate and control women; thus, male violence is a means of social control over women in general (Dobash & Dobash, 1979). Dobash and Dobash explain that what is "…distinctive about violence against wives is that it occurs in a particular context of perceived entitlement and institutional power asymmetry" (Dobash & Dobash, 1992, p. 83).

The socialization of children across cultures reinforces male dominance over women. Often socialization for boys encourages them to be ultra-masculine and use violence to settle disputes, whereas expectations for girls include obedience, deference, and loyalty (Sugarman & Frankel, 1996). Supporting this view, Russell asserts that rape is a behavior learned by men through interaction with others, which is consistent in

critical ways with socialization into masculinity: "…being aggressive is masculine; being sexually aggressive is masculine; rape is sexually aggressive behavior; therefore rape is masculine behavior" (Russell, 1975, p. 261). Such behavior establishes traditional male dominancy and symbolically puts women in a subordinate place.

Intersectionality. A group of Black revolutionary feminists challenged the view of an oppressed "universal woman," as there are multiple aspects to a woman's identity, and gender identity is influenced by other factors (i.e., class, national origin, ethnicity, race, religion) (M. L. Anderson & Collins, 2015; Collins, 1998a, 1998b; Crenshaw, 1991; Hooks, 1984). The intersection of the many aspects of a woman's identity creates differences in women's experiences with IPV and their obstacles when trying to leave an abusive relationship (Crenshaw, 1991) For example, compared to White women, Black women are more likely to be victims of nonfatal IPV and 2.5 times more likely to be victims of fatal IPV (Black et al., 2011; M. J. Breiding, 2014; Rennison & Welchans, 2000; Murray Arnold Straus, 1988; Murray A Straus & Gelles, 1986; Tjaden & Thoennes, 2000a). IPV against Black women is not solely because they are women but also due to the intersecting patterns of race and gender, and perhaps other socio-demographic characteristics.

The risk of IPV victimization is associated with low education, poverty, unemployment, alcohol and illicit drug use, community violence, and abuse in the family of origin (Heise et al., 2002), all of which are prevalent in Black communities. Because institutional and structural racism pervades education, employment, and housing opportunities in America, Black women have fewer resources and self-sufficiency options when they leave an abusive relationship. Black women face additional obstacles when trying to find a job or housing, as the unemployment rate is higher among people of color and banks practice discriminatory lending (Morris, 2009).

Because of racial profiling and surveillance practices, some Black women mistrust and do not seek help from the police.

Synopsis

This dissertation uses a mixed-method approach to examine the relationship between family structure and IPV victimization. It consists of three manuscripts and a concluding chapter. Each manuscript is of a separate study that uses different data and analytical tools to explore the association between IPV and relationship or family type. My pursuit of a Ph.D. has been about mastering research methods. Professionally, I have over 16 years of experience managing public health programs and performance improvement projects to improve health outcomes for women and children. I fervently believe that policy should be based on sound data that informs the strategy. Understanding that you cannot use a one-size-fits-all approach in social policy, I desired a Ph.D. so I can help others translate research into practice.

As a black woman dedicated to social justice and a passion for addressing the needs of marginalized communities, I chose to examine family structure, specifically polygyny, because of its origins in African societies, and more recently, its consideration as an answer for Black women who desire companionship in light of the Black male drought in the US (Kilbride & Page, 2012). Thus, I used multiple methods to explore this practice worldwide and centered the analyses on black women's experiences and voices.

The first manuscript is a systematic review of prevalence studies that report IPV rates by relationship and family structure. Using studies conducted around the globe, the review explores two questions: 1) What is the association between relationship structure and current IPV?; and 2) What is the association between family structure and current IPV? The next study is a secondary data analysis of Ghana's 2008 Demographic Health Survey, comparing women's experiences with IPV in polygamous and monogamous

marriages. The study addresses three questions: 1) What is the association between marital type and IPV? 2) What is the association between marital type and the forms of IPV experienced? and 3) What is the association between marital type and the types of injuries sustained as a result of IPV? The final paper is a qualitative study with Sunni Muslim women in Philadelphia, some of whom share their husbands. This study addresses two questions: 1) What are the lived experiences of Black American Sunni Muslim women in terms of IPV? and 2) Do they believe polygyny to be inherently abusive? Misconceptions and negative connotations surround polygamy, and this body of work aims to increase cultural competency in conversations about relationship and family types and IPV.

Chapter 1: References

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CHAPTER 2: INTIMATE PARTNER VIOLENCE AND FAMILY AND RELATIONSHIP STRUCTURES: A SYSTEMATIC REVIEW

Background and Significance

Intimate Partner Violence (IPV) is a global and pervasive problem. Worldwide, 30% of women over the age of 15 have experienced IPV and 38% of all female homicides are committed by male intimate partners (Stöckl et al., 2013). Both men and women are victims of IPV, defined as "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2013); although, females are more likely to be injured and killed (Stöckl et al., 2013; Tjaden & Thoennes, 2000b; WHO, 2013). Prevalence of IPV victimization varies by geographic region, with ever-partnered women in African, Eastern Mediterranean, and South-east Asian regions reporting the highest rates, a 37% lifetime prevalence of physical and/or sexual assault by a partner (WHO, 2013). IPV can result in negative sexual, perinatal, physical, mental health, and economic consequences for women and have lasting detrimental effects on children who witness the abuse (Wood & Sommers, 2011).

Along with the adverse health effects of IPV are substantial economic costs; one study estimated the cost of IPV in the U.S. to be $3.6 trillion (Peterson et al., 2018). In Ecuador, the estimated total costs for IPV victims in 2004 was $182 billion, accounting for lost productivity, treatment, and legal services (Roldos & Corso, 2010). Having a history of IPV, increases healthcare utilization and costs even after the abuse has ceased (Coker, Reeder, Fadden, & Smith, 2004; Fishman, Bonomi, Anderson, Reid, & Rivara, 2010; Rivara et al., 2007). Rivara et al. (2007) found annual total healthcare costs to be 19% higher for women with a history of IPV (amounting to $439 annually) compared to

women without IPV. An important economic, social policy, public health, and human rights concern (Stöckl et al., 2013), nations are challenged by the complex nature of IPV.

Researchers have recognized the multifaceted nature of IPV and that prevention efforts must start with a holistic understanding of which personal, situational, and socio-cultural factors are associated with IPV (Abeya et al., 2011; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Heise, 1998; Owoaje & Olaolorun, 2006; Puri et al., 2012). However, most IPV studies focus on risk factors at the individual level or the nature of the relationship between the victim and the assailant. An ecological framework has been used to highlight the importance of the social environment in which IPV occurs (Heise, 1998). The framework acknowledges that an intimate relationship does not exist in isolation and that the social context in which the couple relates affects the dynamics between members of the couple. The model challenges researchers to assess how the family, community, social institutions, and public policies "legitimize, obscure and deny abuse" (Heise et al., 2002, p. S5).

Relationship and marital status are important factors in IPV. Multiple cross-sectional studies have identified differences in women's risk of IPV victimization based on their relationship with their partners (i.e., dating, cohabitating, married, separated, or divorced). Unmarried women cohabiting with a partner appear to be at greater risk of experiencing IPV than women in marital or dating relationships (Brown & Bulanda, 2008; Caetano et al., 2005; Cui, Durtschi, Donnellan, Lorenz, & Conger, 2010; Herrera, Wiersma, & Cleveland, 2008; Magdol, Moffitt, Caspi, & Silva, 1998; Urquia et al., 2012; Zlotnick et al., 1998). Separated and divorced women also report a higher prevalence of lifetime IPV than married women (Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Hyman, Forte, Mont, Romans, & Cohen, 2006; O'Donnell, Smith, & Madison, 2002; Sorenson & Telles, 1991).

All of the above-referenced studies were conducted in high-income, English-speaking countries. Given the phenomenon's global and complex nature, it is important to examine relationship status and IPV in multiple economic and social contexts. Moreover, what constitutes a socially acceptable union varies by country and by culture. For example, some societies, including many African nations, allow polygyny (i.e., for one man to have more than one wife) (Aborapmpah & Sudarkasa, 2011), whereas other countries, including the U.S., outlaw it. In Western countries, marriage often is perceived as a product of love, but elsewhere (e.g., Nepal, India), arranged marriages are common (Adhikari & Tamang, 2010; Babu & Kar, 2009). In the U.S., cohabiting before marriage is typical, but in many other societies (Islamic countries, for instance), cohabitation outside of marriage is forbidden. IPV takes place in same-sex relationships as well (Messinger, 2011). Because of the variety of relationship and marital arrangements around the globe, more research is needed to better identify which individuals, in which specific marital or relationship types, are at the highest risk of IPV.

The family/household is often the immediate context in which intimate partners interact. Factors related to the family environment, such as size, structure, and the relationships between family members, are associated with the likelihood of violence occurring between adults in an intimate relationship (Kang, 2012). The presence of others – children or relatives – in the home can affect the couple's dynamics. For instance, having children or a large family can be a financial strain, thereby increasing tension in the home, leading to violence (Aneshensel, 1992; R. J. Gelles, 1997; Sabri et al., 2014; Seltzer & Kalmuss, 1988). Therefore, risk factors for IPV may vary by family structure. Studies conducted in India and Mexico find that crowding in the home or the presence of non-nuclear family members in the home is associated with increased odds of women experiencing IPV (Babu & Kar, 2009; Villarreal, 2007). However, in

Bangladesh, researchers find that the percentage of women reporting experiences with IPV decreases with the number of people in the house (Rahman et al., 2014). Findings are more consistent with child-bearing status. Studies across regions find that women who have children are at greater risk of experiencing IPV than women without children (Acevedo et al., 2013; Adebowale, 2018; Aklimunnessa et al., 2007; Atteraya et al., 2015; Flake, 2005; Kwagala et al., 2013; Owoaje & Olaolorun, 2006; Sabri et al., 2014; Tokuç et al., 2010; Vest et al., 2002). Moreover, IPV has been positively associated with the number of children (Rahman et al., 2014; Sabri et al., 2014).

Family compositions vary across the globe and continue to evolve. Two-parent families are becoming less common in many parts of the world (Child Trends, 2014). Moreover, in the Americas, Europe, Oceania, and sub-Saharan Africa, children are more likely to live with one or no parents than children in other regions. Extended families, which include kin from outside the nuclear family, are common in Asia, the Middle East, Central/South America, and in sub-Saharan Africa but not elsewhere. With diversity in familial arrangements and the increasing number of single-parent households, same-sex couples raising children, blended, multigenerational, and polygamous families worldwide (Child Trends, 2014; P. Cohen, 2014; Lofquist, 2012; US Census Bureau, 2013), further research is needed to explore the association between the presence of extended family members and children in the household and violence by an intimate partner.

Most epidemiological studies provide information on the relationship type (i.e., married, cohabitating, or dating) and the sample's demographic characteristics such as age, education level, and religion. However, few assess or report IPV prevalence by marriage type or family structure, including the number of children and number of other relatives in a household. Previous systematic reviews on the global prevalence of IPV

focus on country and regional comparisons of lifetime IPV rates, and they all call for future research to recognize cultural and family-environmental differences when examining IPV (Alhabib, Nur, & Jones, 2010; WHO, 2013). Recently, prevention science experts purport that interventions would be better informed by risk factors linked to past-year experience of IPV instead of factors associated with lifetime experience of IPV (Jewkes et al., 2017).

This systematic review addresses two research questions: 1) What is the association between relationship structure and current IPV (i.e., women's past-year IPV experiences)?; and 2) What is the association between family structure and current IPV? The findings from this systematic review provide insight into the nature and scope of IPV in relationship and familial structures and offer suggestions for future research. To my knowledge, there are no published systematic reviews on the topic.

Methods

Search strategy

I systematically examined the English-language peer-reviewed literature that reports the prevalence of IPV. I consulted with Penn librarians to determine which databases would best capture studies of interest and yield the least number of duplicates. No date limit was applied to any of the databases searched. To obtain the international literature on family type and IPV, I conducted electronic searches of ten databases (Table 2.1), including large databases such as Medline and PsychInfo and smaller, more narrowly-defined databases such as GenderWatch and the International Bibliography of the Social Sciences.

On June 6, 2016, I searched each database using specific search terms for IPV and the various relationship and family structures (Table 2.2). I used truncated versions of the various search terms if allowed by the database. I chose to exclude case studies,

commentaries, book reviews, and other such publications whenever the option was available in the database. I assessed over 6,000 unique abstracts that resulted from the searches.

Inclusion criteria

I used the following criteria to determine which peer-reviewed quantitative studies would to include:

1. Published in the English language;
2. Used a community-residing probability-based sample to ensure prevalence rates of IPV are representative of the women in that specific geographic locale;
3. Used a validated scale of IPV such as the Conflict Tactics Scale (Murray A. Straus, 1979);
4. Assessed past-year prevalence of women of reproductive age (15 and older) who were self-reported victims of IPV (emotional, physical, and sexual);
5. Reported findings by relationship structure and/or family structure.

I included studies reporting IPV in any geographic locale to obtain a global perspective of prevalence rates.

I excluded studies on teen dating violence because the family structure referenced in such studies typically examines the teen's family of origin, which is not the focus of the present investigation. I also excluded studies about IPV among same-sex couples because this dissertation focuses on male-to-female IPV determinants. Finally, since this review focuses on assessing current IPV prevalence, studies on intimate partner homicides or IPV fatalities were excluded.

Methods of the review

I conducted a systematic electronic search of the databases and exported more than 17,000 identified references into the bibliographical software EndNote 12. After

EndNote removed duplicates, a research assistant screened 6,068 abstracts and titles based on the inclusion criteria. Those deemed not relevant were removed from further consideration after recording the basis for their exclusion. After the initial screen, I reviewed the text of 296 studies to determine eligibility. I excluded 269 studies as they did not meet the inclusion criteria. Not estimating prevalence by relationship and/or family type was the primary exclusion reason, as 134 studies failed to do so; Figure 1 details the entire study selection process and other exclusion reasons.

Methodological quality appraisal

I assessed the methodological quality of 29 studies using a quality appraisal tool adapted from previous research (Fisher et al., 2012; Roman & Frantz, 2013; VanderEnde, Yount, Dynes, & Sibley, 2012). The quality appraisal tool assessed whether each study: (i) has explicit study aims, describes their theoretical framework, reports and adequately describes the source of the data, (iv) reports the response rate, (v) includes the definition of IPV used in the study, (vi) uses a valid and reliable measure of IPV, (vii) describes human-subject protections or procedures, and (viii) conducts appropriate statistical analysis. One point was given for a "yes" answer and zero for a "no" answer, for a maximum score of 8 points. I included studies that scored six or above in the systematic review, in congruence with previous systematic reviews (Fisher et al., 2012; Roman & Frantz, 2013; VanderEnde et al., 2012). Twenty studies scored six or higher on the quality appraisal. Table 2.3 provides the scores of the included studies. Four studies did not meet the quality threshold because they failed to: describe their theoretical framework (n=3), report a response rate (n=3), define IPV (n=4), or did not use a valid IPV measure (n=2).

Data extraction

I extracted data from each study using an Excel spreadsheet, starting with authors, year of publication, and country. I extracted the following data on methods: study design, sampling strategy, sample size and response rate, data collection year and method, survey name, and IPV scale. I extracted information on relationship status (i.e., cohabiting, dating, divorced, married, separated, or widowed), marriage types (i.e., monogamous, polygynous, arranged, love, blood relation), and family types (i.e., with and without children, nuclear, extended, and household size). I extracted overall IPV prevalence by type, emotional (EV), physical (PV), and sexual violence (SV), and extracted prevalence data by relationship and family type. I followed the PRISMA Guidelines (Moher et al., 2009). I did not perform a meta-analysis, as it was not feasible given methodological inconsistencies.

I also extracted data on known correlates of IPV based on the social-ecological model. I extracted the following data on the respondent at the individual level: age, personal history with abuse or witnessing abuse, educational attainment, alcohol use, and acceptance of wife-beating justifications. I extracted the following data on the respondent's partner at the individual level based on her report, specifically his: educational attainment, history with abuse or witnessing abuse, and alcohol use. At the relationship level, I extracted data on education or economic status imbalance and the husband's controlling behavior. At the family level, I extracted information on household wealth and where they reside - rural or urban.

Human subjects protections

The study was exempted from the University of Pennsylvania's Institutional Review Board review because no contact with human subjects occurred.

Results

Study Characteristics (Table 2.4)

Of the 20 studies included, 14 different datasets are used. More than half of the studies (11 out of 20) were published between 2010 and 2016 (Abeya et al., 2011; Allendorf, 2013; Gokler, Arslantas, & Unsal, 2014; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Puri et al., 2012; Rahman et al., 2014; Tokuç et al., 2010; Wandera et al., 2015; Yount & Li, 2010; Yuksel-Kaptanoglu et al., 2012), and the remaining nine were published between 2002 and 2009 (Aekplakorn & Kongsakon, 2007; Akmatov et al., 2008; Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Lipsky & Caetano, 2007; Owoaje & Olaolorun, 2006; Vest et al., 2002; Vung et al., 2008). However, the actual data used are far less recent with only 30% of studies (6 out of 20) using data that were collected after 2008, one was collected in 2008 (Yuksel-Kaptanoglu et al., 2012), one in 2009 (Puri et al., 2012), and four in 2011 (Abeya et al., 2011; Gokler et al., 2014; Kwagala et al., 2013; Wandera et al., 2015). Twelve studies used data collected from 2000 to 2007; five of which used data from 2005, the most frequently used data collection year (Aekplakorn & Kongsakon, 2007; Akmatov et al., 2008; Allendorf, 2013; Sitawa R. Kimuna et al., 2013; Yount & Li, 2010).

The 20 resultant studies have participants from around the globe. The South-East Asian and North American were the most represented regions (WHO, n.d.), each having five studies. In South-East region, there is one study from Bangladesh (Rahman et al., 2014), two from India (Allendorf, 2013; Sitawa R. Kimuna et al., 2013), one from Nepal (Puri et al., 2012), and one from Thailand (Aekplakorn & Kongsakon, 2007). Three studies from the North American region were from the U.S. (Bair-Merritt et al., 2008; Lipsky & Caetano, 2007; Vest et al., 2002) and two from Canada (Brownridge,

Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008). There are four studies conducted in the African region, namely Ethiopia (Abeya et al., 2011), Nigeria (Owoaje & Olaolorun, 2006), and Uganda (Kwagala et al., 2013; Wandera et al., 2015). Three studies are from the European region; all are from Turkey (Gokler et al., 2014; Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012). Two studies are from the Eastern Mediterranean region, specifically Egypt (Akmatov et al., 2008; Yount & Li, 2010), and the remaining study is from the Western Pacific, specifically Vietnam (Vung et al., 2008). None of the included studies are from Central or South America or the Caribbean.

All studies are cross-sectional, using a randomized sampling strategy (e.g., random-digit-dialing or multi-stage stratified or cluster). Sample sizes ranged from 288 to 69,484. Altogether, a total of 189,789 women were assessed from the reviewed studies. Most of the studies (14 out of 20) used in-person interviewing as their data collection method (Abeya et al., 2011; Aekplakorn & Kongsakon, 2007; Akmatov et al., 2008; Allendorf, 2013; Gokler et al., 2014; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Lipsky & Caetano, 2007; Owoaje & Olaolorun, 2006; Puri et al., 2012; Rahman et al., 2014; Tokuç et al., 2010; Vung et al., 2008; Wandera et al., 2015; Yount & Li, 2010; Yuksel-Kaptanoglu et al., 2012). The remaining four studies use telephone or computer-assisted telephone interviewing (Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Vest et al., 2002).

Across the studies, the majority of women participants are between the ages of 15-49 (Abeya et al., 2011; Akmatov et al., 2008; Gokler et al., 2014; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Owoaje & Olaolorun, 2006; Rahman et al., 2014; Tokuç et al., 2010; Wandera et al., 2015; Yount & Li, 2010; Yuksel-Kaptanoglu et al., 2012). Fourty-eight percent of studies (12 out of 20) are of women in a current relationship (i.e.,

currently married, cohabitating, or dating) (Aekplakorn & Kongsakon, 2007; Akmatov et al., 2008; Allendorf, 2013; Gokler et al., 2014; Kwagala et al., 2013; Lipsky & Caetano, 2007; Puri et al., 2012; Rahman et al., 2014; Tokuç et al., 2010; Vung et al., 2008; Wandera et al., 2015; Yount & Li, 2010); and 32% of studies (8 out 20) are of ever-married or ever-partnered women (Abeya et al., 2011; Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Sitawa R. Kimuna et al., 2013; Owoaje & Olaolorun, 2006; Vest et al., 2002; Yuksel-Kaptanoglu et al., 2012). Ever-married or ever-partnered include women who separated, divorced or widowed. The studies defined an intimate partner in two ways; twelve studies classified an intimate partner as a current or former partner (Abeya et al., 2011; Akmatov et al., 2008; Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Owoaje & Olaolorun, 2006; Vest et al., 2002; Vung et al., 2008; Wandera et al., 2015; Yuksel-Kaptanoglu et al., 2012), and the remaining eight studies defined an intimate partner as a current partner only (Aekplakorn & Kongsakon, 2007; Allendorf, 2013; Gokler et al., 2014; Lipsky & Caetano, 2007; Puri et al., 2012; Rahman et al., 2014; Tokuç et al., 2010; Yount & Li, 2010).

The majority of the studies (15 out of 20) used the Conflict Tactics Scale (Akmatov et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Kwagala et al., 2013; Wandera et al., 2015; Yount & Li, 2010) or an adaptation (Abeya et al., 2011; Gokler et al., 2014; Puri et al., 2012; Vung et al., 2008; Yuksel-Kaptanoglu et al., 2012). Five studies used their own IPV measures (Aekplakorn & Kongsakon, 2007; Bair-Merritt et al., 2008; Lipsky & Caetano, 2007; Tokuç et al., 2010; Vest et al., 2002) that were validated and culturally relevant to the geographic locale. The studies vary in their IPV outcome for analysis. Five studies assessed prevalence based on

a composite of three types of IPV (PV/SV/EV); if the respondent reported experiencing any one form, physical or sexual or emotional (Abeya et al., 2011; Aekplakorn & Kongsakon, 2007; Gokler et al., 2014; Tokuç et al., 2010; Vung et al., 2008). Seven studies used a composite of physical or sexual violence (PV/SV) to estimate prevalence (Akmatov et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Sitawa R. Kimuna et al., 2013; Rahman et al., 2014; Vest et al., 2002; Yuksel-Kaptanoglu et al., 2012). One study used a composite of physical or emotional violence (PV/EV) (Owoaje & Olaolorun, 2006). Four studies examined physical violence (PV) only (Bair-Merritt et al., 2008; Kwagala et al., 2013; Lipsky & Caetano, 2007; Yount & Li, 2010), and three studies assessed sexual violence (SV) only (Allendorf, 2013; Puri et al., 2012; Wandera et al., 2015).

Prevalence rates (Table 2.5)

As shown in Table 2.5, overall prevalence rates for women experiencing any form of IPV range as high as 73% in Ethiopia in 2011 (Abeya et al., 2011) and as low as 2.3% in the late 1990s in the U.S. (Vest et al., 2002). Prevalence rates among women for any type of IPV from African countries are 20% in Nigeria (Owoaje & Olaolorun, 2006) and 41% in Uganda (Kwagala et al., 2013). In Egypt, IPV prevalence was 19% in 2005 (Akmatov et al., 2008). In 2011, 39% of Turkish women reported experiencing IPV (Gokler et al., 2014). The two studies in Canada (Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008) did not provide IPV prevalence by type, but only by relationship and family type.

The next section will provide estimates of current IPV prevalence by relationship status, marriage type, or family structure. I will discuss and present the studies by WHO region to compare and contrast findings in similar geographic contexts. However, three

WHO regions are represented only by one country, specifically, Egypt in the Eastern Mediterranean, Turkey in Europe, and Vietnam in the Western Pacific.

Relationship Structure and IPV Prevalence (Table 2.6)

There are nine studies from two regions, African and North American, that assessed the prevalence of IPV by relationship status (i.e., single, cohabiting, married, separated, divorced, widowed) (Abeya et al., 2011; Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Kwagala et al., 2013; Lipsky & Caetano, 2007; Owoaje & Olaolorun, 2006; Vest et al., 2002; Wandera et al., 2015). There are four studies from the African region represented by three countries, Ethiopia (Abeya et al., 2011), Nigeria (Owoaje & Olaolorun, 2006), and Uganda (Kwagala et al., 2013; Wandera et al., 2015). All four defined an intimate partner as a current or former partner. The types of IPV used to assess prevalence were different across the studies. Abeya (2011) used a composite of PV/SV/EV to estimate IPV prevalence in Ethiopia, whereas Owoaje et al. (2006) used a composite of PV/EV in Nigeria. In Uganda, Wandera et al. (2015) assessed SV, and Kwagala et al. (2013) assessed PV.

Two studies found a significant relationship between relationship type and IPV, with the highest prevalence among cohabiting women (Kwagala et al., 2013; Owoaje & Olaolorun, 2006). In Nigeria, IPV prevalence was highest among cohabiting women at 30% compared to married at 17% (Owoaje & Olaolorun, 2006). In Uganda, the prevalence was higher among cohabiting (43%) than married women (40%) by a smaller yet statistically significant amount (Kwagala et al., 2013). Two studies (Abeya et al., 2011; Wandera et al., 2015) did not find significant differences in IPV prevalence by relationship status – married, cohabiting, separated, divorced, or widowed.

In the five studies conducted in North America - two in Canada (Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008) and three in the U.S.

(Bair-Merritt et al., 2008; Lipsky & Caetano, 2007; Vest et al., 2002)- relationship type was significantly associated with IPV. In Canada, Brownridge et al. (2008; Brownridge, Hiebert-Murphy, et al., 2008) found IPV prevalence to be higher for separated (14% in 1999, 8% in 2004) and divorced (5% in 1999, 3% in 2004), than for married women (2% in 1999, 1% in 2004). Both studies estimated past year PV/SV prevalence, committed by a current or former partner.

In the U.S., Lipsky et al. (2007) found the prevalence of IPV to be highest among cohabiting (9%) compared to married women (4%). The study sample comprised only of women cohabiting with a partner at the time of the survey, therefore separated and divorced women were classified as cohabiting. Lipsky et al. (2007) estimated PV prevalence from a current partner solely.

The two other studies in the U.S. (Bair-Merritt et al., 2008; Vest et al., 2002) used logistic regression to assess IPV prevalence by relationship type and presented their results as adjusted prevalence odds ratios. Bair-Merritt and colleagues (2008) found non-married groups of women to be at increased odds of IPV compared to the married group; the odds of IPV is higher for divorced/separated (AOR=9.7, 95% CI: 4.0, 23.0), cohabiting (AOR=6.1, 95% CI: 2.5, 6.6), and singles (AOR=3.7, 95% CI: 1.6, 8.7), relative to married women. Vest et al. (2002) also found non-married women to be at increased risk of IPV, the odds of experiencing IPV is higher for divorced/separated (AOR=5.3, 95% CI: 4.1, 6.9) and singles (AOR=5.3, 95% CI: 4.1, 6.7), than for married women. Whereas Bair-Merritt et al. (2008) did not find significant differences in IPV risk between widowed and married women, Vest and colleagues (2002) found odds of IPV to be significantly lower for widowers (AOR=0.4, 95% CI: 0.2, 0.8) compared to marrieds.

Both in African and North American countries, relationship status is significantly associated with IPV prevalence. Specifically, being non-married (i.e., cohabiting,

divorced/separated, or dating) is positively associated with IPV. Marriage may be a protective factor against IPV in these African and North American countries.

Marriage Type and IPV Prevalence. Seven studies provide the prevalence of IPV by the characteristics of the marital relationship, polygyny (Abeya et al., 2011; Vung et al., 2008), how the marriage is initiated (Abeya et al., 2011; Puri et al., 2012; Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012), and the woman's blood relation to her husband (Akmatov et al., 2008; Yount & Li, 2010). Five WHO regions are represented by one country each: African – Ethiopia (Abeya et al., 2011), Eastern Mediterranean – Egypt (Akmatov et al., 2008; Yount & Li, 2010), European – Turkey (Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012), South East Asian – Nepal (Puri et al., 2012), and Western Pacific – Vietnam (Vung et al., 2008). Findings for each marital type is discussed below and presented in separate tables.

Polygyny and IPV Prevalence. As shown in Table 2.7, two studies - one from Ethiopia (Abeya et al., 2011) and the other from Vietnam (Vung et al., 2008) - compared IPV prevalence by polygyny and monogamy. Abeya and colleagues (2011) used a composite of PV/SV/EV to estimate IPV prevalence and found past-year prevalence to be significantly higher for women polygynous unions (83%) than monogamous (71%). They also found IPV odds to be greater for women polygyny (AOR=2.5, 95% CI: 1.5, 5.0) than for monogamy. However, in Vietnam, the prevalence of IPV among women did not significantly differ by marriage type: 9% of women in polygynous as well as monogamous marriages reported physical/sexual violence, and 27% of monogamous women and 20% of polygynous women report emotional violence (Vung et al., 2008).

Arranged marriage and IPV Prevalence (Table 2.8). An arranged marriage is when the family, most often the parents, makes the decision for the couple to marry. In Turkey, two studies found IPV prevalence to be significantly higher for arranged

marriages than love. Tokuc et al. (2010) estimate IPV prevalence to be 75% in arranged and 30% in love marriages, and the odds of IPV to be significantly greater for women in arranged (AOR=4.6, 95% CI: 1.4, 14.8) compared to love marriages. Similarly, Yuksel-Kaptangoglu et al. (2012) estimated IPV prevalence to be 18% for women in arranged marriages and 12% for women who married for love; and higher odds of IPV for women in arranged (AOR=1.4, 95% CI: 1.2, 1.7) than love marriages. Therefore, marriage type (i.e., arranged marriage) was positively associated with IPV prevalence in Turkey. However, in Nepal and Ethiopia, researchers did not find IPV prevalence to vary by marriage type. There was practically no difference in prevalence between the groups: IPV prevalence was 31% for women in arranged as well as love marriages in Nepal (Puri et al., 2012), and was 73% for arranged and 72% for love marriages in Ethiopia (Abeya et al., 2011).

Blood relationship and IPV Prevalence (Table 2.9). Two studies in Egypt assessed if marriage to a blood relative (i.e., whether the women are related to their husbands in some way) was associated with IPV; both used the same 2005 dataset, which contained seven categories for the degrees of blood relation. Akmatov et al. (2008) examined the difference in IPV prevalence among women with any blood relationship to their husbands and women unrelated to their husbands. They found no significant difference in IPV prevalence among women related to their husbands relative to IPV prevalence among women unrelated to their husbands, with 19% of women in both groups reporting IPV. Yount et al. (2010) examined the blood relationship between the woman and her husband in multiple ways (non-relative, first or second paternal cousin, first or second maternal cousin, other relatives by blood or marriage). Prevalence was highest among women married to the third paternal or maternal cousin (24%). Prevalence among women was 18% if their husband was a non-relative, 16% if their

husband was a first/ second paternal cousin, and 14% if their husband was a first/ second maternal cousin (Yount & Li, 2010).

In summary, marriage type's association to IPV prevalence is unsettled. Polygyny's association with IPV is questionable, as it was significantly associated with past-year IPV prevalence in Ethiopia, but not in Vietnam. In Turkey, arranged marriage is significantly associated with IPV, but not elsewhere. In Egypt, blood relationship's association with IPV prevalence is uncertain, as one study suggests that the degree of the relationship could be significant. Marriage type's association with IPV depends on the county.

Family Structure and IPV Prevalence

Nineteen studies estimated IPV prevalence by family structure: 18 studies by the number of children (Aekplakorn & Kongsakon, 2007; Akmatov et al., 2008; Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Gokler et al., 2014; Sitawa R. Kimuna et al., 2013; Kwagala et al., 2013; Lipsky & Caetano, 2007; Owoaje & Olaolorun, 2006; Puri et al., 2012; Rahman et al., 2014; Tokuç et al., 2010; Vest et al., 2002; Vung et al., 2008; Wandera et al., 2015; Yount & Li, 2010; Yuksel-Kaptanoglu et al., 2012); three by household density (Lipsky & Caetano, 2007; Rahman et al., 2014; Tokuç et al., 2010); and four by whether extended family is present in the household (Aekplakorn & Kongsakon, 2007; Allendorf, 2013; Yount & Li, 2010; Yuksel-Kaptanoglu et al., 2012). Studies vary with how they assess IPV prevalence (i.e., by a specific type of violence or composite of violence forms), number of children, and other family members in the household. Findings are discussed below by family type and WHO region.

IPV Prevalence by Number of Children (Table 2.10). From the African region, three studies assessed prevalence by the number of children (Kwagala et al., 2013;

Owoaje & Olaolorun, 2006; Wandera et al., 2015). Two studies found prevalence to be significantly higher among women with children than women without (Kwagala et al., 2013; Owoaje & Olaolorun, 2006), and one found no difference by child-bearing status (Wandera et al., 2015). In Nigeria, the prevalence of PV/EV was 17% for women without and 26% for women with children; odds of experiencing IPV was significantly higher for women with children (OR=1.8, 95% CI: 1.0, 3.0) than without (Owoaje & Olaolorun, 2006). Similarly, in Uganda, the prevalence of PV was higher for women with children (40% with 1-4, 47% with 5+) than without (13%) (Kwagala et al., 2013). Wandera et al. (2015), however, did not find differences in the prevalence of SV between Ugandan women with and without children (25% with 1-4, 29% with 5+, 20% with no children).

From the Eastern Mediterranean region, two studies using the same 2005 dataset of Egyptian women found IPV prevalence associated with child-bearing status (Akmatov et al., 2008; Yount & Li, 2010). Yount et al. (2010) found that the prevalence of PV was significantly higher for women with children (19%) than without (13%). Likewise, Akmatov and colleagues (2008) found an association between PV/SV prevalence and the number of children (0-1: 15%, 2-5: 20%, 6+: 19%). Moreover, the odds of IPV was significantly lower for those with 0-1 child (AOR=0.5, 95% CI: 0.4, 0.7) than women with six or more children; the lack of statistical difference for women with 2-5 children (AOR=0.9, 95% CI: 0.8, 1.2) could be explained by how the authors combined women without children and women with one child into one group, potentially masking the variation.

In Turkey, IPV prevalence is positively associated with the number of children, as findings were consistent across three studies (Gokler et al., 2014; Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012). Yuksel-Kaptanoglu et al. (2012) found the prevalence of PV/SV to be higher among women with three or more children (18%) versus two (13%),

one child (14%), or no children (14%). Similarly, the prevalence of PV/SV/EV was higher among women with children (39%) than without (22%) (Tokuç et al., 2010). Furthermore, the prevalence of women with three or more children (60%) doubled those with two or fewer children (31%) (Tokuç et al., 2010). Golker and colleagues (2014) found the prevalence of PV/SV/EV to be higher for women with four or more children (47%) versus three children (43%), two children (38%), one child (27%), or no children (35%).

In the North American region, five studies reported IPV prevalence by the number of children (Bair-Merritt et al., 2008; Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008; Lipsky & Caetano, 2007; Vest et al., 2002). Both studies of Canadian women found IPV prevalence highest among separated women with children relative to all women (Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008). Both studies used PV/SV to estimate prevalence, reported by marital and child-bearing status. One of these studies used data collected in 1999 (Brownridge, Chan, et al., 2008), and the other used data collected in 2004 (Brownridge, Hiebert-Murphy, et al., 2008). In 1999, the prevalence of IPV was greater for women with children than without, regardless of marital status: for separated (14% with children, 8% without), divorced (5% with children, 4% without), married (2% with children, 1% without) (Brownridge, Chan, et al., 2008). IPV prevalence for married women with children was twice that of marrieds without children. In 2004, IPV prevalence was greater for women with children than without for two groups - separated (11% with children, 4% without) and divorced women (data not released), but there was no difference by child-bearing status for married women (1% with children, 1% without) (Brownridge, Hiebert-Murphy, et al., 2008). Of the three studies of women in the U.S., only one reported a significant association between having children and IPV prevalence,

the odds of PV/SV was higher for women with children (AOR=2.1, 95% CI: 1.7, 2.6) than without (Vest et al., 2002). Two other studies conducted in the U.S. did not find PV prevalence to differ by child-bearing status (1% and 5%) (Bair-Merritt et al., 2008; Lipsky & Caetano, 2007).

In the South East Asian region, there are four studies specifically Bangladesh (Rahman et al., 2014), India (Sitawa R. Kimuna et al., 2013), Nepal (Puri et al., 2012), and Thailand (Aekplakorn & Kongsakon, 2007) that examined the association between child-bearing status and IPV. Three studies (Sitawa R. Kimuna et al., 2013; Puri et al., 2012; Rahman et al., 2014) found a significant association, and one study (Aekplakorn & Kongsakon, 2007) did not. In India, IPV prevalence was positively associated with children; PV was highest for women with five or more children (44%), versus three or four (36%), one or two (27%), or no children (22%) (Sitawa R. Kimuna et al., 2013). Similarly, SV increased albeit by a smaller amount for women with more children (0: 8%, 1-2: 7%, 3-4: 9%, 5+: 11%) (Sitawa R. Kimuna et al., 2013). However, in Bangladesh and Nepal, IPV prevalence is negatively associated with the number of children. Rahman and colleagues (2014) found PV/SV prevalence to be significantly lower for women with three or more (20%) than two children (26%), one child (29%), or no children (28%). In Nepal, SV prevalence was greater for women without children (41%) than women with (28% with at least one son, 27% with a daughter only) (Puri et al., 2012). On the other hand, IPV prevalence in Thailand did not differ significantly by child-bearing status (31% with children, 25% without) (Akmatov et al., 2008).

In the Western Pacific, specifically Vietnam, IPV prevalence did not vary by the number of children: PV/SV prevalence was 11% with 1-2 and 8% for three or more children (Vung et al., 2008). Similarly, EV prevalence was 26% with 1-2 and 24% with three or more children (Vung et al., 2008).

There is an association between IPV and the number of children, as most studies (13 out of 18) found prevalence to vary by child-bearing status across all IPV forms. The number of children was associated with IPV prevalence in every region and country, except for Thailand in the South East Asian (Aekplakorn & Kongsakon, 2007) and Vietnam in the Western Pacific (Vung et al., 2008) regions. In Turkey, the association between the number of children and IPV prevalence was positive regardless of partner status or IPV form. In Egypt (Akmatov et al., 2008), Turkey (Yuksel-Kaptanoglu et al., 2012), Canada (Brownridge, Chan, et al., 2008; Brownridge, Hiebert-Murphy, et al., 2008), and the US (Vest et al., 2002), child-bearing status was associated with a specific composite of IPV type, PV/SV. However, child-bearing status was not associated with IPV for women who experienced PV only in the US (Bair-Merritt et al., 2008; Lipsky & Caetano, 2007).

Researchers obtained a positive association between the number of children and IPV prevalence in Uganda (Kwagala et al., 2013), Turkey (Gokler et al., 2014; Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012), and India (Sitawa R. Kimuna et al., 2013). Two countries in the South East region – Bangladesh (Rahman et al., 2014) and Nepal (Puri et al., 2012) - found a negative association between child-bearing status and IPV prevalence from a current partner. In summary, child-bearing status is associated with IPV. However, the association's direction may vary by region, country, partner status, or type of IPV.

IPV Prevalence by Household Density (Table 2.11). Three studies reported IPV prevalence by the number of people in the household (Lipsky & Caetano, 2007; Rahman et al., 2014; Tokuç et al., 2010). In Turkey, IPV prevalence was two times greater among women with five or more versus four or fewer members in their household (58% vs. 28%) (Tokuç et al., 2010). By contrast, in Bangladesh, IPV prevalence was higher for

women living in smaller households: 27% with 2-4, 24% with 5-6, and 21% with seven or more household members (Rahman et al., 2014). In the U.S., Lipsky et al. (2007) found no significant difference in the prevalence of IPV among women in households with fewer than five and five or more people, as the prevalence of PV was essentially the same – 5% to 6% - in households with 1-2, 3-4, and five or more.

IPV committed by a current partner is associated with household density in Bangladesh and Turkey, but not in the U.S. The direction of the association differed by country. Researchers obtained a positive association between household size and IPV in Turkey (Tokuç et al., 2010) and a negative association in Bangladesh (Rahman et al., 2014).

IPV Prevalence by Extended Family in the Home (Table 2.12). Three studies, two from the south-east Asian region, namely India (Allendorf, 2013) and Thailand (Aekplakorn & Kongsakon, 2007), and one in Turkey (Yuksel-Kaptanoglu et al., 2012), provided prevalence of IPV by whether there are other (non-child) family members in the home. Neither studies from the south-east Asian region found a difference in IPV prevalence among women from a nuclear and extended families: 11% and 10% for nuclear and extended families respectively, in India (Allendorf, 2013) and 31% and 27% for women in extended families in Thailand (Aekplakorn & Kongsakon, 2007). Yuksel-Kaptanuglo et al. (2012) reported IPV to be higher among women with (vs. without) others in the home at the beginning of their marriage, 18% and 11%, respectively; however, the adjusted odds ratios were not significant. Based on these three studies' results, from three countries and two regions, IPV is not associated with the presence of extended family in the home.

Discussion

This study aims to assess: 1) the association between relationship type and current IPV prevalence, and 2) the association between family structure and past-year IPV among women globally. Of the 20 studies that met inclusion criteria, relationship type is associated with past-year IPV, whereas marriage type's and family structure's association is unsettled.

A non-married status (i.e., cohabiting, divorced/separated, or dating) is positively associated with IPV, suggesting marriage is protective against IPV in some African and North American countries. This finding supports previous literature that says relationship status is associated with IPV worldwide (Brown & Bulanda, 2008; Caetano et al., 2005; Cui et al., 2010; Herrera et al., 2008; Magdol et al., 1998; Urquia et al., 2012; Zlotnick et al., 1998). In two African nations– one in Ethiopia and one in Uganda – an association between IPV and relationship type was not found. However, it is worthy to note that unlike the other studies from the region, these studies included SV in their assessment of IPV. Wandera (2015) assessed SV only, and Abeya (2011) used PV/SV/EV, suggesting that marriage's protective effects against past-year IPV may not extend to SV in these countries. Future research should explore if the association between relationship status and IPV varies by IPV forms.

Although an association between relationship status and IPV was supported, marriage type's association to IPV prevalence is unsettled. IPV prevalence was estimated by marital form (i.e., polygyny, arranged, and blood relationship) across seven studies. Polygyny's association with IPV is inconclusive, as two studies reached conflicting results. Polygyny was associated with IPV in Ethiopia but not in Vietnam. There were a few methodical similarities between the two studies. They used the same data collection instrument (i.e., the WHO questionnaire), mode (i.e., face-to-face interviews), and ever-

married women comprised the samples. Since 1959 in Vietnam (Hays, 2008) and 1995 in Ethiopia, polygyny is illegal in both countries. However, unlike Vietnam, it is still commonly practiced in Ethiopia, accounting for 11% of all marriages (Central Statistical Agency, 2016). Abeya and colleagues (2011) finding an association between polygyny and IPV in Ethiopia supports similar results from other East African nations that share religious and customary views regarding its practice (Abramsky et al., 2011; Karamagi et al., 2006; Sitawa R Kimuna & Djamba, 2008; McCloskey et al., 2005). This body of evidence suggests an association between polygyny and IPV in the East African region.

Although Vung et al. (2008) did not find an association with past-year prevalence, polygyny was associated with lifetime prevalence of IPV as there was a two-fold increase of lifetime IPV for those in polygynous compared to monogamous marriages. As a risk factor for past-year IPV, polygyny may have failed to reach statistical significance (OR 2.03; 0.87–4.74) due to the small sample (n=81 experienced past-year IPV, n=11 were in polygynous unions). More research is needed to understand the relationship between polygyny and IPV in Vietnam, and elsewhere it is still practiced.

In terms of past-year IPV prevalence and marriage by initiation (i.e., who decided for the couple to marry), the results varied by region/country. Arranged marriages are still common in South-East Asian and Middle Eastern societies; however, based on different traditions. For example, the practice in the Indian subcontinent is rooted in the Hindu society and the caste system that prohibits intermingling between men and women from different rank, educational, occupational, or economic groups (Kamat, 2005). According to tradition, marriage is considered an economic arrangement between families. Therefore, the parents search for an appropriate match (i.e., arrange marriages) for their children. The most recent Nepal census found that most of the population (81%) are Hindus (Central Intelligence Agency, n.d.), and therefore it is not surprising that

arranged marriages are still the norm. In this review, Puri and colleagues (Puri et al., 2012) did not find an association between arranged marriage and IPV, and two recent studies on Nepalese women reached the same conclusion (Clark et al., 2019; Dhungel, Dhungel, Shalik Ram, & Stock, 2017).

Arranged marriages should not be confused with child (i.e., a marriage between a child under the age of 18 and an adult) or forced marriages (i.e., where one party typically the woman is married without her consent or against their will). Child and forced marriages occur at higher levels in crises and conflict areas (UN Women, 2019). Most notably, the 2014 abduction of 276 girls by soldiers in Nigeria sparked global outrage (UN Women, 2015). Likewise, in Ethiopia, abduction is a grim issue. Although Abeya et al. (2011) did not find differences in IPV prevalence between women in arranged (73%) and love (72%) marriages, those married by abduction did have the highest prevalence (88%). This is the only study in this review that included abduction as a marital type and warrants further study when looking at IPV, especially in the African region.

Arranged marriage is positively associated with IPV in Turkey, based on the results from two studies (Tokuç et al., 2010; Yuksel-Kaptanoglu et al., 2012). These studies' methods differed drastically - from the sample size, IPV scale used, and the outcome of interest - and reached the same conclusion. Yuksel-Kaptanoglu et al. (2012) had a sample size of almost 12,800, used the WHO scale to assess the prevalence of PV/SV, whereas Tokuc et al. Tokuç et al. (2010) had a much smaller sample size of 288 and used their own scale to estimate PV/SV/EV prevalence. These findings are consistent with other studies in Turkey that examine the relationship between arranged marriage and IPV (Gokler et al., 2014). In an arranged marriage, according to traditional Turkish culture, spouses do not have a chance to know each other before the marriage,

and the woman's father chooses her. Women in arranged marriages are without economic freedom and may not be able to leave an abusive marriage. There is ample evidence to support a positive association between arranged marriage and IPV in Turkey, but not elsewhere. As such, marital type, specifically arranged marriage's association to IPV, depends on country and region.

This review includes two studies examining women's blood relationship and IPV prevalence in Egypt, where 40% of marriages are between cousins (The Economist, 2016). Both used the same dataset to reach differing conclusions, mainly because they constructed the blood relationship variable differently. Akmatov and colleagues (2008) compared IPV prevalence between unrelated and blood-related, assuming a blood relationship to be a risk factor for IPV. Akmatov and colleagues (2008) did not find differences in prevalence among women who have a blood relationship than those who did not. Whereas Yount and Li (2010) considered marriage by blood to be protective against IPV, believing that family members would be more accessible and vested in the marriage. Yount and colleagues (2010) found IPV prevalence to vary by the degree of the blood relationship, finding prevalence to be higher among women who were married to their third cousin or unrelated to their husband than those married to their first or second cousin. These results suggest that there could be an association between IPV prevalence and blood relationship that varies by the degree of the blood relationship. Future research should explore this association to understand better if blood relation is a protective or risk factor for IPV in Egypt or in any other Arab states in this region.

This review examines the association between family structure and IPV across 19 studies and focuses on children, household size, and extended family members in the home. IPV's association with family type is not straightforward as IPV prevalence among women in different family structures varies by country and region. The evidence suggests

an association between child-bearing status and household size with IPV, but not with extended family members.

In most regions and countries, child-bearing status is positively associated with IPV, specifically in Nigeria and Uganda in the African region, Egypt from the Eastern Mediterranean, Turkey from the European, Canada, and the U.S. from the North American, and India from the South East Asian regions. In Uganda, it is worth mentioning that the association is only for PV (Owoaje & Olaolorun, 2006) and that Wandera and colleagues (2015) did not find child-bearing status to be significant for SV. Therefore, future research should examine types of IPV when considering child-bearing status' association.

This review suggests a positive association between IPV prevalence and children and others in the home among Turkish women. A recent study examining violence against women in Turkey finds that family type, precisely size, and composition, to be significantly associated with IPV (Basar, Demırcı, Cıcek, & Saglam, 2019). Turkish society places a high value on having children, maintaining a marriage, and continuing the man's posterity (Gokler et al., 2014). However, more children may result in a more significant financial burden for the families, leading to increased stress at home and potentially IPV. Thus, there is ample evidence to support family structure's association with IPV in Turkey.

In North America, although this review found a positive association between child-bearing status and IPV in Canada and the U.S., specifically for estimating PV/SV prevalence. The association is nuanced in Canada as the groups with higher prevalence changed from married with children in 1999 to separated & divorced women with children in 2004. No such association was not found in the U.S. between family type and PV only – not by child-bearing status nor household size (Bair-Merritt et al., 2008;

Lipsky & Caetano, 2007). This underscores the need for future research to explore the association between family types by different IPV types.

This review included four studies from the South East region – from Bangladesh, India, Nepal, and Thailand – that explored family type and IPV. In Bangladesh, both child-bearing status and household size were found to be negatively associated with IPV (Rahman et al., 2014). Likewise, in Nepal, having children was negatively associated with IPV prevalence (Puri et al., 2012). However, a more recent study in Nepal (Atteraya et al., 2015) found a positive association between having children and IPV prevalence. Therefore, there is some association between child-bearing status and IPV in Nepal, but further research is needed to understand the relationship better. The study from Thailand found no significant association, just like the one included study from the Western Pacific, Vietnam, which found no significant association between having children and IPV.

The presence of extended family members in the home was not found to be associated with IPV across regions and countries. In Turkey (Yuksel-Kaptanoglu et al., 2012), India (Allendorf, 2013), and Thailand (Aekplakorn & Kongsakon, 2007), IPV prevalence did not significantly differ between nuclear and extended family types, regardless of the type of IPV and intimate partner status. These studies focused on patrilocal extended families, where women lived with their in-laws. Women in patrilocal extended families are thought to hold a lower status in the home, making them potentially at greater risk of IPV (Allendorf, 2013). This systematic review did not find support for such an association.

In summary, child-bearing status and household size are associated with IPV. However, the direction of the association may vary by region, country, or IPV type. There is no evidence to support an association between extended family members (in-laws) in

the home and IPV. Further exploring cultural and societal norms by country and region will provide a better understanding of these relationships.

Chapter 2: References

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Table 2.1

Databases Searched

Database Name (Timeframe Beginning to June 2, 2016).	# of Abstracts Identified
Families & Society Studies Worldwide (1970)	1,820
GenderWatch (1970)	2,413
International Bibliography of the Social Sciences (1951)	576
ISI Citation Index (1945)	3,451
Medline complete file (1946)	1,658
National Crime Justice Reference Service Abstracts	1,083
PsycInfo (1887)	2,657
Social Services Abstracts (1979)	1,542
Social Work Abstracts (1965)	114
Sociological Abstracts (1962)	1,878

Table 2.2
Search Terms used

Independent variables	Dependent variables
	AND
Nuclear family(ies) OR	Partner abuse OR
Two-parent Family(ies) OR	Intimate Partner Violence OR
Dual parent families	Partner Violence
Married OR	Wife Beating OR
Marital OR	Wife Batter* OR
Married with/out children (kids) OR	Spouse Abuse OR
Unmarried OR	Marital Rape OR
Cohabitating OR	Domestic Violence OR
Single parent family (ies) OR	Wife Assault OR
Single moms OR	Wife Abuse OR
Single mothers OR	Dating Violence
Female-headed OR	NOT "Teen Dating Violence"
Solo-parenting OR	
Solo-mothering OR	
Polygam* OR	
Polygamy OR	
Polygamous OR	
Polygyn* OR	
Polygyny OR	
Polygynous OR	
Polyan* OR	
Polyandry OR	
Polyandrous OR	
Polyamory OR	
Family structure OR	
Family type OR	
Multigenerational OR	
Extended family (ies)	

Note. *Used when truncation is permitted by a database

Table 2.3

Quality Assessment Scores for Included Studies

Author(s) and Year	Specific Aims	Theoretical Framework	Primary Data Source	Response Rate	Def of IPV	Valid IPV Measure	Human subjects protections	Appropriate Statistics	Total
Abeya et al. (2011)	1	1	1	1	1	1	1	1	8
Aekplakorn and (2007)	1	0	1	1	1	1	1	1	7
Akmatov, M. K., et al. (2008)	1	0	1	1	1	1	1	1	7
Allendorf, K. (2013)	1	1	1	1	1	1	1	1	8
Bair-Merritt et al. (2008)	1	0	1	1	0	1	1	1	6
Brownridge et al. (2008a)	1	1	1	1	1	1	0	1	7
Brownridge et al. (2008)	1	1	1	1	1	1	0	1	7
Gokler et al. (2014)	1	0	1	0	1	1	1	1	6
Kimuna et al. (2013)	1	1	1	1	1	1	1	1	8
Kwagala et al. (2013)	1	1	1	1	1	1	1	1	8
Lipsky and Caetano (2007)	1	1	1	1	0	1	1	1	7
Owoaje and Olaolorun (2006)	1	1	1	0	1	1	1	1	7
Puri et al. (2012)	1	1	1	0	1	1	1	1	7
Rahman et al. (2014)	1	0	1	1	1	1	1	1	7
Tokuç et al. (2010)	1	1	1	1	1	1	1	1	8
Vest et al. (2002)	1	0	1	0	1	1	1	1	6
Vung et al. (2008)	1	0	1	0	1	1	1	1	6
Wandera et al. (2015)	1	0	1	1	0	1	1	1	6
Yount and L. Li (2010)	1	1	1	1	1	1	1	1	8
Yuksel-Kaptanoglu et al. (2012)	1	1	1	1	0	1	1	1	7

Note. 1 = criteria is met; 0 = criteria is not met.

Table 2.4

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Abeya (2011)	African	Ethiopia	2011	n=1,540 ever married or cohabited aged 15-49	CTS	PV/SV/EV	current or former
Owoaje and Olaolorun (2006)	African	Nigeria	2004	n=400 age 15-49	NS	PV/EV	current or former
Wandera et al. (2015)	African	Uganda	2011	n=1,307 married or cohabiting	CTS	SV	current or former
Kwagala et al.(2013)	African	Uganda	2011	n=1,307 in union age 15-49	CTS	PV	current or former

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.4 (continued)

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Akmatov et al. (2008)	Eastern Mediterranean	Egypt	2005	n=5,612 age 15-49	CTS	PV/SV	current or former
Yount and Li (2010)	Eastern Mediterranean	Egypt	2005	n=5,272 married age 15-49	CTS	PV	current partner
Yuksel-Kaptanoglu et al. (2012)	European	Turkey	2008	n=12,795 ever-married age 15-49	WHO	PV/SV	current or former
Tokuç et al. (2010)	European	Turkey	N.R.	n=288 married age 16-47	own	PV/SV/EV	current partner
Gokler et al. (2014)	European	Turkey	2011	n=800 married age 15-49	WHO	PV/SV/EV	current partner

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.4 (continued)

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Brownridge et al. (2008a)	N. America	Canada	1999	n=7,369 married, separated, divorced age 15+	CTS	PV/SV	current or former
Brownridge et al. (2008)	N. America	Canada	2004	n=6,716 married, separated, divorced age 15+	CTS	PV/SV	current or former

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.4 (continued)

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Bair-Merritt et al. (2008)	N. America	US	2004	n=6,836 currently partnered age 18+	own	PV	current or former
Vest et al. (2002)	N. America	US	1995-1999	n=18,415 age 18+	own	PV/SV	current or former
Lipsky and Caetano (2007).	N. America	US	2002	n=7,924 currently married or cohabited age 18-49	own	PV	current partner

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.4 (continued)

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Rahman et al. (2014)	SE Asia	Bangladesh	2007	n=4,195 currently married age 15-49	CTS	PV/SV	current partner
Allendorf (2013)	SE Asia	India	2005-2006	n=29,907 currently married age 15-29	CTS	SV	current partner
Kimuna et al. (2013)	SE Asia	India	2005-2006	n=69,484 ever married age 15-49	CTS	PV & SV	current or former
Puri et al. (2012)	SE Asia	Nepal	2009	n=1,296 married age 15-24	WHO	SV	current partner
Aekplakorn and Kongsakon (2007)	SE Asia	Thailand	2005	n=580 married age 15+	own	PV/SV/EV	current partner

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.4 (continued)

Study Characteristics

Author(s) and Publication Year	Region	Country	Data Collection Year	Sample Description	Scale Used	Outcome of Interest	Definition of Intimate Partner
Vung et al. (2008)	Western Pacific	Vietnam	2002	n=833 married age 17-60	WHO	PV/SV & EV	current or former

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.5

Last 12 months IPV Prevalence by Type

Author(s) and Publication Year	Region	Country	Any Type of IPV	EV	PV	SV
Abeya (2011)	African	Ethiopia	73%	64%	63%	55%
Owoaje and Olaolorun (2006)	African	Nigeria	20%	16%	2%	
Wandera et al. (2015)	African	Uganda				27%
Kwagala et al.(2013)	African	Uganda	41%			
Akmatov et al. (2008)	Eastern Mediterranean	Egypt	19%		16%	4%
Yount and Li (2010)	Eastern Mediterranean	Egypt			18%	
Yuksel-Kaptanoglu et al. (2012)	European	Turkey	15%			
Tokuç et al. (2010)	European	Turkey		93%	34%	22%
Gokler et al. (2014)	European	Turkey	39%	38%	10%	7%
Brownridge et al. (2008a)	N. America	Canada	NS			
Brownridge et al. (2008)	N. America	Canada	NS			
Bair-Merritt et al. (2008)	N. America	U.S.			1%	
Vest et al. (2002)	N. America	U.S.	2%			
Lipsky and Caetano (2007).	N. America	U.S.			5%	

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.5 (continued)

Last 12 months IPV Prevalence by Type

Author(s) and Publication Year	Region	Country	Any Type of IPV	EV	PV	SV
Rahman et al. (2014)	SE Asia	Bangladesh	24%			
Allendorf (2013)	SE Asia	India				10%
Kimuna et al. (2013)	SE Asia	India			31%	8%
Puriet al. (2012)	SE Asia	Nepal				31%
Aekplakorn and Kongsakon (2007)	SE Asia	Thailand	27%	27%	6%	1%
Vung et al. (2008)	Western Pacific	Vietnam	35%	34%	8%	2%

Note. NS=Not Specified; EV=Emotional Violence, PV=Physical Violence, SV=Sexual Violence.

Table 2.6

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Relationship Type

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence and/or Odds by Relationship Type
Abeya (2011)	Ethiopia	African	PV/SV/EV	current or former	Married 72% Cohabiting 60% Separated/divorced/widowed 79% OR NS
Owoaje and Olaolorun (2006)	Nigeria	African	PV/EV	current or former	Married 17% Cohabiting 30%** OR Cohabiting 2.1 (1.2, 3.7)
Wandera et al. (2015)	Uganda	African	SV	current or former	Married 24% Cohabiting 29%
Kwagala et al.(2013)	Uganda	African	PV	current or former	Married 40% Cohabiting 43%*
Brownridge et al. (2008a)	Canada	N. America	PV/SV	current or former	Separated 14% Divorced 5% Married 2%
Brownridge et al. (2008b)	Canada	N. America	PV/SV	current or former	Separated 8% Divorced 3% Married 1%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds Ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.6 (continued)

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Relationship Type

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence and/or Odds by Relationship Type
Bair-Merritt et al. (2008)	U.S.	N. America	PV	current or former	OR Married (ref) Cohabiting 6.1 (2.5, 14.8) Widowed 1.6 (0.4, 6.6) Divorced/separated 9.7 (4.0, 23.0) Single 3.7 (1.6, 8.7)
Vest et al. (2002)	U.S.	N. America	PV/SV	current or former	AOR Married (ref) Divorced/Separated 5.3 (4.1, 6.9) Single 5.3 (4.1, 6.7) Widowed 0.4 (0.2, 0.8)
Lipsky and Caetano (2007)	U.S.	N. America	SV	current partner	Cohabiting 9% Married 4% ** AOR NS

Note. PV = physical violence; SV = sexual violence; EV= emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.7

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Marriage Type: Polygynous and Monogamous

Author(s) and Publication Year	Country	Region	Outcome of Interest	Definition of Intimate Partner	IPV Prevalence by Polygyny
Abeya (2011)	Ethiopia	African	PV/SV/EV	current or former	Monogamous 71% Polygynous 83% AOR Monogamous (ref) Polygynous 2.5** (1.3, 5.0)
Vung et al. (2008)	Vietnam	Western Pacific	PV/SV & EV	current or former	PV/SV: Monogamous 9% Polygynous 9% EV: Monogamous 27% Polygynous 20%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.8

Last 12 months IPV Prevalence Rates and Odds Ratios (95% confidence interval) by Marriage Type: Arranged and Love

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Initiation
Abeya (2011)	Ethiopia	African	PV/SV/EV	current or former	Love 72% Arranged 73% AOR NS
Yuksel-Kaptanoglu et al. (2012)	Turkey	European	PV/SV	current or former	Love 12% Arranged 18% ** OR Love (ref) Arranged 1.4** (1.2,1.7)
Tokuç et al. (2010)	Turkey	European	PV/SV/EV	current partner	Love 30% Arranged 75% OR Love (ref) Arranged 4.6 (1.4,14.8)**
Puri et al. (2012)	Nepal	SE Asia	SV	current partner	Love 31% Arranged 31%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.9

Last 12 months IPV Prevalence Rates and Odds Ratios (95% confidence interval) by Marriage Type: Blood Relation

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Blood Relation
Akmatov et al. (2008)	Egypt	Eastern Mediterranean	PV/SV	current or former	Unrelated 19% Blood Related 19% AOR NS
Yount and Li (2010)	Egypt	Eastern Mediterranean	PV	current partner	Unrelated 18%*** 1st/2nd paternal cousin 16% 1st/2nd maternal cousin 14% 3rd paternal/maternal cousin or other 24%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.10

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Children

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Children
Owoaje and Olaolorun (2006)	Nigeria	African	PV/EV	current or former	0: 17% 1+: 26%*; OR 0: (ref) 1+: 1.8 (1.0, 3.0)*
Wandera et al. (2015)	Uganda	African	SV	current or former	0: 20% 1-4: 25% 5+: 29%
Kwagala et al. (2013)	Uganda	African	PV	current or former	0: 13% 1-4: 40% 5+: 47%***
Akmatov et al. (2008)	Egypt	Eastern Mediterranean	PV/SV	current or former	0-1: 15% 2-5: 20% 6+: 19% OR 0-1: 0.5* (0.4, 0.7) 2-5: 0.9 (0.8, 1.2) 6+: 1 (ref)
Yount and Li (2010)	Egypt	Eastern Mediterranean	PV	current partner	0: 13%*** 1-2: 19% >=3: 19%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.10 (continued)

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Children

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Children
Yuksel-Kaptanoglu et al. (2012)	Turkey	European	PV/SV	current or former	0: 14% 1: 14% 2: 13% 3+: 18%; OR 0: (ref) 1: 1.2 (0.8, 1.6) 2: 1.3 (0.8, 2.0) 3+: 1.6* (1.1, 2.4)
Tokuç et al. (2010)	Turkey	European	PV/SV/EV	current partner	0: 22% 1+: 39%*; <=2: 31% >2: 60%***
Gokler et al. (2014)	Turkey	European	PV/SV/EV	current partner	0: 35% 1: 27% 2: 38% 3: 43% 4+: 47%*

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.10 (continued)

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Children

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Children
Brownridge et al. (2008a)	Canada	N. America	PV/SV	current or former	Separated 0: 8%, 1+: 14% Divorced 0: 4%, 1+: 5% Married 0: 1%, 1+: 2%** OR NS
Brownridge et al. (2008)	Canada	N. America	PV/SV	current or former	Separated 0: 4%*, 1+: 11% Divorced †** Married 0: 1%, 1+: 1%,
Bair-Merritt et al. (2008)	US	N. America	PV	current or former	0: 1% 1+: 1%
Vest et al. (2002)	US	N. America	PV/SV	current or former	AOR 0: (ref) 1+: 2.1 (1.7, 2.6)*
Lipsky and Caetano (2007)	US	N. America	PV	current partner	0: 5% 1+: 5%

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

† Canada did not release cross tabs for divorced women to ensure confidentiality.

Table 2.10 (continued)

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Children

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Children
Rahman et al. (2014)	Bangladesh	SE Asia	PV/SV	current partner	0: 28% 1: 29% 2: 26% 3+: 20%**
Kimuna et al. (2013)	India	SE Asia	PV & SV	current or former	PV 0: 22% 1-2: 27% 3-4: 36% 5+ 44%*** SV 0: 8% 1-2: 7% 3-4: 9% 5+: 11% ***
Puri et al. (2012)	Nepal	SE Asia	SV	current partner	0: 41%*** @ least 1 son: 28% only daughter: 27%
Aekplakorn and Kongsakon (2007)	Thailand	SE Asia	PV/SV/EV	current partner	0: 25% 1+: 31% OR NS

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.10 (continued)

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Children

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Children
Vung et al. (2008)	Vietnam	Western Pacific	PV/SV & EV	current or former	PV/SV 1-2: 11% 3+: 8% EV 1-2: 26% 3+: 24% OR NS

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.11

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Number of Household Members

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by # of household members
Rahman et al. (2014)	Bangladesh	SE Asia	PV/SV	current partner	2-4: 27% 5-6: 24% 7+: 21%**
Lipsky and Caetano (2007)	US	N. America	PV	current partner	1-2: 6% 3-4: 5% 5+: 5%
Tokuç et al. (2010)	Turkey	European	PV/SV/EV	current partner	<=4: 28% >4: 58%***; OR >4: 2.3 (1.2, 4.4)** <=4: (ref)

Note. PV = physical violence; SV = sexual violence; EV = emotional violence

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Table 2.12

Last 12 months IPV Prevalence and Odds Ratios (95% confidence interval) by Family Type: Nuclear and Extended

Author(s) and Publication Year	Country	Region	Type of IPV	Definition of Intimate Partner	IPV Prevalence by Extended Family in the Home
Yuksel-Kaptanoglu et al. (2012)	Turkey	European	PV/SV	current or former	Nuclear: 11% Extended: 18% OR Nuclear: (ref) Extended: 1.1 (0.9, 1.3)
Allendorf (2013)	India	SE Asia	SV	current partner	Nuclear: 11% Extended: 10%
Aekplakorn and Kongsakon (2007)	Thailand	SE Asia	PV/SV/EV	current partner	Nuclear 31% Extended 27% OR NS

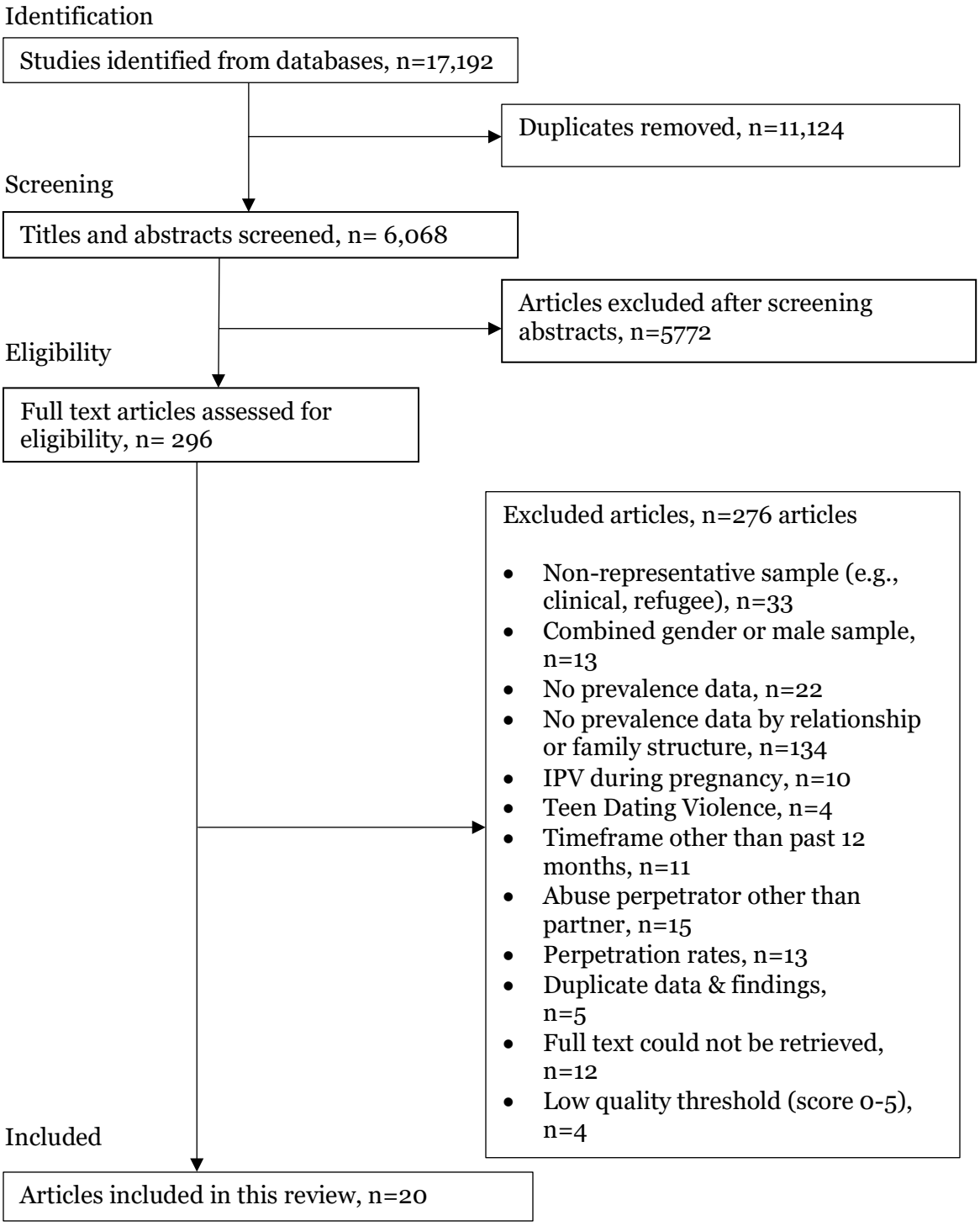
Note. PV = physical violence; SV = sexual violence; EV = emotional violence; Y = yes; N = No

*p≤ 0.05 **p ≤ 0.01 ***p ≤ 0.001

AOR = adjusted odds ratio, OR = Odds Ratio; NS = non-significant findings; ref = referent group

Figure 2.1

Flow Diagram illustrating study selection process



CHAPTER 3: INTIMATE PARTNER VIOLENCE OF WOMEN IN MONOGAMOUS AND POLYGYNOUS MARRIAGES IN GHANA

Background and Significance

Polygamy was permitted in most parts of the world at one time. Despite global industrialization and urbanization, which are thought to favor a nuclear family structure (Aborapmpah & Sudarkasa, 2011), polygamy continues to be practiced in over eight hundred societies worldwide (Khasawneh, Hijazi, & Salman, 2011). In fact, polygamy is legal in many Asian, Middle Eastern, and African countries (Archampong, 2010; Bailey & Kaufman, 2010).

The most common form of polygamy is polygyny - when one man is married concurrently to more than one woman. Polygyny, can be based on religious doctrine or cultural practice. Polygyny is religiously permitted in Islam; as the Qur'an, the holy book of Islam, states "Marry women of your choice, two, or three, or four; But if ye fear that ye shall not be able to deal justly (with them), then only one" (Yusuf Ali, 1991, p. 179). In many parts of the world where polygyny is practiced, Islam is the religious grounding (Pew Research Center, 2019).

Polygyny in Ghana

West Africa has the highest rate of polygyny in Africa, with 40% of all marriages being polygynous (Bailey & Kaufman, 2010). In Ghana, a country in West Africa and the present investigation's focus, polygyny as an accepted marital arrangement has a long history (Klomegah, 1997).

This practice's historical underpinnings are based on cultures and economies that value a high land-to-person ratio (Hayase & Liaw, 1997). Historically, this region has had a low population density largely due to the trans-Atlantic slave trade (Lovejoy, 1989;

Nunn, 2007) and high mortality caused by unfavorable climate conditions, deadly diseases, and wars (Aborapmpah & Sudarkasa, 2011; Hayase & Liaw, 1997). As people witnessed the decimation of entire tribes, they developed a culture where values and customs promote reproduction (Donkor, 2008; Hayase & Liaw, 1997; Nukunya, 2014). Agriculture is the largest economic sector in Ghana; as such, men are encouraged to have multiple wives and children to increase their labor force (Nukunya, 2014).

In Ghana, a woman's failure to bear a child is a common reason men marry additional wives (Dodoo & Van Landewijk, 1996). A study found infertility to be a primary reason women allowed for co-wives (Tabi, et al., 2010); female infertility can be grounds for divorce, which, in addition to social stigma, can result in multiple negative repercussions for the woman and her family of origin (Donkor, 2008). It is said that Ghanaian marriage is between families and not individuals (Nukunya, 2014). The African custom of bridewealth, in which the husband-to-be gives the bride's family a gift of gratitude (e.g., money, cattle, crops, physical labor) for her and his rights to offspring, makes divorce undesirable because the bride's family would be required to return the bridewealth if she does not conceive (Aborapmpah & Sudarkasa, 2011). Divorce may be less of an issue depending on whether the woman is from a patrilineal versus matrilineal society (Asiedu, 2016). In patrilineal societies, during divorce, women lose custody of their children and access to land in addition to the bridewealth (Asiedu, 2016). In contrast, in matrilineal societies, women are considered the carriers of the lineage and thereby conferred custody of children and lineage resources such as lands (Baffour K. Takyi & Dodoo, 2005). In Ghana, there are equal numbers of patrilineal and matrilineal groups (Baffour K. Takyi & Dodoo, 2005).

Qualitative studies conducted in African and Arab countries, including Ghana, indicate that women in polygynous marriages have considerably higher levels of emotional distress, fear, anxiety, and depression than their monogamous counterparts (Abramsky et al., 2011; Al-Krenawi & Graham, 2006; Al-Krenawi & Slonim-Nevo, 2008; Petrosky et al., 2017; Tabi et al., 2010). Women in polygynous marriages report lower self-esteem, marital satisfaction, and decreased life happiness (Al-Krenawi & Graham, 2006; Al-Krenawi & Slonim-Nevo, 2008; Tabi et al., 2010). In addition, women in polygynous marriages across Sub-Saharan African countries appear to be more vulnerable to illness and sexually transmitted infections (Bove & Valeggia, 2009).

Although 16% of women reported that they were in a polygynous marriage in 2014 (Ghana Statistical Service, Ghana Health Service, & ICF International, 2015), the practice of polygyny is declining in Ghana (Heaton & Darkwah, 2011). Researchers surmise many potential reasons for this decline, from an increased societal emphasis on sex in monogamous relationships shaped by Pentecostal Christianity's proliferation on the continent (Gifford, 2004; Quiroz, 2016) to the decline in farming production systems that rely on high fertility (Heaton & Darkwah, 2011). However, given how common polygynous marital arrangements are in Ghanaian society, it is important to continue to explore how and if they affect women's health and wellbeing.

IPV in Ghana

IPV, defined as "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2013), occurs in societies across the globe. Sub-Saharan and West Africa have higher IPV lifetime prevalence rates than the 30% global average, with 44% and 32% of women reporting victimization,

respectively (Muluneh, Stulz, Francis, & Agho, 2020; WHO, 2013). IPV is relatively common in Ghana, with reported lifetime estimates ranging from 34% (Owusu Adjah & Agbemafle, 2016) to 51% (Ogum Alangea et al., 2018). Feminist theories emphasize the role of patriarchal culture, specific customary norms, and rules as potential reasons for higher IPV prevalence in some African countries (Asiedu, 2016). A recent study finds that sociocultural norms and common discourse tacitly support IPV against women in Ghana (Adjei, 2018).

Polygyny and IPV

Polygynous unions are believed to increase the status imbalance in a relationship (McCloskey et al., 2005) and to have higher IPV rates (Abeya et al., 2011; Dhakal, Berg-Beckhoff, & Aro, 2014; Vung et al., 2008). Being in a polygynous marriage has been identified as a risk factor for IPV, doubling women's odds of victimization compared to women in monogamous marriages in some studies (Abeya et al., 2011; Bove & Valeggia, 2009; Ickowitz & Mohanty, 2015; Sitawa R Kimuna & Djamba, 2008; McCloskey et al., 2005). Moreover, women in polygynous marriages report feeling emotionally abused due to the unequal treatment of wives; at times, they feel coerced or tricked into polygyny (Al-Krenawi, 2013b; Hassouneh-Phillips, 2001c).

Two studies on IPV in Ghana arrive at conflicting conclusions on the significance of polygyny (Ickowitz & Mohanty, 2015; Oduro, Deere, & Catanzarite, 2015). Oduro and colleagues (2015) examine the relationship between women's wealth, specifically their ownership of assets, and IPV. They found polygyny not to be a significant predictor of IPV. Ickowitz and Mohanty (2015), by contrast, find that women in polygynous marriages are at greater risk of IPV than women in monogamous marriages. The two studies explore IPV using feminist economics theoretical frameworks but use different

datasets and reach different conclusions. A better understanding of the relationship between polygyny and IPV victimization is needed in order to inform the development of culturally competent IPV prevention programs in Ghana.

Theoretical framework

This study uses a theoretical framework that includes social norms and societal contexts when examining possible determinants of IPV. The Social-Ecological Model (Bronfenbrenner, 1974), which highlights the importance of individual characteristics as well as couple, family, and societal contexts, has been used to examine the correlates of IPV in high- and low-income countries (Barrett et al., 2012; Brownridge, Chan, et al., 2008; Gage & Hutchinson, 2006; Sitawa R Kimuna & Djamba, 2008), and is the guiding framework in this investigation. Several correlates of IPV have been found in population-based studies conducted across West Africa; findings cited in the subsequent paragraphs are based on this literature.

At the individual level, women's increased risk of IPV victimization is associated with having witnessed or experienced abuse as a child (Alangea et al., 2018; Jabbi et al., 2020; Tenkorang & Owusu, 2018); young age (Izugbara, Obiyan, Degfie, & Bhatti, 2020; Jabbi et al., 2020; Omidakhsh & Heymann, 2020; Owoaje & Olaolorun, 2006; Wilson, 2019; Yusuf, Dongarwar, Yusuf, & Salihu, 2020); a low level of education (Antai, 2011a; Wilson, 2019; Yusuf et al., 2020); and attitudes that accept justifications for IPV (Amo-Adjei & Tuoyire, 2016; Antai, 2011a; Izugbara et al., 2020).

At the relationship and family levels, factors associated with women's increased risk of IPV victimization in West Africa include having children (Adebowale, 2018; Hayes & van Baak, 2016; Izugbara et al., 2020; Jabbi et al., 2020), male dominance in the family (Antai, 2011a), low household wealth (Adebowale, 2018; Izugbara et al., 2020;

Omidakhsh & Heymann, 2020; Wilson, 2019; Yusuf et al., 2020), the woman having more education than her male partner (Omidakhsh & Heymann, 2020), her partner's alcohol use (Adebowale, 2018; Alangea et al., 2018; Hayes & van Baak, 2016; Jabbi et al., 2020), and the man having multiple wives (Izugbara et al., 2020).

There are few studies from the West African region that examine community and societal level correlates of IPV. Therefore, the factors that follow have been identified in the literature addressing other areas of the globe. The community and society level factors associated with women's IPV victimization include societal norms of gender inequality (Andersson, Ho-Foster, Mitchell, Scheepers, & Goldstein, 2007), poverty, low social and economic status of women, weak community, and legal sanctions against IPV within marriage, lack of women's civil rights (including restrictive or inequitable divorce and marriage laws), broad social acceptance of violence as a way to resolve conflict, and high levels of general violence in society (Krug et al., 2002). Many of the relationship, family, community, and society level factors draw on feminist explanations of IPV (Yllo, 1993), highlighting how patriarchy grants men power and control over women and contributes to men's sense of entitlement to use force to control women.

The relationship, family, community, and society level factors associated with IPV in West Africa merit further study, particularly because of the high rates of IPV in the region. Moreover, women in patrilineal societies have been found to experience more frequent and severe emotional, physical, and sexual abuse than women in matrilineal societies (Sedziafa, Tenkorang, & Owusu, 2018). A family structure based on extended family and kinship networks that are often constructed through polygynous marriages (Aborapmpah & Sudarkasa, 2011) is vital to many African societies, including Ghana.

Therefore, polygyny is an important factor to explore when examining IPV in West Africa.

Study goals

The present study adds to our knowledge about women in polygynous unions and identifies potential risk factors for intimate partner abuse. Using data from Ghana, the investigation assesses 1) the association between marital type and risk of IPV victimization and 2) the association between marital type and the occurrence of various forms of IPV and resulting injuries. Based on the foregoing literature, I hypothesize that women in polygynous marriages are more likely to experience IPV than women in monogamous marriages, particularly in the form of emotional abuse.

Ghanaian context

Ghana has three types of marriages – statutory, customary, and Islamic; two allow for polygyny (Archampong, 2010; Schnier & Hintmann, 2000; Zeitzen, 2008). Only monogamous unions are recognized by statutory marriages, which the State or the Church officiates. In contrast, polygynous and monogamous unions are recognized in customary (traditional) and Islamic marriages (Tabi et al., 2010; Zeitzen, 2008).

Ghana has a population of just over 30 million people (Plecher, 2020b) and many cultures, languages, and religions (Adinkrah, 2014a). Although English is the official language, 50 to 100 other languages and dialects are spoken by the various ethnic groups (UN, 2012). According to the 2010 census of the nation, the Akan-speaking ethnic group constitutes the majority (47.5%) followed by the Mole-Dagbani (16.6%), Ewe (13.9%), and Ga-Dangme (7.4%) ethnic groups. Ghanaians self-identify as a religious population; in 2010, 71.2% of the population identified as Christian, 17.6% identified as Islamic, 5.2% practiced traditional ancestral faiths, and 5.3% reported no religious affiliation (UN,

2012). Most Ghanaians in polygynous unions are Muslim or follow the Dagbon tradition, which is heavily influenced by Islam (Bailey & Kaufman, 2010; Heaton & Darkwah, 2011).

Slightly over half of Ghana's population resides in rural communities of fewer than 5,000 people (UN, 2012). Rural communities typically have no or limited access to clean drinking water, medical facilities, universities, and other infrastructures and social resources (Adinkrah, 2014a). Polygyny is more common in rural areas (Heaton & Darkwah, 2011). Fifty-one percent of the workforce is employed in agriculture or the fishing industry; the remaining 49% works in the service sector, primarily trading, transportation, and communication (Plecher, 2020a) . Unemployment is about 4% (Plecher, 2020b). The estimated gross domestic product per capita in 2010 was 1,600 USD; in 2012-2013, 24% of the population lived below the national poverty line, and 8% lived in extreme poverty (GLSS, 2014). In 2012, Ghanaians' life expectancy was 61 years, and the adult literacy rate was 71.5% (UNICEF, 2013). The mean household size is four persons (GLSS, 2014).

Women's status in Ghana

The Constitution of Ghana affirms equal rights for all; however, the law is poorly enforced (P. A. Issahaku, 2016; Schnier & Hintmann, 2000). Ghanaian women occupy a subordinate status to men in many ways (Salm & Falola, 2002). Women lag behind men in literacy, years of schooling, and enrollment in tertiary educational institutions. Few women occupy high-level political positions. Gender inequities carry into employment and domestic chores as well: men participate in paid employment five times more than women (UN, 2012). Although both engage in domestic activities, 65% of men spend 0-10

hours a week on domestic chores, whereas 89% of women spend ten or more hours (UN, 2012).

The typical Ghanaian family is patriarchal (Adinkrah, 2014b; Archampong, 2010; Boakye, 2009). There are strong prescribed gender roles – men as providers for the family and women as caretakers of the home - even though the economic realities require women to engage in agricultural labor outside the home. Although "love marriages," that is, marriages in which prospective mates choose each other, predominate, arranged marriages are common in some ethnic communities (Adinkrah, 2014a). Early and forced marriage is considered a problem in Ghana (Ghana, 2014) as "Ghana is home to 2 million child brides. Of these 600,000 married before the age of 15" (UNFPA-UNICEF, 2020). Gerontogamy, the practice by which preteen girls are married to substantially older men, occurs due to poverty (Selby, 2008). Having multiple wives is a sign of male power, prestige, and virility (Adinkrah, 2014a). Although the Ghanaian Marriage Ordinance prohibits men from having multiple wives, the ordinance is minimally enforced, and polygyny remains culturally permitted among all ethnic groups (Adinkrah, 2014b).

Methods

Data source and sample

Data from the 2008 Demographic Health Survey conducted in Ghana (GDHS) were used for this investigation (GSS, 2009). Funded by the United States Agency for International Development, the Demographic and Health Surveys (DHS) are conducted by host country governments to gather nationally representative data on the health and well-being of their residents. Governments use the data collected by the DHS to develop policy and to plan and evaluate programs. Each survey uses multistage, stratified,

probabilistic sampling. DHS survey staff members receive rigorous training and supervision to ensure high response rates at the individual and household level.

The 2008 GDHS was conducted from September to November 2008 with a sample of 12,323 households. With a response rate of 98.9%, persons in 11,778 households were interviewed. All surveys were conducted in person using the DHS Household Questionnaire. In half of the households (i.e., 50% of 12,373), all eligible women aged 15-49 and all eligible men aged 15-59 were interviewed with the Women's and Men's Questionnaires. A subset of respondents was administered the Domestic Violence Module, one per household, leaving 2,465 eligible female respondents. The module captured various perpetrators of abuse against the respondent since the age of 15, such as parents, siblings, daughter/son, spouse/partner, in-laws, and other relatives. Given this study's focus on marriage type, I limited the sample to ever-married and cohabiting women who have experienced various forms of violence committed by their current or former partners, approximately 1,600, 17% of whom were in polygamous unions.

The Women's and Men's Questionnaires Domestic Violence Module asks if they had ever experienced violence and about their experiences with violence victimization in the past 12 months. Only women who reported ever experiencing abuse were asked questions about injuries sustained due to the abuse. As part of the Domestic Violence Module, a Marital Control Module asked ever-married men and ever-married women if their current or former spouses exhibited eight controlling behaviors.

Variable construction and data management

Covariates. Explanatory factors that previous research has shown to be related to IPV victimization were analyzed (see Table 3.1). These variables addressed three levels of the ecological model – individual, relationship, and family.

Individual-level variables. At the individual level, socio-demographic characteristics of the female respondents were analyzed. They include her age, educational attainment, whether her father beat her mother, and her acceptance of wife beating. Respondents' ages were grouped into four categories, ages 15-24, 25-34, 35-44, and 45-49. The wife's educational attainment was divided into three groups: no education, primary, secondary, and higher. Information on whether the respondent's father ever beat her mother was obtained through a dichotomous question.

Women's acceptance of justifications for IPV– more precisely, wife beating – was captured in a series of questions on the GDHS. Women were asked: "Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations?" Five scenarios were presented: if the wife goes out without telling him, if the wife neglects the children, if the wife argues with him, if the wife refuses to have sex with him, and if the wife burns the food. The answer options were yes, no, and I don't know. I created a dichotomous variable indicating if a woman answered affirmatively to any of the five scenarios.

Relationship-level variables. At the relationship level, structural characteristics of the intimate relationship were examined. Specifically, the variables were marriage type, spousal age difference, husband's relative education level, husband's alcohol use, and if the husband exhibits controlling behaviors. Marriage type was categorized as

monogamous (husband has no other wives) or polygynous (husband has one or more wives). The spousal age difference was calculated and grouped based on the age difference between the wife and husband: same age or wife older, husband 1-5 years older, husband 6-10 years older, and husband 11 years or more older. Spousal age difference serves as an indicator of the potential power imbalance in the relationship. I chose to look at spousal age difference and not age at first marriage because the age at first marriage could refer to a previous marriage if the woman was divorced or widowed and is now in a different marriage. Husband's relative educational level was calculated and grouped based on the difference in educational attainment between the wife and husband: equal education, wife has more, or husband has more.

Information on whether her husband drinks alcohol was obtained through a dichotomous question (yes/no). Controlling behavior is a composite dichotomous variable consisting of her responses to eight questions about whether her husband's controlling or attempts to control her. Specifically, if her husband: gets jealous if she talks with other men, accuses her of unfaithfulness, does not permit her to meet her girlfriends, tries to limit her contact with family, insists on knowing where she is, doesn't trust her with money, refuses/denies sex with her, or prevents her from seeing her children.

Family-level variables. Family-level variables capture shared household characteristics, including the number of children, wealth, and place of residence. Respondents' number of children were grouped as follows: none, 1-2, 3-4, and 5 or more. The GDHS did not collect information on household income or expenditures. Therefore, the GDHS generated Wealth Index, which combines information about the respondent's

household assets, services, and amenities, serves as an indicator for each household's socio-economic condition. Place of residence is categorized as urban or rural.

Outcome variables. The DHS Domestic Violence Module used a modified version of the Conflict Tactics Scale (Murray A. Straus, 1979) to ask women about their experiences of IPV. A total of 12 items assessed women's experiences with three types of IPV – emotional, physical, and sexual. Each respondent was asked: (Does/did) your (last) husband/partner ever do any of the following things to you? i) Slap you?, ii) Twist your arm or pull your hair?, iii) Push you, shake you, or throw something at you?, iv) Punch you with his fist or with something that could hurt you?, v) Kick you, drag you, or beat you up?, vi) Try to choke you or burn you on purpose?, vii) Threaten or attack you with a knife, gun, or any other weapon?, viii) Physically force you to have sexual intercourse with him even when you did not want to?, xi) Force you to perform any sexual acts you did not want to?, x) Say or do something to humiliate you in front of others?, xi) Threaten to hurt or harm you or someone close to you?, and xii) Insult you or make you feel bad about yourself? Additionally, women who ever experienced any physical or sexual IPV were asked about the violence's physical consequences. Specifically, "they were asked if, as a consequence of what their spouse did to them, they ever had an injury in the following groups: a) cuts, bruises or aches; b) burns, eye injuries, sprains, or dislocations; and c) deep wounds, broken bones, broken teeth or any other serious injury" (GSS, 2009, pg. 323).

Six dichotomous dependent variables were either created or provided in the GDHS dataset for use in the analysis. The GDHS has standard definitions for the types of violence, which is described below:

1. *Any IPV:* A "yes" to any of the items was coded 1.

2. *Any Emotional Violence (EV):* A "yes" to one or more items in x-xii were coded 1.
3. *Any Physical Violence (PV):* A "yes" to one or more items i-vii were coded 1.
4. *Any Sexual Violence (SV):* A "yes" to one or more items viii-ix were coded 1.
5. *Any Severe Violence:* A "yes" to one or more of items v-ix was coded 1.
6. *Any Injury:* A "yes" to one or more of the injury items was coded "1".

Data Management. I downloaded the GDHS data set from the DHS program website, which provides access to the data sets, guides, and reports on each country. At the time of the study, the 2012 GDHS had been conducted. However, the data files were not available; thus, the 2008 GDHS data were used. In order to obtain the variables for the study, I merged two data sets - the household and the women's questionnaires. Although questionnaires contain some duplicate variables at the individual and relationship level, the household questionnaire provides the variables needed for the analysis at the family level, and the women's questionnaire encompasses the Domestic Violence and Marital Control modules for the outcomes. I then modified the data set to consist of the women of interest: those who were married or cohabiting, for a sample of 1,600.

Statistical Analysis

Univariate statistics for the outcome and predictor variables were calculated to examine their completeness and distributions. Cross-tabulations with Pearson's chi-square (χ^2) were performed to assess each outcome variable's association and the control variables. Two diagnostic tests to assess multicollinearity were conducted, and both the correlation matrix and the variance inflation factors derived from the regressions were low and at acceptable levels (O'brien, 2007), with variance inflation factors ranging from

1.87 to 2.81. Because this study was analytical (exploring relationships between variables) and not descriptive, the use of unweighted data in this study is appropriate, as recommended by Rutstein & Rojas (2006). The analyses were performed using Stata SE 15 (StataCorp, 2017).

Three multivariate logistic regression models for each outcome variable were fitted in order to examine the association between the measured covariates of IPV at the individual, relationship, and family levels and the six outcome variables – any IPV (1), each type of IPV (4), and injuries sustained (1). Model I included the individual-level variables, specifically, the respondent's age group, respondent's educational level, if the respondent's father beat her mother, and the respondent's acceptance of justifications of wife beating. Model II contained all of the variables in Model I plus relationship level variables – marital type, spousal age difference, spousal education level difference, husband's alcohol use, and husband's controlling behavior (or lack thereof). Model III contained all of the variables included in Model II and the family level variables – number of children, wealth index, and place of residence.

Due to the many comparisons in each regression and to reduce the likelihood of identifying spurious relationships, I applied a Bonferroni correction. The Bonferroni correction is simply a calculation in which the critical p-value (α .05) is divided by the number of comparisons being made, indicating statistical significance. The Bonferroni corrected p-values for Models I, II, and III are $p<0.007$, $p<0.003$, and $p<0.002$, respectively. Results are expressed as adjusted odds ratios and their confidence intervals.

Human subjects protections

The University of Pennsylvania's IRB exempted this study from review because it used publicly available, de-identified data.

Results

Distribution of respondent characteristics

As shown in Table 3.2, 25 to 34-year-olds represented the largest age group (43% of women), and 44% percent of all women were married to men who were 1-5 years older. Forty-five percent of women had earned secondary education or higher, and 33% reported having no education. The majority of respondents (64%) had the same level of education as their husbands. Only 14% of respondents reported that their father beat their mother, but almost 40% agreed that wife beating could be justified under certain circumstances.

Monogamous marriage was the dominant marital type (83% monogamous, 17% polygynous), and the majority had children (93%). Sixty-two percent lived in rural areas. The lifetime prevalence of controlling behavior was high, with 66% reporting exposure to at least one form of controlling behavior by their husbands. Thirty-seven percent reported that their husbands drink alcohol.

Characteristics of women in polygynous unions

Based on cross-tabulations of the independent variables by marriage type (Table 3.2), those in polygynous marriages were significantly more likely than those in monogamous marriages to be older (ages 35-44 and 45-49, $p<0.001$), have no primary education, to have a father who beat their mother, and to accept one or more justifications for wife beating. In terms of relationship-level characteristics, women in polygynous marriages were 1.5 times more likely to have a husband who was 11 or more

years older (37% of women in polygynous marriages vs. 20% of women in monogamous marriages p<0.001). There were no significant differences by marriage type regarding husband's relative educational level. Women in polygynous marriages were more likely to have a husband who drinks alcohol and exhibits controlling behaviors than women in monogamous unions. At the family level, women in polygynous marriages were more likely to have five or more children and be in the poorest wealth quintile.

Distributions of Outcomes

Lifetime prevalence of any type of IPV was 37%; 31% reported emotional abuse, 19% physical, 6% sexual, and 13% had experienced severe violence (Table 3.3). Of the subset of respondents who experienced physical or sexual violence, 33% reported sustaining injuries because of the abuse. Of the 37% of women reporting any type of IPV, a significantly greater proportion was in polygynous marriages (44% vs. 36% in monogamous marriages, p=0.009). This finding was driven mostly by the fact that a greater proportion of women who experienced emotional violence were in polygynous unions (38% vs. 30% monogamous p≤0.009). No statistical differences between martial type and any other outcome variables (i.e., physical, sexual, and severe violence) were observed. However, of the 33% of women who reported IPV injuries, 44% were in polygynous unions vs. 30% who were in monogamous unions (p=0.024); thus, a significantly greater proportion of women in polygynous marriages sustained injuries as a result of IPV, when compared to women in monogamous marriages.

Factors associated with IPV and Injuries

Any IPV. In Model I, which controls for the individual-level characteristics (Table 3.4), respondents whose father beat her mother and who accepted any justifications of wife beating were at increased odds of experiencing any IPV (AOR=1.79,

99.3% CI: 1.18, 2.71 and AOR=1.80, 99.3% CI: 1.34,2.43, respectively). In Model II, which adds the relationship-level variables such as marital type and husbands' actions, three indicators were associated with increased reporting of Any IPV: acceptance of justifications of wife beating (AOR=1.54, 99.7% CI:1.06, 2.24), husband's alcohol use (AOR=2.22, 99.7% CI: 1.53, 3.22), and husband exhibiting controlling behavior (AOR=4.03, 99.7% CI: 2.61, 6.24). In Model III, which adds family-level variables, the same three indicators were significantly associated with Any IPV: acceptance of justifications of wife beating (AOR=1.60, 99.8% CI: 1.07, 2.38), husband's alcohol use (AOR=2.26, 99.8% CI: 1.52, 3.35), and husband exhibiting controlling behavior (AOR=4.05, 99.8% CI: 2.57, 6.41). Marital type was not a significant predictor of Any IPV.

Emotional Violence. In Model I (Table 3.5), only one individual-level variable, acceptance of any justifications of wife beating, was associated with higher odds of reporting emotional violence (AOR=1.82, 99.3% CI: 1.34, 2.48). In Model II, acceptance of any justifications of wife beating (AOR=1.57, 99.7% CI: 1.07, 2.30), husband's alcohol use (AOR=2.01, 99.7% CI: 1.37, 2.94), and exhibiting controlling behaviors (AOR=3.97, 99.7% CI: 2.49, 6.34), was associated with increased odds of emotional violence. In Model III, the same three indicators were significantly associated with emotional violence: acceptance of any justifications of wife beating (AOR=1.63, 99.8% CI: 1.09, 2.45), husband's alcohol use (AOR=2.06, 99.8% CI: 1.38, 3.08), and husband exhibiting controlling behavior (AOR=3.97, 99.8% CI: 2.43, 6.49).

Physical Violence. In Model I (Table 3.6), there were two significant individual-level predictors of physical violence, respondents whose father beat her mother (AOR=2.10, 99.3% CI: 1.33, 3.31) and who accepted any justifications of wife

beating (AOR=1.71, 99.3% CI: 1.19, 2.45). In Model II, there were two significant relationship-level predictors of physical violence, husbands' alcohol use (AOR=2.70, 99.7% CI: 1.73, 4.19) and husband's controlling behavior (AOR=3.44, 99.7% CI: 1.91, 6.19). In Model III, the same two relationship-level predictors were positively associated with physical violence, husbands' alcohol use (AOR=2.82, 99.8% CI: 1.76, 4.52), and controlling behavior (AOR=3.46, 99.8% CI: 1.87, 6.42).

Sexual Violence. In Model I (Table 3.7), only one individual-level variable, respondents whose father beat her mother, was associated with higher odds of reporting sexual violence (AOR=3.98, 99.3% CI: 2.11, 7.49). In Model II, respondents whose father beat her mother (AOR=3.24, 99.7% CI: 1.51, 6.97), husband's alcohol use (AOR=2.84, 99.7% CI: 1.37, 5.89), and husband's controlling behaviors (AOR=2.97, 99.7% CI: 1.05, 8.84), significant predictors of sexual violence. In Model III, the same three indicators were significantly associated with sexual violence: respondents whose father beat her mother (AOR=3.30, 99.8% CI: 1.47, 7.39), husband's alcohol use (AOR=2.66, 99.8% CI: 1.23, 5.77), and husband's controlling behaviors (AOR=3.15, 99.8% CI: 1.06, 9.38).

Severe violence. Severe violence encompasses the extreme physical forms of IPV, such as being kicked, choked, or threatened with a weapon, and sexual violence. In Model I (Table 3.8), there were two significant individual-level predictors of severe violence, respondents whose father beat her mother (AOR=3.74, 99.3% CI: 2.30, 6.07) and who accepted any justifications of wife beating (AOR=5.55, 99.3% CI: 1.01, 2.39). In Models II, three indicators were associated with increased risk: respondents whose father beat her mother (AOR=3.29, 99.7% CI: 1.81), husband's alcohol use (AOR=2.66, 99.7% CI: 1.57, 4.51), and husband exhibiting controlling behaviors (AOR=3.25, 99.7% CI: 1.57, 6.72). In Model III, the same three predictors were significant, respondents

whose father beat her mother (AOR=3.17, 99.8% CI: 1.69, 5.95), husband's alcohol use (AOR=2.63, 99.8% CI: 1.50, 4.61), and husband's controlling behavior (AOR=3.31, 99.8% CI: 1.55, 7.07).

Injuries. As shown in Table 3.9, none of the variables were associated with sustaining injuries resulting from IPV.

In summary, four variables were consistently statistically associated with women's increased risk of IPV, two at the individual level – if her father beat her mother and is she accepts any justification for wife beating; and two at the relationship level – if her husband consumes alcohol or exhibits controlling behaviors towards her. Regardless of the type of violence experienced, none of the family level indicators were significantly correlated with IPV. These findings suggest that neither marital type nor family structure predicts IPV in the Ghanaian context.

Discussion

Across all abuse types, the only consistent predictors at the individual level were their father beating their mothers and accepting one or more justifications for wife beating. Other studies from the West African region also have identified these risk factors for IPV (Hayes & van Baak, 2016; Izugbara et al., 2020; Jabbi et al., 2020). Some theorists have argued that if raised in a household where their father abused their mother, a woman may have greater acceptance of wife beating later in life (Ehrensaft et al., 2003; Ickowitz & Mohanty, 2015; Kalmuss, 1984; Tenkorang & Owusu, 2018).

This study aimed to explore the association between marital type (polygyny vs. monogamy) and IPV victimization and resulting injuries. The hypothesis that marital type would be significantly associated with IPV occurrence was not supported. Marital type was not a predictor of any type of IPV. The long history of polygyny and its

sustained acceptance in Ghana may explain why polygyny was not positively associated with IPV. A study in Ghana - using a nationally-representative survey of currently partnered women - also found polygyny not to be associated with IPV risk (Oduro et al., 2015).

Although another study found polygyny to negatively affect women's welfare in Ghana using the 2008 GDHS (Ickowitz & Mohanty, 2015), it did not include correlates of IPV specific to the husband's actions. Herein, the husband's alcohol use and controlling behaviors predicted IPV at the relationship level across all types of IPV, a finding that is consistent with several other studies (Abeya et al., 2011; Alangea et al., 2018; Antai, 2011a; Brisibe, Ordinioha, & Dienye, 2012; P. Issahaku, 2016; Sitawa R Kimuna & Djamba, 2008; Reese, Chen, Nekkanti, & Mulawa, 2017; Baffour K Takyi & Lamptey, 2016). The inclusion of these variables could have changed Ickowitz and Mohanty's (2015) analysis and conclusion.

Regarding the other predictors at the relationship-level, neither husband's relative age nor education level were significant. None of the family-level correlates - number of children, wealth, or rural residence - were significant. In terms of the number of children, this finding could be explained due to the aforementioned high cultural value placed on women who bear children in this region and Ghana in particular (Donkor, 2008; Nukunya, 2014; Tabi et al., 2010).

This study has some limitations that should not be overlooked. First, the cross-sectional nature of these data does not lend to causal inferences. Second, the data are retrospective, requiring women to recollect their experiences with violence, and may be subject to recall bias. Third, the study relies on self-report measures, which could also be affected by social desirability bias. IPV is a sensitive and stigmatizing issue, and

therefore respondents may under report its occurrence. Fourth, although the regressions/models improved as each level of predictors were added, all models produced low pseudo r^2 values (ranging from 0.02 to .014), suggesting that the regressions did not include some important unmeasured phenomena. Despite these shortcomings, this study has compelling strengths. Notably, the representativeness of the sample supports generalizability. Additionally, the large sample size gave this study sufficient power to test my hypotheses.

This study exemplifies how vital cultural practices and context are when examining risk factors for IPV. In the Ghanaian context, polygyny was not associated with IPV; however, practitioners and prevention staff should be aware of this cultural and religious practice when providing services to understand better Ghanaian women's lived experience and choices. Ghanaian women do not believe that polygyny puts them at greater risk for IPV, as a recent qualitative study reports that abolishing polygyny was the least suggested strategy to prevent IPV among Ghanaian women (Issahaku, 2018).

These findings highlight the importance of practitioners asking about the woman's background, history, beliefs, and partner's habits (i.e., alcohol use and controlling behaviors). As for prevention, more emphasis should be placed on changing the norms and habits of men in terms of their treatment and controlling behaviors towards women. According to one Ghanaian woman, "partner violence will stop when men understand that women are also important in society and respect their wives" (Issahaku, 2018, p. 633).

Chapter 3: References

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Table 3.1

Risk Factors of IPV organized by the Conceptual Model

Variables	Description
Individual Level	
Respondent's age group	15-24, 25-34, 35-44, 45-49
Respondent's highest level of education	No education, Primary, Secondary and higher
Respondent's father beat mother	Yes, No
Respondent's acceptance of justifications for wife-beating	Yes, No
Relationship Level	
Marital type	Polygynous (≥ 1 other wife), Monogamous
Husband's relative age	Same age or wife older, 1-5 years older, 6-10 years older, 11+ years older
Husband's relative education level	Equal education, Wife has more, Husband has more
Husband's alcohol use	Yes, No
Family Level	
Number of children	none, 1-2, 3-4, 5 or more
Wealth index	Poorest and Poor, Middle, Richer, Richest
Place of residence	Rural, Urban

Table 3.2

Descriptive Statistics and X^2 tests of Independent Variables by Marriage Type, Women, Ghana DHS 2008, n=1600, %

Variables	Polygynous (17%)	Monogamous (83%)	X^2	*p*
Individual Level (Respondent)				
Age				
15-24 (19%)	8%	21%	27.6	<.001
25-34 (43%)	38%	43%	2.6	0.110
35-44 (29%)	38%	27%	12.4	<.001
45-49 (9%)	16%	8%	18.9	<.001
Highest's level of education				
No education (33%)	55%	28%	69.9	<.001
Primary (23%)	21%	23%	0.2	0.625
Secondary or higher (44%)	24%	49%	55.9	<.001
Father beat mother				
Yes (14%)	18%	13%	3.9	0.048
No (86%)	82%	87%		
Acceptance of justifications of wife beating				
Yes (39%)	51%	37%	16.6	<.001
No (61%)	49%	63%		
Relationship Level				
Husband's relative age				
Same age or wife older (7%)	6%	6%	0.4	0.851
1-5 years older (43%)	26%	47%	37.3	<.001
6-10 years older (27%)	31%	26%	2.0	0.157
11 or more years older (23%)	37%	20%	33.5	<.001
Husband's relative education level				
Same as Wife (64%)	63%	64%	0.8	0.057
Wife has more (7%)	9%	7%	1.0	0.324
Husband has more (29%)	28%	29%	0.1	0.755

Table 3.2 continued

Descriptive Statistics and X^2 tests of Independent Variables by Marriage Type, Women, Ghana DHS 2008, n=1600, %

Variables	Polygynous (17%)	Monogamous (83%)	X^2	*p*
Relationship Level				
Husband's alcohol use				
Yes (37%)	45%	35%	9.7	0.002
No (63%)	55%	65%		
Controlling Behavior				
Yes (66%)	72%	65%	5.1	0.024
No (34%)	28%	35%		
Family Level				
Number of Children				
none (7%)	2%	8%	12.1	<.001
1-2 (35%)	27%	37%	9.7	0.002
3-4 (31%)	31%	31%	0.0	0.967
5 or more (27%)	40%	24%	29.1	<.001
Wealth Index				
Poorest (25%)	40%	23%	33.5	<.001
Poorer (20%)	25%	19%	3.5	0.063
Middle (18%)	18%	17%	0.3	0.577
Richer (18%)	11%	20%	11.7	0.001
Richest (19%)	6%	21%	30.8	<.001
Place of Residence				
Rural (62%)	75%	60%	21.5	<.001
Urban (38%)	25%	40%		

Table 3.3

Percentage and X^2 tests of Lifetime IPV by Marriage Type, Women, Ghana DHS 2008, n=1600, %

Type of IPV	Polygynous (17%)	Monogamous (83%)	X^2	*p*
Any				
Yes (37%)	44%	36%		0.009
No (63%)	56%	64%		
Emotional				
Yes (31%)	38%	30%	6.9	0.009
No (69%)	62%	70%		
Physical				
Yes (19%)	23%	19%	2.9	0.090
No (81%)	77%	81%		
Sexual				
Yes (6%)	8%	6%	1.5	0.220
No (94%)	92%	64%		
Severe Violence				
Yes (13%)	16%	12%	2.9	0.088
No (87%)	84%	88%		
Injury (n=342*)				
Yes (33%)	44%	30%	5.1	0.024
No (67%)	56%	70%		

Note. Injury is a subset of respondents who experienced physical or sexual violence

Table 3.4

Correlates of Any Intimate Partner Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386	Model III, AOR (99.8% CI) n=1,387
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	0.87 (0.48, 1.57)	0.87 (0.41, 1.84)	1.22 (0.49, 3.01)
25-34	0.96 (0.57, 1.64)	0.97 (0.50, 1.89)	1.18 (0.56, 2.48)
35-44	1.12 (0.64, 1.94)	1.17 (0.59, 2.32)	1.25 (0.61, 2.57)
Highest's level of education (vs Secondary or higher)			
No education	0.81 (0.58, 1.15)	0.68 (0.42, 1.18)	0.73 (0.39, 1.40)
Primary	1.12 (0.77, 1.63)	0.79 (0.42, 1.49)	0.83 (0.41, 1.68)
Father beat mother (vs No)			
Yes	**1.79 (1.18, 2.71)**	1.45 (0.87, 2.42)	1.44 (0.84, 2.47)
Acceptance of justifications of wife beating (vs No)			
Yes	**1.80 (1.34, 2.43)**	**1.54 (1.06, 2.24)**	**1.60 (1.07, 2.38)**
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		1.21 (0.73, 2.00)	1.24 (0.73, 2.18)
Husband's relative age (vs Same age or wife older)			
1-5 years older		0.77 (0.37, 1.62)	0.72 (0.33, 1.56)
6-10 years older		0.70 (0.33, 1.50)	0.63 (0.28, 1.41)
11 or more years older		0.58 (0.26, 1.26)	0.52 (0.23, 1.18)

Table 3.4 continued

Correlates of Any Intimate Partner Violence, Lifetime, Women, Ghana DHS, 2008

Predictors		Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386
Husband's relative education level (vs Equal education)			
Wife has more		1.73 (0.80, 3.74)	1.79 (0.79, 4.03)
Husband has more		1.48 (0.86, 2.55)	1.49 (0.82, 2.68)
Husband's alcohol use (vs No)			
Yes		**2.22 (1.53, 3.22)**	**2.26 (1.52, 3.35)**
Husband's controlling behavior (vs No)			
Yes		**4.03 (2.61, 6.24)**	**4.05 (2.57, 6.41)**
Family Level			
Number of Children (vs none)			
1-2			1.22 (0.55, 2.70)
3-4			1.40 (0.60, 3.27)
5 or more			1.81 (0.71, 4.62)
Wealth Index (vs Richest)			
Poorest			(0.74 (0.31, 1.79)
Poorer			0.62 (0.28, 1.39)
Middle			0.86 (0.42, 1.76)
Richer			1.01 (0.53, 1.94)
Place of Residence (vs Urban)			
Rural			0.93 (0.55, 1.58)
pseudo R^2	0.03	0.12	0.13

Table 3.5

Correlates of Emotional Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,387	Model III, AOR (99.8% CI) n=1,387
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	0. 82 (0.44, 1.50)	0.78 (0.37, 1.69)	1.04 (0.41, 2.64)
25-34	0.91 (0.52, 1.58)	0.93 (0.47, 1.94)	1.13 (0.53, 2.41)
35-44	1.01 (0.57, 1.78)	1.04 (0.52, 2.09)	1.11 (0.53, 2.31
Highest's level of education (vs Secondary or higher)			
No education	0.85 (0.59, 1.21)	0.7 (0.42, 1.17)	0.79 (0.41, 1.52)
Primary	1.17 (0.80, 1.71)	0.84 (0.44, 1.61)	0.89 (0.44, 1.81)
Father beat mother (vs No)			
Yes	1.48 (0.96, 2.26)	1.16 (0.69, 1.95)	1.14 (0.66, 1.97)
Acceptance of justifications of wife beating (vs No)			
Yes	**1.82 (1.34, 2.48)**	**1.57 (1.07, 2.30)**	**1.63 (1.09, 2.45)**
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		1.21 (0.72, 2.01)	1.26 (0.73, 2.16)
Husband's relative age (vs Same age or wife older)			
1-5 years older		0.94 (0.45, 1.98)	0.88 (0.40, 1.93)
6-10 years older		0.74 (0.34, 1.61)	0.67 (0.30, 1.52)
11 or more years older		0.76 (0.34, 1.68)	0.69 (0.30, 1.59)

Table 3.5 continued

Correlates of Emotional Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,387	Model III, AOR (99.8% CI) n=1,387
Husband's relative education level (vs Equal education)			
Wife has more		1.51 (0.70, 3.26)	1.61 (0.71, 3.65)
Husband has more		1.52 (0.87, 2.65)	1.54 (0.84, 2.81)
Husband's alcohol use (vs No)			
Yes		**2.01 (1.37, 2.94)**	**2.06 (1.38, 3.08)**
Husband's controlling behavior (vs No)			
Yes		**3.97 (2.49, 6.34)**	**3.97 (2.43, 6.49)**
Family Level			
Number of Children (vs none)			
1-2			0.91 (0.41, 2.02)
3-4			0.98 (0.42, 2.31)
5 or more			1.37 (0.53, 3.54)
Wealth Index (vs Richest)			
Poorest			0.66 (0.27, 1.63)
Poorer			0.58 (0.25, 1.32)
Middle			0.76 (0.36, 1.59)
Richer			1.01 (0.52, 1.96)
Place of Residence (vs Urban)			
Rural			1.02 (0.60, 1.75)
pseudo R^2	0.02	0.10	0.11

Table 3.6

Correlates of Physical Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386	Model III, AOR (99.8% CI) n=1,386
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	1.15 (0.56, 2.35)	1.42 (0.57, 3.50)	2.38 (0.78, 7.26)
25-34	0.93 (0.48, 1.80)	1.04 (0.46, 2.37)	1.38 (0.55, 3.50)
35-44	1.07 (0.54, 2.11)	1.16 (0.50, 2.68)	1.29 (0.53, 3.16)
Highest's level of education (vs Secondary or higher)			
No education	1.04 (0.68, 1.58)	0.99 (0.55, 1.79)	1.00 (0.46, 2.16)
Primary	1.39 (0.89, 2.17)	1.10 (0.53, 2.28)	1.12 (0.50, 2.52)
Father beat mother (vs No)			
Yes	**2.10 (1.33, 3.31)**	1.70 (0.97, 3.00)	1.64 (0.90, 2.98)
Acceptance of justifications of wife beating (vs No)			
Yes	**1.71 (1.19, 2.45)**	1.45 (0.93, 2.27)	1.50 (0.93, 2.41)
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		1.13 (0.62, 2.03)	1.16 (0.62, 2.17)
Husband's relative age (vs Same age or wife older)			
1-5 years older		0.70 (0.31, 1.59)	0.61 (0.26, 1.46)
6-10 years older		0.84 (0.36, 1.94)	0.71 (0.29, 1.75)
11 or more years older		0.49 (0.20, 1.21)	0.41 (0.16, 1.06)

Table 3.6 continued

Correlates of Physical Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386	Model III, AOR (99.8% CI) n=1,386
Husband's relative education level (vs Equal education)			
Wife has more		1.57 (0.66, 3.71)	1.56 (0.63, 3.89)
Husband has more		1.37 (0.73, 2.59)	1.39 (0.70, 2.77)
Husband's alcohol use (vs No)			
Yes		**2.70 (1.73, 4.19)**	**2.82 (1.76, 4.52)**
Husband's controlling behavior (vs No)			
Yes		**3.44 (1.91, 6.19)**	**3.46 (1.87, 6.42)**
Family Level			
Number of Children (vs none)			
1-2			1.15 (0.43, 3.12)
3-4			1.66 (0.57, 4.78)
5 or more			2.04 (0.64, 6.54)
Wealth Index (vs Richest)			
Poorest			1.24 (0.42, 3.64)
Poorer			0.98 (0.36, 2.64)
Middle			1.28 (0.53, 3.07)
Richer			1.20 (0.53, 2.70)
Place of Residence (vs Urban)			
Rural			0.56 (0.30, 1.06)
pseudo R^2	0.03	0.11	0.13

Table 3.7

Correlates of Sexual Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386	Model III, AOR (99.8% CI) n=1,386
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	1.18 (0.34, 4.15)	1.37 (0.31, 6.01)	1.37 (0.23, 8.18)
25-34	1.19 (0.38, 3.75)	1.27 (0.34, 4.75)	1.26 (0.29, 5.56)
35-44	1.17 (0.35, 3.87)	1.05 (0.27, 4.17)	1.01 (0.24, 4.35)
Highest's level of education (vs Secondary or higher)			
No education	0.65 (0.32, 1.34)	0.55 (0.21, 1.47)	0.34 (0.09, 1.25)
Primary	0.94 (0.45, 1.95)	0.66 (0.20, 2.16)	0.49 (0.13, 1.89)
Father beat mother (vs No)			
Yes	**3.98 (2.11, 7.49)**	**3.24 (1.51, 6.97)**	**3.30 (1.47, 7.39)**
Acceptance of justifications of wife beating (vs No)			
Yes	1.39 (0.76, 2.54)	1.30 (0.64, 2.67)	1.27 (0.59, 2.73)
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		1.43 (0.58, 3.55)	1.46 (0.56, 3.83)
Husband's relative age (vs Same age or wife older)			
1-5 years older		0.60 (0.17, 2.08)	0.58 (0.16, 2.17)
6-10 years older		0.67 (0.18, 2.41)	0.64 (0.16, 2.53)
11 or more years older		0.51 (0.13, 2.02)	0.49 (0.11, 2.10)

Table 3.7 continued

Correlates of Sexual Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,503	Model II, AOR (99.7% CI) n=1,386	Model III, AOR (99.8% CI) n=1,386
Husband's relative education level (vs Equal education)			
Wife has more		1.40 (0.38, 5.13)	1.29 (0.32, 5.24)
Husband has more		1.21 (0.40, 3.66)	1.46 (0.44, 4.87)
Husband's alcohol use (vs No)			
Yes		**2.84 (1.37, 5.89)**	**2.66 (1.23, 5.77)**
Husband's controlling behavior (vs No)			
Yes		**2.97 (1.05, 8.84)**	**3.15 (1.06, 9.38)**
Family Level			
Number of Children (vs none)			
1-2			1.25 (0.27, 5.69)
3-4			1.16 (0.23, 5.97)
5 or more			1.29 (0.21, 7.88)
Wealth Index (vs Richest)			
Poorest			1.49 (0.28, 7.96)
Poorer			0.92 (0.19, 4.33)
Middle			0.56 (0.13, 2.45)
Richer			0.80 (0.22, 2.96)
Place of Residence (vs Urban)			
Rural			1.09 (0.37, 3.20)
pseudo R^2	0.05	0.12	0.13

Table 3.8

Correlates of Severe Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=1,502	Model II, AOR (99.7% CI) n=1,387	Model III, AOR (99.8% CI) n=1,387
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	0.92 (0.40, 2.14)	1.03 (0.36, 2.97)	1.67 (0.45, 6.14)
25-34	0.81 (0.38, 1.75)	0.85 (0.33, 2.20)	1.12 (0.38, 3.24)
35-44	1.00 (0.46, 2.19)	1.09 (0.42, 2.85)	1.19 (0.43, 3.30)
Highest's level of education (vs Secondary or higher)			
No education	1.08 (0.66, 1.78)	1.08 (0.54, 2.16)	0.94 (0.37, 2.35)
Primary	1.22 (0.71, 2.09)	0.97 (0.40, 2.32)	0.89 (0.34, 2.35)
Father beat mother (vs No)			
Yes	**3.74 (2.30, 6.07)**	**3.29 (1.81, 5.99)**	**3.17 (1.69, 5.95)**
Acceptance of justifications of wife beating (vs No)			
Yes	**1.55 (1.01, 2.39)**	1.41 (0.83, 2.39)	1.46 (0.83, 2.54)
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		1.14 (0.57, 2.27)	1.22 (0.59, 2.54)
Husband's relative age (vs Same age or wife older)			
1-5 years older		1.02 (0.38, 2.81)	0.93 (0.32, 2.70)
6-10 years older		1.29 (0.46, 3.61)	1.14 (0.38, 3.40)
11 or more years older		0.50 (0.16, 1.55)	0.43 (0.13, 1.44)

Table 3.8 continued

Correlates of Severe Violence, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI)	Model II, AOR (99.7% CI)	Model III, AOR (99.8% CI)
	n=1,502	n=1,387	n=1,387
Husband's relative education level (vs Equal education)			
Wife has more		1.23 (0.43, 3.50)	1.28 (0.42, 3.87)
Husband has more		1.19 (0.56, 2.53)	1.34 (0.59, 3.03)
Husband's alcohol use (vs No)			
Yes		**2.66 (1.57, 4.51)**	**2.63 (1.50, 4.61)**
Husband's controlling behavior (vs No)			
Yes		**3.25 (1.57, 6.72)**	**3.31 (1.55, 7.07)**
Family Level			
Number of Children (vs none)			
1-2			0.91 (0.29, 2.86)
3-4			1.39 (0.41, 4.70)
5 or more			1.62 (0.42, 6.22)
Wealth Index (vs Richest)			
Poorest			1.14 (0.32, 4.04)
Poorer			0.66 (0.20, 2.20)
Middle			0.90 (0.32, 2.55)
Richer			0.96 (0.37, 2.52)
Place of Residence (vs Urban)			
Rural			0.76 (0.36, 1.64)
pseudo R^2	0.05	0.13	0.14

Table 3.9

Correlates of Injury, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=329	Model II, AOR (99.7% CI) n=294	Model III, AOR (99.8% CI) n=294
Individual Level (Respondent)			
Age, yr. (vs 45-49)			
15-24	0.68 (0.19, 2.50)	0.69 (0.13, 3.64)	1.33 (0.17, 10.54)
25-34	0.51 (0.15, 1.70)	0.49 (0.10, 2.31)	0.78 (0.13, 4.71)
35-44	0.74 (0.22, 2.52)	0.62 (0.14, 2.87)	0.78 (0.14, 4.16)
Highest's level of education (vs Secondary or higher)			
No education	0.54 (0.24, 1.21)	0.43 (0.14, 1.33)	0.48 (0.10, 2.17)
Primary	1.11 (0.51, 2.42)	1.03 (0.29, 3.63)	1.05 (0.25, 4.38)
Father beat mother (vs No)			
Yes	1.58 (0.74, 3.36)	1.08 (0.42, 2.76)	1.02 (0.37, 2.81)
Acceptance of justifications of wife beating (vs No)			
Yes	0.98 (0.51, 1.89)	0.96 (0.43, 2.14)	1.07 (0.45, 2.54)
Relationship Level			
Marital Type (vs Monogamous)			
Polygynous		2.13 (0.77, 5.86)	2.43 (0.80, 7.41)
Husband's relative age (vs Same age or wife older)			
1-5 years older		1.41 (0.33, 5.96)	1.11 (0.23, 5.33)
6-10 years older		1.46 (0.34, 6.30)	1.07 (0.21, 5.45)
11 or more years older		0.89 (0.17, 4.70)	0.71 (0.12, 4.30)

Table 3.9 continued

Correlates of Injury, Lifetime, Women, Ghana DHS, 2008

Predictors	Model I, AOR (99.3% CI) n=329	Model II, AOR (99.7% CI) n=294	Model III, AOR (99.8% CI) n=294
Husband's relative education level (vs Equal education)			
Wife has more		0.80 (0.18, 3.59)	0.81 (0.16, 4.17)
Husband has more		1.08 (0.33, 3.50)	1.07 (0.30, 3.80)
Husband's alcohol use (vs No)			
Yes		1.56 (0.69, 3.57)	1.71 (0.70, 4.15)
Husband's controlling behavior (vs No)			
Yes		1.66 (0.48, 5.72)	1.61 (0.44, 5.93)
Family Level			
Number of Children (vs none)			
1-2			0.83 (0.15, 4.66)
3-4			1.18 (0.19, 7.48)
5 or more			1.79 (0.23, 13.80)
Wealth Index (vs Richest)			
Poorest			0.73 (0.11, 4.95)
Poorer			0.78 (0.14, 4.49)
Middle			0.72 (0.16, 3.32)
Richer			1.19 (0.30, 4.73)
Place of Residence (vs Urban)			
Rural			0.71 (0.23, 2.20)
pseudo R^2	0.02	0.07	0.08

CHAPTER 4: UNDERSTANDING POLYGYNY AND INTIMATE PARTNER VIOLENCE: PERSPECTIVES OF BLACK AMERICAN SUNNI MUSLIM WOMEN

Family diversity is the new "normal" in America. Unlike the 1960's when 73% of children were living with two married parents, today fewer than half (46%) are (Pew Research Center, 2015b). Increasingly, "traditional" families are being supplanted by blended families, cohabiting parents, single-parent households, multigenerational households, and same-sex couples raising children (P. Cohen, 2014; Lofquist, 2012; Pew Research Center, 2015b; United States Census Bureau, 2013). The composition of American families has changed because of demographic and economic shifts due to intensified migration. Along with increased ethnic and racial diversity has come a diversification of religious practice, which is important because religion plays a significant role in creating norms for how families are organized. Specifically, practitioners of different religions have varied opinions on what constitutes a marriage, sanctioning some, such as marriages between men and women, while prohibiting others such as same-sex or polygamous unions. In the case of polygamy, some religions like Judaism and Christianity outlaw it, whereas others such as Islam permit its practice. Globally, Muslims are the fastest growing religious group and are expected to be the largest, superseding Christians, by the end of the century (Pew Research Center, 2017). As of 2015, it was projected that there are 1.8 billion Muslims worldwide, approximately 24% of the world's total population. Transnationally, Muslims have the biggest households and greatest proportion of polygamous families compared to households among other religious groups.

Popular culture (e.g., television shows such as *Big Love, Escaping Polygamy,* and *Sister Wives*) has begun to acknowledge polygamous families, but research and public policy have lagged behind. We know very little about polygamy in the US Polygamy continues to be regarded by Americans as something that takes place in less-developed countries or within Fundamentalist Latter-Day Saints (FLDS) compounds in Utah and northern Arizona. Although the US does not officially collect data on polygamous households, C. Michael Quinn, an FLDS historian, and Tapestry, an organization against polygamy in Utah, estimated more than a decade ago that there were 50,000 to 100,000 people living in polygamous families in the US (Hagerty, 2008; Lee, 2006); these numbers may underestimate the prevalence of polygamy given that it is illegal (Kilbride & Page, 2012; Pew Research Center, 2019). However, given its prevalence among a variety of communities, we need to better understand polygamy in the US context as well as its health benefits and consequences for families, particularly women and children.

Since polygamy is illegal in most nations (70%) worldwide, most of the research on polygamous households has been conducted in African and Arab nations. Almost all polygamous marriages worldwide are polygynous, with one man taking multiple wives (Pew Research Center, 2019) and will hereafter be referred to as such. Studies from African and Arab countries have found polygyny to be associated with poorer physical health and mental health. Specifically, women in polygynous marriages report lower self-esteem, less life satisfaction, less marital satisfaction, and more psychiatric disorders than do women in monogamous marriages (Al-Krenawi, 1999, 2013a; Daoud, Shoham-Vardi, Urquia, & O'Campo, 2014; Majeed, 2016; Ozkan, Altindag, Oto, & Sentunali, 2006; Shepard, 2013; Tabi et al., 2010; Yılmaz & Tamam, 2018). Women in polygynous marriages are more likely than women in monogamous marriages to have permissible

attitudes towards wife beating (Amo-Adjei & Tuoyire, 2016; Uthman, Lawoko, & Moradi, 2010), which are a risk factor for experiencing intimate partner violence (IPV) (Abramsky et al., 2011; Ambrosetti et al., 2013; Antai, 2011a). Some studies have found a positive association between polygynous marriage and prevalence of IPV (Abeya et al., 2011; Abramsky et al., 2011; Behrman, 2019; Bove & Valeggia, 2009; Karamagi et al., 2006; Sitawa R Kimuna & Djamba, 2008; McCloskey et al., 2005), and other studies found either a negative (Heath, Hidrobo, & Roy, 2020) or no association (Adebowale, 2018; Hayes & van Baak, 2016; Sapkota, Bhattarai, Baral, & Pokharel, 2016). However, these effects among polygynous households in the US have received little attention; more research is needed to understand the relationship between polygyny and IPV.

A growing population in which these phenomena can be explored is among American Muslims. According to Islam, a man can have up to four wives as long as they all are provided for equally and they each have their own property, assets, and dowry (Khasawneh et al., 2011). The basis for this provision is found in the Qur'an, the holy book of Islam: "Marry women of your choice, two, or three, or four; But if ye fear that ye shall not be able to deal justly (with them), then only one" (Yusuf Ali, 1991, p. 179). If a man fails to provide for his wife, she can go to court to ask for and receive a divorce (Khasawneh et al., 2011). Some Muslims interpret this verse to be in favor of monogamy as it seems impossible to treat multiple spouses equally (Hassouneh-Phillips, 2003). Other Muslims believe the text permits Muslim men to marry multiple wives.

Background and Significance

Muslims in America

The US Muslim population of 3.5 million is ethnically diverse, encompassing immigrants, born-in and convert Muslims (Pew Research Center, 2017). Therefore, there is no single image of an "American Muslim" (An-Na'im, 2014). Islam is largely an

immigrant faith, as roughly six-in-ten (58%) of US Muslims are first-generation Americans (i.e., foreign-born) (Pew Research Center, 2017). US Muslims are racially diverse; 41% identify as White, 20% Black, 28% Asian, 8% Hispanic, and 3% as mixed/other (Pew Research Center, 2017).

The histories, experiences, challenges, and concerns of the American Muslim population are complex and vary by locale, ethnicity, and gender (Hassouneh-Phillips, 2003). These factors, in addition to different interpretations of Islamic doctrines, have led to the emergence of Muslim subcultures, and people's experiences are understood in the context of their cultural values. Thus, a woman's experiences with and perceptions of IPV can be expected to vary across different Islamic communities.

The significance of Marriage in Islam

Marriage is considered the backbone of Islamic society. Common interpretations of Islamic teachings assert that marriage is half their faith (i.e., marriage fulfills 50% of their duty toward God) (Hassouneh-Phillips, 2001b; Majeed, 2015). Many Muslims view marriage is an ideal lifestyle, a way to carry out prescribed gender roles, that is pleasing to God. Since marrying and staying married is understood as a requirement to one's spiritual fulfillment, and dating and sexual acts outside of marriage are forbidden, Muslim women often look forward to marriage from an early age (Hassouneh-Phillips, 2001b; McCloud, 1995). Even converts feel such pressure and often marry shortly after converting (Hassouneh-Phillips, 2001b). The Muslim community plays a central role in women's religious and social lives in the form of women's group meetings and gatherings at the mosque (Ammar, Couture-Carron, Alvi, & San Antonio, 2013; Rouse, 2004). Unmarried and divorced women do not fit well into Islamic social structures.

Islamic culture is community-centered, and marriage is vital to the eternalness of community. A marriage is a way to preserve the religion through the creation of a family

and the family unit is meant to be "productive and constructive, helping and encouraging one another to be good and righteous, and competing with one another in good works" (Aziz, 2020). As such, wives play a central role in achieving these goals for the family, and in the Muslim community, there is an understanding that Allah (i.e., God) is against divorce. Given the high value placed on marriage and being obedient wives, women might not want to divorce an abusive husband and risk being ostracized by the community. Because of these religious and cultural norms, Muslim women might be at risk for entering into and staying in abusive relationships.

Interpretations of Qu'ran about IPV. There are several translations and interpretations of a specific Quranic verse about how husbands should handle disobedient wives, and this verse is one of the most controversial within the Muslim community (Rouse, 2004). The Sahih International Translation (1997) of chapter 4, verse 34 of the Qur'an reads:

> Men are in charge of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. So righteous women are devoutly obedient, guarding in [the husband's] absence what Allah would have them guard. But those [wives] from whom you fear arrogance - [first] advise them; [then if they persist], forsake them in bed; and [finally], strike them. But if they obey you [once more], seek no means against them. Indeed, Allah is ever Exalted and Grand.

Some Muslims believe this verse gives the husband permission to beat his wife, whereas others read the word "strike" to mean "separate from." Scholars have stated that proof-texting - the selective use of a text usually out of context to support one's position or actions - is used by abusive men to justify IPV (Potter, 2007; Rouse, 2004). The verse also states that good wives are obedient to their husbands and a study of American

Muslim women found that participants perceived obedience to their husbands as a religious duty (Hassouneh-Phillips, 2001b).

IPV in American Muslim Families

Research on the American Muslim community is an emerging field; few studies have attempted to estimate IPV prevalence in this population (Oyewuwo-Gassikia, 2016). The Project Sakinah and Peaceful Families Project - two organizations committed to ending domestic violence among Muslim families - conducted the 2011 Domestic Violence Survey to assess Muslim Americans' attitudes and experiences with domestic violence (Celik & Sabri, 2012). The authors defined domestic violence (DV) to include IPV, child abuse, and elder abuse. To date, this is the largest study of American Muslims (n=801) exploring IPV. The study found that 31% of all participants experienced IPV. Prevalence was higher for women than for men, with 56% of women and 44% of men reporting having experienced some form of IPV over the course of their lifetime. Few data tables are presented in the online, non-peer-reviewed report. Apart from the data collection mode via an online survey, no other information about this study's methods was provided in the report. Information about the survey questions and measures of IPV were not provided, so the validity of the scale used cannot be assessed. The report does not provide the demographic characteristics of the participants, so generalizability to the American Muslim population cannot be determined. Nor are there any breakdowns of IPV prevalence by racial or ethnic groups, therefore, any differences among these groups remain unknown.

From a very small study (n=37), Adam and Schewe (2007) estimated IPV prevalence among women from a South Asian Muslim community in Chicago. The authors used the Revised Conflict Scale (Murray A Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to measure IPV experienced by participants. They reported a lifetime

IPV prevalence of 73% among South Asian Muslim women. However, this finding should be taken with caution because of the small sample size. Nonetheless, the estimates from these two studies (Adam & Schewe, 2007; Celik & Sabri, 2012) suggest that the overall prevalence of IPV for Muslim American women may be higher than the national average. With the immense racial and ethnic diversity across the American Muslim community, more research is needed to understand if there are divergent experiences of IPV across these groups.

Intersectionality Framework

Intersectionality (Crenshaw, 1991) is a feminist framework that theorizes how multiple social categories (e.g., gender, race, ethnicity, socioeconomic status) "intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism)" (Bowleg, 2012, p. 1267). Feminist scholars have conversed extensively about how the interesectionality of gender, race, ethnicity, and class impacts women-of-color's experiences of IPV and the importance of tailoring strategies and policies to address the unique needs of minority communities (Ammar et al., 2013; Crenshaw, 1991; Sokoloff & Dupont, 2005; Williams, Oliver, & Pope, 2008). Applying this framework legitimizes the experiences of marginalized women by acknowledging the various forms of oppression they encounter that may complicate their ability to seek help when leaving an abusive partner (Salimbeni, 2011). Scholars have asserted that religion should be explored as another avenue at intersection of risk for IPV, especially among Muslims living in America (Ammar et al., 2013).

Religious Discrimination against Muslims in US. Since the terrorist attacks on September 11, 2001, the American Muslim community has faced widespread hate and discrimination. The unique form of discrimination experienced by Muslims is

called Islamophobia. The *Merriam-Oxford Dictionary,* defines Islamophobia as a "irrational fear of, aversion to, or discrimination against Islam or people who practice Islam" (Merriam-Webster, n.d.). Islamophobia continues to be rampant in the US and a harsh reality for American Muslims today. A recent study conducted by Pew (2017) found that a large majority (75%) of Muslims in America agreed that Islamophobia is widespread in the US, and half of the respondents felt that discrimination Muslims face has gotten worse since the election of Trump in 2016. These findings are based on a telephone survey conducted on a nationally representative sample of 1,001 Muslims in America.

The current Islamophobic climate has implications for Muslim IPV survivors seeking services, as Islamic beliefs and practices (e.g., veiling and polygyny) are largely misunderstood by American society (Hassouneh-Phillips, 2001b; Rouse, 2004). American Muslim women have reported facing Islamophobic staff when seeking domestic violence services. One American Muslim IPV survivor recounted that "[shelter] administrators urged [her] to throw off her veil, saying it symbolized the male oppression native to Islam that she wanted to escape" (MacFarquhar, 2008). Other Islamic scholars have found American culture to fetishize the veil as a symbol of oppression (Chan-Malik, 2018; Rouse, 2004), thereby negating Muslim women's choice to exercise modesty out of respect for their God.

Similarly, polygyny is often viewed by American society as inherently oppressive and abusive to women (Bakali, 2019). In contrast, studies have found that Muslim women in the US do not necessarily view polygyny as oppressive or abusive (Hassouneh-Phillips, 2001c; Ting, 2010). In fact, fear of stigma because of polygyny was found to be a barrier to Muslim women in the US seeking help and services (Ting, 2010). This lack of understanding certain religious practices such as veiling and polygyny, has left Muslim

women wary of seeking help from non-Muslim providers (Faizi, 2001). Therefore, American Muslim women may delay seeking services until their situations become dire (Oyewuwo-Gassikia, 2016). To address the dearth of culturally competent services, some American Muslims have established organizations to provide direct services to IPV survivors in their community, as well as train non-Muslim providers on how to do so in an affirming way (Hammer, 2019).

IPV in the Black American Community. Many of the known risk factors of IPV victimization at the community level – poor performing school districts, poverty, high unemployment, high density of places that sell alcohol, community violence – are prevalent in Black neighborhoods, and, as a result, Black women are disproportionately represented among victims of IPV (Capaldi et al., 2012; Center for Disease Control and Prevention, 2020; Petrosky et al., 2017; Smith et al., 2017; Williams et al., 2008). Although violence against women has decreased during the past two decades, Black women continue to experience the highest rates of IPV (4.7 per 1,000), compared to White and Hispanic women (3.9 per 1,000 and 2.3 per 1,000 respectively) (Truman & Morgan, 2014). Black women are almost 3 times as likely to be murdered as a result of IPV than are White women (Petrosky et al., 2017).

Despite their high rates of domestic violence, Black survivors are more likely to be oppressed by formal social systems that are supposed to help them. For example, Black women are routinely arrested at higher rates for domestic violence when calling the police for assistance, even when the act of violence is in self-defense against the batterer (Gross, 2015). Moreover, when Black American women engage with the criminal justice system, they often experience institutional violence perpetrated by police officers and/or the justice system itself (Crenshaw & Ritchie, 2015). Many battered Black women who try to leave abusive relationships are further subjected to structural violence from

the welfare system that, due to systemic racism, stigmatizes recipients and places unachievable work requirements on them (Davis, 2006). As a result, they are pushed deeper into poverty and put at risk of returning to their abusers for economic support.

Black women also face racial microaggressions when seeking help services, such as the lack of culturally appropriate hair care products and food in domestic violence shelters (Nnawulezi & Sullivan, 2013). Myths and stereotypes often taint how Black women are treated by staff at DV shelters; for example, staff sometimes perceive black women as lazy and underserving of shelter but perceive White women as deserving and legitimately in need. All of which amplifies the complexities Black women encounter when trying to leave abusive relationships.

Intersectionality and Black American Muslim Women. Black Americans, defined as US born, represent a fifth of all Muslims in the US and are one of the largest ethnic groups in the American Muslim population (Pew Research Center, 2017). Approximately half of Black American Muslims are converts and therefore less likely to have relatives who also are followers of Islam, unlike other ethnic Islamic groups (Jackson, 2005). With the majority of Black Americans being Christian, Black American Muslim women may be particularly vulnerable to abuse, as social isolation and lack of social support from friends and family increase risk of IPV (Capaldi et al., 2012; Heise et al., 2002). Black American Muslim women may hesitate to seek help from friends or the authorities in order to avoid reinforcing stereotypes about their community (e.g., that Black men are uncontrollably violent and that Muslim men are abusive) (Crenshaw, 1991; Rashad, 2014; Ting, 2010). Incidents of IPV are often handled within the Muslim community, and women are discouraged from contacting the police (Oyewuwo-Gassikia, 2016; Potter, 2007).

Muslim women are allowed to marry only Muslim men unlike Muslim men who can marry women outside their faith (McCloud, 1995). In the U.S., Black men are less likely to be religiously affiliated than women (Pew Research Center, 2015a), thus Black American Muslim women are at a disadvantage in finding a husband. Moreover, there is an overall shortage of eligible Black men for Black women to marry (Kilbride & Page, 2012). Biased drug laws have resulted in the mass incarceration and disenfranchisement of millions of Black American men (Alexander, 2012). Moreover, homicide is the leading cause of death among Black American males aged 20-44 (Center for Disease Control and Prevention, 2019), which further shrinks the pool. Thus, it is understandable why polygamy is believed to be more common among Black American Muslims than other ethnic groups (Rashad, 2014).

Understanding Polygyny within the Black American Muslim community. In the seminal book *Polygyny*, ethnographer Debra Majeed depicts the experiences of fifteen Black American Muslim women in polygynous unions (Majeed, 2015). Majeed recounts the in-depth stories of her participants spanning a decade, highlighting their agency and choice to share their husbands. Although each participant had a distinct experience in polygyny, Majeed found similarities across thirteen participants. These shared experiences informed the development of a typology which can be used to better understand the lived experiences of Black American Muslim women in polygyny. Majeed purports that there are three forms of polygyny in which her participants can be grouped: 1) Liberation, 2) Choice, and 3) Coercion. Five of her participants fell under the polygyny of liberation category, five under polygyny of choice, and the remaining three under polygyny of coercion.

Majeed (2015) describes polygyny of liberation as a marriage in which wives are overwhelmingly content with their experiences and view polygyny as a mutually

beneficial family affair. Wives in this group "describe polygyny as a blessing, may seek other wives for their husbands, and are eager to counsel women on how to create a dynamic polygynous life" (Majeed, 2015, p. 38). These marriages are not completely without stress or jealousy, and the wives may have even considered divorce at one time or another. However, these women ultimately view polygynous marriage as a conscious choice that they freely accept.

The next common type among her participants was polygyny of choice. Majeed describes them as women who knowingly seek polygynous men and have few reservations about it. Majeed asserts that "their motivations range from preference for independence rather than full-time responsibility for their husbands to acceptance of polygyny so that other needs of their husbands may be met" (Majeed, 2015, p. 38).

The last group, polygyny of coercion:

> Reflects the experiences of women who believe their husbands are not financially, emotionally or spiritually able to maintain multiple-wife households. These women say their standards of living decreased when their husbands became polygynists, they were not informed prior to their husbands' subsequent marriages, and/or they saw polygyny coming out of nowhere. Women who live in polygyny of coercion say they often feel they have few if any options to leave unhealthful situations. (p. 39).

Although Majeed's book talks about the unhealthy aspects of 'polygyny of coercion' and the risk of experiencing violence from other wives, she does not explore IPV in any form. To date, no research has investigated Black American Muslim women's experiences with IPV and polygyny. This study seeks to address this gap in the literature and addresses two questions: *1) What are the lived experiences of Black American Sunni Muslim women in terms of IPV? 2) Do they believe polygyny is inherently abusive?*

Research Design and Methods

This study uses interpretive phenomenology (Benner, 1994; Van Manen, 1990) as both a philosophical approach and a method to explore, describe, and analyze the meaning of IPV and polygyny through the individual lived experiences of Black American Sunni Muslim women. In phenomenology, the researcher seeks to create a rich in-depth account of a particular phenomenon, in order to uncover the *essence* of an experience that is shared with others who have also had that experience (Marshall, 2016). In order to understand how IPV and polygyny are related, we need to understand the meanings women ascribe to them, and the best way to achieve this is through in-person interviews (Crist & Tanner, 2003; Norlyk & Harder, 2010). Through face-to-face interviews, I captured participants' thoughts, feelings, values, and assumptions about IPV and polygyny.

Site, gaining access, and recruitment

Black American Muslims are more likely to live in the Northeast and urban areas than in other geographic locales (Kahera, 2002; Pew Research Center, 2017). Compared to other large American cities, Philadelphia has the greatest number of Muslims per capita (Bagby, 2012). Once called ‘Muslim Town’ due to the long-standing Black Muslim community and flourishing Muslim culture (Hauslohner, 2017), Philadelphia was ideal for conducting this study.

Acknowledging the sensitivity of the topics (i.e., IPV and polygyny) and that some may not be comfortable discussing such issues with me because I am not a member of the Islamic community, I used several recruitment strategies. First, announcements were sent out via the University of Pennsylvania's Muslim Students Association listserv and the Fontaine Society listserv. Carolyn Rouse from Princeton University and Zain Abdullah from Temple University, two renowned researchers who have conducted

extensive work with Black American Sunni Muslims, assisted me in making contacts with the Sunni Muslim community in Philadelphia. They introduced me to imams, students, activists, and community leaders in the area to assist with recruitment.

Drawing on ethnographic research methods, I conducted fieldwork, specifically participant observation (Spradley, 1980); I wanted to "hear, see, and begin to experience reality as the participants do" (Marshall, 2016, p. 140). I was immersed in the Sunni Muslim community in Philadelphia from March 2015 till December 2016. I attended weekly Friday Jummah services at different mosques throughout the city and spoke with attendees following the services. I introduced myself as a visitor, a life-long Philadelphia resident intrigued by Muslim culture, with an interest in the lives of Black Muslim women. I wore conservative clothing and, as appropriate, a hijab (i.e., a scarf that covered my hair) when I attended these events. I participated in Islamic women's classes and attended author talks by Debra Majeed. I took field notes on what I observed and how I felt during each event, capturing additional qualitative data. I did not recruit participants during these various events but gained invaluable insight into what was important in the everyday lives of the women. It was imperative for me to be engaged and learn about what matters in this community in order to better understand the narratives given during the interviews.

Recruitment occurred from June 2015 until December 2015. Recruitment continued until saturation was attained, meaning the point at which no new themes, or new information for understanding, was gained (Hennink, Kaiser, & Marconi, 2016; Morse, 2015). Participants were compensated with a $30 gift card to a store of their choice.

Participants

The target population for this study was Black American women residing in and around Philadelphia who identified as Sunni, were over the age of eighteen, and had a spouse or partner. For the purposes of this study, Black American Muslim women were defined as women who born in the United States. Immigrant Black Muslims, Black Americans in the Nation of Islam, and African Hebrew Israelites of Jerusalem were excluded from this study due to differences in their historical journeys to Islam (Abdullah, 2010; Jackson Jr, 2013; Jackson, 2005). In addition, those who identified as Salafi – a conservative branch within Sunni Islam - were also excluded because their ideology, practice, and culture are different from Sunnis (Rashad, 2014).

Understanding the closed nature of this community and consistent with sampling methods used in other studies with Black American Muslim women (Bourjolly, Sands, & Roer-Strier, 2013; Rouse, 2004), I used snowball sampling to gain access to different social networks and participants in polygynous marriages. At the end of each interview, the participants were asked if they had any friends whom they thought would be willing to participate and agreed to make an introduction.

To that end, twelve Black American Sunni Muslim women, ranging in age from 30 to 54 years old, and diverse backgrounds volunteered and participated (see Table 4.1). All participants were married at the time of the interview, most had been in their marriage longer than five years, and three had been in previous marriages. Three participants stated that they were in a polygynous marriage at the time of the interview, and six had had previous polygynous experiences. I grouped participant marriages into Majeed's (2015) polygyny classifications, and the breakdown was as follows: three participants fell under the polygyny of liberation category, two under polygyny of coercion, and one under polygyny of choice. Participants' polygyny types were based on

how their husbands entered polygyny and how they reported feeling about their marriage and family type.

Regarding IPV, five participants had experienced some form of IPV from a current or former partner. Regarding the types of IPV in Table 4.1, emotional violence involved blaming, degrading, insulting, humiliating, threatening, stalking, and surveilling behavior towards the participant from a partner. Physical violence was described as any deliberate harmful act resulting in physical pain or injury, such as hitting, throwing, punching, pushing, or slapping. None of my participants spoke about experiencing sexual violence, and therefore it was not covered in this study.

Data collection

Since participants were recruited primarily through word of mouth, potential participants who contacted me to express interest were screened using a brief script (Appendix A) and, if they met the inclusion criteria, were scheduled for an interview. All participants were interviewed with a semi-structured interview guide consisting of open-ended questions (see Appendix B). The interview guide was developed in collaboration with two key interlocutors from the Islamic community in Philadelphia, then was pilot tested and refined under their guidance. The questions were designed to allow participants to share their life stories beginning in early childhood, describe past and current family structures, provide details of any abuse experiences, and reflect on the meaning of those experiences. It is important to note that I chose to use the term Domestic Violence (DV), which is more commonly used and understood in this community, instead of IPV. My fieldwork observations and pilot interviews informed this decision. Brief questions at the beginning of the interview captured relevant demographic information. Interviews lasted, on average, ninety minutes. A professional transcription company transcribed each interview within a few days of the interview. I

documented non-verbal cues observed during interviews to further accurate contextualization of the women's stories.

Data analysis

Analysis occurred concurrently with data collection. Once the transcripts were received, I followed Colaizzi's (1978) approach consisting of the following steps:

1. Read each of the participants' narratives several times in order to acquire a sense of their ideas about IPV and polygyny.
2. Extract significant statements from each transcript that together capture the meaning of their experiences with IPV and polygyny.
3. "Try to spell out the meaning of each significant statement, known as formulating meanings" (Colaizzi, 1978, p. 59).
4. Organize the formulated meanings into clusters of themes.
5. Write an "exhaustive description" of the phenomenon that integrates all the ideas from the lived experiences of IPV and polygyny.
6. Return to the participants for validation of the exhaustive description.
7. When new data are revealed during the validation, incorporate them into the exhaustive description.

In addition, during the analysis phase, I participated in the Advanced Qualitative Collective (AQC) research group at the University of Pennsylvania. The AQC provided expert peer review (Lincoln & Guba, 1985) as I formulated meanings, identified themes, and drafted the exhaustive description. Transcripts were double coded by AQC members and the final themes represent consensus among the AQC. NVivo 12 Plus, a qualitative data management software, was used to facilitate thematic analysis.

Trustworthiness

Similar to how quantitative studies are assessed by reliability, validity, objectivity, and generalizability of its study results, four operational techniques are used in qualitative studies to ensure standards of rigor are met, namely, credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985). I took multiple steps to achieve credibility of the findings. First, I engaged in bracketing to increase self-awareness. Bracketing (Merleau-Ponty, 1956) in phenomenological research requires the investigator to identify and document her preconceived ideas about the phenomenon she seeks to study. The assumption is that a researcher who can identify her biases will attempt to leave them out of her analyses. To facilitate bracketing, I kept a reflexive diary in which I recorded my reactions immediately after each interview and during the review of the transcripts. In addition, credibility was established via member- and peer-checking from the AQC. Prolonged engagement with the data and with the Islamic community helped to achieve credibility.

Confirmability and dependability were achieved through an audit trail (Koch, 1994). Direct quotes from transcripts are used to illustrate the major themes and sub-themes to demonstrate how conclusions were made, strengthening the study's confirmability (Sandelowski, 1994). Lastly, transferability of this study was accomplished by selecting participants who experience the phenomena under investigation (i.e., IPV and polygyny), which is presented in Table 4.1 (Speziale, Streubert, & Carpenter, 2011).

Ethical Considerations and Data Management

The study received approval from the University of Pennsylvania Institutional Review Board in May 2015. Each participant was offered a copy of the informed consent form that included an explanation of the purpose of the study and the presence of sensitive questions. The form also informed the participants that the interview would be

audio recorded with a digital recorder. Participants were not asked to sign an informed consent form as it would be the only identifier linking them to the study. Each interview was coded with a pseudonym chosen by participants to protect their identity, by which they are referred to throughout this study.

Interviews were conducted in a private setting without others present in order to eliminate the potential risk associated with others disclosing information about the participants. The digital recordings and electronic transcriptions were stored on a password-protected computer in my office at the School of Social Policy & Practice at the University of Pennsylvania. Only I had access to the data and maintained all documents related to the study (i.e., the list of participant codes and corresponding pseudonyms, memos, and field notes) on dropbox - a cloud-based storage software.

I followed the Nursing Resource Consortium on Violence and Abuse's protocol for the ethical and safe conduct of research with abused women (Parker & Ulrich, 1990) and was prepared to use the protocol developed by Draucker and colleagues (2009) in the event that a participant became distressed as a function of the study (Appendix C). Fortunately, none of the participants became acutely distressed during the interview. At the conclusion of each interview, each participant was provided the Philadelphia Domestic Violence Hotline phone number.

Results

All twelve participants described their family life, family structure, faith, marriage, and any experiences with IPV and polygyny. Using their own voices, I captured the essence of their experiences by identifying five themes: 1) Islam does not condone violence against women, 2) There are protective factors and safeguards in Islamic marriage, 3) It matters how your husband enters polygyny, 4) I felt betrayed and became

depressed, and 5) Polygyny as a choice and source of liberation. Themes and sub-themes are shown in Table 4.2.

Theme 1: Islam does not condone IPV

Every participant emphatically stated that Islam does not condone domestic violence (DV); participants mostly used DV to describe IPV. Participants were aware that DV happens in their community, but, as Jada put it, "I don't think it has anything to do with religion." Jada and others did not ascribe DV to any Islamic teachings or encouragement from the Muslim community. Keisha agreed that it occurs in the community, "but it doesn't happen anymore or any less than any other community, any religious community or ethnic community, or anything like that." In other words, Islam – the religion itself- does not condone violence against women.

Born-in Muslim participants spoke about the historical relevance of the Nation of Islam's stance against DV and how it is viewed in the Sunni community today. Sally explained, "because it started with The Nation, um, The Nation had very strict rules about that, about domestic violence. You could be put out of the community for that… So that is something that you would hear people speaking against." Sally and other participants shared that IPV is not tolerated in the community and provided examples of how it is addressed within the community. They shared that men challenge other men in their mosques when husbands abuse their wives and even help women relocate when necessary.

Many participants cited Islamic scriptures as evidence of domestic violence not being supported. Hadiths explain, clarifies, and paraphrase the Qur'an's messages in practical terms. Keisha shared that she quotes from the "Bukhari" Hadith, the book of marriage, when people ask her about wife beating in Islam. She explained:

> And they say, "Well, doesn't your husband beat you?" I said, "Listen; there's a hadith where a woman came to the prophet. She said this man and this man asked to marry me, who should I choose?" And he said, "Don't marry such and such, he's poor. He don't have no money. What he gonna provide for you? Don't marry such and such because he beats his women. Very clear-cut. Very clear that Islam does not advocate domestic violence.

When asked about the Islamic verse that some interpret to permit husbands to beat their wives when they disobey, study participants did not interpret it that way. Some explained that people get confused about verse 4:34's meaning due to the various translations of the text. Keisha asserts that "the translation from Arabic to English is very aggressive and it looks like beating." Kim clarified the meaning of the word often translated to mean beating or strike, " [it] means you leave and go out…means movement, that word—for beatin' lightly. You know? Cuz most people think strike. So that means strikin' of your feet to move. So move out." Participants did not believe that verse 4:34 permits men to hit their wives because that would be inconsistent with the example set by the prophet. As Tiffany concluded, "As Sunni Muslims, we follow the example of the Prophet Mohammed. He was kind."

There are protective factors and safeguards in Islamic marriage.

Contrary to stereotypes about dominated and abused Muslim women, participants expressed a sense of security in the rights the religion affords them. Participants also highlighted the importance of a good marriage contract and an advocate called a "Wali". The marriage contract is a document agreed upon before marriage in which both parties lay out their terms. Most importantly, the wife gets to state what she wants for her dowry. For example, four participants requested a ring and their husbands to pay for their Hajj (their trip to Mecca, Saudi Arabia). In addition, the

wife explicitly states what she will and will not tolerate in marriage. For example, some participants, like Amina, noted IPV would not be tolerated: "He wasn't allowed to be abusive…if he became abusive then I was able to get a divorce…when a woman asks for a divorce it's automatically granted as long as she has permissible grounds." Others set rules under which they would enter polygyny. In the case of Amina, "as far as taking on another wife, um, I had to be the only wife for a year".

The Wali is a man who serves as the woman's advocate during her marriage. He is commonly referred to as her uncle, who vets the potential suitor and is the man her husband must answer to when problems arise during the marriage. The Wali serves a central role to protect women in Islamic marriages, as Keisha explicates:

> A woman's marriage is not even valid if she didn't have a Wali involved. That's how important it is. Because that Wali checks in on that marriage to make sure that that woman is being treated the way she's supposed to be treated, according to Hadith and the Quran…And that's how Islam is built. To protect the woman. He knows that he has somebody to answer to.

All six born-in Muslims and three convert participants thought they had Walis who served as good advocates for them. The remaining three participants were converts to Islam and did not feel that their Walis served them well. They shared that as new converts, they didn't fully understand the importance of a Wali and ended up with someone they did not know very well serving in this crucial role. According to Keisha, "You go to some masjids [the Arabic word for mosque], and no one's really taking on the duty they're supposed to, which is why you have sisters going at this by themselves and being taken advantage of. Because they [the husbands] don't have nobody to answer to." Here, Keisha expressed concern that converts without strong Walis may be at greater risk of IPV because there is no one on their behalf to hold their husbands accountable.

Know your religion. All participants stressed the importance of knowing one's religion. They emphasized how critical it is for a woman to spend the necessary time to know and understand the Islamic faith for herself, not through her spouse, "because if you rely on a man, the man will fall short because they are man and they're not going to tell you everything about your rights," Kamila cautioned. Many used the term "Hislam" to describe when women, often converts, come to understand their roles as wives through what their husbands' tell them about it. Tiffany explained that with Hislam:

> Some men take the religion and use it to their advantage. Sometimes you hear some young women that are getting into relationships with men, and they're tellin' them that these are things that they have to do. Because these are things that are gonna benefit them [the men].

Participants agreed that Hislam often runs contrary to Islamic teachings and traditions. Keisha and Halla believe that Hislam is influenced by cultural norms. Keisha described:

> Women can't work. That's Hislam. Women have the right to work in Islam. Some men misrepresent the Islamic doctrines to support what they believe, so a lot of these oppressive themes are what Hislam is. And a lot of them are cultural…has nothing to do with Islam.

Halla elaborated with examples about marriage, "Hislam is when you're getting married and you're not registering [with the state]. Um, it's when you're in a polygamous marriage and don't know you are. Um, where you feel you have no voice in your home." To curtail the risk of Hislam, Keisha's masjid offers classes for women who are new to Islam (i.e., shahada classes) that are taught by women. Keisha highlighted:

So a lot of sisters get caught up in that [Hislam] if they don't have a community to tell them different, which is why we have our new shahada class at our masjid. The sisters go

learn from the sisters. Don't go learn your deal from some guy, because he gonna teach you what he think you need to know and he gonna twist that up. Cuz he gonna take advantage of you. You come here and you learn from sisters that been Muslim all they life, what your Deen is, what your rights are, and then you get married.

Keisha believes it is important for new converts to learn their Deen (i.e., the Muslim way of life) from other Muslim women; that way, they learn about their rights as women in marriage before entering a marriage.

Theme 2: New converts may be vulnerable to abuse

Participants warned that new converts to Islam might be more vulnerable to IPV than born-in Muslims or more seasoned converts. Participants expressed concern for new converts because they do not have a deep understanding of the Islamic faith and the protections it affords them, thereby making them more susceptible to Hislam. Some men use Hislam to control their wives and justify abusive behavior, and their wives may accept it as they think it is what it means to be a good Muslim. In addition, converts often lack a trusted Wali to guide them when entering their marriage. Moreover, a convert's family typically is of another faith and may not know how to advise a family member as she enters an Islamic marriage.

Aliya's narrative provides evidence of this sentiment. Aliya spoke about how her mother reacted when she told her she was going to marry after knowing her future husband for only four months. She had converted to Islam two years prior:

> Neither of my parents are Muslim…at the time, she [my mother] respected the religion, but she didn't know a whole lot about what was going on. So, she met him, and she thought he was nice, and he seemed to be, you know, have good character and be a quality individual, so she's like, "I guess this is what you Muslims. you know, this is what you do. Um, you know, go ahead.

Aliya's tearfully recalled how her first husband emotionally and financially abused her for the 5.5 years of their marriage. She was his second wife, and in hindsight, she said there were "red flags" from the beginning. For example, she never received her dowry - a diamond bracelet. He asked for a deferment and told her, "I'm not able to get it for you now because I have to, um, have money for us to be able to move, and I still have to take care of my other household. But, you'll get it." Aliya said that she did not understand a dowry's significance at the time but now knows the financial obligations husbands must meet Islamically in a marriage. She explained, "you shouldn't be marrying another woman, if you aren't financially capable of maintaining multiple households." Not paying the dowry was just the beginning of the economic abuse. Her husband did not allow her to work and he could not afford the bills in her household, so Aliya went on welfare. He made expensive purchases on her credit card and ruined her credit. Aliya described him as "very controlling." He restricted what she wore, where she could go, and her educational pursuits. Since she was new to the faith, she acquiesced to her situation as she thought this must be how it is supposed to be. She felt isolated as she did not have a support system within the Islamic community. Ultimately, Aliya's non-Muslim family members helped her get out of the abusive marriage.

As Aliya' story demonstrates, new converts may be vulnerable to abuse because they may not have developed strong allies in the Islamic community; Sally rationalized:

> See, domestic violence typically happens when women are isolated and they don't have community, from my experience. Or your family's not Muslim. Because then you don't have anybody to intercede. You don't have any other community besides that person. So that's what I mean by isolation.

In this study, the three participants who thought they did not have a good marriage contract or Wali, married within a couple of years of joining the Islamic faith.

Furthermore, all five participants that had experienced IPV were converts to Islam. Emotional violence was the most common IPV type experienced by five participants, two experienced both emotional and physical abuse, and one participant experienced emotional and financial abuse.

The community swept my abuse under the rug. Participants who experienced abuse from a former partner shared that they did not get any help from the Muslim community when they tried to leave their husbands. They claimed that they were not believed and even blamed for the abuse from members of the Islamic community. I will now share Amina's story as an example.

Amina was severely physically abused by a former partner. They were engaged to be married, and the abuse started when she got pregnant with their son; she explained:

> During my pregnancy [he] got real abusive, kicked me down a flight of steps, started throwing cell phones at my face, um, one incident where I tried to run he kicks in the bedroom door, jumps on me, chokes me out in front of my oldest son, um, it just got bad. And it got to the point where, you know, it was either leave or die and I left.

Amina devised an escape plan, and with the help of her non-Muslim uncle, moved into a DV shelter with her children without incident. Amina did seek assistance from other women in the Islamic community. She told them about the abuse and why that is why she left her partner. She did not get any support from the community during this time; instead, they defended his actions. Amina angrily recalled:

> At first I tried to tell the girl who I thought was my friend at the time…what was going on and, um, she was like "Oh, he wouldn't do that. You know, stop making him mad," and I'm like, "Stop making him mad?" Like, he busted my head open. Like, you're tripping.

Keisha admitted that "a lot of [the abuse] still gets swept under the rug, even at good masjids, because people, you know, don't wanna expose his sins." In some cases, the community is more loyal to its longstanding male members than its new female converts. Amina experienced this, and once divorced, she decided not to go around that specific Islamic community (the Salafi) again. She explained:

> I didn't wanna be in any place that, um, encourages or, um, supports individuals who act like he does, I can't, that's not normal to me. Like, meaning, they know his temper, um, how he treats women, how he views women. But this is like your, your homie and your friend, and you don't speak out against it. So, if that's how you guys are, then I don't wanna be around you.

Theme 3: It matters how your husband enters polygyny

None of the participants thought of polygyny as inherently abusive and understood that it was permitted in the Islamic faith. Like the women in Majeed's book, study participants did not identify themselves as polygynous. For example, when I asked Sara how she entered her polygynous marriage, Sara clarified stating "I didn't. He did. [Laughter]"; to her, she is married monogamously to one man. Half of the participants had been with a polygynous partner. Three participants were in a polygynous marriage at the time of the interview, and two had multiple experiences, meaning their husbands had married and/or divorced multiple wives over the course of their marriage. Most participants were not against polygyny, but two participants expressed that they were unequivocally against it for their marriage, as noted in the paragraphs that follow.

The woman has a right to know before her husband takes another wife. In Aliya's case, her first husband did not tell his other wife that he was marrying Amina until the day before the wedding, "He wrote her a letter and left it at the house." Many participants shared similar stories about polygynous marriages that begin poorly,

primarily because the husband does not tell his wife that he is marrying another woman. All agreed that is not how it is supposed to work, Sally explained:

> They're not really following the structures. And they're not following the intent. And they're forgetting that in marriage you can't make somebody be in polygyny. You can't take somebody's agency by saying "Well [shrugging her shoulder], that's not something she needs to know." She has rights. That is her right, and it's her right to be able to say whether she wants to participate in it or not.

Although participants knew that their husbands had a right to take additional wives, they also were confident of their rights as wives to demand and expect certain things from their spouse in polygyny (e.g., being told ahead of time that he wants to take another wife). Not being told negates her agency and choice.

Emotional abuse and coercion. Reem described emotional abuse from her current husband when he broached the topic of taking another wife. Both Reem and her husband converted to Islam and got married very young, ages 19 and 22. They earned scholarships to study in the Middle East for their bachelor's degrees and spent time learning Arabic and their faith. While studying abroad and after seven years of marriage, her husband told her he wanted a second wife. Reem was heartbroken and angry that he wanted to pursue another marriage. She was also concerned about the financial implications, as she knew he did not have the means to take on a second wife while they lived on student salaries. When they returned to the US for summer break, Reem became depressed because her husband made it seem like she was not enough. She shared that she felt abused, even though her husband never hit her. She explained, "It's not as simple as a slap on the face, but clearly, there was some type of emotional stuff going on because I was skinny as crap." In the end, Reem gave her husband an ultimatum: "You can do this. This is a choice that you're making, but when you make this choice, you are

essentially closing the chapter on our marriage." Her husband proposed to another woman, and she said no. They were still married at this interview, and he did not pursue another wife again.

Majeed's polygyny typology is useful in understanding Reem's experience. The emotional abuse Reem described during her almost-polygynous marriage is an example of polygyny of coercion: her husband was not financially able to maintain multiple-wife households, and he proceeded even after knowing that she was vehemently opposed. Her husband belittled her as he justified his desire for another wife.

Other study participants said they felt like they had no choice and reluctantly allowed their husbands to marry additional wives. In polygyny of coercion, women may stay in their marriage because they feel they have few options, if any options to leave (Majeed, 2015). Sara shared this sentiment, "I felt like I had no choice with 3 kids, married young, didn't finish school". At that time, Sara was a stay at home mother, "all I did was him and my children. That's all I did." She did not consider divorce because she loved her husband, he supported them financially, and she did not have any other way to provide for her children. Kamila had a similar experience when her husband just said, "Hey, I'm getting another wife…Yes, he told me before it went down. It wasn't like I could have a choice. And at the time, I was young. I was new to Islam." As a new convert, Kamila did not feel like she had options, so she acquiesced.

Theme 4: I felt betrayed and became depressed

Almost all participants whose husbands had taken additional wives spoke about going through an initial shock when it occurred and feeling betrayed. Sara felt blindsided when her husband of seven years told her he wanted to be polygynous, "one day he came home and he told me, he says, 'I think I'm going to get married again.' It hit me like a

brick wall. Are you serious? I had no indication. None. That was the most painful part." Sara felt betrayed that he was seeking something outside of their relationship and family. Jada also felt betrayed, "I think it changed the relationship that I had with my husband because I thought the, like, the world of him…I just thought, oh, he's this person and for me it was like betrayal."

Except for one participant, those who had experienced polygyny spoke about the emotional toll it took on them, from feelings of sadness to anger. Aliya recalled how "depression set in like none other" after entering into a polygynous marriage. For most, the transition to this new family type was distressing. Kamila spoke candidly about the toll it took on her self-esteem and about the jealousy that she and her co-wife had to overcome: "I'm not gonna say that it has been all just flowers and lilies. It hasn't, cuz you dealing with two women who have their own individuality, their own jealousy, but we try to be mature about it, and we try to work through it, you know, religiously." Kamila disclosed that she "actually went to go see a therapist" to help cope and come to a deeper understanding of her new marital arrangement. Many participants shared they sought clinical therapy to get support while in polygyny, which is significant as they explained that receiving counseling from someone outside the Muslim faith is not viewed favorably in this community.

For Sara, polygyny changed the entire family dynamic as well as her relationship with her husband. She was depressed and "angry when he was away, angry when he left [to spend time with his other wife]." She discussed how the experience changed how she treated her children and how her children suffered: "My poor babies. I withdrew because I didn't want them to see me in any type of pain." She distanced herself from her children, which was a drastic difference from the present mother she was before

polygyny. She sadly spoke about how her husband did not initially explain to their children why he was not home. She and her husband "battled mentally over that for a long time."

Has come to blows. Anger was a common among women in polygynous marriages. Some participants recalled how they became so angry at times that they hit their husbands. Kamila described how she became physical with her husband when he made the decision to take another wife: "we have come to blows… my husband has had multiple co-wives. I was tired of the rotation of women. Enough is enough." Jada reported that she threw her phone at her husband. None were proud of their physical actions toward their husbands and described getting so angry that they lost control.

Theme 5: Polygyny as a choice and source of liberation

In the midst of their anger, some participants described how they found the inner strength to deal with polygyny and preserve their family. Some seemed to consider polygyny as a challenge to be overcome. As Sara stated, "With the perception of Islam being so negative or Muslim women's lives being so controlled by men…it takes a strong woman to fear God and deal in a polygamous relationship and keep her family intact. It's not weakness that we possess." Sara started her own business after her husband took an additional wife: "A lot of times people see polygamy as about the man. I see it as an opportunity for a woman." Since Sara's husband continued to support her financially, she now felt she had the time to do what she always wanted to do. "It just made me realize that there were some things that needed to be done for myself. That's when I just woke up one morning a businesswoman, like, 'Oh, okay, I can do this.'" Sara joined a savings club and started her own thriving daycare business. During the interview, Sara smiled and chuckled as she reflected on her family after twenty-five years of marriage: "I adore my family. I adore how we have all evolved. It's absolutely amazing…I have five

biological children, and then I have two whom I like to refer to as bonus babies [children born of the other wife].” Although polygyny was initially not something she wanted for her marriage, Sara found it to be liberating, and she now counsels other women in polygyny.

Keisha was the only participant who sought out a polygynous husband, exemplifying “polygyny of choice” (Majeed, 2015). Keisha was accomplished, had her own business, and was well-known in the Islamic community. She was born into Islam, so she understood how polygyny should be exercised according to her faith. After a failed marriage and counseling with her Imam, she realized how polygyny could be a good marital arrangement for her:

> So um, —I never thought I would be in polygyny. I never disapproved of it, but I didn’t think it was for me. And then as I begin to study more about my religion and be honest with myself, I was, like, oh, I can only function in a polygynous marriage. So I became, like, pro-polygyny, polygyny-friendly, polygyny-only.

She sought a partner who also was established and who was in a successful marriage. Her imam helped her find an older man who fit these criteria. Keisha described the liberation she felt by marrying her polygynous husband, “It allows me to have that freedom that most women who have careers would love to have…the freedom of a woman who has lots to do, and still have companionship, and still have a family.” Keisha chose polygyny because it gives her the time to focus on her goals and enjoy sharing her life with someone.

Discussion

In summary, five of the twelve women I interviewed had been married to a man who abused them. Emotional abuse was the most common IPV form experienced. Three of the five had been or were in a polygynous marriage.

The first research question this study sought to address was, *what are the lived experiences of Black American Sunni Muslim women in terms of IPV?* Although five participants had experienced IPV from a current or former partner, it was not a driving narrative. Similarly, IPV was not a driving narrative for the participants in Majeed's (2015) study, all of whom were Black American Muslim women, which is why Majeed did not address IPV in her book (Majeed, 2016). This finding contradicts anti-Muslim and feminist arguments that assert that Islam is oppressive to women and approves violence against women (Chan-Malik, 2018). The lived experiences of these Black American Sunni Muslim women suggest otherwise; the prevailing view among them was that Islam does not condone violence against women. All participants spoke vehemently against the notion that it is attributable to the teachings of the Islamic faith when men abuse their wives in the Muslim community. Majeed (2015) echoes this sentiment, highlighting how IPV is antithetical to Islamic teachings and the agency afforded to Muslim women. Majeed confers "the freedom they possess as Muslim women sanctions female power…that is incompatible with coercion, oppression, and abuse" (p. 19). Results from a national survey of Muslims in America found that an overwhelming majority (80%) felt that IPV was "never acceptable" and should not be tolerated in the community based on principles in Islam (Celik & Sabri, 2012).

Participants lauded the protective factors built into the religion for women entering marriage, specifically, the marriage contract and Wali. At the same time, participants recognized that some women may be unable to reap the full benefit of these safeguards because they are unaware of them. Women can only exercise the power granted through their faith if they are aware of it, which is why one of the main themes of this study was "know your religion." Participants stressed how having a deep

understanding of the Islamic faith is key to not falling susceptible to 'Hislam' and even abuse.

Participants felt new converts might be at greater risk of IPV than born-in Muslims because they have less understanding of their faith and the autonomy and protection it affords them. In addition, participants contended that converts might be at increased risk of IPV due to less social support from the Islamic community when such issues arise. Two participants who had experienced the most severe forms of IPV (e.g., physical violence during pregnancy and attempted murder) reported that they faced tremendous disapproval and victim-blaming from members of the Islamic community when they tried to leave their abusive partner. These findings mimic other studies of Muslim women in the US, in which participants faced disapproval and even rejection from the Islamic community when leaving an abusive husband (Abu-Ras, 2003; Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013; Hassouneh-Phillips, 2001a; Ting, 2010). It should be noted that these studies involved racially and ethnically diverse samples, both born-in and converts to Islam, which suggests that the experience of receiving such backlash from the Islamic community when leaving abusive partners may not be unique to converts in the American Muslim community. Additional research is needed to understand if there is a relationship between recent conversion to Islam and IPV against Black American Muslim women.

To address the perceived susceptibility to Hislam and risk of abuse, participants spoke about the role that mosques and imams can play in ensuring converts take adequate time to learn the faith prior to getting married. Imams and other leaders at the mosque are often the first place Muslim IPV survivors look to for help (Potter, 2007). A study of 22 mosques in New York found that 74% of the participants had sought counseling from imams for safety concerns, including IPV (Abu-Ras, Gheith, & Cournos,

2008). Clearly, Imams should be a part of IPV prevention efforts for the American Muslim community. For that reason, Project Sakinah and the Peaceful Families Project, two IPV prevention organizations for and run by American Muslims, recommend and offer training for Imams (Abid, n.d; Peaceful Families Project, n.d.). The trainings offered by these organizations for Imams cover topics ranging from IPV prevalence in the American Muslim community to how best support IPV survivors to how to handle abusers. Additionally, to try to change attitudes and behaviors in their community, Project Sakinah implores Imams to offer a Khutbah (Friday sermon) on IPV (Abid, n.d), which research suggests is not typical: substantial percentage of American Muslims (44%) say that their mosque had never done so (Celik & Sabri, 2012).

My second research question was, *do Black American Sunni Muslim women believe polygyny is inherently abusive?* None of the study participants saw polygyny as inherently abusive but raised concerns about how their husbands entered it. These findings replicate other studies of Muslim American women (Hassouneh-Phillips, 2001c; Majeed, 2015). However, for some participants polygyny did shape their experiences with IPV, and it was largely about emotional abuse. Specifically, when husbands did not tell their wives before marrying another woman. Participants believed that Islam prescribes husbands to tell their wives before they enter polygyny. Participants in Majeed's study (2015) agreed that not being told left them feeling coerced into polygyny. Several participants from Hassouneh-Phillips' study (Hassouneh-Phillips, 2001c) also reported that their husbands kept their new marriages a secret and felt coerced or tricked into polygyny.

One study participant said that even though she was told ahead of time by her husband, he emotionally abused her (e.g., manipulated and demeaned her) to justify his desire to take an additional wife. Previous studies in the US and Syria also reported that

Muslim women in polygynous marriages describe this type of emotional abuse (Al-Krenawi, 2013b; Hassouneh-Phillips, 2001c). These shared descriptions of polygyny of coercion suggest that Majeed's (2015) typology may be applicable to women in polygyny across races and ethnicities.

Previous studies on American Muslim women have suggested polygyny to be a risk factor for IPV and a barrier for abused women seeking help (Hassouneh-Phillips, 2001a; Oyewuwo-Gassikia, 2016). By applying Majeed's (2015) typology to better understand my participants' experiences with IPV and polygyny, I assert that there may be an association between IPV and marriage type (i.e., polygyny) that is dependent upon the type of polygyny the wives are in. Of the five participants who experienced IPV, three had polygynous experiences; two were classified as polygyny of coercion and one was classified as polygyny of liberation. It should be noted that those two IPV survivors, classified to have experienced polygyny of coercion, also converted to Islam.

Out of four participants classified as either polygyny of choice (n=1) and polygyny of liberation (n=3), only one participant had experienced IPV. Unlike the other three participants, she did not have a college education, which is important to note as low educational attainment is a known IPV risk factor (Center for Disease Control and Prevention, 2020). In addition, both business owners were among the polygyny-of-choice and polygyny-of-liberation groups, and their husbands did not abuse them. This finding should be interpreted with caution as both women also reported that they had enough money to meet their family's needs, and high income is a protective factor against IPV (Center for Disease Control and Prevention, 2020).

Based on the findings of this study, I surmise polygyny of coercion to be a potential risk factor for women and polygyny of choice or liberation to be a protective factor. Previous studies exploring the relationship between IPV and polygyny did not use

any classifications to assess polygyny type, which could explain why some studies have found polygyny to be a risk factor for IPV (Abeya et al., 2011; Abramsky et al., 2011; Behrman, 2019; Bove & Valeggia, 2009; Heath et al., 2020; Karamagi et al., 2006; Sitawa R Kimuna & Djamba, 2008; McCloskey et al., 2005) and others have not (Adebowale, 2018; Hayes & van Baak, 2016; Sapkota et al., 2016), even after controlling for her level of education and household wealth. More research is needed to assess if polygyny is a risk factor for IPV. However, it needs to be done in a way that acknowledges that, just like with monogamous marriages, polygynous unions are complex. We need to move beyond viewing "polygyny" as a risk factor for IPV and develop scales to assess different forms. Future studies should be informed by Majeed's typologies when investigating the association between IPV and polygyny among Muslim women.

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Table 4.1
Characteristics of Study Participants

Name	Age in Years	Highest Level of Education	Convert	Current Marriage Type	Any Polygynous Experience	Polygyny Category	Any IPV Experienced	Types of IPV Experienced	Relationship with Abuser
Jada	41	MS	N	Mono	Y (2)	Liberation	N	N/A	
Sally	45	MS	N	Mono	N	N/A	N	N/A	
Aliya	35	MS	Y	Mono	Y	Coercion	Y	EV & Financial	Former
Kamila	38	12th grade	Y	Poly	Y	Liberation	Y	EV & PV	Current
Amina	30	some college	Y	Mono	N	N/A	Y	EV & PV	Former
Reem	32	BS	Y	Mono	Y	Coercion	Y	EV	Current
Keisha	36	MS	N	Poly	Y	Choice	N	N/A	
Sara	44	some college	N	Poly	Y	Liberation	N	N/A	
Tiffany	44	BS	N	Mono	N	N/A	N	N/A	
Halla	39	some college	N	Mono	N	N/A	N	N/A	
Kim	54	BS	Y	Mno	N	N/A	N	N/A	
Hayidah	33	MS	Y	Mono	N	N/A	Y	EV	Former

Note. Participant Names are the pseudonym chosen by each participant.

Mono – Monogamous; Poly = Polygynous; EV = Emotional Violence; PV = Physical Violence

Table 4.2

The Essence of the Experience for African American Sunni Muslim women in terms of IPV and Polygyny

Theme	Sub-theme	Sub-theme
1. Islam does not condone IPV		
	1-a. There are protective factors and safeguards in Islamic marriage	1-b. Know your religion
2. New converts may be vulnerable to abuse		
	2-a. The community swept my abuse under the rug	
3. It matters how your husband enters polygyny		
	3-a. The woman has a right to know before her husband takes another wife	3-b. Emotional abuse and coercion
4. I felt betrayed and became depressed		
	4-a. Has come to blows	
5. Polygyny as a choice and source of liberation		

Appendix A: Telephone Screening Script

- Are you over the age of 18?
- Were you born in the US?
- Are you currently married and living with your husband?
- How do you identify as Muslim? What Muslim tradition do you follow?
- Do you reside in or near Philadelphia?

- You do meet the qualifications to participate in my study.
- The interview will last no more than 2 hours.
- You will be compensated for your time with a $30 GC to a place of your choice. Here are some options: Target, Amazon, Macys, ShopRite, Dunkin Donuts, Starbucks
- What date & time works best for you?
- Can you meet me at the University of Pennsylvania for your interview or do you have another place in mind that we can be alone to do the interview?
- Is it ok for me to call and remind you about our date for the interview?

Appendix B: Interview Guide Version 8

Silence cell phones (ask participant)

I. Introduction

Hi, again my name is Angelina, and I am so thankful that you agreed to participate in this study. I am entering into my 4th year as a doctoral student at the University of Pennsylvania. I asked you to participate in this study, because I am interested in learning more about experiences with marriage and everyday family life from the perspective of Black American Muslim women, whose voices are less heard in academia and the broader society. My goal is to get your perspectives on these issues.

II. Informed consent

Before we begin, I would like to go over the informed consent with you.

III. Demographics

Intro: Like I mentioned before, to ensure your confidentiality, all recordings and my notes will be labeled with a pseudonym name, what name would you like to be called for the purposes of this interview? _____

I will turn on the recorder now.

I'd like to start with some demographics:

- Age
- How old is your husband?
- Highest Level of Education
- Occupation
- Where were you born
- Where were raised?
- Where your parents born here?
- What's your parent's religion?

- What part of the city do you live in now?
- Who lives at home with you?
- Do you or husband have any other children not conceived together?
- How long have you been married?
- Are you divorced?

    IF DIVORCED: how long in previous marriage?

IV. Family Life

Intro: First I would like to ask you a few questions about your family life

1. Tell me a bit about yourself?
    a. How would you describe yourself?
2. Tell me about the family you grew up with?
3. Did you feel safe growing up in that neighborhood?
    a. Back then, were you aware of violence in the community?
4. Tell me about the family you live with now?
    a. Do you feel safe in the neighborhood you live in now?
5. What does a typical day look like for your family?
    a. How do you get things done?
    b. Who takes care of the kids?
    c. Who pays the bills?
    d. Raising kids can be expensive, so I'm wondering if you feel you have enough money to meet your needs month-to-month?
6. Is there anything else you'd like to share about yourself before we move on?

V. Faith & Marriage

Intro: I want to talk about marriage and faith.

7. Tell me about your faith?

a. How do you identify as a Muslim?
    i. Would you consider yourself Sunni? Salafi? Suffi?
    ii. What leaders do you follow?
    iii. Do you attend primarily 1 mosque or multiple?
b. How long have you identified yourself as a Muslim?
c. IF CONVERT: Are any of your other relatives practicing Muslims?
d. IF CONVERT: What appealed to you about Islam?
e. IF CONVERT: How did you family respond to your conversion?

8. What does marriage mean to you?
    a. Has your views on marriage changed over time?
    b. How does your faith influence your perspective on marriage?
    c. IF CONVERT: How has your views of marriage changed since you converted to Islam?
    d. I've heard this saying a couple of times, "Hislam" vs. "Islam", what does this saying mean to you?
    e. What was your marriage ceremony like?
    f. Is your marriage registered with the state?
    g. Who served as your Wali? Wakil?
        i. Did he serve as a good advocate for you?
    h. Did you have a marriage contract?
    i. Did you ask for a Dowry? What was it?

VI. Family Structure

Intro: Next, I'd like to learn more about your family structure. Family arrangements often vary by community, so I would now like to discuss family arrangements in your faith community. I understand that…

9. Islam permits men to have more than 1 wife. I'm trying to learn more about this experience for women, can we talk about that?
    a. Tell me your understanding or views on this?
        i. How do you feel about it?
    b. IF CONVERT: Did your views of husbands having multiple wives change after conversion?

       If yes, how? Why?
10. Could you talk about any experiences that your friends or family members may have had with their husbands taking additional wives?
    a. How did they enter into it?
    b. What role do you think women play in polygamy?
    c. What role should they play?
11. Would you be willing to talk about your husband, does your husband have any other wives?
    a. If yes, how many?
    b. How do you feel about it?
    c. How did you first become aware of any other wives?
    d. How does this work for your family?
        i. Where does she live?
        ii. How does your husband split his time? His finances?
    e. Do the children get along?
    f. What's your relationship like with the other wife?
    g. How did you 1st meet her?
        i. How often do you see her?
    h. Have you ever had a problem with another wife?

i. Has that problem ever resulted in physical fighting?

i. Was it in front of your husband?

ii. What was his response?

VII. Marital Problems

Intro: So last, I would like to talk about problems between husbands and wives.

12. What sorts of things do you feel cause problems between husbands and wives?
13. Can you talk about what kinds of things have caused problems in your marriage?
14. How do you and your husband resolve these sorts of problems when they arise?
15. What have you learned from Islam about how to resolve problems in your marriage?
16. What does Sorors 4 Iyat 34 mean to you?

VIII. Domestic Violence (DV)

17. Most of us know women who have experienced problems in their marriage that have turned ugly or violent, I wonder if a story like that comes to mind?
    a. How was that resolved?
18. Have you heard of any instances of spousal abuse in your mosque?
    a. How was it talked about?
    b. Was there a response from your imam or amir, for example?
19. Have you ever felt afraid of your husband?
    a. If yes, please share with me the circumstances when you felt afraid of your husband
    b. How did you feel?

20. Have you ever been injured by your husband?
    a. IF POLYGAMY: has your husband ever talked down to you in front of her?
        i. Hit you in front of her?
        ii. If yes, what was her response?
21. How did you get support during this time?
22. IF DIVORCED: What was the last draw?
    a. How did you end it?
23. Are you aware of any resources for women in your community who are in need of help from DV?
24. Why did you want to participate in this study?
25. Conclusion: Now that we are at the end of the interview and we've talked about so much, what is the one key aspect of your story you want me to take away?
26. I'd like to share some resources with you.
    a. WOAR – counseling, hotline 215-985-3333, advocate
    b. WAA- shelter, advocate, legal, counseling, hotline 1.866.723.3014
27. Do you have any friends who you think would be willing to participate in this study?
    a. Could you talk to your friend 1st to see if it is okay for you to give me their phone number or email, and I will follow up with you in 2 days.
28. Thank you

Appendix C: Distress Protocol

The following protocol outlines the actions that the interviewer will take if during the interview, the participant exhibits acute distress or becomes safety concern.

If there are indications that the participant is experiencing stress or emotional distress, or exhibit behaviors suggesting that the interview is too stressful such as uncontrolled crying, incoherent speech, indications of flashbacks, etc., the interviewer will:

a. Stop the interview

b. Offer support and allow participant to regroup

c. Assess mental status:

i. Tell me what thoughts you are having

ii. Tell me what are you feeling right now

iii. Do you feel you are able to go on with your day?

iv. Do you feel safe?

v. Determine if the person is experiencing acute emotional distress beyond what would be normally expected in an interview about a sensitive topic.

If the participant's distress reflects an emotional response reflective of what would be expected in an interview about a sensitive topic, the interviewer will offer support and extend the opportunity to: a) stop the interview, b) regroup, and c) continue.

If the participant's distress reflects acute emotional distress or safety concerns beyond what would be expected in an interview about a sensitive topic, the interviewer will stop the interview and contact the on-callmental health provider for the study.

If the participant's distress reflects that she may be a danger to herself or others, the interviewer will stop the interview and will contact 911 to make appropriate arrangements.

CHAPTER 5: CONCLUSION

Why I chose to study IPV and Family Structure

Personal Connection

My parents are from Jamaica and met in Philadelphia during college. They got married while my mom was still a student at Chestnut Hill College, shortly after my father graduated from Villanova University. While they dated, my mother was unaware that my father had a long-term girlfriend from Jamaica, with whom he had a son that also lived in Philadelphia. My father had a second family, and tensions arose between the two women. Just eighteen months after my mom gave birth to me, she had my sister. My parents' marriage was short-lived, they got divorced, and my father remarried her. In my eyes, the primary family became my father, stepmom, and siblings, and I was the outsider – left to face much resentment from my stepmother.

My father desired that we grew up as close siblings, so I spent a lot of time at his house with my stepmother and extended family. There were also children of all ages– cousins and family friends – that spent significant time at our house, largely unsupervised. Inappropriately, the older boys physically and sexually abused several young girls (aged 5-10) in the family, including me. During that time, the adults did not hold the boys accountable for their predatory actions; they excused it as boys being boys and labeled us girls as fast and promiscuous. These experiences taught me that a woman's or girl's suffering is acceptable if it for men's or boy's enjoyment. Even then, I recognized how societal norms influenced my parents' and family's dynamics and how I made meaning of what occurred.

When I was nine years old, my father moved his family back to Jamaica. I grew up in both societies as I split my time equally between my mom in Philadelphia and dad in Jamaica. I had dual citizenship and attended private schools in both countries.

My father was the breadwinner and patriarch of the family; whatever he said was law. Indeed, he was a lawyer and master debater, arguing his case until you agreed with him. My father was habitually unfaithful throughout his marriage, resulting in frequent arguments with my stepmother that my siblings and I witnessed. The abuse and coercion she endured were immense, and she became depressed. But even though this was difficult for us children to see, there was an unspoken rule that since he was a man and great provider, his actions were excusable.

Living and coming of age in two countries, I quickly realized how different each country's social tolerance was for violence against women. Many Jamaicans root deep-seated patriarchal beliefs in the more fundamental aspects of both the old and new Testament of the Bible: the man is superior to the woman, the woman belongs to the man, the man is divinely sanctioned as the head of the household and gatekeeper of family resources (Ustanny, 2006). Such beliefs are reinforced by other social institutions, such as the Jamaican legal code adopted from British Common law. In addition, some Jamaicans hold permissive attitudes regarding sexually aggressive masculinity (i.e., encouraging males' early sexual debut, non-condom use, and having multiple sexual partners (Chevannes, 2001 #325;Douglass, 1992 #324;Leacock, 1972 #328;Slocum, 2003 #326). I was well aware of these gender norms growing up, and unfortunately, my experiences reinforced them. Thus, experiencing and witnessing violence in my home was the impetus for my research, exploring abuse risk in different family structures and societies. The social-ecological framework guided this dissertation in acknowledgment of my past and belief in a symbiotic connection between the relationship, family, society, and women's experiences with abuse.

Why I focused on marriage type & IPV?

Intimate relationships take various forms over time, starting from casual dating to perhaps cohabiting or having children. Some may choose to marry and some end in divorce. IPV occurs in all types of relationships. I chose to focus my dissertation on marriage type because there is already a plethora of literature on relationship type - precisely, dating and cohabiting - as a risk factor for IPV, and far less examining the variety of marriage and family types around the world. Family structures are changing worldwide, but marriage is still the primary way families are formed and recognized by the state and many religious traditions (Child Trends, 2019; UN Women, 2019).

There are a variety of marriage types - civil, religious, common law, monogamous, polygynous, same-sex, arranged, and love – and depending on the society, some are legally sanctioned, and others are not. As relationships evolve, so do social and cultural acceptance of non-traditional relationships and family forms. In many countries, divorce rates increased significantly between the 1970s and 1990s (Ortiz-Ospina, 2020), sparking interest among many social scientists to explore the various impacts of divorce on families. Marital status has been found to have implications for women's health and well-being. For example, divorced women often experience a loss of socioeconomic status, employment, and health insurance (Lavelle & Smock, 2012), in addition to emotional and psychological stress (Sharma, 2011). Cohabiting before marriage was once considered taboo, continues to increase globally (UN Women, 2019), which explains the extensive literature exploring cohabitation and IPV risk. Previous research on women in polygynous marriages found similar health and mental health implications (Abramsky et al., 2011; Al-Krenawi & Graham, 2006; Al-Krenawi & Slonim-Nevo, 2008; Petrosky et al., 2017; Tabi et al., 2010), which led me to explore the association between polygyny and IPV.

Polygyny is a marital type outlawed in most countries but still practiced in over eight hundred societies worldwide (2011). Although the evidence is mixed about the association between polygyny and IPV in studies from Arab and African nations, studies exploring this association in the U.S. are virtually non-existent, even though there are communities – such as Mormons and Muslims – in which polygyny is practiced. As marriage types and family types continue to change, research needs to evolve to better understand who is at greater risk of IPV. Exploring the health implications of polygyny, an understudied marriage type, therefore, would make a significant contribution to global women's health and understanding of violence against women.

I sought to address this gap in the literature through my mixed methods, multi-paper dissertation. Given my international perspective, I wanted my dissertation to have relevance globally by charting a way to improve cultural competency in prevention efforts against violence against women and girls. Exploring communities where polygyny is practiced and women's experiences with IPV achieves just that. I started this dissertation with the hypothesis that polygyny would be associated with IPV and that types of IPV experienced would differ by marriage type. Specifically, I thought that women in polygynous unions would experience more emotional and financial abuse than women in monogamous marriages. Thus, to test my hypotheses, my research needed to be multi-sited and had to employ both quantitative and qualitative methods.

Summary of Findings

Paper 1: IPV and Relationship and Family Structures: A Systematic Review

I chose to do a systematic review as it is a method through which I could identify, evaluate, and summarize relevant findings from individual studies worldwide to answer the following research questions: 1) What is the association between relationship

structure and current IPV (i.e., women's past-year IPV experiences)?; and 2) What is the association between family structure and current IPV? Relationship structure, in my review, encompassed relationship status (i.e., dating, cohabiting, married, separated, divorced, or widowed) and marital type. The forms of marital types assessed were – monogamous vs. polygynous, arranged vs. chosen, and blood relation vs. no blood relationship. Likewise, three different characteristics of family structure were evaluated – whether children were present, what the household size was, and whether there was an extended family presence in the home. Current IPV was defined as IPV prevalence reported in the last 12 months. This timeframe was selected because it is most useful to identify who is at greatest risk to inform prevention and intervention strategies (Jewkes et al., 2017). After assessing 65,000 studies based on my inclusion, exclusion, and quality criteria, the review included 22 studies. The studies were from twelve countries, representing African, Eastern Mediterranean, European, North American, South East Asian, and Western Pacific WHO regions. None of the included studies were from Central or South America or from the Caribbean. The key findings were as follows:

My review found support for an association between Relationship Status and IPV. In seven out of nine studies, not married women (i.e., cohabiting, separated, divorced, or widowed) had higher IPV prevalence compared to married women. This finding was true among women across African and North American countries. This finding supports previous literature (Brown & Bulanda, 2008; Caetano et al., 2005; Cui et al., 2010; Herrera et al., 2008; Magdol et al., 1998; Urquia et al., 2012; Zlotnick et al., 1998) that found relationship status to be associated with IPV. What was surprising to me was the consistency across North American and African countries in terms of which group of women were at greatest risk, and these were those who were unmarried. I thought that with the variety of ways people choose to partner, values

placed on marriage, and cultural differences, there would be some differences in terms of which relationship group was found to be at greatest risk. However, the evidence suggests that marriage is a protective factor for women in both North American and African countries.

My review did not find evidence of an association between Marriage Type and IPV. Regardless of the marriage's characteristics - polygynous, arranged, or blood-related – the individual studies did not find a significant relationship between marital type and current IPV. Eight studies include IPV prevalence by marital type, two studies by polygyny, five studies by initiation, and two studies by blood relation. Studies spanned five countries and WHO regions. However, in one country, Turkey, marital type - arranged marriage - was significantly associated with IPV. This finding led me to explore cultural differences in how arranged marriage is practiced in Turkey, compared to Ethiopia and Nepal, where arranged marriage was not significantly associated with IPV.

In arranged marriages in traditional Turkish culture, fathers choose their daughter's spouse, and spouses do not have a chance to know each other before the marriage (Gokler et al., 2014). Whereas more recently, in Nepal and other countries in the Indian sub-continent, arranged marriages are made collaboratively with the people who are to wed (i.e., are semi-arranged), and women in those semi-arranged marriages are less likely to experience IPV than those in traditional arranged marriages (Jejeebhoy, Santhya, Acharya, & Prakash, 2013). In Ethiopia and other countries in conflict, women are at increased risk of violence and are often abducted and forced into marriage (UN Women, 2015). Examining these societal differences foreshadowed a key takeaway from my dissertation, that the critical risk factor for IPV here is not the marital type; it is the extent to which women have agency in their partnership formation (UN Women, 2019).

My review found inconsistent support for a relationship between Family Structure and IPV. After reviewing nineteen studies across six regions and eleven countries, I found a significant association between children-bearing status, household size, and IPV. However, there is not a relationship between extended family members in the home and IPV. In most countries, the number of children and household size was positively associated with IPV. This finding is consistent with early explanations of the connection between family structure and IPV that having children and a larger household puts more financial strain on a couple, thereby increasing tension in the home, leading to violence (Aneshensel, 1992; R. J. Gelles, 1997; Sabri et al., 2014; Seltzer & Kalmuss, 1988).

Reflecting on the Turkish context, where Turkey's social values, norms, and history make marriage initiation, children, and household size significant risk factors for IPV. Once again, I was reminded that culture and societal norms are significant factors to consider when exploring IPV risk factors. Next, I wanted to explore marital type, mainly polygyny's association with IPV in a place where polygyny is culturally permitted.

Paper 2: IPV of Women in Monogamous and Polygamous Marriages in Ghana

The second paper of my dissertation is a quantitative study using 2008 Ghanaian Demographic Health Survey data. I chose Ghana because polygyny is still the marriage type of 16% of the population and has a long history among specific ethnic groups. My research questions were as follows: 1) What is the association between marital type and risk of IPV victimization? and 2) What is the association between marital type and the occurrence of various forms of IPV and resulting injuries? I conducted multilevel logistic regression analysis to see whether marital type was a significant correlate of IPV even

after controlling for known risk factors at the individual, relationship, family levels of the socioeconomic model.

Marriage Type (i.e., polygyny) was not found to be a significant predictor of IPV or injuries. Although I found that a greater proportion of women in polygynous marriage had experienced any type of IPV, emotional violence, controlling behaviors, and injuries from physical violence, when put into the regression models, polygyny was not a significant predictor. The significant predictors of IPV at the individual level were whether the respondent accepted any justifications for wife beating or whether she had grown up in a household where her father beat her mother. At the relationship level, the significant correlations were her husbands' use of alcohol or controlling behavior. There were no significant predictors at the family level.

These findings confirmed the findings of my systematic review, that marriage type (i.e., polygyny) was not associated with IPV risk. Both of these studies were quantitative, which made me wonder about women's everyday lives in polygyny and whether they were experiencing more emotional violence and controlling behaviors than was being captured by quantitative data. This sparked my desire to do a qualitative study, in order to amplify women's voices about their experiences.

Paper 3: Understanding Polygyny and IPV: Perspectives of Black American Sunni Muslim Women

I chose to interview Black American Sunni Muslim women for a number of reasons. First, polygyny is neither legal in the United States nor is it socially acceptable. Second, Black American Sunni Muslim women are a potentially high-risk group for IPV because they are uniquely situated at the intersection of many marginalized groups within US society and must navigate overlapping gender, class, racial, and religious biases. Lastly, although the combination of all these known risk factors of IPV may

suggest that Black American Muslim women would be at increased risk, their actual experiences with IPV are unknown. For my final study, I asked Black American Sunni Muslim women: 1) What are their lived experiences in terms of IPV? 2) Do they believe polygyny is inherently abusive? Of the twelve women I interviewed, five had experienced IPV – all five experienced emotional violence, and three also experienced physical violence. Six out of twelve participants had experiences with polygyny.

Participants felt Islam provides protections for women against IPV. IPV was not a driving narrative for my participants and none believed that Islam condoned IPV against women. In fact, most lauded the protections Islam provides women in marriage. Participants explained how a Wali (i.e., her marriage advocate) and marriage contract are required in Islam as safeguards; a way to ensure she enters the marriage on terms agreeable to her. The marriage contract also dictates under what circumstances she may exit the marriage (i.e., be granted a divorce) if terms of the contract are broken. For example, some participants stipulated that IPV would be grounds for divorce. Others prescribed the conditions the husband was to meet before entering a polygynous marriage.

Polygyny is not inherently abusive (according to participants). None of the participants felt the polygyny was inherently abusive. Even though three of the five participants who experienced IPV also had polygynous unions, their narratives made it clear that there is no single portrait of polygyny. I used Majeed's typology to categorize the six participants with polygynous experiences; three were classified as polygyny of liberation, two as polygyny of coercion, and one polygyny of choice. Participants in polygyny of liberation and choice expressed their contentment and empowerment in their polygynous unions.

On the other hand, those in polygyny of coercion described how they were lied to, tricked, or manipulated by their husbands when they wanted to enter polygyny. Reem's husband emotionally abused her (e.g., constantly put down), and Aliya's husband emotionally and financially abused her. Neither man had the means to support his wives. These women felt their husbands used polygyny as a means to abuse them, and their narratives illustrated how polygyny and IPV could be *associated* (i.e., depending on the type of polygynous union the woman is in), but not necessarily *causal*. Majeed's typology proved useful in unpacking this marital type's nuances and centering the wife's agency over how she enters her marriage.

Similarities in finding across studies

Polygyny is not associated with IPV

My systematic review and secondary analysis findings suggest that polygyny (as a marriage type) is not associated with IPV. The systematic review included two studies examining polygyny as a risk factor for IPV, that reached different conclusions. In Ethiopia, women in polygynous marriages were 2.5 times more likely to experience IPV than women in monogamous marriages (Abeya et al., 2011); but no statistical differences were found between marriage types in Vietnam (Vung et al., 2008). The secondary data analysis of the 2008 GDHS, did not find marriage type (i.e., polygyny) to be a significant predictor of IPV or injuries. Therefore, my hypothesis that women in polygynous unions were at greater risk of IPV was not supported. Although polygyny was not found to be a correlate of IPV, other risk factors were commonly identified by these two quantitative studies.

Key risk factors of IPV. The factors at the individual level of the social-ecological model that were associated with IPV in the systematic review and Ghana study were the respondent's history of personal abuse or witnessing their mother's abuse as a

child. These individual risk factors underscore that what people bring into their relationship, such as an abuse history, often influences how they engage in relationships. Social Learning Theory provides a rationale for understanding why children who grow up in families in which they witness IPV or experience child abuse are more likely to imitate or tolerate these behaviors than are children from nonviolent homes. This perspective asserts that children learn how to behave by experiencing how others treat them and by observing how their parents interact with others (Bandura, 1977). Witnessing IPV as a child provides a model for learning aggressive behavior, as well as for the appropriateness of such behavior within the family (i.e., acceptance of justifications of wife beating) (Bandura, 1973; Herzberger, 1983).

At the relationship level, two factors were associated with the respondents increased risk of IPV: her partner's alcohol use, and controlling behavior. Numerous meta-analyses report strong links between IPV perpetration and alcohol (Foran & O'Leary, 2008; Moore et al., 2008; Rothman, McNaughton Reyes, Johnson, & LaValley, 2012; Stith, Smith, Penn, Ward, & Tritt, 2004). Some scholars explain the association between substance abuse and IPV as a result of the pharmacological effects these substances have on cognitive processing (R. Gelles & Straus, 1979; O'Leary & Woodin, 2009). Alcohol disinhibits and clouds one's judgment, so understandably it decreases a person's adherence to social norms and sense of responsibility for harmful acts (R. Gelles & Straus, 1979). Although the literature highlights a strong association between alcohol and drug use and IPV, we must be careful not to infer causality, as the link between substance abuse and IPV is complex and compounded by social, cultural, and personality factors (R. J. Gelles, 2003).

The strongest predictor of IPV is men exhibiting controlling behaviors toward their wives. The association between male dominance in marriage and IPV supports

feminist arguments that the root of the problem of IPV is broader patterns of patriarchy throughout societies globally. Men that hold traditional ideologies about gender roles regard themselves as the authority in the household and sometimes exercise that authority through control and abuse. Some men dictate where their wives go, prevent them from seeing family or friends, control how the family's income is spent, and even prohibit their wives from working outside the home. These actions often stem from a belief that his wife is subordinate to him, a belief that is in alignment with how societies worldwide grant men power over women (Dobash & Dobash, 1979).

Contextualizing these risk factors of IPV at the individual and relationship levels, helps me to understand why marriage type (i.e., polygyny) is not associated with an increased prevalence of IPV. Everyone has experiences that they bring into their marriage, regardless of the marriage type, and these experiences shape their ideas and beliefs about gender roles and use of violence within a marriage. Understanding how different societies socialize boys into men could provide an opportunity for culturally competent interventions. Prevention efforts that focus on embedding equitable gender norms and values to boys and teach them not to control or abuse women as men could be the most effective at addressing IPV worldwide. When men change their views of women and value them as equals in relationships and society, IPV against women should decrease regardless of the marriage type.

Polygyny is not inherently more abusive than monogamy.

Findings from the qualitative study with Sunni Muslim women confirmed the quantitative findings from the systematic review and Ghana study - that the marriage type polygyny is not inherently conducive to IPV. My participants – Black American Sunni Muslim women - did not see polygyny as inherently abusive, not more than any other marriage form. What was most important for my participants was agency – they

believed that women should have control over how she enters and exits a marriage, regardless of the marriage type. If her husband lies or tricks her into marriage, polygynous or not, that takes away her rights and agency. Participants felt that some husbands were abusive to their wives if the husbands were deceitful and manipulative when taking additional wives.

The qualitative research was pivotal to my understanding of how other studies had found an association between IPV and polygyny, as it turned my attention to an exploration of polygyny type (i.e., coercion). IPV occurs in polygynous marriages, just as it does in other marriage types - monogamous, common-law, same-sex marriages, love, and arranged marriages. If there is coercion and control in whatever type of relationship, IPV is more likely to occur.

Overall limitations of my work

Theoretical Framework

Conducting the qualitative study with Black American Sunni Muslim women forced me to recognize the shortcomings of feminist ideas of Muslim womanhood and polygyny as inherently non-agentic and subjugated. The feminist lens on polygyny negates women's agency and choice and instead focuses on how men dominate women and unequally benefit from polygyny. However, the lived experience of my participants showed otherwise. These women shared and illustrated so much about female agency in Muslim family life. Participants in polygyny of liberation and choice (Majeed, 2015) described how they defined and redefined agency as they made decisions about whether and under what conditions they would enter polygyny. Admittedly, this study sparked my growth, personally and as a feminist researcher, as it never occurred to me that a woman would choose and be empowered in polygyny, which exhibits my own societal bias. Further research is needed so feminist arguments can continue to expand and

consider women's power and choice in how they practice Islam (Khabeer, 2016; Rouse, 2004) and polygyny (Majeed, 2015) .

Summarizing other people's work

Specific to the systematic review, it was difficult to draw conclusions based on the work of others. With a systematic review, you are beholden to what the authors tell you about their methods, and there may be errors (i.e., statistical or otherwise) that cannot be ascertained by this method. Although I used a tool to assess the quality of the included studies (Fisher et al., 2012; Roman & Frantz, 2013; VanderEnde et al., 2012), there is no way to know for sure the rigor of others' work. Therefore, any conclusions made across these studies should be viewed with caution, understanding this limitation.

Sample and Setting

Although I used both quantitative and qualitative methods in my three studies to explore the association between IPV and marriage type, a true mixed method study would have used comparable samples. For example, if I had interviewed a subset of women from the Ghana DHS data set regarding IPV and polygyny, it might have improved the generalizability of my findings to that cultural and geographic group of women. Similarly, given the chance I would like to conduct a city-wide or national study of Black American Muslim women, as I would be interested in getting a bigger picture both on the extent of polygyny among Black American Muslims, and on Black American women's marriage choices and experience more generally.

Measurements

An issue I encountered through my research was that IPV prevalence rates by partnership status (current or former as opposed to current partner) are not standardized across countries. Most studies asked women about their abuse experiences by a current or former partner together, instead of separately. Intervention strategies

would be better informed by looking at risk factors linked to past-year experience of IPV by current partner, which may differ from factors associated with experience of IPV by a former partner. Future studies should ask and report separately past-year prevalence of IPV perpetrated by a current partner or a former partner, doing so would improve our understanding of those currently at risk.

Difference in outcomes of interest

Another limitation of my research regarding measurement is the availability of prevalence data by IPV type. Only two out of twenty studies in my systematic review included emotional violence as an outcome. The majority of studies reported IPV prevalence by a composite of Physical or sexual violence (PV/SV) rather than emotional violence (EV). This struck me as significant, given that though EV is the most common form IPV experienced by women globally (WHO, 2013). Moreover, only one study reported prevalence rates of economic abuse. The economic abuse scale was developed in 2008 (Adams, Sullivan, Bybee, & Greeson, 2008), however, its adaptation and implementation has been slow. I only identified one study (Yau, Wong, Choi, & Fong) that tested its efficacy conducted by anyone other than the scales originators. Thus, I was unable to test my second hypothesis - that women in polygynous unions would experience more emotional and financial abuse than women in monogamous marriages – due to the non-reporting or non-collection of this data by researchers. Future studies should assess and report economic IPV to accurately understand the prevalence of economic abuse among women. This step is vital to informing intervention strategies.

Contributions of my dissertation - Implications of integrated findings

The two contributions of my dissertation to the literature that I'd like to highlight are as follows: 1) Polygyny is not any more detrimental to women's health in terms of IPV than monogamous marriages; and, 2) In societies that practice polygyny, there may

be utility in creating a scale to assess polygyny type. Again, IPV risk changes based on what the individuals bring with them into the union - (e.g., exposure to and attitudes about violence at the Individual level) – which in turn influences how the interact in a relationship (e.g., use of violence at the Relationship level). Ultimately any relationship can be abusive if the man espouses patriarchal views and exhibits controlling behaviors toward a woman. This leads into the next finding – that there is not one portrait of a polygynous relationship. In polygynous *as well as* monogamous unions, when coercion and controlling behaviors are prevalent, IPV risk increases. There are different types of polygyny and a woman's risk of IPV depends on the type of polygyny she is experiencing. This is why I argued above that there may be utility in creating a scale to assess the different types of polygyny, based on Majeed's (2015) typology.

Implications for Policy and Practice

This dissertation confirmed previous findings that marital status is a correlate of IPV, specifically that not married women (e.g., dating or cohabiting) are at greater risk of IPV. Therefore, prevention efforts should focus on engaging teens and younger adults in evidenced-based healthy relationship classes or premarital counseling. In addition, future interventions should focus on building gender-equitable attitudes. These programs should be culturally appropriate, and practitioners should spend significant time learning and understanding the social and cultural context of the population they plan to work with.

Conclusion

My dissertation does not settle the question regarding marital type's association with IPV, but it does contribute significantly to the conversation. It is important for researchers to move beyond viewing polygyny as a "risk factor" for IPV, instead understand how selection into marriage an important social process with implications

for IPV. One's family, religion, culture, and social norms play a significant role in a person's development and how they interact in relationships. The key risk factor for IPV is not the marital type; it is men's controlling behaviors and the extent to which women have agency in their partnership formation (UN Women, 2019); whether it be monogamous, polygynous, arranged, etc., if a woman is coerced into entering the marriage – there is a greater risk that her husband would abuse her.

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