



Abuse from the First Night: The Dark Reality of Intimate Partner Violence in Child Marriages

**Nader Aghakhani¹, Béatrice Marianne Ewalds-Kvist^{2,3}, Sina Aghakhani⁴,
Babak Alishahiheser⁵, *Pedram Abolfathpour⁶**

1. Food and Beverages Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran
2. Department of Psychology, Stockholm University, Stockholm, Sweden
3. Division of Psychology, University of Turku, Turku, Finland
4. Department of Law, Faculty of Humanities Sciences, Islamic Azad University of Tebran, West Branch, Tebran, Iran
5. School of Nursing and Midwifery, University of Vienna, Vienna, Austria
6. School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran

***Corresponding Author:** Email: Abolfathpourpedram@yahoo.com

(Received 09 Mar 2025; accepted 19 Mar 2025)

Dear Editor-in-Chief

Child marriage (CM) often leads to various forms of violence. Girls who marry before the age of 18 are more likely to experience intimate partner violence in forms of sexual violence, and emotional abuse. Therefore, CM and Intimate Partner Violence (IPV) are closely associated. Besides impacting both physical and mental health, IPV also restricts future opportunities for the girls. While IPV affects individuals of all ages, its impact is particularly severe on young girls, as children are most vulnerable during their formative years. Patriarchal norms, gender inequality, and societal expectations are all factors contributing to gender-based violence, including CM, which increases the likelihood of being subject to IPV (1,2).

Although CM is globally decreasing, it still occurs in many places where it is accepted as part of the culture, leading to motherhood at a very young age. Consequences of CM also include dropping out of school and facing long-term economic challenges for the mothers and their children. Victims of CM are likely to experience IPV due to unequal power dynamics in relationships, such

as significant differences in age and education, as well as societal views that excuse violence against women. Young girls who are subjected to CM face an increased risk of IPV due to an imbalance in couple power, as they are often married to older men. They may lack resources or support systems to leave abusive relationships, often leading to mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). Forced marriage and IPV create a cycle of abuse that can span over generations (3,4).

Addressing CM poses substantial challenges, including cultural norms that ignore the practice, weak enforcement of laws, and limited access to essential services like legal aid and healthcare for girls in CM. Other contributing factors include low levels of education, poverty, rural residence, traditional beliefs, limited exposure to mass media, and parental control over marriage decisions. Understanding these interconnected factors and the relationship trap is crucial for developing an effective resolution to the situation (5).

To successfully address both CM and IPV necessitates a comprehensive approach involving legal



Copyright © 2025 Aghakhani et al. Published by Tehran University of Medical Sciences. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International license. (<https://creativecommons.org/licenses/by-nc/4.0/>). Non-commercial uses of the work are permitted, provided the original work is properly cited DOI: <https://doi.org/10.18502/ijph.v54i9.19873>

reforms, changes in societal attitudes, and increased access to female education and other resources. Key strategies include educational programs, awareness campaigns, and strong legal protections. Strengthening laws, providing support services like counseling and shelters, and involving communities in these efforts can hinder harmful CM. Additionally, estimating the prevalence of CM and identifying its roots can aid in planning and achieving sustainable development goals. Empowering girls, enhancing their access to technology and media, and reducing female inequality and poverty are essential steps to address these issues at both regional and global levels (6).

IPV and CM are interrelated issues that harm young girls and limit their future opportunities and well-being. Gender inequality, cultural norms, and societal expectations perpetuate these practices. While CM rates may decrease, victims still face high risks of IPV due to couple power imbalances and lack of support. Addressing these challenges involves legal reforms, societal changes, and better access to education and resources. Empowering girls who are at risk for IPV, strengthening protections, and challenging harmful norms, can break the generational cycle of abuse and create a safer future for them.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

1. Psaki SR, Melnikas AJ, Haque E, et al (2021). What Are the Drivers of Child Marriage? A Conceptual Framework to Guide Policies and Programs. *J Adolesc Health*, 69: S13–S22.
2. Aghakhani N, Sharif Nia H, Moosavi E, et al (2015). Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia - Iran. *Iran J Psychiatry Behav Sci*, 9 (4): e2446.
3. Hayes BE, Protas ME (2021). Child Marriage and Intimate Partner Violence: An Examination of Individual, Community, and National Factors. *J Interpers Violence*, 37: NP19664–NP19687.
4. Enkuladu E, Umaru R, Iorapuu N, Osagie I, Okoh E, Zoakah A (2016). Determinants and effect of girl child marriage: a cross sectional study of school girls in Plateau State, Nigeria. *Int J Med Biomed Res*, 5 (3): 122–129.
5. Ogbe E, Harmon S, Van den Bergh R, Degomme O. A systematic review of intimate partner violence interventions focused on improving social support and/ mental health outcomes of survivors. *PLoS One*, 25; 15 (6): e0235177.
6. Gausman J, Huda FA, Othman A, et al (2022). Girl child marriage and the social context of displacement: a qualitative comparative exploration of Syrian refugees in Jordan and Rohingya refugees in Bangladesh. *BMC Public Health*, 23; 22 (1): 2417.