DOI: 10.7860/JCDR/2016/20455.9119

Original Article

Obstetrics and Gynaecology Section

The Impact of Intimate Male Partner Violence on Women's Sexual Function: A Study in Iran

SAFIEH JAMALI[1], SHOHREH JAVADPOUR[2]

ABSTRACT

Introduction: Sexuality is an integral part of a woman's life. A variety of factors can affect a woman's sexuality, among them physical disorders, social-religious beliefs, age, psychological factors, depression, mental tension, disbelief, an unfulfilling relationship with one's spouse and emotional and physical violence.

Aim: The present study aimed to explore the rate of domestic violence against women and its impact on women's sexuality.

Materials and Methods: This cross-sectional study was conducted on 813 women referring to the gynaecology clinics of Jahrom, Iran, from April to October 2015. Data were collected using a demographics questionnaire, a violence questionnaire and Female Sexual Function Index (FSFI). The collected data were analysed using Student's t-test and logistic regression.

Results: The prevalence of violence was found to be 43.2%. Also, there was a significant relationship between violence and age (OR=1.33 95% CI=2.22-7.95, p<0.001). The rate of violence was found to increase by 3.1 times with an increase in the length of marriage (OR=3.1595% CI=1.42-4.12, p<0.001). Moreover, domestic violence significantly correlated with women's education level (OR=11.75 95% CI=2.15-64.12, p=0.002) and their husband's education level (OR=0.194, 95%CI=0.329-0.919, p=0.02). The results showed that the sexual function mean score of non-abused women and abused women were 17.74±8.82 and 14.59±10.63, respectively. However, a significant difference was found between the two groups regarding the domains of sexual function (p<0.05).

Conclusion: This study showed that the frequency of domestic violence is rather high and that can increase the risk of sexual dysfunction. Thus, routine screening for violence and sexual dysfunction is recommended for early detection of violence and sexual dysfunction.

Keywords: Aggression, Emotional violence, Female sexual function index

INTRODUCTION

As a serious problem affecting many women worldwide, domestic violence is a major issue in studies of the hygiene and social conditions of women [1]. Domestic violence often occurs in private environments and women, children and girls are the main victims. WHO defines violence against women as any act that can physically, mentally, or sexually harm a woman and restrict her freedom in life [2].

According to the results of a recent national study, 60.6 percent of women in Iran are exposed to domestic violence and it consists of three types- physical, psychological, and sexual violence with the prevalence of 14.6, 60.5 and 23.5%, respectively [3]. As one of the aspects of domestic violence, intimate male partner violence can adversely affect many aspects of a woman's life; for example, it can undermine her self-confidence and ruin her inter-personal relationships, reduce her self-esteem and cause sexual disorders [4]. Intimate partner violence and sexual malfunction are inter-connected [5]. Some researchers believe that families' poor performance towards children and sexual abuse of children is to blame for their sexual disorders in adulthood [6]. On the other hand, sexual disorders have been found to be significantly more prevalent among aggressive individuals [7]. A study in the US shows that 47 percent of the women surveyed had been the victim of a type of touch-involving sexual abuse in their lives; 68 percent of the victims mentioned intimate partner sexual violence as the source of their sexual abuse, which included a wide range of sexual activities from forced touching to forced intercourse [8]. In Iran, Dolatian's study reports the rate of sexual abuse to be 44.6 percent [1]. Studies show that violence against women can cause them to develop psychological disorders, such as depression, anxiety, post-traumatic stress disorder, phobia and panic, which problems can in turn adversely affect couples' sexual function and relationship [9]. Domestic violence can also have a negative impact on the pregnancy hygiene of women and increase the rate of deaths and fertility-related problems and disabilities among mothers, as well as stillbirth and pelvic inflammatory disease [10]. Other physical consequences of sexual violence for women are injury to the reproductive organs, sexual dysfunction, urinary system infections, infertility, STDs, AIDS, adoption of high-risk sexual behaviour, and a tendency to have multiple sexual partners [11]. So far, many studies have addressed the prevalence of violence against women's and the factors that are related to it; however, there are few studies on the consequences of violence against women's for their sexual function [6,12-14]. In Iran, due to cultural and religious reasons, people do not feel comfortable about discussing their sexual problems; on the other hand, sexual hygiene and satisfaction play a major role in improving a couple's quality of life and life satisfaction. Since, intimate partner violence, as one of the aspects of domestic violence, can influence a couple's life in a variety of way [15]. The present study aimed to explore the impact of intimate partner violence on the sexual function of women's who are in their fertile years.

MATERIALS AND METHODS

The present cross-sectional study was conducted on 813 women referred to the gynaecology clinics of Jahrom, Iran from April to October 2015. In this period, 905 women attended the gynaecology clinics and fulfilled the questionnaires, although, only 813 of the questionnaires were completed. The study was approved by the Ethics Committee of Jahrom University of Medical Sciences. The code of approval is Jums. REc.1391.004. The participants were selected through convenience sampling. The inclusion criteria of the study were being Iranian, being in a permanent marriage and living with one's husband. The exclusion criterion of the study was

positive history of chronic disease such as hypertension, diabetes mellitus, etc., psychological disease such as depression, and consuming drugs affecting sexual function and history of extreme stressful events like relatives death.

After an explanation of the objectives of the study, informed consent was obtained by the participants. The completion of the two questionnaires took about 25 to 30 minutes. The questionnaires were read to the illiterate participants by the researchers and their answers were recorded.

The questionnaire consisted of two parts: The first part dealt with the demographic characteristics of the women and their partners (age, marriage duration, couples age difference, place of living, level of education, employment, number of children and etc.,). The second part was the violence questionnaire. The meaning of domestic violence is violence implemented by the spouse or other family members. This scale consists of physical, sexual, and emotional scopes. It has 36 questions to screen for violence: 12 questions for physical violence, 9 questions for sexual violence and 15 questions for emotional violence. This questionnaire was adapted from the one used by some researchers in Iran with the reliability of the questionnaire being 81% based on Cronbach's alpha method, also Kargar et al., reached the Cronbach's alpha of 0.91% in their study [16].

An assessment of the reliability of the questionnaire yielded (r=86%). To determine the extent of domestic violence, the researchers used the number of abused women (at least one positive answer to the violence questionnaire) in the total population of the study; to determine the rate of the different areas of violence, the researchers used the number of abused women subject to each kind of violence (at least one positive answer to one of the physical-, sexual- or emotional-related areas of violence) in the total population of the study. So, women who had the score of zero after they had completed the questionnaire were non-abused and women who gained a score above zero were considered abused [1,16].

This questionnaire is a self-report scale. Bachelors of midwifery gave the questionnaire to the participants and waited until they were completed. Female Sexual Function Index (FSFI) is a questionnaire designed by Rosen et al., [17]. The questionnaire consists of 19 items assessing the subjects in the six domains of sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain during intercourse. The five point likert scale is used and each domain score is reached by adding domains questions and multiplying the obtained score by the multiplier factor of that domain. The sexual function total score is obtained by adding the scores of all domains. The minimum and maximum score is two and thirty six. Cut-off point of FSFI questionnaire is below 26.55 that indicate sexual dysfunction [18].

STATISTICAL ANALYSIS

All analysis were performed using SPSS, version 16 (SPSS Inc., Chicago, IL). The data were analysed using descriptive statistics, including frequency, percentage, mean, and standard deviation. First, we evaluated the prevalence of physical, sexual and emotional violence.

Logistic regression was used to calculate OR and 95% CI to analyse the correlation between age, education level, marriage duration and violence (emotional, sexual and physical). In addition, student's t-test was used to compare the FSFI domains between non-abused and abused women. The p <0.05 were considered to be statistically significant.

RESULTS

The women surveyed were aged between 16-47 years. The abused women had mean age of 26.19±4.50 years, and the non-abused had mean age of 26.53±4.86 years. Also, we observed 308(87.7%) housewife in abused group versus 401(86.8%) housewife in non-abused group, and 278(79.2%) unemployed husbands in abused group versus 368(79.7%) in the non-abused group. Other characteristics are shown in [Table/Fig-1].

According to the findings, 43.2% of the women under study were exposed to violence by their husbands. The highest frequency of violence was related to emotional violence (31.4%). A 10.2% of the participants had experienced sexual violence and 14.3% of them had experienced physical violence [Table/Fig-2].

As the results showed, the mean score of sexual function was 17.74±8.82 and 14.59±10.63 for non-abused women and abused women respectively. In addition, a statistically significant relationship was observed among the domains of sexual function in non-abused women and abused women. In fact, the two groups were significantly correlated with sexual desire (p<0.001), sexual arousal (p=0.004), lubrication (p<0.001), orgasm (p=0.001), sexual satisfaction (p<0.001) and pain during intercourse (p=0.02) [Table/Fig-3].

A regression-based analysis of the relationship between violence and the related factors showed that there were significant relationships between violence and age) OR=1.33 95% CI=2.22-7.95), marriage duration (OR=3.15, 95% CI=1.42-4.12), women's

Characteristics	Non abused women N=462	Abused women N=351
	Mean±SD or *n* (%)	
Age	26.53±4.86	26.19±4.50
Husband's age	31.75±6.13	30.55±6.76
Marriage duration	5.63±4.34	5.68±4.28
Age difference between the couples	5.52±3.65	5.35±4.54
Location		
Rural	131(28.4)	99(28.2)
Urban	331(71.6)	252(71.8)
Educational level		
Uneducated	12(2.6)	2(0.6)
Primary school	115(24.9)	67 (19.1)
Secondary school	177(38.3)	142 (40.5)
College or University	158(34.2)	140(39.9)
Husband's Educational level		
Uneducated	11(2.4)	13(3.7)
Primary school	153(33.1)	115(32.8)
Secondary school	178(38.5)	143(40.7)
College or University	120(26)	80(22.8)
Employment status		
Housewife	401(86.8)	308(87.7)
Employed	61(13.2)	43(12.3)
Husband's Employment status		
Unemployed	368(79.7)	278(79.2)
Employed	94(20.3)	73(20.8)

[Table/Fig-1]: Socio-demographic characteristics of participants.

Types of Violence	n=813			
	Yes		No	
	N	%	N	%
Emotional violence	255	31.4	558	68.6
Sexual violence	83	10.2	730	89.8
Physical violence	116	14.3	697	85.7
Total violence	351	43.2	462	56.8
Total sexual dysfunction	706	86.8	107	13.2

[Table/Fig-2]: The Prevalence of Domestic Violence based on the Types of Violence and sexual dysfunction.

Sexual function domains	Non-abused women (n=462)	Abused women (n=351)	* p-value
Libido	2.04±1.70	1.29±1.73	p<0.001
Sexual arousal	2.41±1.84	2.03±1.88	0.004
Lubrication	3.44±1.93	2.06±2.28	p<0.001
Orgasm	3.11±1.85	2.51±2.11	0.001
Sexual satisfaction	3.76±1.84	3.17±2.35	p<0.001
Pain	2.95±1.99	2.62±2.25	0.02
Total sexual function	17.74±8.82	14.59±10.63	p<0.001

[Table/Fig-3]: Comparison of FSFI parameters between abused and non-abused women.
*p-value: Student's t-test: between sexually abused and non-abused women

education (OR=11.75, 95%. CI=2.15-64.12) and men's education (OR=0.194.22, 95%. CI=0.329-0.919) [Table/Fig-4].

Variable	Domestic Violence		X_2	p	OR	95% CI
	Violence	Without violence				
	n (%)	*n* (%)				
Age						
<30	294(83.8)	369(79.9)	2.64	p<0.001	1.33	2.22-7.95
31-40	57(16.2)	91(19.7)				
>41	0(0)	2(0.4)				
Marriage duration						
<10	313(89.2)	395(85.5)	5.32	p<0.001	3.15	1.42-4.12
10-20	36(10.3)	67(14.5)				
>20	2(0.6)	0(0)				
Educational level						
Uneducated	2(0.6)	12(2.6)	18.66	0.002	11.75	2.15-64.12
Primary school	67(19.1)	115(24.9)				
Secondary school	142(40.5)	177(38.3)				
College or University	140(39.9)	158(34.2)				
Husband's Educational level						
Uneducated	13(3.7)	11(2.4)	12.29	0.02	0.194	0.329-0.919
Primary school	115(32.8)	153(33.1)				
Secondary school	143(40.7)	178(38.5)				
College or University	80(22.8)	120(26)				

[Table/Fig-4]: Relationship between Domestic Violence and Variables.
*logistic Regression test: correlation between variable and violence

DISCUSSION

Domestic violence is mentioned as a worldwide epidemic and strategies are suggested to screen, treat, and prevent it by healthy people 2010 [19]. The results of this study revealed the prevalence of total violence of 43.2%; the prevalence of each domain of violence: 31.4% for emotional violence, 14.3% for physical violence, and 10.2% for sexual violence. Houry et al., performed a study in the U.S. and estimated the prevalence of physical, sexual, and emotional violence to be 22%, 9% and 82% respectively, with the total prevalence of violence being 36% [20]. In the study of Weingourt conducted in Japan, the prevalence of violence was 67%; moreover, the prevalence of emotional, sexual, and physical violence was 60%, 23% and 32%, respectively [21].

One reason for the differences between the statistics can be differences between the subjects, ethnic, cultural, religious, political, and economic factors and women different knowledge about their rights and even the scales used [22].

The highest frequency of violence was related to emotional violence. Similar to other studies in Iran, the findings of the current study showed that, the highest frequency was related to emotional violence. Study of Jahanfar et al., showed that prevalence of emotional violence is 60.5% [3], which is similar to Weingourt et al., study that was 60% [21].

One of the reasons for the high prevalence of emotional violence against women is the fact that it is difficult to provide hard evidence to prove this kind of violence in courts of law. Therefore, men tend to commit emotional violence on a larger scale and women report a larger number of emotional violence-related incidents compared to the other two types of domestic violence [1,3,22]. The lower rate of physical violence compared to emotional violence can be attributed to various reasons. The first reason is that, physical violence is more manifest in courts and consultation centers. Another reason is that women do not normally tend to talk about their experiences of physical violence. The third reason is that legal terms are more explicit with respect to physical violence. These reasons, alongside some other reasons, might have changed the nature of violence against women from physical to emotional and verbal violence [16]. Some other prevalence is reported in [Table/Fig-5] [20,21,23,24].

The rate of sexual dysfunction in the women under study was found to be 86.6%; moreover, 307 (87.5%) of the women who had experienced domestic violence were found to suffer from sexual dysfunction. Alaman et al., reported that, the frequency of experiencing any sexual problem was 82% in turkey [12]; opposite to our study Akyuz et al., reported that 48.3 % of abused women had sexual dysfunction [25].

Author name-year- reference no.	Study Place	Parameters	Prevalence	Probable reason
Weingourt et al., [21]	Japan	Total violence:	67%	—
		Physical	32%	
		Sexual:	23%	
		Emotional	60%	
Houry et al., [20]	USA	Physical	22%	Low income and living in rural area
		Sexual	9%	
		Emotional	82%	
Schraiber et al., 2007 [23]	Brazil (urban)	Physical	27%	—
		Sexual	10%	
		Emotional	42%	
Australia, (Mouzos and Makkai, 2004) [24]	Australia	Total violence	34%	Age, marital status, race, educational attainment, and labour force status
		Physical	31%	
		Sexual	12%	
Present study	Iran	Total violence	43.2%	Educational attainment, duration of marriage
		Physical:	14.3%	
		Sexual:	10.2%	
		Emotional:	31.9%	

[Table/Fig-5]: Prevalence of Domestic Violence.

Also, the results showed that there was a significant difference between the women who had experienced violence and the women who had not, in their mean scores of all the domains of sexual function, which can be attributed to their unsatisfactory emotional and familial conditions caused by their experience of intimate partner violence [26].

Lidia et al., reported that women who have suffered from domestic violence are 4.045 times more likely (OR = 4,045, 95%, CI, 34-12) to have sexual dysfunction compared to women who have not experienced domestic violence [13]. Emilio et al., concluded that the correlation between increases in perpetration of domestic violence and lower satisfaction is significant; previous researches have repeatedly reported a negative correlation between intimate partner violence and satisfaction [14]. Literature reviews also suggest that across studies, intimate partner violence is an important risk factor for marital satisfaction [27]. Most studies have shown a link between increased marital dissatisfaction and physical aggression [28] and between decreased marital satisfaction and physical aggression in intimate relationships [29].

In their study of infertile women, Cobb et al., concluded that, there is a significant correlation between intimate partner sexual violence and sexual disorders in infertile women [5]. Generally, failing to respond to their sexual needs plays an important role in a couple's failure to achieve satisfaction: negligence of each other's sexual needs, which can be due to sexual dysfunction or lacking sexual libido, will harm a couple's relationship and make them angry with or indifferent to each other and their life and will gradually lead to aggressive behaviours and depression eventually. Studies showed that, sexual issues can be the primary cause of emotional disorders that can in turn lead to violence. On the other hand, women who have experienced sexual in violence often suffer from sexual dysfunction and have difficulty initiating an intimate relationship. Fear of intimate relationships, loss of sexual desire, difficulty in sexual preference and arousal and inability to achieve orgasm are among the consequences of domestic violence [22]. The results of the present study showed that, there is a statistically significant correlation between intimate partner violence and age, education and length of marriage.

Koenig et al., explained that factors influencing domestic violence in developing countries are socio-economic conditions, education, demography, age, number of children and women's autonomy in the family [30].

This study showed a significant correlation between women's education and violence. Women with lower educational level are 11.75 times more likely to suffer from domestic violence. Women low educational level is a factor to condone the women social rights and toleration of domestic violence. Some studies corroborate that women with high educational level are less tortured by their husbands [31]. Low domestic violence in families where the women are well-educated can be due to their familiarity to coping strategies [32].

In this study, there is a significant correlation between men educational level and violence (p=0.02). Also, some studies reported that men's poor education is an important factor in their use of violence against women [33]. Higher educational level of couples promotes self-actualization, so educated families, less applies violence in order to deal with conflicts and use problem solve methods instead.

The results of the study also showed that there is a statistically significant relationship between age, duration of marriage and domestic violence. Moracco et al. found that woman in the age range of 18-24 are at a higher risk of experiencing domestic violence [34]. Similarly, many other studies showed that, younger women are more likely to experience domestic violence [35]. In the present study, the women with duration of marriage less than 10 years have been found to exposed to intimate partner violence more than others, which can be attributed to the fact that younger women have less experience and are less familiar with married life techniques and ways to cope with family problems. The study of the Kargar et al., revealed that there is a statistically significant relationship between marriage length and domestic violence: women with less than five years length of marriage are burdened by domestic violence. It is because of women's inability to face their husband's violent behaviours [16]. As well, the study of McFarlane et al., showed that length of marriage is correlated to domestic violence and also poor social skills of the youth and couples' failure to become familiar each other before marriage [36].

RECOMMENDATIONS

Since, there has not been any research on the impact of domestic violence on women's sexual function in Iran, it is suggested that, screening women for domestic violence become an important part of pregnancy hygiene programs; second, it is suggested that researchers study the impact of domestic violence on such variables as sexuality, general health and quality of life of women, so that effective steps can be taken toward improving the health of women, families and the society eventually. This finding indicates that health policymakers should take measures to enable couples by encouraging higher education and teaching life skills.

LIMITATION

One of the limitations of the study was the participants' unwillingness to discuss their experiences of domestic violence due to cultural and social reasons, shame, and oblivion, which could have affected their answers in the questionnaires beyond the researchers' control.

Another limitation of the study was not measuring the participants' emotional status which is an important factor in marital relationships and satisfaction. Also, since, sexual relationship is the most private area in a marriage and some people do not feel comfortable about discussing sexual matters. Due to certain cultural and religious beliefs, it is possible that some subjects had not been honest about the details of their sexual relationships, which was outside the researchers' control. The focus of the present study was on women's sexual function; since, sexual disorders in their sexual partners can also affect women's sexual function, the results of the study cannot be extended to men.

CONCLUSION

The present study explored the rate of domestic violence against women and its impact on women's sexuality. The results of the study showed that the rate of domestic violence against women is relatively high in the study population. The highest prevalence of the domains of the violence was related to emotional and lowest frequency was related to sexual violence. Moreover, there was a significant decline in all scopes of sexual function in abused women. Also, of total demographic characteristics lower age, educational level and duration of marriage were the main risk factors of domestic violence.

ACKNOWLEDGEMENTS

The present study was extracted from a proposal approved by Jahrom University of Medical Sciences. Hereby, the authors would like to thank the Research Vice-chancellor of the University for supporting the study. They are also grateful to all the individuals who helped with conducting the research.

REFERENCES

[1] Dolatian M, Hesami K, Shams J. Relationship between violence during pregnancy and postpartum depression. *Iranian Red Crescent Medical Journal.* 2010;12(4):377-83.

[2] Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*. 2006;7;368 (9543):1260-69.

[3] Jahanfar S, Malekzadegan Z. The prevalence of domestic violence among pregnant women who were attended in Iran University of Medical Science Hospitals. *Journal of Family Violence*. 2007;22(8):643–48.

[4] Allen CT, Swan SC, Raghavan C. Gender symmetry, sexism, and intimate partner violence. *J Interpers Violence*. 2009;24(11):1816-34.

[5] Cobb AR, Tedeschi RG, Calhoun LG, Cann A. Correlates of post-traumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*. 2006;19(6):895-903.

[6] Kinzl JF, Mangweth B, Traweger C, Bibl W. Sexual dysfunction in men and women: Significance of a dysfunctional family climate and Sexual abuse. *Journal of Psychotherapy, Psychosomatic Medical Psychology*. 1997;17:41-45.

[7] Beyraghi N, Ershadi M, Azar M, Jaber Mousavi S. A randomized open label comparison of the effects of risperidone and haloperidol on sexual function. *Iran J Psychiatry*. 2009;4:116-19.

[8] Berek SJ. Berek and Novak's Gynecology. 15th edition. Philadephia, Lippincott, Williams & wilkins; 2012.

[9] Jewkes R, Darnall L. Sexual violence. International Encyclopedia of Public Health. 2008;38(2):723-31.

[10] Ismayilova L, El-Bassel N. Intimate partner physical and sexual violence and pregnancy outcomes in the three former Soviet Union countries: Azerbaijan, Moldova, and Ukraine. *Violence Against Women*. 2014;20(6):633-52.

[11] Shannon K, Kerr T, Strathdee SA, Shoveller J, Montaner JS, Tyndall MW. Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers. *BMJ*. 2009;339:b2939.

[12] Ipekten Alaman M, Yıldız H. Domestic sexual violence and sexual problems among gynecology outpatients: an example from Turkey. *Women Health*. 2014;54(5):439-54.

[13] Hastuti L, Tutur S, Kardiatun L, Ligita T. The relationship between domestic violence and women's sexual function in the city of Puntianak. *International Journal of Public Health Research Special Issue*. 2011:139-145.

[14] Ulloa EC, Hammett JF. Temporal changes in intimate partner violence and relationship satisfaction. *J Fam Viol*. 2015;3-(8):1093–102.

[15] Jamali S, Zarei H, Rasekh Jahromi A. The relationship between body mass index and sexual function in infertile women: A cross-sectional survey. *Iran J Reprod Med*. 2014;12(3):189–98.

[16] Kargar Jahromi M, Jamali S, Rahmanian Koshkaki A, Javadpour Sh. Prevalence and risk factors of domestic violence against women by their husbands in Iran. *Global Journal of Health Science*. 2016;8(2):175-83.

[17] Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R, et al. Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther*. 2000;26:191-208.

[18] Wiegel M, Meston C, Rosen R. The Female Sexual Function Index (FSFI): cross-validation and development of clinical cut-off scores. *J Sex Marital Ther.* 2005;31:1-20.

[19] Schuiling KD, Likis FE. Womens gynecologic health. Sudbury: Joes and Bartlett Publishers; 2006: 298.

[20] Houry D, Kemball R, Rhodes KV, Kaslow NJ. Intimate partner violence and mental health symptoms in African American female ED patients. *Am J Emerg Med*. 2006;24:444-50.

[21] Weingourt R, Maruyama T, Sawada I, Yoshino J. Domestic violence and women's mental health in Japan. *Inter Nurs Rev*. 2001;48:102-08.

[22] Sheikhan Z, Ozgoli G, Azar M, Alavimajd H. Domestic violence in Iranian infertile women. *Med J Islam Repub Iran*. 2014;28(152):1-9.

[23] Schraiber LB, D'Oliveira AF, França-Junior I, Diniz S, Portella AP, Ludermir AB, et al. Prevalence of Intimate Partner Violence against women in regions of Brazil. *Rev Saude Publ*. 2007;41(5):797-807.

[24] Mouzos J, Makkai T. Women's experiences of male violence: findings from the Australian component of the international violence against women survey (IVAWS). Canberra: Australian Institute of Criminology; 2004.

[25] Akyuz A, Sahiner G, Bakir B. Marital Violence: Is it a Factor Affecting the Reproductive Health Status of women? *J Fam Violence*. 2008;23(6):437-45.

[26] Othman S, Adenan NAM. Domestic violence management in Malaysia: A survey on the primary health care providers. *Asia Pacific Family Medicine*. 2011;2:16-30.

[27] Riggs DS, Caulfield MB, Street AE. Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology*. 2000;56:1289–316.

[28] Stith SM, Smith DB, Penn C, Ward D, Tritt D. Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behaviour*. 2004;10:65–98.

[29] Cano A, Vivian D. Are life stressors associated with marital violence? *Journal of Family Psychology*. 2003;17:302–14.

[30] Koenig MA, Lutalo T, Zhao F, Nalugoda F, Mangen FW, Kiwanuka N, et al. Domestic Violence in Rural Uganda: Evidence from a community-base study. *Bulletin of the World Health Organization*. 2002;81(1)|:53-60.

[31] Yang MS, Ho SY, Chou FH, Chang SJ, Ko YC. Physical Abuse during Pregnancy and Risk of Low Birthweight Infants among Aborigines in Taiwan. *Public Health*. 2006;120(6):57-562.

[32] Klink C. Coping with Life Challenges. Second edition. Translated by M. Narimani, E. Valizadeh. Mashhad. 2013. Astan Qods Publications. 240

[33] Martin SL, Mackie L, Kupper LL, Buescher PA, Moracco KE. Physical abuse of women before, during and after pregnancy. *JAMA*. 2001;285:1581-84.

[34] Moracco KE, Runyan CW, Bowling JM, Earp JA. Women's experiences with violence: a national study. *Women Health Issues*. 2007;17(1):3-12.

[35] Cohen M, Maclean H. Violence against canadian women. *BMC Women Health*. 2004;4(Suppl I):S22:1-24.

[36] McFarlane J, Malecha A, Watson K, Gist J, Batten E, Hall I, Smith S. Intimate partner sexual assault against women: frequency, health consequences, and treatment outcomes. *Obstet Gynecol.* 2005;105(1):99-108.

PARTICULARS OF CONTRIBUTORS:

1. Research Center for Social Determinants of Health, Jahrom University of Medical Sciences, Jahrom, Iran; Faculty of Medicine, Department of Medicine, Jahrom University of Medical Sciences, Jahrom, Iran.
2. Faculty of Nursing, Department of Nursing, Jahrom University of Medical Sciences, Jahrom, Iran.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:
Dr. Safieh Jamali,
Main Campus, Jahrom University of Medical Sciences, Motahari Bolvard, Jahrom, Postal code-7414846199, Iran.
E-mail: safieh_ jamali@yahoo.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Apr 01, 2016**
Date of Peer Review: **May 26, 2016**
Date of Acceptance: **Sep 21, 2016**
Date of Publishing: **Dec 01, 2016**