



The Factors Contributing to Domestic Violence from the Perspective of Iranian Couples: A Qualitative Study

Roghieh Bayrami¹ , Ali Vafae Najar^{2*}

- 1- PhD in Reproductive Health, Assistant Professor, Reproductive Health Research Center, Department of Midwifery, Faculty of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran
- 2- PhD in Health Services Management, Associate Professor, Social Determinants of Health Research Center, Department of Health Management, Faculty of Health, Mashhad University of Medical Sciences, Mashhad, Iran

Received: 03.04.2017
Accepted: 23.12.2017
Published online: 20.09.2020

***Corresponding Author:**
Ali Vafae Najar

Email:
vafaeaa@mums.ac.ir

Citation:
Bayrami R, Vafae Najar A. The Factors Contributing to Domestic Violence from the Perspective of Iranian Couples: A Qualitative Study. J Qual Res Health Sci. 2020; 9(2):133-144.

Abstract

Introduction: Domestic violence is the most common form of violence against women. Negative health outcomes caused by domestic violence have been recognized as a public health problem with extensive effects on society. The main objective of this study was to explore Iranian couples' experiences of domestic violence.

Methods: This study was carried out through a qualitative approach and a conventional content analysis method in 2015 in Mashhad, Iran. Fifteen couples (15 women and 15 men) were selected from five health centers in Mashhad using purposive sampling. Data were collected through individual in-depth semi-structured interviews with the participants about their perceptions and experiences of factors underlying domestic violence. The interviews were transcribed verbatim and analyzed using Graneheim and Lundman's content analysis approach with MAXQDA software.

Results: The results of this study revealed three main themes including social factors affecting violence (the family's economic position, culture and values, and social support), interpersonal relations (the type of marriage and life skills), and personal factors (intrinsic factors and acquired factors).

Conclusion: Given that social, interpersonal, and personal factors such as economic problems, social culture, low social support, low education levels, addiction, and the absence of life skills can lead to the outbreak of domestic violence among couples, there is a need to train couples to adopt effective strategies to reduce domestic violence in the family and seek help from support centers.

Keywords: Domestic violence, Iranian women, contributing factors, qualitative research

Introduction

Violence against women is a global phenomenon that occurs in every culture, country, and continent and harms families and communities. Violence against women exacerbates other forms of inequality in all societies (1). According to

the Declaration on the Elimination of Violence Against Women (DEVAW), the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts (1).

The most common type of violence against women is violence committed by a partner, which is referred to as domestic violence (2). Domestic violence occurs in a private environment, and women and girls are usually the main victims (3).

According to the World Health Organization, most women in South America (49-61% in Peru and 27-34% in Brazil), Africa (49% in Ethiopia and 31% in Namibia), South and East Asia (40-42% in Bangladesh and 13% in Japan), and Europe (23% in Serbia and Montenegro) were physically abused at some point in their lives (4).

According to a national survey, violence against women was reported to be 66% in 28 provinces of Iran (5). Another study in the country found that the prevalence of domestic violence in the form of physical and psychological violence was 58.5% and 83%, respectively (6).

Domestic violence against women is not specific to a particular geographical area or economic and welfare level and can be seen in all societies and at all social classes. However, women at lower economic and social positions appear to experience higher levels of violence, and factors such as low literacy levels (7), low financial resources, and a higher number of children are more notable among people who engage in violence or are victims of violence (8).

Research has shown that eight factors including money disputes, jealousy, sexual issues, alcohol or drug addiction on the part of the husband, disagreement over the children, the husband's unemployment, the wife's interest in working outside the home, and pregnancy were the main causes of violence against women in the United States from 1970 to 1984 (9).

According to the World Bank, domestic violence accounts for 19% of all diseases in women aged 19 to 44. This means that one year out of five years of healthy life that is lost due to injury or premature death is attributed to violence (10). According to research, rape and domestic violence are more likely to endanger women's health than diseases such as breast and endometrial cancers and accidents (11). The consequences of violence against women can range from minor injuries to chronic disability and psychological problems (12).

The severity of domestic violence against women and how to deal with it depends on the socio-cultural norms and values of each society, thus, the perception and definition of domestic violence against women, and its underlying factors can be different depending on the culture of the society. These differences reflect the diversity of policies and preventive programs implemented in different societies. Several studies conducted in Iran in the last decade confirm the existence of domestic violence against women and its complications and problems (13,14).

A review of studies conducted in Iran showed that less attention was paid to factors underlying domestic violence from the perspective of both couples. On the other hand, qualitative research is used in cases where a precise and complex understanding of a phenomenon is needed, when the goal is to understand the contexts or environments in which participants in the study point to a problem or issue, and when quantitative measurements and statistical analyses are not appropriate for exploring the problem under study (15). Therefore, the authors decided to qualitatively examine people's experiences in everyday life using a naturalistic

study to explain the factors contributing to domestic violence from Iranian couples' point of view.

Methods

This study was conducted in Mashhad in 2015 to reflect the experience and feelings of men and women about domestic violence using a qualitative approach and a conventional content analysis method (16). The research population included couples referring to 5 selected health centers in Mashhad. Women entered the study if they were Iranian, were married, experienced domestic violence, were willing to participate in the study, and lived with their husbands in the same house during the study. The participants in the research sample were selected through purposive sampling and with maximum variation in terms of age, number of children, level of education, employment status, and economic and social status. The final sample consisted of 15 married women covered by the centers and their husbands (30 persons in total). To select participants, the researchers first referred to the selected health centers, and after making arrangements with the relevant authorities and explaining the study objectives and with the help of service providers, chose the women who had been exposed to domestic violence by their husbands, and invited them to participate in the study.

Given that domestic violence is considered a culturally sensitive issue in Iran, it was predicted that the participants in this study could not be willing to present some of their experiences or views in public. Therefore, individual in-depth semi-structured interviews were conducted with the participating women and their husbands in separate sessions. The interviews with the men were

conducted in separate sessions by a male interviewer.

After introducing themselves, stating the purpose of the study, and obtaining written consent from the participants, the researchers started the interviews and tried to gain their trust and reassurance by asking a series of preliminary questions and establishing rapport with them. To this end, each interview was started with a general question such as "Can you talk about domestic violence?" and continued with other open-ended questions such as "Explain your experience of domestic violence" to further clarify the subject. Other probing questions such as requesting more explanation or providing an example were also asked. In the present study, after a pilot interview with a couple who met the inclusion criteria and receiving feedback, the questions were modified if necessary. The participants' nonverbal behaviors including their facial expressions, tone of voice, and emotional reactions, and the important points of each session were recorded immediately after the interviews. In cases where it was not possible to continue the interview due to unexpected events, the interview was interrupted and upon the participant's agreement, the interview was postponed to the next session. All interviews were conducted at the health center in a suitable environment. Each interview lasted 45-100 minutes, depending on the situation. Besides, a supplementary interview session was held with one of the participants.

All interviews were recorded by an mp3 player. Each interview was transcribed on paper immediately and before the next interview, and the collected data were analyzed using MAXQDA software. The transcripts of the interviews were read several times to get the researchers immersed in the data and gain an overview

of the data. Following the principles of qualitative content analysis by Graneheim & Lundman, each interview was considered as a unit of analysis (17). Then, the meaning units that contained the sentences and words related to a single concept were identified. With the condensing process, the condensed meaning units were obtained. Then, during the abstraction process, the codes were extracted from the units and appropriate labels were assigned to them. The related codes, categories, and themes were identified through the abstraction process. Thus, the initial codes were formed, and then the subclasses, classes, and themes were extracted based on the similarity of the initial codes according to the researchers' perception (17).

To ensure the trustworthiness of the results in this study, confirmability, credibility, dependability, and transferability were used (18). For assessing the rigor and trustworthiness, the researchers had a long and close contact with the participants, spent a long time in the field searching for data, and allocated enough time to collect and analyze the data. In addition, data collection was conducted until saturation was gained and no more categories emerged in the analysis. Furthermore, the findings were supplemented with suitable quotations to improve credibility. Interview guide, experts' comments, and revision by the participants and coworkers were used to improve dependability. Finally, to ensure transferability of the results, clear descriptions were provided of the process of selection of participants, data collection and data analysis .

Before conducting the study, it was approved by the Regional Ethics Committee of Mashhad University of Medical Sciences. Before collecting the data, the research objectives were explained to the participants

and after obtaining their informed consent, the interviews were recorded. Furthermore, the participants were ensured that their information would be kept confidential and they were free to participate in the study or leave it.

Result

The participants in this study were married women supported by five health centers in Mashhad and their husbands. The age of the female participants was 18 to 52 years and the age of the male participants was 26 to 55 years. Most of the participants had a secondary school education or a high school diploma. Most women were housewives and most men were self-employed.

A total of 1400 initial codes were extracted from the analysis of interviews, and after reviewing the codes, identifying the similarities, and reducing them based on their overlap, 520 main codes were identified and classified into 3 main themes and 7 categories as shown in Table 1.

Social factors affecting violence

As can be seen, social factors affecting violence were subcategorized into the family's economic position, culture and values, and social support .

The family's economic position

The analysis of the data showed that economic instability, low levels of income, and well-being of the family are among the important factors accounting for domestic violence against women. One of the male participants stated, "That's business. We're struggling to make both ends meet. But when you can't meet your family's needs you will become aggressive and bad-tempered and cannot treat your family members decently" (Participant 4).

Table 1. Themes, categories, and subcategories identified in the study

Subcategories	Categories	Themes
Job problems Insufficient family income The wife's economic empowerment	The family's economic position	Social factors affecting violence
Social culture Individual values	Culture and values	
Families' involvement in the couple's life Lack of family support for couples when they need help Lack of public awareness about the role of counselors in solving problems in society Legal protection	Social support	Interpersonal relations
Impulsive marriage without full knowledge Forced marriage Failure to comply with the requirements for choosing a partner and leading a successful life Ignoring the fundamental differences between families	Type of marriage	
Communication skills Parenting skills Home and children management	Life skills	Personal factors
Age differences Psychological factors	Intrinsic factors	
Knowledge and attitudes Sickness Addiction	Acquired factors	

According to some participants, the wife's financial dependence on her husband and the difference in the economic position of the wife and husbands' families were other economic factors that led to domestic violence against women. One of the female participants stated, "I think the difference in the economic position of the families and the fact that the wife does not have a job outside the home and therefore does not have financial independence and is dependent on her husband is another factor. When the wife puts her husband under pressure to meet her demands, she's pushing the family into tension" (Participant 10).

Culture and values

Some participants considered the family culture to be a contributor to violence. They argued that if a person grows up in a family with a culture in which dialogue is not typically used to resolve conflicts and violence and aggression are prevalent

instead, the child will learn that a person is a winner who is more aggressive and violent. In such an environment and culture, the child sees that violence not only has no bad consequences, but even a person who is more violent is known as the head of the family or group and is more respected. One of the participants stated, "I confess that I am a violent husband because I grew up in a patriarchal family. My father used to talk to us loudly and beat us under any pretext. I have learned an aggressive person is more successful and stronger" (Participant 12).

Some participants referred to patriarchal culture as one of the factors contributing to domestic violence. One of the female participants stated, "From the very beginning, we teach this patriarchal culture to our children. For instance, we ask our daughter to give water to her brother, iron his clothes, keep his room neat and tidy, etc. In fact, we teach him to act as a commander, and when

he marries and starts a family, he thinks he has the right to bully his wife and children and even to beat them” (Participant 19).

Some participants considered individual values as exacerbating violence. For instance, a participant stated, “The fact that the wife is silent in the face of the husband’s violence and endures it makes the husband think that he has the right to be violent and this makes him even ruder” (Participant 22) .

Social support

According to some participants, unnecessary intrusion on the part of family members, relatives and friends causes family problems. As an example, one of the participants stated, “My mother-in-law is always meddling with our private life. My husband only accepts what his mother says. He opposes me on everything. He has even beaten me a couple of times” (Participant 13).

The participants also stated that the wrong advice given by colleagues and friends can be accounted for as social factors contributing to domestic violence. They suggested that these friends often set fire to violence by providing misleading advice. One of the participants stated, “My husband’s co-worker, who has a broken family life, gives him the wrong advice. When my husband comes home he does everything his coworker suggested. For example, he said, ‘As my friends said, women are not disciplined and corrected unless you beat them” (Participant 17).

Some participants stated that the lack of clear laws and the existence of legal loopholes, as well as the weakness of law enforcement in the judiciary, were other factors underlying domestic violence. One of the female participants who had a university degree stated, “As far as I know, there are certain rules in developed countries

for spousal violence and violence against children; even the husband’s forced sexual intercourse with his wife is considered violence. But what about us?” (Participant 9).

Interpersonal relations

Another theme that emerged in this study was "interpersonal relations" which was subdivided into the type of marriage and life skills .

Type of marriage

When a man and a woman enter into a forced marriage without any love between them and just due to the pressure and insistence of others, and start living together with dissatisfaction, they are more likely to run into problems and start quarreling with each other. In fact, in a forced marriage, the husband seeks to show his superiority over the wife through all kinds of violence and adversity, and the wife seeks to express her dissatisfaction with their marital life by failing to perform her duties. One of the male participants stated, “We married by force. I didn’t like my wife very much. She was constantly making excuses for not doing her job properly, and I was mistreating her to show my dominance” (Participant 21).

One of the female participants, who had a university degree and had been forced to marry at a young age, stated, “Forced marriage is a form of sexual violence because they take away a girl’s right to choose a partner” (Participant 3).

Life skills

The analysis of the interviews with the participants suggested that lack of life skills including communication techniques, especially communication and interaction in married life was a very effective factor in the occurrence of domestic violence. Low tolerance, lack of anger management,

selfishness, and inability to manage life can contribute to violence. Accordingly, one of the participants stated, “Our main problem is that we don't have communication skills. We don't know how to control our anger or how to express our feelings. My husband isn't inherently a bad person but he gets mad very quickly and beats me and breaks the things at home. Then, he regrets it and wants to make it up to me” (Participant 20).

Many participants complained about their husband's inability to control anger. A female participant stated, “When my husband gets angry, he goes too far. He stops caring about everything and says offensive words” (Participant 14).

Personal factors

The other theme that emerged in this study, i.e. personal factors, was divided into two categories of intrinsic and acquired factors.

Intrinsic factors

The majority of participants referred to personal factors, including age differences and psychological characteristics, as factors influencing domestic violence. One of the participants stated, “My husband is ten years older than me. When there is a problem, he says I am still a child and don't understand anything. He wants me to obey everything he says. I have to keep quiet. Even if it's to my detriment, I have to obey him, and this way I am so humiliated” (Participant 1).

The analysis of the interviews showed that suspicion, bad-temperedness, depression, and hostility could serve as the basis of domestic violence. One of the participants stated, “My wife is always suspicious of me for no reason. She always says why did you look at her in that way or why did you say that to this guy, and that always makes us argue” (Participant 26).

Another participant stated, “My husband is generally a bad-tempered person. He treats me and the children like soldiers in a garrison. After all, I am human and I expect kindness and gentleness from my husband” (Participant 11).

Acquired factors

Most participants pointed to the role of education in domestic violence. Accordingly, one of the female participants stated, “Educated families, aware of problem-solving methods, try to logically deal with disputes. In this way, they reduce the probability of domestic violence in the family and use sensible ways to resolve their conflicts” (Participant 27).

However, concerning the role of education, a small number of participants had different opinions, as one of the educated women stated, “of course, when a wife holds a higher education degree compared to the husband, she is more likely to assert her rights and this sometimes makes the husband commit more violence against her” (Participant 29).

Most of the participants pointed to the role of addiction in domestic violence. According to them, the psychological effects or stigma associated with drug and alcohol addiction, regardless of its economic effects, lead to all kinds of violence in the family and society. One of the female participants stated, “In fact, tolerating an addict is difficult or impossible for those around him/her, and this causes tension between the husband and wife because the addict becomes a destructive person who destroys everything” (Participant 1).

Discussion

The analysis of the interviews with the participants in this study indicated that one

of the factors influencing male domestic violence was unemployment, the economic status of the family, and the lack of financial independence of the wife. The results of a study by Salarifar showed the economic position of the family as one of the causes of domestic violence (19). In another study, Hasheminasab found that unemployed men were more likely to use physical violence against their wives (20). However, in other studies, there was no relationship between family income and violence, and these conflicting results could be due to socio-cultural differences in the populations under study (7,9). In line with the results of the present study, two other studies showed that women's employment reduced violence and reported the highest rate of violence among housewives (21,22).

Most of the participants in the present study believed that violence against women in the family is common in many societies and that the beating of women and children is an essential element of a patriarchal family system as indicated by Salarifar's study (19).

The participants in the present study also believed that forced marriage, the lack of life skills, and the intervention of other family members and relatives could exacerbate domestic violence. It seems that the type of marriage can serve as a predictor of satisfaction with marriage, which is also affected by interpersonal relations, which can be associated with domestic violence. In line with the present study, a study in Sanandaj showed that forced marriage is associated with domestic physical violence against women (20).

The results of the present study also showed that social and family support plays a role in reducing the incidence of domestic violence. Similarly, Ostadhashemi et al. showed that

women usually adopt different strategies such as social and family support, law enforcement, and financial independence to cope with domestic violence (2). The socio-cultural status of some countries, including Iran, is such that there is a strong connection between the main family and affiliated families. Although this is effective in supporting the affiliated families, sometimes their untimely interventions cause problems for the family members .

The present study also suggested that communication problems were another cause of domestic violence in families. From the participants' point of view, the inability to manage anger was due to a lack of socialization skills among the spouses, which instilled violence in the family. Mohammadkhani et al. found similar findings in their study (23). Low communication skills in young couples seem to contribute to domestic violence. A significant relationship has been shown between the age of marriage and violence (24).

The present study showed high age differences could lead to conflicts between couples. First, the low age of the husband and wife is usually associated with immaturity, and this paves the way for violence between the husband and wife. Second, at a young age, men have fewer behavioral control skills. Moreover, the adaptive power of the husband and wife at younger ages is less. Third, the greater the age difference, the less likely it is that the couple will conciliate and compromise because it will be more difficult for them to come up with a mutual understanding.

A study in Iran showed that the age difference between the husband and wife was an individual factor in the incidence of domestic violence (8).

Conversely, several studies showed no association between the husband and wife's age and violence (24,25), and differences in results can be due to socio-cultural differences, differences in individual characteristics, awareness of research participants about their rights, data collection tools, and what constitutes violence from the perspective of different individuals. Studies have shown an association between the age of marriage and domestic violence (24,26). It can be suggested that the highest level of violence at the early stages of marital life is due to insufficient understanding of life and the fact that couples do not have the necessary and sufficient experience and ability to solve family problems. Therefore, more planning is needed to train young couples on how to prevent and cope with domestic violence. Conversely, some studies have shown that as couples get older, violence increases. These contradictory results can be attributed to differences in the type of studies, social structure, and ethnicity of participants (27,28).

Some of the participants in the present study believed that a higher education level in families could play a role in reducing the incidence of domestic violence. Other studies have shown that high levels of literacy in men is a factor in protecting against domestic violence (29,30). Undoubtedly, a higher level of education is associated with higher social skills and causes adaptation in the family. However, a group of participants considered women's higher level of education as a contributor to domestic violence. In line with this finding, a study showed that the differences in literacy levels between men and women, especially the higher level of literacy among women could lead to domestic violence (31).

The findings of the present study indicated that one of the main causes of domestic violence was the husband's drug addiction. It seems that due to the strict controls that are imposed on the behavior of the addict by those around him, intimate family relationships are broken up giving way to aggression and violence in the family. Undoubtedly, the wife's dissatisfaction with the husband's smoking causes tension and, ultimately, violence in the family. A study demonstrated the link between domestic violence and smoking (32).

In the present study, some participants pointed to their spouse's psychological characteristics, including suspicion, bad-temperedness, and depression as underlying causes of violence. Salarifar also emphasized the role of psychological factors in the occurrence of domestic violence (19). According to him, domestic violence is usually more common in immature, bored, dependent, and unstable people and those who feel inadequate.

One of the limitations of this study was the fact that the participants could not have expressed their true feelings and experiences. The researchers first tried to gain their trust by establishing rapport with them to overcome this limitation. Since this qualitative study was conducted in Mashhad and given the cultural diversity and social conditions in other parts of the country, the findings of this study cannot be generalized to other populations in different parts of the country. Therefore, it is suggested that similar studies be replicated in other parts of the country and on other ethnic groups.

Since there is a health care system in Iran, by integrating counseling and social work services related to the prevention and control of domestic violence against women in the routine programs of this system, we

can expect that paying attention to the insights from the present study have positive outcomes for the community, especially women who have experienced or are exposed to violence. The results of the study can be used to empower women with the help of premarital counseling courses, psychological interventions, life skills training, and promoting the culture of resilience at schools and universities to prevent domestic violence. Training programs for health workers can be a broad and comprehensive preventive intervention in the primary health care system in the country. Besides, support organizations such as the Social Security Organization, State Welfare Organization of Iran, the judiciary, police, emergency centers, and non-governmental organizations can contribute to taking effective measures to prevent domestic violence.

References

1. United Nations (UN). Elimination of violence against women. New York: General Assembly Resolution. 2015. [cited 2015 December 11]. Available from: <http://www.un.org/documents/ga/res/48/a48r104.htm>.
2. Ostadhashemi L, Khalvati M, Seyedsalehi M, Emamhadi MA. A study of domestic violence against women: a qualitative meta- synthesis. *IJMTFM*. 2015; 5(3):155-63. doi:10.22037/ijmtfm.v5i3(Summer).7690.
3. Hasan M, Kashaniyan M, Roohi M, Vizhe M. Domestic violence against pregnant women: Prevalence and associated factors. *J Woman and Society*. 2011; 1(4):61-77. [In Persian]
4. Ellsberg M, Jansen HA, Heise L, Watts CH, Garcia-Moreno C. WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*. 2008; 371(9619):1165-1172. doi: 10.1016/S0140-6736(08)60522-X.
5. Hasanpoor Azghadi B, Simbar M, Kermani M. Domestic violence against women: review of theories, prevalence, and its relative factors. *Advances in Nursing and Midwifery*. 2011; 20(73):45-52. [In Persian]. doi: 10.22037/anm.v21i73.2825.
6. Setayesh N, Ezoji K, Bakhshizade M, Nojomi M. Domestic violence and physical and mental state of women. *RJMS*. 2017; 24(154):20-26. [In Persian]
7. Ahmadi M, Rahnavardi M, Kiyani M, Purhoseingholi A, Moafi F, Asadzadeh F. Study of predisposing factors for domestic violence among women. *JHC*. 2015; 17(1):70-81. [In Persian]
8. Ghazizadeh H, Zahrakar K, Kiamanesh A, Mohsenzadeh F. Conceptual model of underlying factors in women domestic violence against men. *IJPN*. 2018; 6(4):35-48. [In Persian]
9. Ghazanfari F. Correlation of family relationship patterns and domestic violence against women in Lorestan province. *Fundamentals of Mental Health*. 2010; 12(46):488-495. doi: 10.22038/jfmh.2010.1088. [In Persian]

Conclusion

Given that social, interpersonal, and personal factors such as economic problems, social culture, low social support, low education levels, addiction, and the absence of life skills can lead to the outbreak of domestic violence among couples, there is a need to train couples to adopt effective strategies to reduce domestic violence in the family and seek help from support centers.

Acknowledgments

We greatly appreciate the financial support of Mashhad University of Medical Sciences. We also offer our sincere thanks to the couples who participated in our study.

Conflict of Interest

None declared.

10. Taherkhani S, Mirmohamadali M, Kazemnezhad A, Arbabi M. Evaluation of domestic violence and its association with depression in women. *Journal of Forensic Medicine*. 2010; 16(2):95-106. [In Persian]
11. Turner J Chavigny K. *Community health nursing*. Philadelphia: Lippincott Company; 1998.
12. Iranian Students News Agency. Results of a national study on domestic violence in 28 provinces. 2004. [cited 2004 October 9]. Available from: <http://www.isna.ir/news/8307-07024/>.
13. Kiani M. Women experiencing domestic violence: a qualitative study. *J Qual Res Health Sci*. 2014; 3(1):14-26. [In Persian]
14. Razzaghi N, Parvizi S, Ramezani F, Tatabaee Nejad SM. The consequences of violence against women in the family: a qualitative study. *The Iranian Journal of Obstetrics, Gynecology and Infertility*. 2013; 16(44): 11-20. [In Persian]
15. Creswell JW. *Qualitative inquiry & research design, choosing among five approaches*. (2nd ed). Thousand Oaks: Sage Publications; 2007.
16. Grove SK, Burns N, Gray J. *The practice of nursing research: appraisal, synthesis, and generation of evidence*. 6 ed. Philadelphia: Saunders Publications; 2009.
17. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004; 24(2):105-112. doi: 10.1016/j.nedt.2003.10.001.
18. Lincoln YS, Guba EG. *Naturalistic inquiry*. New York: Sage Publications; 1985.
19. Salarifar M. *Domestic violence against women*. Tehran: Golbarg Publications; 2010. P. 179-180. [In Persian]
20. Hasheminasab L. Assessment of prevalence, outcome and factors related to domestic physical violence in pregnant women referring to delivery departments of Sanandaj hospitals. *SJKU*. 2007; 11(4):32-41. [In Persian]
21. Nohja S, Latifi SM, Etesami H, Farrokhnia F. The prevalence of domestic violence against women and associated factors in Khuzestan province. *Journal of Kermanshah University of Medical Sciences*. 2010; 15(4):278-286. [In Persian]
22. Babu BV, Kar SK. Domestic violence against women in eastern India: a population-based study on prevalence and related issues. *BMC Public Health*, 2009; 9:129. doi: 10.1186/1471-2458-9-129.
23. Mohamadkhani P, Rezaei dogane E, Mohamadi M, Azadmehr H. Family violence pattern prevalence, enacting or experiencing violence in men or women. *REFAHJ*. 2006; 5(21) 205-223. [In Persian]
24. Taherkhani S, Mirmohammadali M, Kazemnejad A, Arbabi M. Association experience time and fear of domestic violence with the occurrence of depression in women. *Sci J Forensic Med*. 2010; 16(2):95-106. [In Persian]
25. Debowale, AS. Spousal age difference and associated predictors of intimate partner violence in Nigeria. *BMC Public Health*. 2018; 18(1):212. doi: 10.1186/s12889-018-5118-1.
26. Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM., Spong CY. *Williams obstetrics*. In Ghazi Jahani B. (Eds.). Tehran: Golban Medical Publications; 2018.
27. Pathak N, Dhairyawan R, Tariq S. The experience of intimate partner violence among older women: a narrative review. *Maturitas*. 2019; 121, 63-75. doi: 10.1016/j.maturitas.2018.12.011.
28. Sanz-Barbero B, Baron N, Vives-Cases C. Prevalence, associated factors and health impact of intimate partner violence against women in different life stages. *PLoS One*. 2019; 14(10):e0221049. doi: 10.1371/journal.pone.0221049.
29. Kargar Jahromi M, Jamali S, Rahmanian Koshkaki A, Javadpour Sh. Prevalence and risk factors of domestic violence against women by their husbands in Iran. *Glob J Health Sci*. 2015; 8(5):175-83. doi: 10.5539/gjhs.v8n5p175.
30. Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, et al. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women s health and domestic violence. *BMC Public Health*. 2011; 11(109):2-17. doi: 10.1186/1471-2458-11-109.
31. Devries K, Watts CH, Yoshihama M, Kiss L, Blima Schraiber L, Deyessa N, et al. Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women s health and domestic violence against women. *Soc Sci Med*.

- 2011; 73(1): 79-86. doi: 10.1016/j.socscimed.2011.05.006.
- 32.** Abbaspoor Z, Momtazpour M. Domestic violence and its related factors based a prevalence study in Iran. *Global Journal of Health Science*. 2016; 8(12):1-7. doi: 10.5539/gjhs.v8n12p1.