



A comparison study on family violence rate in wives with addicted and non-addicted husbands in Urmia

Nader Aghakhani¹, S. Zahra Merghati², S. Vahid Merghati³, Hassan Nazari⁴, Gholamreza Esmhoseini⁵, Abbas Zarei⁶, Mohammad Delirrad⁷, Keyvan Hoseingholipour⁸, Rasoul Roshani^{9*}

¹ Associate professor, Patient Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran

² MSc, Patient Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran

³ MSc, Department of English Language Teaching, Urmia University of Medical Sciences, Urmia, Iran

⁴ Ph.D. Student of decision-making and public policy management, Urmia University of Medical Sciences, Urmia, Iran

⁵ Assistant professor, Patient Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran

⁶ MSc, Forensic Medicine Organization, Urmia, Iran

⁷ MD, Department of Toxicology, Urmia University of Medical Sciences, Urmia, Iran

⁸ MSc, Patient Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran

⁹ MD, Forensic Medicine Organization, Urmia, Iran

***Corresponding authors:** Rasoul Roshani, **Address:** Forensic Medicine Organization, Urmia, Iran

Email: roshanirasol.1349@gmail.com, **Zip Code:** 5756151818, **Tel:** +98443440007

Abstract

Background & Aims: As a major problem, addiction endangers life of people and makes families confront various problems such as violence against women.

Materials and Methods: 300 women who had experienced violence (39 of them had addicted husbands) were investigated. The researchers collected data by a questionnaire about physical, sexual, economic and verbal-mental violence.

Results: The rate of physical, sexual and economic violence among women with addicted husbands was 92.3% (36 women), 79.5% (31 women) and 76.9% (30 women) respectively. This rate among women with non-addicted was 88.9% (232 women), 71.6% (187 women) and 88.9% (232 women). The rate of physical ($P=0.042$) and economic violence ($P=0.036$) against women with addicted husbands was higher. However, there wasn't a significant relationship between husbands' addiction and sexual violence.

Conclusion: Considering the results, it is necessary to make effort to prevent addiction through careful pre-marriage tests and eliminate factors which cause addiction such as poverty and unemployment.

Keywords: family violence, wives, addicted, non-addicted, husbands

Received 16 Apr 2018; accepted for publication 29 July 2018

Introduction

Violence is a type of behavior with the purpose of hurting oneself or other people deliberately. Family

violence is any gender-based behavior which necessarily or probably results in physical, sexual or mental harm. A group of experts believe that violence is

an innate behavior while others find it as an acquired manner. Violence against women exists worldwide which has broken cultural borders, social and economic classes, educational attainments, ethnicity and age. Although in many countries violence against women is banned and people are refrained it, the fact is that this behavior is hidden behind cultural conventions, social norms and beliefs (1).

Based on the definition of World Health Organization, aggression or violence is referred to a deliberate use of physical power or threat against others which can cause no evident hurt or it may result in injury, mental-spiritual harm, developmental disorder, various deprivations and even death. Because of occurrence of wife abuse in intimate atmosphere of the family and since it is not differentiated from assault and has never been taken seriously by the Judicature and Disciplinary Committee of the countries, it is difficult to get exact and valid statistics on it (2). Violence against women is a phenomenon in which the woman's rights are violated because of her gender. If this behavior occurs in the family frame and between wife and husband, it is called family violence (3). Based on statistics from UNICEF, it is probable that one of every three women around the world has experienced assault, was forced to have sexual relationship or was sexually mistreated during her life. Other cases of the wide range of problems faced by women could be considered as women and girls smuggling, molesting them, and murdering newly-wed girls for not possessing dowries, honor killings and murdering girl infants (4). In Iran, like other countries, violence against women is a major social problem. Negative social outcomes such as increasing women's healthcare expenses due to suffering from physical and mental diseases caused by violence, decreasing the amount of female work-force and the level of their effectiveness are other consequences of this cultural-social and health problems (5). Although both woman and man may commit violent behavior in their families, it is revealed by the research that women are subject to being mistreated more than men; that is, the purpose in violence against women and bothering them is to dominate them. This problem is the

most serious reason for women's death or disabilities during their fertility age and severe and incurable diseases (6). Violent behavior of men against women has various dimensions such as physical violence (bodily harm through assaulting, beating by a tool or hand), mental violence (threatening, belittling, verbal condemn and vituperation), social violence (controlling woman's behavior, making her socially isolated and preventing her from contacting others), and sexual violence (7).

According to a universal bank report, on the one hand, family violence and aggression endanger women's health aged 15 to 44 against breast and uterine cancers, hard delivery and accident and on the other hand, violence against women has a negative effect on other health priorities such as mothers' health and security, family planning, prevention of sexually transmitted diseases (STD) and mental health (8). As well as direct harm through physical hurts, the violence damages women's mental health and self-confidence. Health problems such as pelvic pain, irritable bowel syndrome, headache, insomnia, fatigue, depression, alcoholism and substance abuse are derived of this problem. Some side effects of physical violence from small scratches and bruise to chronic disabilities and mental shocks may not be lethal but they can be deadly in cases such as deliberate killings, excruciating hurts or HIV (9). Violence is also committed against pregnant women which results in abortion, preterm delivery, low-birth weight infants and giving birth to dead infants. Beside these all, violence as an acquired behavior is transmitted from generation to generation and violates family unity. In other words, learning violence by the children and committing it in future life against their wives and kids, escaping home or school, depression and anxiety, seclusion, complaining about various physical pains, sucking fingers, biting nails, stammering and addiction are among negative effects of violence on children. Other factors involved in engendering violence against women are social view on violence, view on women, view on marriage, disability of official organizations in giving help, male-dominated structure

of the offices, lack of economic and social supports and women's unawareness of facilities (10).

In this study, violence has been referred to a behavior which is committed with an obvious or hidden intention to hurt someone physically, mentally or socially. Considering above-mentioned issues and regarding the fact that there is not enough data from careful scientific studies on family violence, the researchers decided to carry out this study on the rate and types of family violence against women who referred to Urmia Forensic Medicine Organization (UFMO), therefore based on the findings of the present study, the officials could take appropriate steps to educate women and adopt preventive policies to decrease the rate of this problem. In the present study, different types of violence committed by the men against their wives and various factors affecting the rate of violence experienced by the women referring to Urmia legal medicine institute in 2012-2013, were studied so as to use collected data to reinforce women's social position and their human values, promoting their health-care level and fertility rights, making the men aware of various dimensions of violence and its negative effects on present and future condition of the family, utilizing health-care and educational facilities to perceive violence and decrease the rate of it in the families and finally to spread out the culture and facilities for family consultations.

Materials and Methods

In this descriptive-analytical study, a researcher-made pre-validated questionnaire was used as the instrument to elicit information based on the present resources containing demographic information of research units and the questions relevant to various types of violence such as verbal, mental, sexual, economic, physical and relevant factors. 300 subjects were selected by a stratified random sampling method and finished the study. During one year, the women who were committed violence by their husbands referring to UFMO after filing a complaints sheet to the judiciary and disciplinary committee were studied. The selected samples were necessarily from the women who were

completely aware and conscious of their words and were not under any type of mental-disorder treatment. The questioned samples were free to leave the study anytime. The findings were completely confidential and the samples were not required to introduce themselves. Scientific validity of the questionnaire was determined based on face and content validity, as it was referred to 10 members of Faculty of Urmia University of Medical Sciences to investigate content validity. After receiving ideas, necessary revisions were done and the reliability was determined through calculating internal consistency (coefficient alpha =0.72)

Results

A total number of 300 women, in the UFMO due to the violence they were committed, were selected as the sample. From this population, 277 women (92.3%) were city dwellers and 23 women (7.7%) were countrywomen. The average age of the women was 29.2 ± 7.52 . The oldest and the youngest participants were 47 and 16 years old respectively. 276 women (92%) did not have any family ties with their husbands before marriage and only 24 women (8%) had such ties. 33 women (11%) had first-marriage experience but 267 women (89%) were married for the first time. From 300 women, 9 cases (3%) were uneducated, 49 cases (16.3%) had primary education, 80 cases (26.7%) had completed junior high school, 113 cases (37.7%) had high school diploma, 41 cases (13.7%) had BA/BS degree and 8 cases (2.7%) had MA/MS degree.

Among the husbands, 6 men (2%) were uneducated, 100 men (33.3%) had primary education, 60 men (20%) had completed junior high school, 98 men (32.7%) had high school diploma, 25 men (8.3%) had BA/BS degree, 9 men (3%) had MA/MS degree and 2 men (0.7%) had PHD degree. 47 women (15.7%) and 167 men (55.7%) had permanent jobs. On average, violence was committed against women by their husbands 4.98 ± 0.33 times in a month.

Average marriage age for women was 21.5 ± 6.51 and the maximum and minimum age for marriage was 40 and 12 respectively. The age difference between women and their husbands was on average 6.1 ± 0.31 .

The most and the least age difference was 24 and 1 years old respectively. Only 31 women (10.3%) had gotten married to resolve family or tribal dispute. Husbands of 57 women (19%) were remarried and in 38 cases (12.7%) they had temporary wives as well. 271 women (90.3%) were married for the first time, 24 women (8%) for the second and 5 women (1.7%) for the third time. 231 men (77%) were experiencing their first marriage, 50 men (16.7%) their second and 19 men (6.3%) their third marriage. Only in 33 cases (3.7%) the women were older than their husbands and in 289 cases (96.3%) the men were older. 230 women (73.7%) had children from their husbands.

38 women (12.7%) were forced to marry their husbands. In 218 cases (72.7%) both girl and boy tended to marry each other. In 95 cases (19.7%) only the boy and in 20 cases (6.7%) only the girl tended to marry. 3 persons (1%) did not answer this question.

99 couples (33%) had their own personal house, 150 couples (50%) were lodgers and 51 couples (17%) were living with their parents. In 6.7% of the participants another person was living with the family. 82 women (27.3%) were committed violence by their fiancé while they were engaged. Also, violence had been committed against 78 women (26%) by another member of their in-laws. According to the participants, the relationship of the men's parents was ideal in 85 cases (28.3%), undesirable in 183 cases (61%) and normal in 26 cases (8.7%). The relationship of the women's parents was desirable in 152 cases (50.7%), undesirable in 117 cases (39%) and normal in 25 cases (8.3%). 6 persons did not answer this question.

186 women (62%) had no self-defense way and they always remained silent. 72 women (24%) were crying, 15 women (5%) were seeking protection in their parents' home, 6 women (2%) always forgave their husbands and 21 women (7%) were retaliating and assaulting their husbands. 251 women (83.7%) were referred to legal medicine institute for the first time, 27 women (9%) for the second, 20 women (6.7%) for the third and 2 women (0.7%) for the eighth time. 3 women (1%) had mental disorder record which had led them to be hospitalized while 8 men (2.7%) had such a record

from which 2 cases had been hospitalized. Only 2 women (0.7%) had illegal relationship before marriage and 67 women (22.3%) had escaped from home to marry their husbands.

90 women (30%) intended to continue their lives and the reason for it, in all cases, was their children. 137 women (45.7%) hated their husbands. 159 women (53%) claimed that their in-laws interfered in their married life. 9 women (3%) had step- fathers and 20 women (6.7%) had step- mothers. 128 women (42.7%) were supported by their family. In 155 cases (51.7%), the women's fathers were uneducated, in 80 cases (26.7%) they had primary education, in 30 cases (10%) they had completed junior high school, in 20 cases (6.7%) they had high school diploma and in 28 cases (9.3%) they had BA/BS degree. In 183 cases (61%), the women's mother was uneducated, in 63 cases (21%) they had primary education, in 17 cases (5.7%) they had completed junior high school, in 21 cases (7%) they had high school diploma and in 3 cases (1%) they had BA/BS degree.

In 3 cases (1%) the woman was infertile while in 12 cases (3%) it was the men's problem. 99 couples (33%) knew each other before marriage.

This study showed that 233 women (77.7%) had strong religious beliefs and 17 women (5.7%) were weak believers. 288 women (96%) had conventional Hijab while 12 women (4%) did not cover themselves conventionally. Also, it was identified that 88 men (29.3%) had strong, 193 men (64.3%) average and 19 men (6.4%) weak religious beliefs. 39 women (13%) and 42 men (14%) were addicted to drugs. 153 men (51%) were smokers.

99.2% of women (289 cases) had experienced mental and verbal violence in various ways. As, in 77.9% of the cases (235 women) vituperation, in 74.5% (255 women) belittling, in 61.3% (184 women) harsh reaction when making an objection, in 68.7% (207 women) making decision without consultation, in 61.3% (185 women) threat of getting divorced, in 64.6% (195 women) mocking, in 74.4% (225 women) reproaching and in 67.3% (203 women) threat to remarry had been identified. Sexual violence was committed against

73.4% of women (221 cases) in various ways, as in 37.3%(112 women) expecting orgasm at any time, in 37.7% (113 women) tiring and excessive sexual desire, in 57% (171 women) leaving the wife alone after orgasm, in 38.3% (115 women) asking for unusual ways of having sex and in 50.7% (152 women) ignoring woman's sexual desire.

87.3% of women (262 cases) had experienced economic violence, as in 52% (156 cases) preventing woman's economic independency, in 45.3% (136 cases) spending money for others, in 30% (90cases) husband's

stinginess, in 37.3% (112 cases) obsessive control of woman's expenses and in 11.3% (34 cases) taking the woman's income by force. It is noteworthy that 56 women were employed. 89% of women (268 cases) had experienced physical violence in different ways. In 78% (234 cases) slapping, in 57%(171 cases) suffocating, in 57% (171 cases) assaulting by a tool, in 70.7% (212 cases) jostling and pitching, in 80%(240 cases) punching and kicking and in 65%(195 cases) twisting the arm and pulling hair were identified. (Diagram 1).

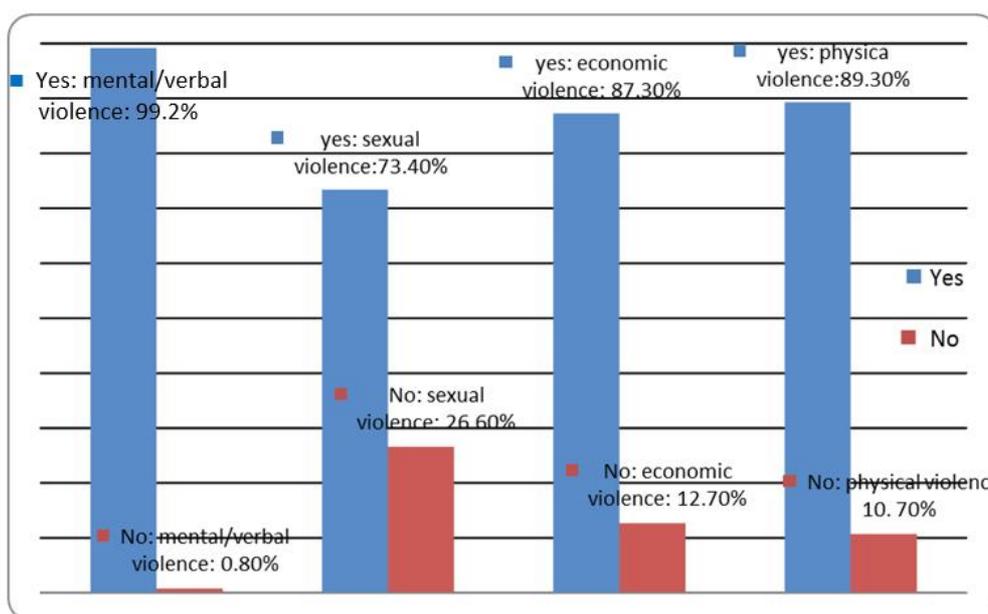


Diagram 1: committed violence against women

Other results of the present study revealed that there was no significant relationship between life situation and physical ($P=0.42$), economic ($P=0.57$) and sexual violence ($P=0.58$). There was no significant relationship between family ties before marriage and physical ($P=0.38$) and economic violence ($P=0.052$). However, the rate of sexual violence among women who had no family ties was significantly higher ($P=0.003$). The rate of physical violence was higher significantly when the man did not have a permanent job ($P<0.001$). However, there was not significant relationship between having permanent job and economic ($P=0.147$) and sexual violence ($P=0.38$). No significant relationship was

identified between getting married by force to resolve family dispute and physical ($P=0.93$), economic ($P=0.96$) and sexual violence ($P=0.312$).

There was not any significant relationship between aged husband's and physical ($P=0.34$) and economic violence ($P=0.19$). The results of the present study revealed that when the age of the husband was upper, the rate of sexual violence was significantly higher ($P=0.042$). No significant relationship was identified between escaping from home to marry the husband and physical ($P=0.97$), economic ($P=0.83$) and sexual violence ($P=0.13$). Although the rate of physical violence was higher among women who were not

supported by their family, there was no significant relationship between the two ($P=0.25$). Moreover, no significant relationship was identified between family support and economic ($P=0.67$) and sexual violence ($P=0.78$).

This study presented that the rate of physical violence was significantly lower among couples who knew each other before marriage ($P=0.012$). However, there was no significant relationship between familiarity before marriage and economic ($P=0.36$) and sexual violence ($P=0.64$). Although the rate of physical violence was higher among women with conventional Hijab, there was not any significant relationship between Hijab and physical violence ($P=0.21$). Moreover, there was no significant relationship between Hijab and economic violence ($P=0.178$). However, it was identified that the rate of sexual violence was significantly higher in women with conventional Hijab ($P=0.03$).

This study showed that there was a significant relationship between using drugs by the husband and physical ($P=0.042$) and economic violence ($P=0.036$). However, there was not a significant relationship between husbands' addiction and sexual violence ($P=0.35$). The results of this study showed that the rate of physical violence was significantly higher among women whose husbands had lower level of educational attainment ($P=0.001$). Although the rate of economic and sexual violence was higher among men with lower level of educational attainment, there was not a significant relationship between men's educational attainment and sexual ($P=0.217$) and economic violence ($P=0.07$).

The rate of physical violence was significantly higher among couples who did not possess a personal house ($P=0.011$). There was not a significant relationship between not possessing the house and sexual ($P=0.21$) and economic violence ($P=0.11$) but the rate of sexual and economic violence was higher in this case as well. The rate of sexual ($P=0.033$) and physical violence ($P=0.021$) was significantly higher among men with weak religious beliefs. Besides, the rate of

economic violence was higher among these men but it was not significant ($P=0.95$).

In the present study it was also identified that there was no significant relationship between marriage age and physical ($P=0.43$), economic ($P=0.45$) and sexual violence ($P=0.433$).

Discussion

Although violence against women has wide dimensions in the countries all around the world, being not publicized, there are no precise statistics available about it, neither a recording nor an exact counting. The women themselves are involved in engendering such a problem since they prefer to tolerate the violence for years but do not dare to talk about it (11). Therefore, it seems the exact rate of violence is much higher than what has been reported. In a research, the highest rate of violence was reported in families with lower level of educational attainment and this rate had been decreased through having higher levels. Besides, women's employment and increase in amount of family income were effective in lowering the violence rate (12). In a study, the men's harsh reaction when encountering opposition, making decisions without consulting with their wives and putting whole family responsibility on the wife's shoulders were reported as the most common verbal/mental violence which was twice as higher as what had been reported in previous studies in total (13). On the other hand, only about 5% of women reported physical violence committed by their husbands which was in turn less than half of the rate of violence in global reports, while in different studies physical violence has been introduced as the most common violence against women worldwide (14).

A research on the social- mental factors of violence indicated that level of educational attainment, income; employment and personal health-care have effect on committing violence in families (15). The results of another study carried out by Straus et al titled: "Behind Closed Doors: Violence in American Families", revealed that 16% of samples claimed, during a year they had experienced various types of physical violence and 38% of women stated that they had experienced

violence by their husbands in their period of marriage (16). Also the results of another study presented the rate of wife abuse as it was 27% and still persists in 19% (17).

Likewise, the results of another study confirms that lower level of educational attainment by any of the two partner, unemployment and economic problems are accompanied by higher percentage of wife abuse and the women with unemployed husbands who had educational attainment level below senior high school, were experiencing higher rate of economic, verbal and physical violence. It was also identified that physical and economic violence had significant and adverse relationship with partners' level of education; that is, the higher the level of educational attainment, the lower and the rate of physical and economic violence. It was recognized that the women with higher level of educational attainment complained about their husband's aggression less than others which can be due to studying and being aware of personal and family rights and also enjoying more possibilities to participate in social activities for women. On the other hand, considering the age variable, it was identified that most of the women who had experienced economic, physical and verbal violence, had gotten married under the age of 15. This variable had significant and adverse relationship with physical and economic violence; that is, the lower the age of marriage, and the more the experience of physical and economic violence (18).

Unfortunately, family violence is a widespread problem which has never been reported precisely and on time. It is estimated that only 3% of family violence is recognized by health-care staff and unfortunately they do not operate in a reassuring way encountering such clients (19). In a study carried out by World Health Organization on the rate of family violence in several countries, the prevalence rate of violence was generally fluctuating between 13% and 71%. According to the primary studies on family violence in our country, the rate of wife abuses and mistreating women has been estimated from 30% to 80% (20, 21). Family violence is occurring in all age range, genders, tribes, educational fields and economic-social groups. Remarkable studies,

resulting in various findings, have been carried out in different countries to identify and perceive different types of mistreating family members and close friends (22, 23).

The victims of family violence, who are mostly women, are often threatened with bodily harm, raping and economic deprivation and the children and their properties are hurt. Existing such a controlling system in the family is hard to prove and it is often hidden from outsiders' eyes since the victims dare not to talk about it because they are afraid to be taken revenge. Such behaviors are planned by the aggressor in a way that they bring the victim under their domination and surveillance; that is, the aggressor is out of control and intends to take control of another person (24). In present study which was carried out over 300 women who had been referred to legal medicine institute of Urmia vicinity due to wife abuse, a wide range of violence was identified, as verbal and mental violence in 99.2%, physical violence in 89.3%, economic violence in 87.3% and sexual violence in 73.4% of women were reported. In a study in Turkey (25), verbal and mental violence in 54.5%, physical violence in 30.4%, economic violence in 19.3% and sexual violence in 6.3% of women were reported which were far less than the present study. The average age of participants in this study was 29.2 ± 7.52 which mostly covered the age range of 20 to 35. Similarly, some researchers (26, 27) observed that most of the women who experienced violence were 29-30 years old.

As a result of aggression, assaulted women experience a wide range of psychopathological symptoms and long term physical problems. On the one hand, depression, Post-Traumatic Stress Disease, Dogmatization disorder, substance abuse and on the other hand feeling ineptness, lack of self-esteem and aggression are various outcomes of violence against women (28). Similarly, in present study, it was observed that 7% of women retaliated and assaulted their husbands. 3 women (1%) had mental disorder record which led them to be hospitalized. Also, 13% of women were addicted to drugs. Likewise, some researchers (27,29) pointed out mental disorder records in victims of

violence. In a study on mental disorders in women who were assaulted by their husbands and were referred to legal medicine institute, it was reported that mental disorder was more prevalent among assaulted women than normal ones (30).

Family violence is divided into different types. The most common violence is physical violence- assaulting women. In a study, it was identified that assaulting women by their husbands occurs in 57 out of 71 countries and it is a very common matter (31). In present study, it was observed that the most common physical violence was: punching and kicking, slapping, pushing and hurling, twisting arm and pulling hair, suffocating and beating by a tool. Similarly, in a study in India, slapping, pushing and assaulting were the most common physical violence respectively. Pulling hair and beating by a tool were less common (32).

Forouzan et al, in their study observed that 74% of victims of wife abuse had low level of educational attainment (senior high school and lower) (26). The relationship between low level of educational attainment and husbands' violence was reported in another researcher as well (33). In this study, 66% of women had low level of educational attainment and the rate of different violence was higher among this population. However, this difference was not statistically significant.

Social and economic conditions were structural factors in engendering violence. The prevalence of violence was more common in low- income families than rich families. In a study, Straus showed that the probability of violence against women in families living under poverty line was 50% more than affluent families (33). Other studies (34-36) showed that the factors such as cultural background of bearing violence, inappropriate living place, substance abuse and mental disorders could pave the way for violence and aggravating it. In a study, it was identified that some variables such as women's economic dependency, husband's experiencing and witnessing violence during their childhood and weak social and family supports indicates 62% of violence change against women. Moreover, weak family and social supports have the

most major role in committing violence against women (37). Also in another study, it was reported that there was a significant relationship between family violence and wrong religious beliefs and witnessing violence during childhood (38).

In the present study, it was observed that the rate of sexual violence among women who had no family ties with their husbands before marriage, the husband with older age, women with conventional Hijab and men with weak religious beliefs was apparently higher. In a survey in India, it was observed that the rate of sexual violence had an obvious relationship with husband's lower age, lower level of his educational attainment and woman's economic independency (39). In another study it was recognized that decreasing amount of family income, increasing economic violence, deteriorating marital relationship and decreasing social supports lead to increase in the rate of sexual violence against women (25). In the present study, it was also observed that the rate of physical violence was significantly higher among men without permanent job, couples without previous familiarity, substance users, wives with lower level of educational attainment, not possessing a personal house and men with weak religious beliefs. Besides, there was a significant relationship between substance abuse by the husband and economic violence. Also, it was observed that the rate of physical violence gets apparently higher through the men's unfaithfulness, drinking alcohol, witnessing violence during childhood and men's constant dispute with other men (39). In a study deteriorating marital relationship and the men's experience in confronting family violence during childhood lead to higher rate of physical violence (25).

Suggestions for Further Studies

Considering the results of this study about negative mental, physical and social effects of violence and based on World Health Organization's theme on importance of vulnerable population of the society such as women experiencing violence, creating social supports for these women against their husbands' and relatives' violence such as building safe and supportive places for victims, ratification and executing supportive laws, investigating

factors and reasons of family violence and eliminating or decreasing them, informing women about their legal rights in the family and society, creating and improving consulting centers and decreasing sex discriminations can be useful in reducing the rate of problems. Extensive studies to identify the reasons of this problem regarding the atmosphere of our society and also ratifying efficient laws to prevent and decrease the problem are advisable.

References

- Motamedi M. Protection of women against violence, penal policy in England. Tehran: Barge Zeytoon Publication;2001.
- Grown C, Gupta GR, A Kes. Taking Action: achieving gender equality and empowering women. UN Millennium Project, Task Force on Education and Gender Equality, London: Earthscan; 2005.
- Åsling-Monemi K, Pena R, Ellsberg MC, Persson LÅ. Violence against women increases the risk of infant and child mortality: a case referent study in Nicaragua. *Bull World Health Organ* 2003, 81(1):10-16.
- Ruikar MM, Pratinidhi AK. Physical wife abuses and violence in an urban slum of Pune, Maharastra. *Indian J Public Health* 2012; 52(4):215-7.
- Saberian M, Atash Nafas E, Behnam B. Prevalence of domestic violence in women referred to the health care centers in Semnan (2003). *koomesh*. 2005; 6 (2):115-122.
- Rafeefar S. Violence against women. Tehran: Tandis Pub 2001.
- Kleinke CL. Coping with life challenges. Long Grove, IL: Waveland Press; 2002.
- Kordvani A. Reactions of children and adolescents against domestic violence and the need to protect them, *J Forensic Med* 2002; 6(74): 17-9.
- Aslani M. Domestic violence against women. *Journal of Women's Rights* 2000.3(2):22 –4.
- Rieters J. Contemporary sociological theories. Translated by Salasi M. Tehran: Amirkabir Co; 2000.
- Etienne G, Kruiy L ·Dahlberg J. World report on violence and health. Geneva: WHO;2002.
- Kar M. Research on Violence against Women in Iran. Tehran: Roshangaran Co; 2001.
- Shahni M. The relationship between demographic factors and violent husbands. *J Educ Psychol* 1997; 4(2).
- Kojuri M. Abuse during pregnancy. *Iran J Nurs Midwifery J* 2002; 4:31-2.
- Ezazi S. *Sociology of the Family*. Tehran: NashreRoshangaran.co; 2007.
- Gelles RJ. Straus MA, Harrop JW. Has Family Violence Decreased? *J Marriag Fam* 1985; 50:286-91.
- Emami Motavali M, Alian F, Ahrari K, Yagoobi A, Shabani AI, Yazdi M. Distribution of all types of abuse in Arak. *Proceedings of the National Conference on Family Health*. Arak: Arak University of Medical Sciences; 2001.
- Inanloo M, Hagdost Oskouei F. Characters of couples and its relation to the type and severity of domestic violence against women. *Quarterly. Iran J Nurs Midwifery* 2000;13(26): 57-65.
- Behnam B, Atashnafas E. Assess the prevalence of domestic violence in women attending health centers hospitals of Semnan city in 2003. *J Med* 2004; 6(2):115-9.
- Shams H, Imam Poor S. the prevalence of wife abuses and its influencing factors. *J Women* 2005; 1(5): 59-82.
- Maffei M. Psychological characteristics of perpetrators of domestic violence. (Dissertation). University of Al-Zahra, Department of Educational and Psychological Sciences; 2003.
- Barnett OW. Miller-Perrin. *Family violence across the lifespan: An introduction*, Thousand Oaks, CA: Sage Publications; 1997.
- Gelles RJ. *Contemporary families: A sociological view*. Thousand Oaks, CA: Sage; 1995.
- Schechter S, Ganley D. *Women and male violence: the visions and struggle of the battered women's movement*. Boston: South End; 1995.
- Güleç Öyekçin D, Yetim D, Şahin EM. Psychosocial factors affecting various types of intimate partner violence against women. *Turk Psikiyatri Derg* 2012; 23(2):75-81.
- Fourozan AS, Dejman M, Baradaran M, Bagheriyazdi A. A study on direct costs of domestic violence against women in legal medicine centers of Tehran. *Arch Iran Med*, 2007; 10(3):295-300.

27. Abbott J, Johnson R, Koziol-McLain J, Lowenstein SR. Domestic violence against women. Incidence and prevalence in an emergency department population. *JAMA* 1995; 273: 1763–70.
28. Berg A. Screening for Family and Intimate Partner Violence: Recommendation Statement. *Ann Fam Med* 2004; 1(2): 156-160.
29. Almiş B, Kütük E, Gümüştaş F, Çelik M. Risk Factors for Domestic Violence in Women and Predictors of Development of Mental Disorders in These Women *Noro Psikiyatrs Ars* 2018; 55(1): 67–72.
30. Maleki Larstani A. Research on mental disorders in beaten women. The 2nd congress of pathology in the family. Tehran: 2006.
31. Broude GJ, Greene SJ. Cross-cultural codes on husband-wife relationship. *Ethnology* 1983; 22, 263-80.
32. Ruikar MM, Pratinidhi AK. Physical wife abuses in an urban slum of Pune, Maharastra. *Indian J Public Health* 2008; 52(4):215-7.
33. Straus MA. Victims and aggressors in marital violence. *Am Behav Sci* 1980, 23, 681-704.
34. Hutchison IW, Hirschel JD, Pesackis CE. Family violence and police utilization. *J Vio Vic* 1994, 2(9): 299-313.
35. Straus MA. Physical assaults by wives a major social problem. In R.J. Gelles. D.J. Loseke (Eds.). *Current controversies on family violence*. Newbury Park, CA: Sage; 1993.
36. Sugarman DB, Hotaling GT. Dating violence: Prevalence, Context, and risk markers. In M. A. Pirog-Good. J. E. Stets (Eds.), *Violence in dating relationship: Emerging social issues* New York: Praeger; 1989.
37. Khani S, Adhami J. Review of domestic violence among families of Dehgolan, with emphasis on violence against women. *Sociology of Youth Studies* 2000; 1 (3): 67-90.
38. Pournaghash T. Investigate the prevalence of domestic violence in families. *Bimonthly scientific - control research, the twelfth year of a new era*. Tehran: 2005.
39. Hayati EN, Högberg U, Hakimi M, Ellsberg MC, Emmelin M. Behind the silence of harmony: risk factors for physical and sexual violence among women in rural Indonesia. *BMC Women's Health* 2011; 11:52.