IMPACT OF DOMESTIC VIOLENCE ON WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH IN ARMENIA

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"THE WOMAN MUST SATISFY, THE MAN MUST BE SATISFIED"

IMPACT OF DOMESTIC VIOLENCE ON WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH IN ARMENIA

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EXECUTIVE SUMMARY

In the seven years since the Women's Support Center (WSC) opened, its staff have encountered hundreds of survivors who present a variety of gynecological issues, are subjected to physical violence during pregnancy, are forced to carry out abortions and, due to the nature of the violence they experience, are unable to access medical care. However, prior to this publication, no accounts or comprehensive studies had been documented on this subject.

This exploratory research study was spearheaded and authored by Ani Jilozian with the support of her colleagues at the WSC and volunteers Ani Misirian, Sophia Yedigarian, Hasmik Djoulakian, Elysia Dardarian, Margaret Babayan, and Tvine Donabedian, who assisted with the literature review, design of the study tool, as well as transcription, translation, analysis, and review of interview data. Special thanks as well to Mary Smbatyan for her work in translating the final product to Armenian and Ani Asribabayan for designing the final report.

The current study aims at elucidating the unique barriers facing female survivors of domestic violence in Armenia in relation to their sexual and reproductive health. The report is a culmination of several months' work in collecting and analyzing data from WSC beneficiaries. A short summary of the report's key findings is presented below.

Survivors of intimate partner and family violence who participated in the study were often unable to have their preferred number of children or birth spacing, and the majority did not use any form of contraception, despite the fact that several expressed the desire. The violence led many to have little to no decision-making power with respect to choosing contraception, especially in asserting condom use. The majority of the survivors had abortions, some of which were forced or pressured by intimate partners and family members. Medical services for abortion complications were often not accessible to survivors. Some of the survivors experienced miscarriages due to the abuse, and a high proportion were at risk of miscarriage throughout pregnancy due to physical and psychological harm as well as the inability to access medical help as a result of the abuse.

The majority of survivors were physically abused by intimate partners during their pregnancies. All were subjected to psychological abuse during pregnancy by partners and, in half of the cases, by mothers-in-law. The women reported symptoms of depression, anxiety, and suicidal ideation. Mothers-in-law forced women to carry out heavy labor, refused to meet their basic needs, and would not allow them to access health services during pregnancy. The abuse led survivors to delay their first prenatal visit by several months or not present for routine prenatal counseling sessions. The interviewees were often unable to choose a desired medical provider or consult privately with physicians. A variety of maternal, fetal, and newborn health complications arose as a result of the abuse and inability to seek medical care. Health providers failed to counsel survivors who exhibited symptoms of abuse on domestic violence and survivors, in turn, were reticent in reaching out for support from medical providers.

Based on the findings, the authors developed several recommendations geared toward civil society, government, and general and specialized service providers working in the field of violence, which are presented at the end of this report. As Armenia finds itself at a critical crossroads, with a standalone domestic violence law soon to be adopted, it is our hope that state authorities and other stakeholders will utilize the study recommendations to improve domestic violence service provision. Additionally, we hope the study will pave the way for future large-scale studies on this important topic and the strengthening of multisectoral mechanisms to ensure that survivors are adequately supported, can properly access health services, and lead abuse-free lives.

BACKGROUND

INTIMATE PARTNER AND FAMILY VIOLENCE: FACTS AND FIGURES

Intimate partner violence (IPV) is any kind of abuse by someone within an intimate relationship, manifesting as acts of physical or sexual violence, emotional abuse, and controlling behaviors.[1] IPV can occur in all socioeconomic, religious, and cultural groups, yet the victims are usually women, and the most common forms of IPV are carried out by male intimate partners or ex-partners.[2] Globally, the prevalence of IPV is staggering. A 2013 WHO multi-country study that researched the prevalence of IPV among more than 24,000 women in 10 countries found that women are subjected to different kinds of violence: almost one third (30%) of all women who have been in a relationship have experienced IPV, and in some parts of the world, up to 38% of women have been abused by an intimate partner.[3]

The prevalence of IPV in Armenia is also noteworthy. In a 2016 survey published by the UNFPA, 45.9% of surveyed women were victims of psychological violence and/or emotional abuse, 21.3% were victims of economic abuse, and 12.5% were victims of physical abuse.[4] The data regarding sexual violence as perpetrated and reported by men indicates that 14.6% of women had been victims of sexual violence.[5] These numbers are even higher in other studies, such as one conducted by the Proactive Society for the Organization for Security and Co-operation in Europe, which found that 59.6% of respondents had experienced IPV over the course of their lives.[6]

IN ARMENIA
According to 2016 UNFPA data

- **45.9%** OF WOMEN EXPERIENCE PSYCHOLOGICAL VIOLENCE
- **21.3%** OF WOMEN EXPERIENCE ECONOMIC ABUSE
- **14.6%** OF WOMEN EXPERIENCE SEXUAL VIOLENCE
- **12.5%** OF WOMEN EXPERIENCE PHYSICAL ABUSE

Violence is a cyclical occurrence in intimate relationships, with abusers' behavior often changing drastically over time. Victims of IPV are often perceived as unable to leave their abusers because they are passive victims. In reality, these women often adopt strategies to ensure maximum safety for themselves and their children.[7] This is often done in ways that can limit the type or length of abuse and limit the abuse seen or inflicted upon their children. Women choose not to leave their violent partners for a number of reasons, the majority of which are: belief that the partner will change and establish a loving relationship again; fear of retaliation, as leaving is the most dangerous time for a woman; lack of economic support, as women often do not work as a result of the abuse; concern for their children, as without financial means they will be unable to properly care for them; and lack of support from their family and friends in cultures where it is traditionally unacceptable to leave one's husband, even for reasons of abuse.[8]

Family violence is also prevalent on a global scale, and includes child abuse and neglect, elder abuse, violence based on "honor" or tradition, and forced marriage. In the Armenian context, mothers-in-law in particular have often been found to be abusive toward their daughters-in-law. One 2007 survey carried out with over 1,000 women found that, of the women who reported abuse, nearly one third (28%) reported that they were psychologically abused, roughly one in five (19%) moderately physically abused, and over one in ten (13%) severely physically abused by their mothers-in-law.[9]

IN ARMENIA, AMONG WOMEN WHO ARE ABUSED, MOTHERS-IN-LAW ARE REPORTED TO CARRY OUT:

- **28%** OF PSYCHOLOGICAL VIOLENCE
- **19%** OF MODERATE PHYSICAL VIOLENCE
- **13%** OF SEVERE PHYSICAL VIOLENCE

Intimate partner and family violence impacts women's health, resulting in reproductive illnesses, psychological distress, fertility problems, and a range of other sexual and reproductive health problems. We offer a review of the existing data below.

IMPACT OF ABUSE ON FAMILY PLANNING AND CONTRACEPTION / ABORTION

Reproductive control, a type of IPV, can leave women powerless with regards to controlling their fertility, accessing reproductive health services, using contraceptives, and accessing abortion. Women experience reproductive control throughout all stages of their sexual relationships, with one type of control rarely isolated from the others.[10] In a study based in the United States, 35% of women who reported physical or sexual violence also reported reproductive control.[11]

A review of medical records of clinics from United States-based family planning clinics revealed that women who reported sexual or physical violence in the past year were over 6 times as likely to change contraceptive methods or use emergency contraception, and nearly 10 times more likely to not use contraception at all.[12] In another study, women who experienced both physical and emotional violence disclosed that they were significantly more likely to lessen contraceptive use as compared to women who had not experienced any abuse.[13] This corroborates with data on birth spacing, with one analysis of several countries in sub-Saharan Africa revealing that the presence of IPV resulted in shortened interbirth intervals among the nearly 50,000 women surveyed.[14]

The co-occurrence of IPV and family violence often affects women's reproductive health and decision-making. One study based in rural Côte d'Ivoire found that the likelihood of reporting lifetime in-law abuse increased greatly with the presence of male-perpetrated IPV, and those who experienced in-law abuse were nearly 7 times more likely to report reproductive control.[15] Apart from physical violence, in-law abuse may result in the restricted ability to obtain health care; affect women's decisions around the number of children—and the number of sons—they have; and influence and even directly interfere with women's use of contraception.[16]

Reproductive control, or lack thereof, can manifest in other ways. For instance, significant links have been found between pregnancy coercion and birth control sabotage.[17] Contraceptive sabotage can take many forms, including destroying pills or rendering condoms ineffective, as well as verbal coercion not to use birth control.[18] One study of women in the United States found that, of those reporting birth control sabotage, 79% also reported partner violence and 56% reported pregnancy coercion; co-occurrence of these two phenomena did not differ between physical and sexual IPV.[19]

Communication in relationships also suffers as a result of abuse. In an analysis of data collected from the medical records of 2,000 women, survivors were found to be less likely to communicate information about contraception to abusive partners and more likely to have sex without a condom.[20] In another study, 21% of respondents reported not disclosing their birth control or emergency contraceptive use to their abusive partners, and 55% of abused women reported rarely or never using condoms, of which half reported the reason being refusal on behalf of their abusive partner when asked to use condoms.[21]

Whether a woman had ever experienced reproductive coercion is significantly related to fear of asking a partner to use a condom and fear of refusing sex with a partner.[22] Studies have shown that women who experience IPV are sometimes forced to weigh their fear of contracting STIs with their fear of facing abuse by their violent partners.[23] One study in the United States revealed that women in violent relationships who asked their partner to use a condom were 8 times more likely to report being threatened and 14 times more likely to be beaten.[24]

As a result of poor contraceptive utilization and birth control sabotage, IPV has been linked as well to unintended pregnancy. An analysis of WHO's multi-country study found that rates of unwanted pregnancy among survivors ranged from 13-68%, with the proportion of unintended pregnancy attributed to IPV at 15%.[25] One United States-based study found that the odds of unintended pregnancy increase twofold when the consequences of pregnancy coercion and partner violence were combined.[26]

Each year, out of 80 million unintended pregnancies, at least half result in induced abortion, and half of these induced abortions occur in unsafe conditions.[27] The 2013 WHO multi-country data suggests that women who have been physically or sexually assaulted by their partners are more than twice as likely to have an abortion.[28] Moreover, women in violent relationships report feeling coerced into having an abortion and are 3 times more likely to conceal their abortion, for fear of further violence.[29]

In addition to impacting the use of contraception and abortion, intimate partner and family violence is also associated with miscarriage, infertility, and subfertility. There is evidence that increased stress in abusive environments may influence infertility rates.[30] It is thought that IPV causes permanent and irreversible health damage, such as pelvic inflammatory disease-induced secondary infertility, thus affecting survivors' ability to have any more children.[31] Furthermore, emerging evidence indicates that infertility and subfertility could be both justifications for and outcomes of violence.[32] In one study carried out in rural Côte d'Ivoire, women who did not have children were subjected to abuse and reproductive control by husbands' families, which included threats of encouraging divorce, refusal to meet basic needs, and emboldening abusive husbands to physically abuse their wives if they did not become pregnant.[32]

IMPACT OF ABUSE ON MATERNAL, FETAL AND CHILD HEALTH OUTCOMES

According to a 2005 multi-country WHO study, over 5% of ever-pregnant women had been physically abused during at least one pregnancy in 11 of the 15 settings surveyed, and between one quarter and one half of women abused in pregnancy reported being kicked or punched in the abdomen. Research has shown that abuse often worsens in pregnancy, with one study revealing that roughly half of respondents who had reported sexual or physical abuse also reported that the frequency of abuse increased after becoming pregnant.

Pregnant women who are abused endure a number of dangerous complications and have adverse pregnancy outcomes. The presence of violence in pregnancy is associated with maternal mortality, prenatal bleeding, fetal fractures, chorioamnionitis, and maternal infections, as well as anaemia, premature rupture of the membranes, and gestational hypertension. In an analysis of Cameroon Demographic Health Survey data, it was found that women who had experienced any form of spousal violence had a 50% increased risk of any type of fetal loss (i.e. miscarriage or stillbirth) during a single or repeated episode as compared to nonabused women. In a longitudinal study, about half of the roughly 25% of women who reported having a miscarriage disclosed that it was due to abuse, and women were 28 times more likely to report having an abuse-induced miscarriage when a pregnancy was the result of the abuser refusing birth control.[39]

There is much data on the association between IPV and preterm birth and low birth weight.[40,41,42,43] In one study, women who experienced physical violence were 3 times more likely to have preterm delivery and 4 times as likely to experience low birth weight, citing placental damage, poor health, and restricted access to medical care among the possible factors involved.[44] Women affected by IPV are also more likely to experience growth restriction in utero and small size for gestational age due to various health complications and STIs.[45] Several studies have also found that past or recent IPV — before or during a pregnancy — may result in premature cessation of breastfeeding, which could affect infant health.[46]

IPV also results in negative mental health outcomes, with post-traumatic stress disorder being the most prevalent adverse mental health outcome of IPV and twice as likely to manifest in women who have been abused as opposed to non-abused women.[47] In the aforementioned 2005 multi-country WHO study, abused women showed higher levels of emotional distress as compared with non-abused women, reporting that they cried easily, were unable to enjoy life, and had suicidal ideation and/or attempted suicide.[48] In one study carried out in the US, women had a 50% higher chance of reporting postpartum depression if they had experienced sexual IPV as compared with non-abused women.[49] Importantly, psychological distress often manifests in somatic symptoms. In a study looking at Mexican women 27-72 hours postpartum, hypertensive disease was found to be a significant maternal health problem among survivors who were abused during their pregnancies, most of whom experienced psychological abuse alone.[50]

Family violence also leads survivors to experience adverse pregnancy outcomes. A study of South Asians in the US presents testimonies from women who describe the violence they endured from their mothers-in-law, including domestic servitude and heavy labor even during pregnancy.[51] Another examining the impact that mothers-in-law had on maternal health in Mali found that abusive mothers-in-law controlled how often women had antenatal care visits, when and where visits and the delivery took place, and whether women received postnatal care.[52] This is important, as access to medical care in pregnancy and violence are intricately linked, with findings that women exposed to violence receive less prenatal care.[53,54] In one study, survivors living in rural Timor-Leste were 3 times less likely than women who did not report abuse to have made less than 4 antenatal care visits.[55]

IMPACT OF ABUSE ON SEXUAL HEALTH OUTCOMES

Exposure to IPV is an important contributor to sexual risk and adverse sexual health outcomes. Women who experience IPV are at greater risk of STIs, vaginal bleeding, vaginal infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, pelvic pain, and urinary tract infections.[56] Similarly, women who endure forced sex in a relationship experience more gynecological issues, such as urinary problems, decreased sexual desire, and abdominal pain and cramping.[57] There is compelling and consistent evidence that physical IPV has an effect on women's sexual dysfunction, specifically in relation to chronic pelvic pain, as well as sexual satisfaction and lack of sexual pleasure.[58]

IPV has been found to be positively associated with increased partner-related sexual risks, such as partner nonmonogamy, condom nonuse, and partners' increased risk of having an STI.[59] In a study examining the Indian context, partner infidelity was found to be more common among abusive husbands, who were also at greater risk of contracting STIs and transmitting them to their wives due to higher levels of exhibited extramarital risk behavior (i.e. unprotected extramarital sex and sex with commercial sex workers).[60]

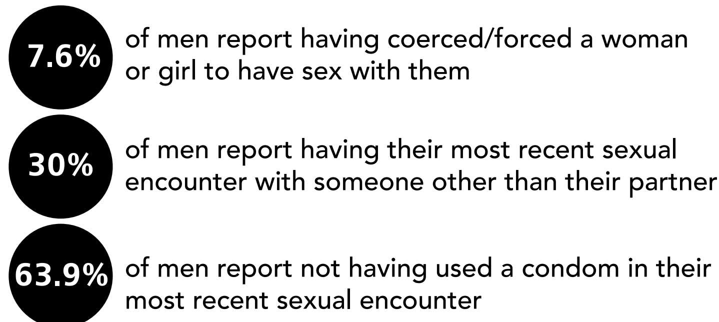
IPV greatly increases the risk of acquiring STIs, like HIV. In some regions of the world, survivors of IPV are 1.5 times more likely to acquire HIV, as compared with women who have not experienced IPV.[61] In an analysis of data from a recent Demographic and Health Survey in Kenya, married women who were victims of physical violence were twice as likely to test positively for HIV as compared with women who did not experience violence of this kind.[62] This puts women at a greater risk of experiencing adverse mental health effects. According to one study, women who had ever experienced IPV as adults and who were HIV positive were 7 times more likely to have depression, 12.5 times more likely to have ever attempted suicide, and 5 times more likely to have experienced anxiety as compared with their non-HIV positive counterparts who had not been victims of IPV.[63] Women who experience IPV may be at a greater risk of contracting HIV due to the inability to negotiate safe sex practices such as condom use, frequency of intercourse, and types of sexual acts, and they may be less likely to disclose having HIV and to seek out testing and/or treatment for HIV due to fear of their partner's reaction.[64]

IMPACT OF ABUSE ON WOMENS SEXUAL AND REPRODUCTIVE HEALTH IN ARMENIA

Attitudes in Armenia relating to sexual and reproductive health and rights are telling. According to the 2015 Gender Barometer Study, while 73% of respondents agreed that it is very important for Armenian men to have a fulfilling and romantic sexual life, only 60% of respondents believed the same about Armenian women.[65] Of the respondents, 86.6% completely agreed that a girl should remain a virgin until marriage, and 77.8% completely agreed that a woman's most important mission is to have a child.[66] In the aforementioned 2016 survey study, 27.7% of men agreed that there are times when a woman deserves to be beaten, with 55.4% of respondents agreeing that it is okay for a man to hit a woman if she cheats on him.[67]

Particularly disconcerting is the 7.6% of men in the UNFPA study reporting to have coerced or forced a woman or girl to have sex with them at one point in their lives, with two thirds reporting that the forced sex was with their female intimate partner. Concerning as well is the fact that nearly two thirds (63.9%) of male respondents in the study reported not having used a condom the last time they had sex, with 30% of them also reporting that their most recent sexual encounter was with someone other than their partner.[68] These statistics reflect behaviors and attitudes reinforced by the legal landscape surrounding IPV in Armenia; perpetrators' sentences are often reduced, as court discussants often use alleged infidelity as a reason to justify violence against women and sometimes even imply that further punishment should have been dealt to the woman.[69]

ACCORDING TO 2016 UNFPA DATA



7.6% of men report having coerced/forced a woman or girl to have sex with them

30% of men report having their most recent sexual encounter with someone other than their partner

63.9% of men report not having used a condom in their most recent sexual encounter

In Armenia, contraceptive utilization remains low and abortion is common, which is in large part due to poor awareness of contraception as well as low availability, accessibility, and affordability of effective contraceptive methods.[70] Armenia has one of the world's highest skewed sex ratios at birth, with 114 males born per 100 females as of 2012 data.[71] Son preference is related to the belief that sons continue the family lineage, receive inheritance, and care for aging parents.[72] It is also due to the relative value prescribed to men over women and the valorization of masculinity.[73] Though not all sex-selective abortion carried out in Armenia is coercive, for many the choice is between aborting a female fetus or keeping it and being further abused by intimate partners and/or in-laws as a result.[74]

Among the few studies carried out in this field, significant links have been made between IPV and poor reproductive health indicators in Armenia. A nationwide study carried out by the National Statistical Service and UNFPA Armenia found that stillbirths were 5 times more common among Armenian women exposed to physical violence than those not exposed to abuse.[75] With regards to sexual health, the same survey found that the women were 2 or more times likely to report symptoms of venereal disease if they were subjected to violence.[76]

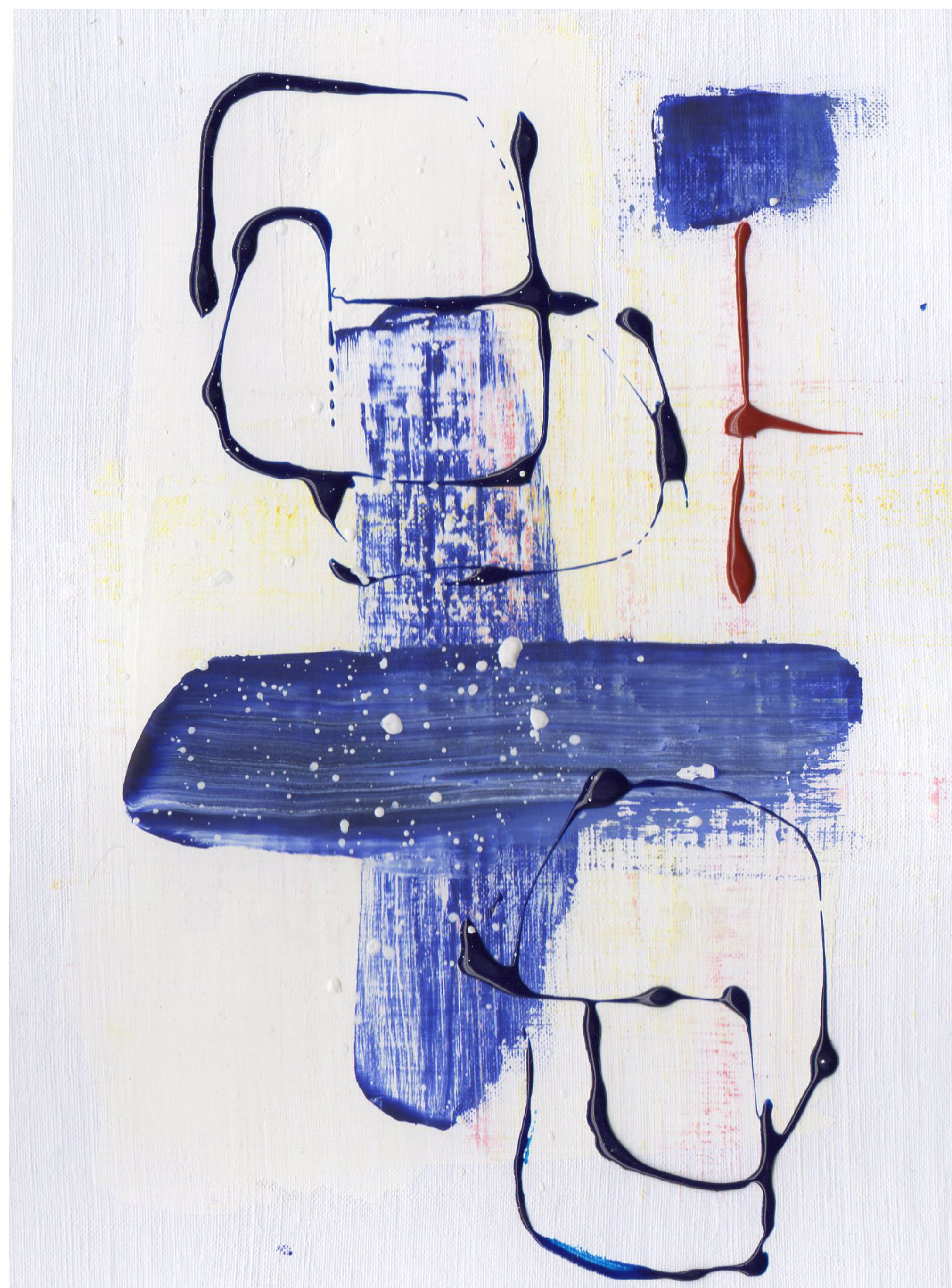
VIOLENCE AND THE HEALTHCARE SYSTEM IN ARMENIA

Physicians can play a critically important role in interrupting the cycle of IPV. The authors of a review of 74 international studies on the associations between IPV and termination of pregnancy argue that physicians who administer abortions should also provide questionnaires, counseling, and intervention strategies to women who may be experiencing IPV.[77] Due to the combined harmful effects of IPV and a history of adverse pregnancy outcomes on women's pregnancies, researchers have also recommended that health centers provide "screening for violence to all pregnant women with a history of previous adverse pregnancy outcomes," not just those who display physical and mental indications of IPV.[78]

Carrying out such screenings and interventions is difficult in any context, and Armenian health centers are no exception. Research on the knowledge, attitudes, and practices of healthcare providers in Armenia who encounter abused women shows that the greatest deterrent to physician support and intervention is the lack of information and skills about how to assist women exposed to IPV.[79]

Most of the general practitioners, gynecologists, and physicians who participated in the aforementioned study believed the extent of a healthcare provider's role was talking to women and giving advice; however, only about half of the participants were comfortable questioning patients they suspected may be exposed to IPV about their possible abuse.[80]

Healthcare professionals list "lack of trust, fear from the husband/partner, woman's wish to disclose, inappropriateness of asking questions, [and] presence of the husband/relatives of husband," among the barriers to helping abused women, while women themselves name "fear of their partner's retaliation, shame, humiliation, denial, and a belief that health care professionals cannot do much to help them" as reasons they do not disclose their abuse.[81] Although more conclusive data is needed, the study highlights the systematic disengagement of medical professionals from situations, which clearly indicate IPV. More training and knowledge about referral options and a demonstrated institutional investment in women's overall health, which IPV greatly affects, would allow doctors to feel more equipped to assist women enduring IPV and reach out to advocacy organizations.[82]



RATIONALE

The present study aims to elucidate the sexual and reproductive health issues present among survivors of domestic violence in Armenia and their decision-making capacities. It also examines the unique barriers and issues that prevent domestic violence survivors from accessing health services, including gaps in the preparedness and response of health care professionals. Robust literature on Armenia-specific sexual and reproductive health outcomes associated with IPV data does not yet exist. For instance, there is not yet enough research on the social factors that influence Armenian women who have abortions, and developing effective intervention strategies around family planning and unsafe or illegal abortions hinges on understanding those factors.[83] This gap in research is further reason for this exploratory study, which presents the range of reasons why research around the effects of intimate partner and family violence on Armenian women's sexual and reproductive health is critical.

METHODOLOGY

STUDY DESIGN AND POPULATION

The research project is a qualitative analysis employing individual, in-depth interviews. Interviews were chosen over other qualitative methods due to the sensitivity of the subject matter. An exploratory qualitative research methodology was chosen over quantitative methods, given the lack of research examining how abusive relationships play a critical role in shaping women's decision-making around and experiences with family planning, contraception, induced abortion, miscarriage, pregnancy, and various forms of sexual abuse and discrimination in the Armenian context.

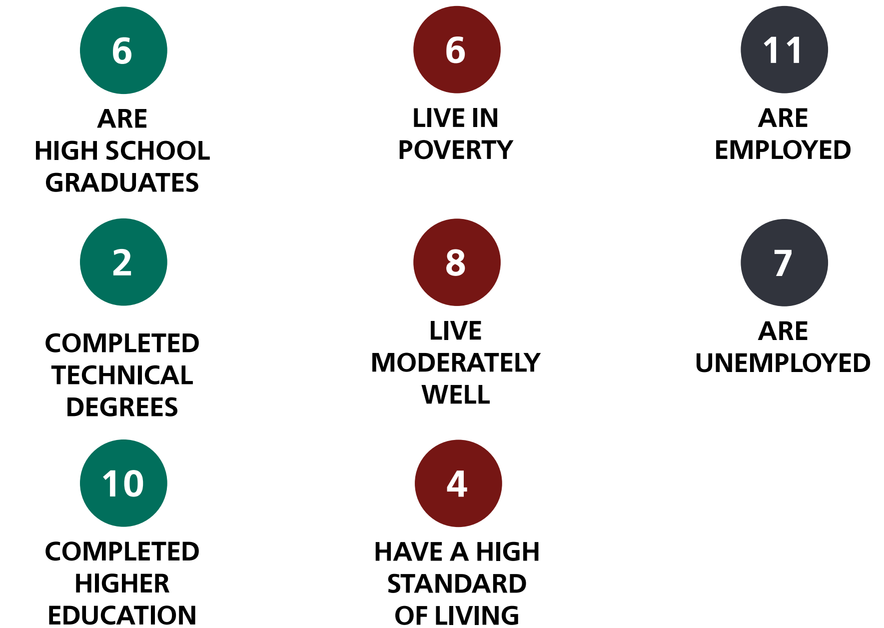
The sample population was determined using convenience within a purposive sampling technique. Participants were current beneficiaries of the Women's Support Center (WSC), a full service domestic violence center located in Yerevan, Armenia. All had previously met with the support staff, undergone a risk assessment upon intake, and accessed services at the WSC. Participants were not chosen based on their former known experience with physical or sexual abuse. Those who came to the WSC to access services were asked at that time whether they would be interested in participating in the study, so as to be able to generalize findings among women survivors of domestic violence in Armenia.

Eligible participants were women between the ages of 18-49 who reside in Armenia, are fluent in the Armenian language, have experienced one or more types of domestic violence (namely physical, psychological, sexual, and economic), and were able to comprehend an oral consent to participate. Though the majority of interviewees did report spousal sexual abuse, the investigators chose not to limit the population sample to those who had experienced sexual violence, given that the study also encompassed other themes relevant to reproductive health that were not necessarily linked to forced sexual encounters. Women who were not current or former beneficiaries of the WSC were excluded from the study as well as those who did not speak Armenian or had any cognitive impairments. Because the present study aims to elucidate the effects on sexual and reproductive health of domestic violence survivors in the cultural context of Armenia specifically, and given the homogeneity of the Armenian population, beneficiaries of non-Armenian descent were excluded from the study.

Eighteen interviews were conducted with beneficiaries of the WSC who met all of the eligible criteria listed above. The women interviewed ranged from 27-42 years of age, with an average age of 35. The interviewees came from various regions of the country. Eleven of the 18 participants were born in Yerevan. Two of the participants were born outside of Armenia, namely Tehran and Tbilisi, and the remaining participants were born in the Tavush, Armavir, Syunik, and Gegharkunik regions of Armenia. The majority, 15 out of the 18 participants, resides in Yerevan, with the 3 remaining participants residing in the Ararat, Gegharkunik, and Kotayk regions. The women all entered into registered marriages or civil unions and were either separated or divorced, with the exception of 2 participants, who for reasons of economic dependence continue to live with their abusers.

All participants with the exception of one had lived in a traditional household (i.e. with their husbands' families) for at least some part of their marriage. All of the women who participated in the study had children with their abusive intimate partners. The number of children ranged from 1-4 children, with an average of 2 children. At intake, the participants were assessed using a standardized risk assessment form and ranged from low to high risk, with 7 participants characterized as low-risk, 5 as medium-risk, and 6 as high-risk. Factors taken into consideration include escalation of abusive episodes, threats, beneficiaries' perception of personal safety and future violence, previous history of domestic violence, and suicidal ideation, among other factors.

Exposure to violence transcends age and socio-economic status, impacting individuals from all backgrounds, including levels of education, income, and occupation. The beneficiaries at the WSC are no exception. Of the eighteen interviewees, 6 were high school graduates, 2 had technical degrees, and 10 completed higher education. The participants' standard of living, as characterized by their caseworkers, ranged from low to high, with 6 participants coming from impoverished households, 8 living moderately well, and 4 with a high standard of living. Eleven of the 18 participants were currently employed at the time of the study, whereas 7 were unemployed.



Regarding experiences with domestic violence, all of the participants had endured intimate partner violence and half also experienced family violence. Out of the 18 interviewees, 17 had experienced physical abuse,18 psychological abuse, 12 sexual abuse, and 14 economic abuse by their intimate partners. Half of the participants, 9 women total, reported being psychologically abused by their mothers-in-law, of which 3 had also experienced psychological abuse from sisters-in-law and fathers-in-law. In one case, the survivor's mother-in-law was also physically abusive. The duration of the abuse experienced by the interviewees ranged from 1-23 years, with an average of having endured 10 years of abuse.

ETHICAL CONSIDERATIONS

Before conducting the interviews, the investigator explained the purpose of the research study and asked participants to provide oral consent, requiring no signature to support interviewees' anonymity. Participants were reminded as part of the introductory narrative that they could access supportive services at the Center, including psychological support, if the interview topics upset them. The investigator also made participants aware that they could discontinue their participation at any point during the interview and could choose not to answer specific questions. If, at any point during the course of the interview a participant showed visible distress, the investigator made sure to ask the participant if she would like to continue the interview.

Confidentiality was protected in all instances during the course of the study. All interviews were conducted in a private room at the WSC. If privacy was compromised in any way, the interviewer paused and waited to continue. Participants' names and any personal qualifiers were not recorded nor included in transcriptions. When personally identifying information was revealed at the time of the interview and subsequently recorded, the transcriptions of the interviews omitted the personally identifying information. All recordings and transcriptions were saved under a title that consisted only of the date of the interview and the chronological number of the interview. Only the main investigator, herself a staff member at the WSC, had access to the names and contact information of the interviewees. After the interviews were transcribed and translated, the audio recordings were deleted.

DATA COLLECTION AND ANALYSIS

Data was collected starting in July 2017 and ending in October 2017. The investigators used a semi-structured interview guide to collect data, which included an opening introductory narrative, an oral consent requiring a "yes" response to continue, and questions that focused on various dimensions of the research question, including the type of abuse experienced, contraception and family planning habits, miscarriage and abortion experiences, pregnancy and postnatal outcomes, forced sex, and sexual health. Interviews lasted between 30-60 minutes. Fourteen of the 18 interviews were recorded; the remaining interviewees preferred not to be recorded, and in such cases the investigator took thorough notes. Following the interviews, the investigators carried out transcription, translation, and analysis of interviews. The analysis was carried out by three investigators, including the lead investigator, and was reviewed for correctness and consistency. Data collection ended once theoretical saturation was reached.

The investigators kept an audit trail to review analytical work during the course of the study. Three investigators coded the text, identifying important themes and patterns and employing inductive content analysis. This approach was considered the most appropriate given the dearth of existing literature on this topic in the Armenian context. It also allowed investigators to glean information from participants without imposing preconceived notions about the study themes. The investigators developed themes corresponding to the codes and organized them into sections pertaining to family planning and contraception, induced abortion and miscarriage, pregnancy and birth, the postnatal period, and sexual health. The code structure was deemed finalized after theoretical saturation was reached.

RESULTS

The results are grouped into three main sections. The first section details the ways in which domestic violence impacted survivors' family planning, use of contraceptive methods, ability to become pregnant, and experiences with induced abortion and miscarriage as well as decision-making around contraception and abortion. The second section documents survivors' experiences as they relate to the physical and psychological abuse they endured during pregnancy and the postpartum period as well as resulting maternal, fetal, and newborn health complications attributed to the abuse. Finally, the last section underscores issues pertaining to nonconsensual sexual relations, marital infidelity, and sexually-transmitted infections.

CONTRACEPTION, INDUCED ABORTION AND MISCARRIAGE

Inability to Control Number and Spacing of Children

One third of the interviewees revealed that living in abusive households impeded their ability to have their preferred number of children, which they attributed to the disapproval of their partners or mothers-in-law, the sudden end to their relationship before achieving their desired number of children, or issues in which being in an abusive relationship led to or exacerbated struggles with infertility.

Three of the 18 participants who would have preferred a different age gap between their children attributed their inability to properly space their births to the violence they experienced. For a third of the participants, the desire to have their preferred number of children diminished due to the violence they endured, as they could not fathom having more children with their abusive partners. In the words of one survivor:

> "I was already broken, I couldn't think about [having more children]. The child would grow up in that kind of home, he would have that kind of family, and I would create a psychologically disturbed person."
>
> 27 year-old mother of one, born in Yerevan, lives in Ararat, endured 1 year of abuse

Inability to Use Preferred Contraceptive Methods

Over half of the participants reported having ever used a modern or natural form of contraception. Half had ever used at least one type of modern contraceptive, though it should be noted that, of these, the one third that reported having ever used condoms noted infrequent condom use. Nearly half had used a natural form of contraception, namely withdrawal. One third reported never having used any method, of which half reported never having needed to use contraception due to their interest in having multiple children or issues related to infertility. Two of the interviewees were currently using a contraceptive method to avoid an unwanted pregnancy. The vast majority reported not being currently sexually active and, therefore, not needing to use contraception.

Regarding decision-making around contraception, one third reported having made the decision themselves or participating equally in the decision with their partners to use a contraceptive method, while 2 out of the 18 participants reported moderate decision-making power, meaning that they controlled their use of contraception to some extent but were not always able to use a contraceptive of choice. However, when asked whether they were able to assert condom use, a large proportion, 10 out of the 18 interviewees, reported wanting their partners to use condoms at one point but being unable to assert condom use whatsoever or having difficulty persuading their partners to use condoms regularly. One survivor relayed why she had never used a modern contraceptive method, later reflecting her belief that her husband refused to use effective means of contraception in order to purposefully impregnate her:

> "I would tell him to use condoms but he would say no, that he can't. I don't know if he tried it or not. He didn't try it with me at all, and I don't know if he's ever tried it. That's how he wanted it... I would say that it's better [to use condoms], so that I don't get pregnant. He would say, 'No, I'll be careful, I'll be careful', things like that. What could I do? I couldn't do anything else. I never left the house. I couldn't buy the birth control pill, because if I left they would've known."
>
> 27 year-old mother of 2, born in Gegharkunik, living in Gegharkunik, endured abuse for 2 years

One third of the interviewees had no decision-making power with respect to choosing a contraceptive method and were often pressured by intimate partners or family members to use or to not use a particular method. One woman detailed her decision-making inability and the coercion she experienced from her mother-in-law and sister-in-law to use contraception, revealing:

> "When we were newly married, I didn't get pregnant in the first month, and there was already panic amongst [my in-laws]. They brought me to Yerevan, got me on contraception, because I was told that I have hormonal imbalances. What was the hormonal imbalance? That I had hair on my upper lip. They created commotion, that I had polyps in my womb but don't know it, I have an underdeveloped womb, and I wouldn't have a baby... Last year I went for a consultation and they told me that it is impossible to use the ultrasound to determine if I have polyps in my womb, and that they wouldn't have gone away without surgery... I later found out that my ex-husband had a sexually-transmitted infection, and they were giving me [birth control pills] so that I wouldn't get pregnant and give birth to a disabled child. I found that out much, much later, but at the time they were blaming me for having issues, and that's why they put me on the pill."
>
> 31 year-old mother of 2, born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

The Intersection of Infertility and Domestic Abuse

In the present study, 3 of the 18 participants experienced secondary infertility (i.e. the inability to become pregnant or to carry a baby to term after previously giving birth). They believed that the infertility they experienced was a direct result of the abuse they endured and attributed their inability to become pregnant in the later years of their marriage to their inability to access medical treatment, a consequence of living in an abusive household. The women were either not allowed treatment following abortion complications or unable to be receive treatment for treatable sexually-transmitted infections. Shaming as a result of the infertility was another theme that emerged, with the survivors reporting that during abusive episodes their partners would use their inability to have more children against them. A 39 year-old mother of one from Yerevan lamented, "[my husband] even called me infertile to hurt me, to humiliate me."

Domestic Violence and Induced Abortion Practices

Eleven of the 18 participants had induced abortions. Of these, nearly two thirds experienced 1 or 2 abortions and the remainder had 3 or more abortions, the majority of which were aborted surgically by a licensed medical professional. Most of the abortions were carried out due to the unwanted nature of the pregnancies, though a small proportion terminated their pregnancies due to detected abnormalities at routine examinations or medical illnesses that they were told would affect the fetus. In two cases, women used medication abortion without the supervision of a health provider.

Over one third of participants reported being pressured by intimate partners and family members, mainly mothers-in-law and intimate partners, to end or keep a pregnancy. In most of these cases, ultimately the women reported being capable of making the final decision as to whether to end or keep the pregnancy; however, they were often subjected to further coercion and abuse as a result of this decision. Two women noted that the coercion was related to family members' desire for them to bear sons. Of these two, one was forced to carry a pregnancy to term, as detailed below:

> "I wasn't allowed to [use protection] and I got pregnant. I got pregnant 40 days after I delivered… They convinced me that I had to have the child because he was a boy… I had talked about an abortion, but my mother-in-law caused a fight. She wouldn't even allow me to go to the hospital so that I wouldn't suddenly get an abortion. [She would say] I'll break your legs if you do something like that."
>
> 31 year-old mother of 2, born in Gegharkunik,
> lives in Yerevan, endured abuse for 9 years

In one other case, a survivor chose to continue with the pregnancy after enduring repeated psychological abuse and pressure from her mother-in-law to have an abortion. Though she did carry the pregnancy to term, she reported being actively put in harm's way during her entire pregnancy and being at risk of miscarrying. She reflects:

> "My mother-in-law was against even the second child, my son, being born, because her daughter just got married and miscarried her first. I was pregnant at the time. She would say, 'She miscarried it, so you have to abort yours too.' But at the time, the child was three months old. She would say, 'She lost the child, you need to do the same thing and not have it.' There was jealousy that I was having a baby… I understood that, during that pregnancy, she was doing everything to make me lose the child."
>
> 32 year-old mother of 2, born in Armavir, living in Yerevan,
> endured 12 years of abuse

Medical Complications Following Abortion Linked to Abuse

Seven of the 11 participants who had abortions experienced a health complication thereafter, relaying stories of incessant bleeding, thyroid problems, and secondary infertility. Of these, several were unable to get proper treatment for the complications, and in 4 of these cases the women connected their lack of treatment to the abuse they were forced to endure. One survivor explained:

> "[My in-laws] didn't give me money to get treated [for the medical complications I had following the abortion]. My brother would send me [money] secretly and I would buy and take medicine so that it wouldn't become worse. It was really horrible, and I had infection that was incredibly uncomfortable."
>
> 30 year-old mother of 4, born in Tbilisi,
> lives in Yerevan, endured 12 years of abuse

Miscarriage Experiences Connected with Abuse

Four of the 18 interviewees had miscarriages, two of whom described experiencing miscarriages on the same day that they were beaten. These survivors' narratives strongly suggest that the physical abuse they endured led to their miscarriages:

> "During my first pregnancy, he hit me, and I think that I experienced stress, because I remember, I fell into shock after his strike, and in that moment I didn't know where I was. And like that, I started to bleed, and like that I miscarried my first child… It was terrible with my two girls. He would [threaten me] with a knife. I would run while I was pregnant. Without whatever reason, he would display jealousy and be senseless."
>
> 40 year-old mother of 4, born in Yerevan, lives in Yerevan,
> has endured 23 years of abuse, continues to live with
> abusive husband

> "The miscarriage was his fault… I always blamed him and yelled at him, saying that he was a murderer, that he killed his child… I would have had a miscarriage with [the fourth] too if I hadn't protected myself. When I was three months pregnant, I went to the hospital. It was a difficult birth and even until then I had to be hospitalized until I had her."
>
> 30 year-old mother of 4, born in Tbilisi, lives in Yerevan,
> endured 12 years of abuse

Seven of the 18 participants described being at risk of miscarriage during one or more of their pregnancies and directly attributed their miscarriage symptoms to the abuse they were forced to endure by their partners and mothers-in-law. With regards to mother-in-law abuse, all were cases in which the women were forced to do heavy labor or not allowed to access prenatal counseling or medical treatment during their pregnancies. Two such experiences are described by survivors below:

> "[My mother-in-law] would force me to lift heavy clay pots, clean underneath them, this work, that work. When I would sleep in, she'll tell me to do this, do that, you aren't allowed to sleep at this hour or do something at this hour… She would say to me, 'Your husband isn't bringing in any money, why are you eating? Why is your child eating?' There was a long time when I had signs of miscarriage, even when I was 8 and a half months along in my pregnancy. That was of course from living in that home… After that I felt that something is not right with my child [son born with cerebral palsy]."
>
> 32 year-old mother of 2, born in Armavir, living in Yerevan, endured 12 years of abuse

> "My childbirth was so difficult, I lost so much blood. I had [my first child] at 8 months, and it was [my mother-in-law's] fault. I was doing heavy lifting and I realized that I was bleeding… I always carried heavy buckets of water while I was pregnant. They wouldn't help at all. The would say, 'She's the daughter-in-law, let her do it.'… So I went and it turned out [the fetus] was in the wrong position. She was feet first and they couldn't re-orient her legs... I had her with cesarean… If I had gotten there sooner they could have told me what I needed to do to turn her body around. I didn't go, again, because of my mother-in-law, because I listened to her. I was young, I didn't understand."
>
> 30 year-old mother of 4, born in Tbilisi, lives in Yerevan, endured 12 years of abuse

PREGNANCY, BIRTH AND THE POSTPARTUM PERIOD

Physical and Psychological Violence and Neglect by Intimate Partners During Pregnancy

Most of the participants reported that the abuse they endured from intimate partners remained the same during their pregnancies. Thirteen out of 18 stated that they continued to be physically abused during their pregnancies, while only 1 reported that her husband stopped using physical force during her pregnancy. Four of the survivors reported that the abuse worsened during their pregnancies, with two describing that the physical abuse began during pregnancy. Several survivors said that they endured extremely threatening or violent behavior during pregnancy, such as being held at knifepoint or forced to have physically violent sexual intercourse. In one survivor's words:

> "He'd beat me, largely because of his girlfriend, because I asked, 'How long I am supposed to put up with this and live like this? You don't live with me. You ignore me.' Then he'd begin to attack me, saying 'Who do you think you are?' He choked me, threw me on the bed, punched me in the eyes and head, punched my stomach. And my stomach was already big. I was pregnant… He pretended like he hadn't realized that my stomach was big, that he hadn't seen it."
>
> 32 year-old mother of 4, born inTbilisi, lives in Yerevan, endured 12 years of abuse

Beyond being physically abusive, nearly two thirds of the survivors' partners did not take an interest in offering support during their pregnancies. They did not desire to attend prenatal counseling sessions, and in some cases, were not present around the time of delivery, taking an indifferent stance. If women were not accompanied by mothers-in-law or other family members, often by force, they attended doctor's appointments alone. One survivor reflects on her time alone at the hospital:

> "I was bleeding at three months, so I rested [at the hospital] for about a month, because the bleeding wouldn't stop during that time. I was connected to IVs. And then it stopped and I was released, but the bleeding would return... [My husband and in-laws] wouldn't come to the hospital at all. The doctors were in shock. They asked, 'What kind of a family have you fallen into that they won't even bring you some food?'"
>
> 32 year-old mother of 4, born inTbilisi, lives in Yerevan, endured 12 years of abuse

All of the participants described being subjected to psychological abuse during their pregnancies by their intimate partners. In half of the cases, they were also subjected to psychological abuse by their in-laws, mainly mothers-in-law. As a result, the majority, 15 out of 18, reported having depression and anxiety throughout their pregnancies. In a couple of cases, this also led to suicidal ideation during pregnancy. In the words of two survivors:

> "I would go into a closed room after their worst offenses, and say, 'I'm not here, I'm in a prettier place, I'm in a very nice place,' so that I wouldn't internalize the hurt and pain. I would just dissociate myself and take myself to another place mentally."
> 37 year-old mother of 1, born in Yerevan, living in Yerevan, endured abuse for 6 years

> "I was emotional, sad, sad every day, complaining every day, feeling injured… During my pregnancy I would tell myself to disappear. I would get angry. I would tell myself, if only I didn't exist."
> 42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

Specific Manifestations of Mother-in-law Abuse During Pregnancy

Several of the interviewees, 7 out of 18, reported that their mothers-in-law forced them to carry out heavy labor during their pregnancies, which exacerbated their poor psychological state and resulted in serious health consequences. Reflecting on the abuse, one survivor shares:

> "His mom forced me to build a house while I was pregnant. She would say, 'You know, I did this, I lifted rocks when I was pregnant.' [She would say], 'Take the water, bring the water,' these types of things… After giving birth, at first I had a lowering [uterine prolapse]. I went to the doctor and the doctor said that the most important thing was not to do any heavy lifting, but my mother-in-law continued to say that I had to do it and it was final. And it stayed that way. After that I had constant bleeding. My period should have been 4 or 5 days long, but it was 20 days… I had complications: ovarian cysts, surgery, bleeding. I think I bled for four years… I did not get pregnant after that."
> 42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

One third of the survivors noted that their mothers-in-law refused to meet their basic needs during their pregnancies, forcing them to sleep on the floor, not allowing them to eat, forcing them to work long hours, and leaving them to walk to and from hospitals to access prenatal care. One interviewee spoke about her inability to eat nutritious food and to discontinue physically-arduous work late into her pregnancy:

> "When I was pregnant I would go hungry for days, silently embarrassed, eating bread from the two-day old bag, because I knew that the child needed to be fed. And that was in this century, at a time when [my husband] would earn good money, but I was like some sort of object in the house… I was twenty-one and I was embarrassed. How should I say, 'Tomorrow, the whole day, what am I going to eat until you come home?' I wouldn't say anything. And there was nothing. In the refrigerator there wasn't even eggs. Once there were eggs and butter, but I thought, if I make scrambled eggs and eat it, later what if they say, 'Why did you do that?' I didn't feel like I was a member of their family… My husband would say that the pregnancy was far along, it was cold, winter, there was a problem with going to the toilet at work, there were many men working. He would tell me to stay home. But my mother-in-law would say, 'No, let her go and work'… I would work like that, and that was better for me, because at least I would buy a pastry and eat it at work."
> 37 year-old mother of 1, born in Yerevan, living in Yerevan, endured abuse for 6 years

In addition to forcing physical labor and refusing to meet basic needs, over one third of the participants stated that their mothers-in-law forced them to seek out poor medical services and non-professional medical interventions and, in some cases, refused to allow them to receive recommended medical treatment during their pregnancies. In the words of one survivor:

> "I was subjected to severe psychological abuse from my mother-in-law. She would tell me, 'It's okay, the first is like that, it'll come, it'll fall out,' with those exact words. And later, a few days later, I insisted that I wanted to go [to the doctor], to find out whether I'm pregnant or not, because for a few days I didn't feel the baby inside me, and I was scared and anxious. With her friends and neighbors, she would start to laugh at me and tease me when my husband wasn't home… I would sleep very poorly at night during that time. I would think about her words, that the first one would fall [out], and I would wake up… I would wake up screaming frequently. They would tell me that I would cry in my sleep… I wasn't able to go to the doctor, and also my husband was afraid to to make a decision without his mother. He took me to his friends' grandmother, who hadn't been a gynecologist for fifteen years. That woman, in her home, without gloves, put her bare hands into the body of a three-month-old pregnant woman, in order to check whether the fetus is healthy or not."
> 37 year-old mother of 1, born in Yerevan, living in Yerevan, endured abuse for 6 years

Those whose basic needs were not met noted that, as a result of the abuse, they delayed their first prenatal visit until late into their pregnancies. In a couple of cases, survivors did not go in for a single counseling session or went to see a physician just prior to delivery. Those who did not delay visits were unable to attend the number of visits recommended by their physicians due to the abuse and, as such, received counseling and treatment infrequently. As one woman noted:

> "I was feeling a bit ill and asked my mother-in-law to go to the doctor. She didn't take me… There were arguments, anger. She prevented it… I only went after 6 months to register [the pregnancy]. I only went 3 times total: once to get registered, once to see the doctor, and the last time so I can pick up the papers and then it was already time [to deliver]."
> 42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

Given the barriers to accessing proper medical services, it is unsurprising that one third of interviewees also reported that they could not make the decision concerning which physician to see, nor were they allowed to consult privately with their healthcare providers. One survivor relays:

> "My mother-in-law was the one to decide if I could get treatment or not… She was always present and it was as if she was the patient. She was the one talking... If she wanted to, if she felt like it, I would go [to the doctor] that day. If she woke up in the morning and said that we are going to the doctor today and I said, 'You know, I'm not ready today, let's go tomorrow.' [She would say], 'No, it will be today.'"
> 42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

Of those who reported being unable to have their basic needs met or refused proper health care, nearly one third said that they relied on their parents or siblings, often seeking their care secretly during their pregnancies to avoid any further violence. In two survivors' accounts:

> "The doctor would say, 'You need to get good nutrition for the child to grow, otherwise he will not grow, and we'll be forced to abort him.' From time to time I would go to my parents' house and eat normally. It's not like my family had much, but every time they'd come they'd bring everything with them so that I could at least live a little normally."
> 27 year-old mother of 2, born in Gegharkunik, living in Gegharkunik, endured abuse for 2 years

> "My mother-in-law would say, 'You are pouring my child's earnings into buying medicine.' In reality, I wasn't spending the money on myself, I was spending it more on the fetus… Every time I got treatment, my brother paid for everything, but they still didn't like all of that. Nonstop, they would say, 'We're spending money on you, you came sick from your father's house,' and so on… While I was pregnant I would hold my child's hand and walk to the clinic. And that was my mother-in-law's idea and my husband's idea, because right from the start, they didn't want to spend any extra money on me, even if it concerned the children."
> 36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

Fetal and Maternal Health Complications Linked to Abuse

Nearly one third of the participants were told by their physicians that their developing fetus was small for its gestational age or had reduced fetal movement. Five of the survivors believed that the fetal health complications were directly related to the abuse at home. In the words of one survivor:

> "He beat me in such a way that, during the first pregnancy, the child was 5 months when it began to move. The doctor said that I need to take a relaxing agent, because the baby is very very very tense and can't move."
> 36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

Five of the 18 interviewees reported that their children were born prematurely, more than 3 weeks before the due date, or severely prematurely. Of these, 3 out of the 5 described being at risk of miscarriage and bleeding throughout their entire pregnancy, which they attributed to the abuse. One survivor shared:

> "After the first pregnancy he'd always beat me… [My third daughter] was born at 6 months… Her heart wasn't working. They said she was dead, you need to leave her and go. We said we wouldn't leave her and that they should give us our baby if she is dead… A few days passed and we asked about the baby. They said nothing had changed, she's still not breathing, but we'll see. They brought some things and blew air into her lungs and her heart began to work."
> 30 year-old mother of 4, born in Tbilisi, lives in Yerevan, endured 12 years of abuse

Seven of the 18 participants reported experiencing major health issues during their pregnancy, which included kidney stones, gallbladder disease, high uterine tension, bleeding, rubella, liver problems, preeclampsia, dangerously low blood pressure, blood deficiency, hepatitis A, and ovarian inflammation. Five of the 18 interviewees reported not being able to access health care services during their pregnancies, whether due to the abuse or financial concerns, including times during which their health was compromised. The one third of survivors who required hospitalization during their pregnancies connected the violence they experienced in their households to their health complications. Taken together, over half of the intervieees directly linked their pregnancy complications and premature birth with the abuse at home. One survivor lamented:

> "I protected myself from the beating and things. From that stress I started to feel palpitations. I protected myself in the hospital, and like that my daughter was barely born at eight months. She was underweight… I had tension of the uterus. I think that was from the tense situation, because I was under so much stress."
>
> 40 year-old mother of 4, born in Yerevan, living in Yerevan, has endured 23 years of abuse, continues to live with abusive husband

Counseling on Domestic Violence at Prenatal Visits

Out of the 18 participants, 15 reported that their physicians never discussed the topic of abuse during prenatal sessions, even when survivors displayed signs of abuse, had delayed or highly reduced prenatal visits, or required hospitalization. At the same time, the stigma and shame surrounding domestic violence in Armenia also led participants to be uncomfortable speaking openly with their physicians. One fifth of the survivors who reported not speaking with their physicians about the abuse also reported actively trying to hide their situation, with 2 of the interviewees avoiding seeing a physician when they had visible bruising. In one survivor's words:

> "I didn't want my child to be embarrassed or anything. But now I understand that I should have… gone somewhere, where at least a doctor would have written down on paper that I had these injuries."
>
> 42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

In a couple of cases, when the opportunity presented itself to discuss the abuse, the survivors themselves downplayed their home situations and family life. This was especially the case when health providers were also family friends and when abusive partners and family members attended counseling sessions with the survivors. One survivor retells her story:

> "That day my blood pressure was so low, 50/70, that the nurse panicked while measuring it. During that time I was already seven months pregnant… The doctor asked me, 'Do you eat?'… Is everything normal with you?". [The doctor] tried to talk to me, but I perceived it as unnecessary curiosity. I didn't have the knowledge, that understanding, that maybe the doctor could help me with my problem."
>
> 37 year-old mother of 1, born in Yerevan, living in Yerevan, endured abuse for 6 years

One participant mentioned that her physician counseled her about the abuse post-pregnancy, once the couple separated and the physician learned of the violence. Two of the survivors' health providers initiated conversations during prenatal sessions, as they were family friends and knew about their home environments. As one survivor reflects:

> "I honestly hadn't decided to [talk to my doctor about the abuse]. It's just that he knew my mother-in-law, and knew her bad qualities well, because his kids had been in her grade. He told me to relax during that time, take something so that I would relax, or else it would be a premature birth, and that is what happened."
>
> 36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

Changes in the Level and Type of Abuse Postpartum

Ten of the 18 survivors relayed that, after having children, the level of abuse worsened in terms of frequency and strength of the beatings. It is notable that, from the women's accounts, the physical abuse tended to get worse during their pregnancies and continued to worsen further in the postpartum period. One woman explains:

> "After having children, the beatings became more frequent. The children were the reason why, their crying, me being exhausted… I was already his property and had to stay in a corner with my children. He did whatever he wanted. I guess he lost his fear, since we already had two children, and I had no alternative for leaving the house or fighting."
>
> 31 year-old mother of 2, born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

For over one fifth of interviewees, in this period of time, the type of abuse changed to also include physical abuse, and where physical abuse already existed, intimate partners began to use more harmful physical means. One survivor recounts:

> "The abuse increased during pregnancy… He was more aggressive and furious… After childbirth the worst thing was that he hit my back with a lancet. He would use his work tools. I had just given birth, and he wouldn't limit himself to his hands. He would use tools… He would take the child from me… start to kiss her and say, 'I'll find a good mother for you,' to the child. To the newborn child."
>
> 37 year-old mother of 1, born in Yerevan, living in Yerevan, endured abuse for 6 years

As is typical in situations of domestic violence, where women are greatly manipulated, a few of the survivors believed that having children would mitigate the abuse they endured from their intimate partners and family members, though this did not prove to be true. In one survivor's words:

> "Because he wanted a son very much, I thought that maybe he will become more dedicated to the children, because as you know, Armenians are very much focused on having boys. It's like they consider them the heirs, they don't consider girls heirs for whatever reason. I thought, maybe, that way, after having a boy child that he would be more dedicated to the family, a little different, that he would change as a man. And even then, nothing."
>
> 40 year-old mother of 4, born in Yerevan, living in Yerevan, has endured 23 years of abuse, continues to live with abusive husband

Postpartum Maternal and Child Health Complications Linked to Abuse

Nearly one third of survivors had medical complications following delivery, including kidney disease, myoma, gastritis, poor intestinal function, and lung infection, the majority of whom linked such postnatal complications to both intimate partner and family abuse. One woman reflects:

> "After the fourth [child], I even had problems with my intestines. I became sick after the cesarean. The doctors checked me out head to toe and saw that I had gastritis and my large intestine wasn't working well… After the surgery, I came down with the chills… I would throw up all the time. They had to clean my lungs because they were filled with mucus… They said, 'Why didn't you see a doctor over the years?', and I said 'The kind of place I've been, what doctor? They barely let me eat.'"
>
> 30 year-old mother of 4, born in Tbilisi, lives in Yerevan, endured 12 years of abuse

An additional 3 interviewees spoke of having severe psychological issues postpartum, such as anxiety, depression, and neuroticism, which also impacted their physical health. One survivor recounts:

> "From the first day that the child was born, [my husband] called, there was cursing in the hospital, and my mood fell. I cried, and then they said that I don't have milk… There wasn't any milk left. [My child] was an eater, and I didn't have milk. That was from my negative emotions, low mood."
>
> 27 year-oldmother of 1, born in Yerevan, lives in Ararat, endured 1 year of abuse

A high proportion of interviewees, 7 out of 18, reported that their children had major health concerns at birth, being born underdeveloped or having serious disabilities, including cerebral palsy or deafness. Of these, half were unable to get treatment for their children because of the abuse they endured. One survivor links the inability to be treated for rubella in early pregnancy and her delayed and infrequent prenatal visits – a result of mother-in-law abuse – to her child's visual impairment. (It should be noted that deafness is known to be caused by illnesses such as rubella.) She recounts:

> "When I was 3 months pregnant with my daughter, I got rubella... At that time there was a dispute in the family, my husband would beat me, and our relations were so tense that he wouldn't take me for consultations… [My husband and in-laws] said that they would take me, but they never did… I was already 6 months into my pregnancy [when I went for the first consultation]. My sister-in-law was a nurse there. She set up an IV to clean my blood and then did an ultrasound. They said that everything looked fine with my baby: the hands and feet were in the right place, the heart was functioning, the baby is fine. But my daughter was born with hearing issues [deaf in both ears], and after that I didn't return to the hospital."
>
> 31 year-old mother of 2, born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

Impaired Ability to Care for Children

In the postnatal period, another theme that emerged was a specific manifestation of mother-in-law abuse, whereby mothers-in-law prevented nearly one fifth of the survivors interviewed from properly caring for their newborns by disturbing their breastfeeding practices, refusing to allow them to take their newborns to the hospital for routine check-ups, and not allowing them to change, feed, or bathe their newborns. Two survivors recount their experiences:

> "Whenever I needed to feed my daughter… My mother-in-law would come over and say get up, hurry up, there's work to do, guests have come to visit. My daugher was not yet 1 month old and my mother-in-law would put the pacifier in honey and give it to my daughter for her to eat… For one month my daughter was constantly crying, she wouldn't sleep at night or during the day, she wouldn't breastfeed… I did not realize that it could've happened because of the honey. They had already said that my breasts were small and that's why my baby wasn't getting full, so they brought formula and gave it to her."
>
> 31 year-old mother of 2, born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

"When the child was a newborn, we were together, [my mother-in-law] would be the one to bathe him… If he was sleeping, I didn't want to wake him. I would say that I'll change the diaper and let him sleep. She shut me up, took me to the kitchen and said I was not capable… They took the child to get vaccinated without me. You wonder, you know, how can you take a child to get vaccinated without his mother? She had to take him. And now she has taken over custody and won't give him back. This is the unfairness of life… It's as if I did not give birth to that child."
42 year-old mother of 1, born in Yerevan, living in Yerevan, endured 12 years of abuse

SEXUAL HEALTH

Nonconsensual Sexual Behavior and Associated Complications

Two thirds of the interviewees, all of those who were subjected to sexual abuse, said that they were forced to have sexual intercourse by their intimate partners when they were tired, ill, or not interested. A few of the survivors noted that the sexual encounters were often violent and that they received insults during the act. For some, the forced sexual intercourse occurred directly after a dispute. Survivors noted that refusing sexual intercourse often resulted in a violent episode. Two survivors recount:

"He doesn't care whether you're tired, or not capable, or you don't feel well, or it's not appropriate, or you've fought with him, or you're not in the mood. That doesn't matter to him. That doesn't interest him. If he wants to [have sex], that's that… He doesn't even consider whether I want to, don't want to, whether there's a will, whether I consent, don't consent. He just does what he wants."
40 year-old mother of 4, born in Yerevan, living in Yerevan, has endured 23 years of abuse, continues to live with abusive husband

"There was sexual violence all throughout my married life, whenever there was a dispute. After beating me, he forced me to have sex with him… He would say that he was sick of having sex with me, but then he'd have sex with me every day nonetheless, even if it was against my will. And it became more and more unpleasant for me. I would dream of him not coming home at night. I would dream that he would stay with [his mistresses]."
31 year-old mother of 2, born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

Two survivors noted that they were not forced to engage in sex but rather they felt obligated after being lightly pressured or feeling that they had to satisfy their partners. There were nuances within the survivors' narratives, but in many cases what was not characterized as abusive could be taken as such, depending on the circumstance. One woman describes forcing herself to engage in sex with her intimate partner:

"Sometimes it's happened that I was tired or would tell him that my head hurts. One day, the second day, the third day, it was fine, but the fourth day that was a scandal. He would say, "How can it be that way, that every day your head hurts? Could it be that your head doesn't hurt and that you just don't want to?"… I forced myself to so that there wouldn't be any unpleasant conversations… I felt obligated."
34 year-old mother of 2, born in Yerevan, lives in Yerevan, endured abuse for 4 years

A large proportion, two thirds of participants, reported experiencing pain and discomfort during sexual intercourse with their intimate partners. For many, this caused additional problems and escalated the violence they endured. In the words of two survivors:

"I would tell him [that I had pain during sex], but he would say that he doesn't have any problems, and that must mean that I had sex with someone else and that I was saying things I shouldn't… The sex was so unpleasant for me. It was only to satisfy him. When I think of sex, I think that both people must enjoy it. But that mindset doesn't exist. The woman must satisfy, the man must be satisfied."
31 year-old mother of 2,born in Gegharkunik, lives in Yerevan, endured abuse for 9 years

"After I had an abortion, I had [cervical] erosion. I was having pain and couldn't have sex, and he would get angry about that too. He'd always say, 'You're faking it' when I would tell him I was in pain. Only when he would see blood did he believe me."
30 year-old mother of 4, born in Tbilisi, lives in Yerevan, endured 12 years of abuse

Shaming and Interference in Sexual Affairs by Mothers-in-law

Nearly one fifth of participants reported being at the whim of their mothers-in-law, who engaged in sexually shaming them and interfered in their sexual lives. This was especially the case for women who lived in traditional households with their in-laws, as the vast majority did. One woman describes the difficulty she had navigating a relationship with her mother-in-law after being shamed and accused of losing her virginity before marriage:

> "My husband took it completely fine that nothing happened [on our marital night]. He figured that that might also happen. But then the next day, my mother-in-law called from work and started yelling. And from that day she began to get involved in our personal matters, from the first day… She screamed at me, that I'm to blame, I'm bad, I'm wrong, that I lowered him as a man… [A few days later] everything happened except for what they needed to see [blood on the sheets]… My mother-in-law got even more upset and began to say stupid things about me… During every subsequent fight, she would say, 'I'm going to go and tell your brothers that this happened.'"
> 36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

Infidelity in Violent Relationships

Infidelity emerged as a major theme in the study. Two thirds of interviewees reported partner infidelity. Another 2 women suspected that their husbands were unfaithful, and 3 were unaware of whether or not their partners had extramarital affairs. Only 1 woman definitively answered that her husband had not been unfaithful during their marriage. Of those who had been cheated on, over half reported feeling psychologically affected by it, with some relating physical manifestations of trauma. One survivor relates her account of how the infidelity exacerbated the abuse and affected her psychological state during her postpartum period:

> "When I was pregnant… I left the house, went to work, and it turns out that [my husband] had ties with [his mistress]… I think about that girl in our bed when I went to work – she, very comfortably, in our bed – while his mother and sister were sleeping. He had those kinds of obscene relations… When my first daughter was a newborn, he met with an older woman… He didn't come home at night, and all night I suffered, I cried… It was like he purposefully wanted me to suffer. Then he'd come [home] and would ask for forgiveness… It's like mocking a person. It was like he was laughing at me. He tells you, he keeps you informed. You're his wife. You just had a newborn."
> 40 year-old mother of 4, born in Yerevan, living in Yerevan, has endured 23 years of abuse, continues to live with abusive husband

Unfaithfulness also translated into reduced interest in sex with partners. Over half of the participants felt entirely uninterested in being intimate with their partners, if they had not already, after finding out about the extramarital affairs. Moreover, the infidelity led to serious anxieties about contracting sexually transmitted infections. Half of those who reported being cheated on felt constantly at risk of being infected or reinfected by their partners. In one survivor's account:

> "I felt different. I was looking at him with disgust. After that I didn't want him to touch me. I was thinking about various infections, because I didn't know how he behaved with others and what could happen to me."
> 36 year-old mother of 1, endured 15 years of abuse

Transmission of Sexually-Transmitted Infections Linked with Abuse

Half of the interviewees contracted STIs from their husbands and reported moderate to severe symptoms of vaginal infection, including abnormal discharge, foul vaginal odor, vaginal bleeding, painful menstrual cycles, pain during intercourse and urination, irritation of sexual organs, and genital sores. In 2 cases, survivors shared their belief that the untreated sexually-transmitted infections led to miscarriage and secondary infertility. Over one fifth who had never been diagnosed with a sexually-transmitted infection also suffered from moderate to severe symptoms, though symptoms could have arisen from non-sexually transmitted bacterial and fungal infections. It is unclear whether they indeed had contracted sexually-transmitted infections, because their status was never confirmed by a healthcare provider.

Among the women who suffered symptoms of vaginal infection, nearly one third never received treatment or started treatment and were forced to discontinue it due to violence or financial concerns. In several cases, intimate partners refused to allow survivors to seek treatment or refused to be treated alongside them, continually putting them at risk of being reinfected. Two survivors describe their experiences with struggling to convince their partners to be treated for infections:

> "I would go once a month for [prenatal] consultations… There seemed to be some sort of STI. The doctor prescribed medication and said that [my husband] absolutely must take it too. We took [the medication] like that… [The doctor] said that it's a very small dose, it's a low dose, and if you don't take it, it will turn out bad for the child, it will get the infection, and after the pregnancy I need to come back for treatment. I couldn't get [the treatment] for free, and then I got pregnant again… I went to the doctor again, but after that it didn't work out for me to go to the doctor, for me to get treated normally… During that time he went to Russia… He wasn't treated, and that's how he returned and I was really afraid of that to be honest, that he had been with someone else. I was aware of all of that. I would ask him to go to the doctor one more time, because I was really scared."
> 27 year-old mother of 2, born in Gegharkunik, living in Gegharkunik, endured abuse for 2 years

"There was pain, burning [during sex]. It was unpleasant… Until this day, when we had sex, I would have pain, I had fungal infections, there was burning and even cystitis… He would say 'I go [to the doctor] separately and everything is fine with me. But in any case, he also used fungal creams and everything wasn't just fine. And he told me 'I don't have the money for you to get treated all the time. I can't do this. It's not like I'm stupid enough to spend all that money on treatments. Your doctor must not be good, get a better doctor.' But I changed doctors all the time and the results were the same… Plenty of times I would take the medicine but they realized after I took tests that the medicines don't help me… [My symptoms] were recurring. The doctors would tell us to get treated together but he was against it."
36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

Spousal Communication Regarding Sexual Matters

The majority of interviewees, nearly two thirds, reported that they were able to communicate their sexual concerns to their intimate partners, even if those concerns were not mitigated, whereas roughly one third had little to no communication with their intimate partners on matters related to painful sexual intercourse, infidelity, STIs, and other such concerns. As one survivor put it:

> "He didn't like it when I showed him that it was unpleasant for me or that it hurt. I tried not to show it and it sounds harsh, but [I would do that] so he'd get what he was looking for and leave me alone."
> 36 year-old mother of 2, born in Yerevan, lives in Yerevan, endured 11 years of abuse

STRENGTHS AND LIMITATIONS

A potential limitation of the study may be that the women interviewed were hesitant or uncomfortable relating their stories and, as a result, phrased their answers in ways that they believed would be taken well by the interviewee. However, given that all interviewees are beneficiaries of the WSC and trust had been previously built, it is unlikely that they felt pressured to phrase their answers in a certain way. Moreover, the investigators tried to mitigate this risk by ensuring participants that all the information would be kept confidential and that they were not required to answer any questions that made them feel uncomfortable. Another limitation is potential reluctance on the part of interviewees to provide any personal information that they deemed may influence the services provided to them at the WSC. At the start of the interview, the investigators reminded interviewees that they could access supportive services at any time in an effort to mitigate this risk.

Given that the women were chosen through convenience sampling and actively attend counseling sessions at the WSC, the findings may not be as applicable to survivors of domestic violence, such as survivors with disabilities, sexual minorities, or others from marginalized communities, who are unable to access support services for a variety of reasons, including geographic, physical, and cultural barriers. However, given the relative diversity of the interviewees in age, socio-economic, and educational backgrounds, the study likely does capture the issues facing women survivors of domestic violence in Armenia and can be generalizable for the population at large.

A main strength of the study is that it was carried out at a domestic violence center that offers a safe space for survivors. Though the lead investigator does not work directly with clients, being a staff member and a familiar face allowed for trust to be easily built and for survivors to feel comfortable answering interview questions. Despite the smallness in scope, the exploratory nature of the study lent itself to uncovering sensitive, private issues that had not been documented before in the Armenian context. Moreover, the semi-structured format of the interview guide encouraged women to expand on questions and lead the conversation into other topics of interest, which allowed for richness in the data collected – something unable to be achieved with a more rigid structure. Finally, as domestic abuse is often overlooked in health policy and practice, the given study can be used as a tool for advocacy in offering greater support services to women survivors of domestic violence.

DISCUSSION AND RECOMMENDATIONS

CONTRACEPTION, INDUCED ABORTION AND MISCARRIAGE

The analysis suggests that survivors generally have an impeded ability to have their preferred number of children, with several describing a diminished desire to have more children due to the abuse they endured by intimate partners and family members. Though not a major concern for most of the interviewees, a few noted their inability to have their desired birth spacing, due to coercion from intimate partners and family members, or their lack of awareness of contraceptive methods.

Roughly the same proportion of women reported the ability to make decisions around contraception as those with no decision-making power, suggesting a strong link between relationship power, abuse, and contraceptive use. Importantly, the current study revealed that the majority of survivors were unable to or had difficulty asserting condom use. The extremely low rate of consistent condom use among this population falls significantly below the roughly 15% of currently married couples in Armenia reporting condom use.[84]

The majority of interviewees had never used any form of contraception, though several had expressed the desire. Considering the known links between the difficulty in accessing contraception, birth control sabotage, and domestic violence, it is unsurprising that survivors in Armenia report an unmet need for family planning. Without a large-scale quantitative analysis, it is challenging to draw any conclusions from the given data. However,

the analysis suggests that the rate of unmet need for contraception is likely high compared to the roughly one eighth of currently married women of reproductive age who report having an unmet need for family planning.[85] Beyond barriers that are directly related to the abuse they experience, women in abusive households in Armenia may also be more at risk for other interlinking factors that reduce their access to contraception, including the feminization of poverty and low economic activity of women in Armenia.

Interrelated with low contraceptive utilization is the subject of infertility. The survivors in the present study who reported not using contraception due to their experience with secondary infertility expressed their belief that the violence was connected to their inability to have more children. Given the survivors' accounts and known associations between untreated STIs and untreated abortion complications, the data presented provide a strong argument for the need for more research to discern the causes of secondary infertility among women living in abusive households. Though primary infertility did not affect survivors in the present study, it is possible that a larger, quantitative analysis would reveal those trends as well. Thus, more research to better understand whether and how primary and secondary infertility is impacted by abuse would be useful in the prevention and treatment of infertility.

Given the link between domestic violence and unplanned pregnancy, it is unsurprising that survivors may also be seeking abortion at a high rate. Though it is not possible to draw more conclusions on prevalence from the presented data, over half of the survivors had induced abortions, as compared to roughly one third of currently married women in Armenia.[86] More quantitative data is needed to corroborate these findings, though the analysis suggests that – similar to other cultural contexts – women in Armenia who are abused are more likely to have abortions.

Of those who had abortions, one third reported being pressured by intimate partners and family members, mainly mothers-in-law and intimate partners, to end or keep a pregnancy. Moreover, several of the survivors were unable to receive proper medical treatment for abortion complications due to the abuse. Thus, the data reveals that survivors of intimate partner and family violence are coerced into having abortions and have an impeded ability to get treated for related complications.

The issue of coercive sex-selective abortion did not arise as a prominent theme in the present study, though much research on the phenomenon has been published (see Background). A few survivors relayed that their mothers-in-law or partners would not allow them to have an abortion if the fetus was male, and one survivor was initially told that she had to abort her pregnancy due to the sex of the fetus; however, none in the present study had sex-selective abortions. Given what we know, it is likely that women living in abusive households who have sex-selective abortions are coerced into the procedure at higher rates than the general public, though more analysis would need to be carried out to determine those links.

In light of new provisions to the Law on Human Reproductive Health and Rights added in 2016, which explicitly prohibit sex-selective abortion and impose a 3-day waiting period and mandatory counseling for all women seeking abortion, concerns exist that abortion in general will become less accessible, especially for marginalized women such as victims of violence who already have existing barriers to obtaining safe abortion.[87] A closer examination of abortion among women victims of violence would be helpful in flushing out any risks associated with intimate partner and family violence and clandestine and unsafe abortion. Though the majority of women in the present study chose to have abortions carried out by licensed physicians, the abovementioned provisions to the abortion law may heighten the risk of clandestine, unsafe, and/or illegal abortion in years to come. Thus, monitoring and evaluation of the impact of the law is warranted.

The finding that miscarriage was linked to intimate partner and family violence at such a high level, both through physical force and psychological pressure, suggests that this is a critical issue that demands further analysis. A high percentage, nearly half of the interviewees, described being at risk of a miscarriage during one or more of their pregnancies, which they directly attributed both to physical abuse carried out by intimate partners and repeated psychological abuse, forced heavy labor, and blocked access to medical services by mothers-in-law.

Civil society can take a leading role as a watchdog to promote contraceptive uptake and ensure women's right to access abortion through more campaigning and advocacy, which can positively impact survivors of violence and other marginalized women who otherwise have limited access to resources. Medical providers can play a large role in improving these indicators by critically examining the links between violence and contraception/abortion and properly carrying out counseling with patients, including post-abortion counseling. Moreover, it is imperative that abortion providers provide unbiased, medically-accurate information about abortion to all patients in order to help promote informed decision-making. This is especially critical for women who are otherwise manipulated by intimate partners and family members.

PREGNANCY, BIRTH AND THE POSTPARTUM PERIOD

Abuse during pregnancy arose as a prominent theme in the study and is something that warrants greater attention. The majority of participants were physically abused during their pregnancies, with several reporting that the abuse worsened or that their partners began to use physical force during their pregnancies. Intimate partners rarely took interest in showing support by accompanying survivors to prenatal visits or being present at the time of delivery. All of the interviewees described being subjected to psychological abuse during their pregnancies by intimate partners and, in half of the cases, mothers-in-law. As a result, most had symptoms of depression and anxiety, with a couple of survivors reporting suicidal ideation during pregnancy.

The specific ways in which mothers-in-law carried out abuse during pregnancy was by forcing heavy labor, refusing to meet basic needs, and refusing to allow survivors to attend prenatal counseling sessions. Many women delayed their first prenatal visit until late in their pregnancy or visited their doctors infrequently as a result of the abuse. Survivors reported being unable to choose a medical provider or to consult privately with them if desired. These specific manifestations of violence endured during pregnancy led survivors to experience a variety of fetal and maternal health complications and to require hospitalization.

Several participants reported having medical complications and postpartum mental health disorders following delivery and linked these experiences to the abuse they endured. Nearly half reported that their newborns had major health issues at birth, and in many of these cases survivors were unable to access treatment due to the violence experienced at home. In the postnatal period, mothers-in-

law prevented women from caring for their newborns as desired, which led to issues such as needing to curtail breastfeeding.

Women generally did not receive counseling on domestic violence by health providers, both due to survivors' reticence to speak with their physicians and physicians' failing to carry out routine screenings, even in cases when women had severe health complications or missed a number of prenatal sessions.

It is important to consider that many in Armenia, especially those who are most marginalized, do not access preventative care. Thus, it is all the more important that gynecologists and obstetricians play an essential role in identifying and helping to prevent domestic violence when they encounter patients at prenatal sessions. Any outward signs of domestic violence, such as bruising, as well as indications that there may be abuse in the household, such as infrequent or delayed prenatal visits, should be noted and proper referrals to domestic violence centers should be carried out.

The data point to survivors' inability, in many cases, to access health services without the supervision of abusive partners and family members. This poses as a critical challenge for health providers who may want to provide counseling on domestic violence but also want to protect victims from further violence by not bringing up the subject of abuse in front of potential abusers. Taking into account cultural sensitivities and norms, strategies can be developed to mitigate such risks.

A domestic violence standalone law is set to be adopted by 2018, which would entail not only safeguards for victims and punishment for perpetrators but also comprehensive trainings for service providers and the creation of a multi-sectoral cooperation mechanism to ensure that service providers across fields collaborate to prevent and combat domestic violence. Thus, an opportunity presents to shift medical providers' perceptions about their role in working with survivors and build stronger networks with providers who encounter survivors at routine visits so as to properly implement the abovementioned recommendations.

SEXUAL HEALTH

The majority of survivors interviewed were subjected to sexual abuse and were forced to engage in nonconsensual sexual acts. Some were at risk of exacerbated physical abuse if they refused sex, while others were not forced to engage in sex but described feeling obligated. Most of the survivors reported experiencing pain during sexual intercourse with intimate partners, which led to conversations that, in some cases, escalated the violence. A few participants described being sexually shamed by mothers-in-law or experiencing interference in their sexual lives. Most of the survivors were unable to communicate sexual concerns to their intimate partners.

Infidelity was a major theme in the study. The vast majority of interviewees reported extramarital affairs or suspected that their partners engaged in sex with others during their relationships. Infidelity led to a host of psychological afflictions, including concern over contracting STIs and reduced interest in sex. At least half of the interviewees contracted STIs from their intimate partners, with the majority reporting moderate to severe symptoms of vaginal infection. Several were unable to subsequently receive treatment or were forced to discontinue treatment and thus put at risk of reinfection.

Given the high response rate regarding sexual violence and the fact that prior sexual abuse was not an inclusion criteria for participation in the study, the findings reveal that those who reach out for support from local domestic violence centers in Armenia may be at high risk of sexual violence. Given the commonality of infidelity in the Armenian context (see Background), taken together with a history of violence, it is important that support centers refer beneficiaries to clinics where they can be tested and treated for STIs. Moreover, it is noteworthy that several of the participants did not initially disclose their histories of sexual violence, given that many did not consider forced sex within the context of marriage to be a form of violence due to cultural norms. Thus, it is important for service providers who work with beneficiaries to explain the intricacies of sexual violence and work together with them toward rehabilitation and empowerment.

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