



# The Prevalence of Domestic Violence in Iran: A Systematic Review and Meta-analysis

Ayda Hasanpour Dehkordi <sup>1</sup>, Hasan Heydari <sup>2,\*</sup>

<sup>1</sup> Department of Psychiatric, Faculty of Medical Sciences, Islamic Azad University of Khomein, Khomein, Iran

<sup>2</sup> Faculty of Humanities, Khomein Branch, Islamic Azad University, Khomein, Iran

\*Corresponding Author: Faculty of Humanities, Khomein Branch, Islamic Azad University, Khomein, Iran. Email: heidarihasan@yahoo.com

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## Abstract

**Context:** Violence is defined as behavior aimed at harming another person, resulting in physical, sexual, or psychological damage.

**Objectives:** The purpose of this systematic review and meta-analysis is to evaluate the prevalence of domestic violence in Iran.

**Methods:** Persian and English articles were searched in the MagIran, SID, Google Scholar, Scopus, EMBASE, Web of Science, and PubMed databases using keywords such as domestic violence, prevalence, spousal abuse, Iran, physical violence, mental violence, and sexual violence. After screening 725 studies, 47 eligible studies were included in the analysis.

**Results:** The overall prevalence of violence against Iranian women was found to be 59%. The highest prevalence of violence against women was observed in region 3 (66%) and region 1 (63%). The prevalence of violence against pregnant women was 61%, while it was 58% for non-pregnant women. The prevalence of physical violence was 25%, mental violence was 50%, and sexual violence was 20%. Studies that used standard and researcher-made tools reported a prevalence of violence against women of 60% and 58%, respectively.

**Conclusions:** Violence can lead to chronic and destructive diseases. Domestic violence is more prevalent in African, Asian, and South American countries than in European and American countries. Education, level of awareness, and financial independence are related to violence. Therefore, policymakers should focus on improving awareness, educational opportunities, and financial independence to reduce domestic violence.

**Keywords:** Systematic Review Study, Meta-analysis, Prevalence, Crime

## 1. Context

The family is the most crucial environment where the characteristics of men and women intersect (1). It is a place where relationships and interactions are more intense, deep, and expansive than anywhere else (2). However, violence against family members, particularly women, poses a significant social problem that threatens families in all human societies (3). Violence is defined as any behavior, whether action or omission, that aims to harm another person, both physically and mentally (4). According to the World Health Organization (WHO), one in three women has experienced violence by their husbands or partners (5). In Europe, one in every ten women has experienced

sexual violence since the age of fifteen, and one in every twenty has experienced rape. Shockingly, six million women in Europe have been raped since the age of fifteen (6).

In 2019, 13,370 cases of spousal abuse were recorded by social emergency centers in Iran. However, according to the Forensic Medicine Organization, only 9,500 cases of domestic violence were registered in Tehran province's forensic centers that year, with statistics from other provinces also notable. A high percentage of domestic murders occur between couples (3). Violence can lead to chronic, destructive diseases and is associated with numerous short- and long-term mental and physical health consequences, including PTSD, mental health disabilities, physical syndromes, chronic

pain, arthritis, migraines, hearing loss, angina pectoris, sexually transmitted infections, functional gastrointestinal disorders, and alterations in endocrine and immune function (7). Lifetime spousal physical violence significantly increases the odds of chronic conditions, physical illnesses, and health risk behaviors (8, 9). Additionally, several health risk behaviors, such as heavy drinking, recreational drug use, and HIV risk factors, have been linked to IPV.

Violence against women is a fundamental issue in the realm of human rights and public health worldwide. It poses a serious threat to societal and family foundations, as well as to women's rights, health, well-being, and integrity (10). The roots of violence against women lie in values, social and cultural beliefs (11). In recent years, researchers and experts in social issues have increasingly focused on domestic violence against men (12). Violent and disruptive behaviors by women in the home environment can cause physical and mental harm to men and, in extreme cases, may even lead to death. Conversely, violent behavior by women can damage the family institution, causing serious harm to the family structure (13). Researchers have identified several social factors contributing to violence against family members. These include a lack of social support, spiritual and family values, and economic satisfaction (14). Other factors encompass acceptance of male authority, husband's addiction, and society's sexual attitudes towards women (15). These influences have contributed to rising divorce rates in society (16). According to the Forensic Medicine Organization, physical violence is the most common form of violence against women (17).

In a study by Kohestani and Alijani, 77.2% of participants faced at least one type of violence during quarantine. The research indicated that women experienced more than 91% psychological violence, over 65% physical violence, about 43% sexual violence, and nearly 39% of violence resulting in injury (18). Violence against women can have devastating consequences for society (19). According to the UK Office for National Statistics, 8.2% of women and 4.0% of men in England and Wales reported experiencing domestic violence (20).

## 2. Objectives

Given the rise in violence and its numerous adverse consequences, this study aimed to examine the

prevalence of domestic violence in Iran through a systematic review and meta-analysis approach.

## 3. Methods

The present research is a systematic review and meta-analysis that examines the prevalence of domestic violence in Iran.

### 3.1. Search Strategy

The search strategy involved examining Persian and English articles in MagIran, SID, Google Scholar, Scopus, EMBASE, Web of Science, and PubMed databases using keywords such as "domestic violence," "prevalence," "spousal abuse," "Iran," "physical violence," "mental violence," "sexual violence," or their Persian equivalents and combinations. The keyword combinations were combined with operators (AND, OR), and advanced searches were conducted. To obtain additional articles, the reference lists of selected articles were reviewed. The search for sources continued until March 2023 without any time restrictions. The search strategy for the PubMed database is as follows: [(Domestic Violence OR Family Violence OR mental violence OR physical violence OR sexual violence) AND (Prevalence)] AND [Iran[Affiliation]].

### 3.2. Inclusion and Exclusion Criteria

Studies that examined the frequency or prevalence of domestic violence in Iran were included in the meta-analysis. Case-control and interventional studies were excluded due to insufficient data for analysis, and narrative reviews were omitted to avoid redundancy. Letters to the editor and poster-format abstracts were excluded because of lower quality. Articles in languages other than Farsi or English were excluded, as the search was conducted using only these languages. Studies without full texts or with incomplete abstract data were also excluded. Studies with insufficient quality in the qualitative evaluation phase or those focusing on populations outside Iran were excluded.

The initial search yielded 1,120 articles, of which 395 duplicate studies were removed. The titles and abstracts of the remaining 725 studies were reviewed, and 325 studies were excluded due to non-relevance. The full text of the remaining 400 studies was reviewed, resulting in 47 eligible studies for analysis. Figure 1 shows the screening and selection flowchart of articles.

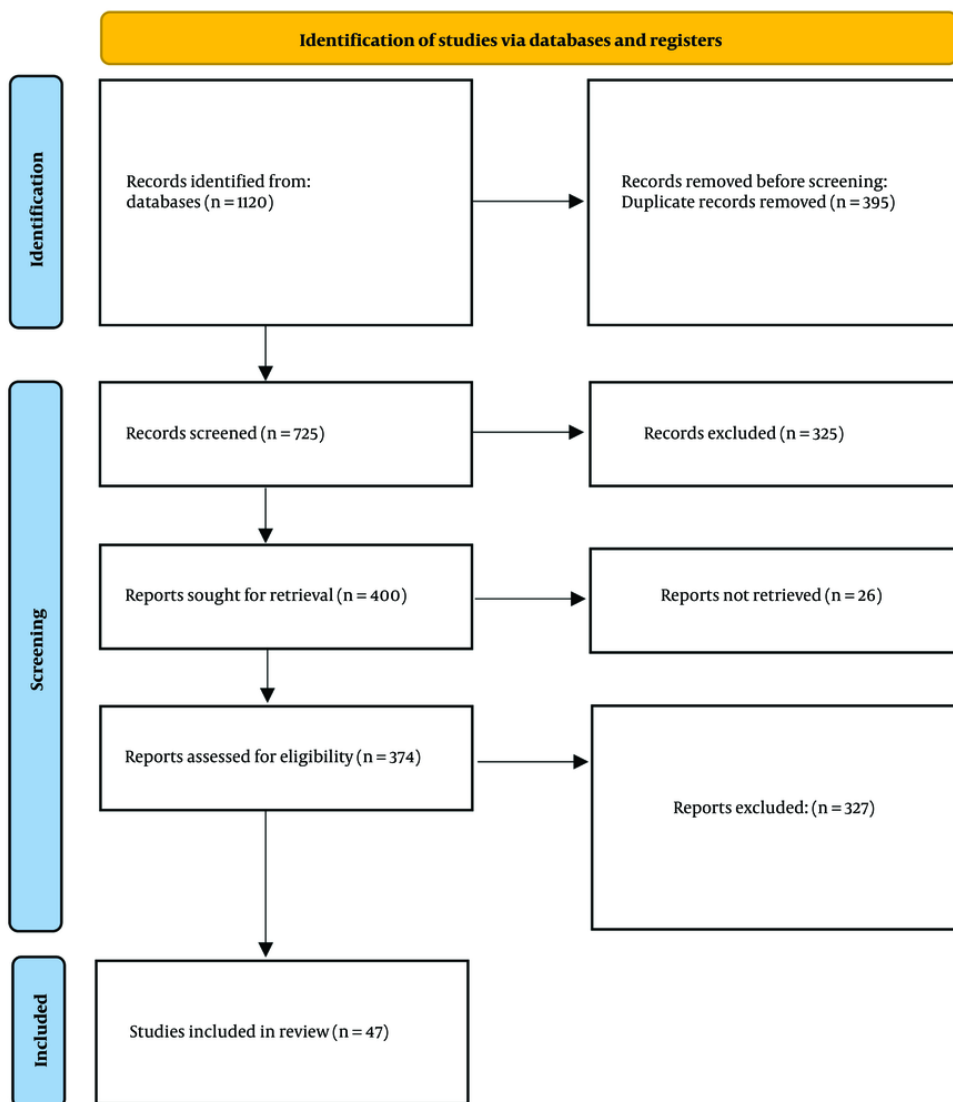


Figure 1. Screening process and selection of articles

### 3.3. Data Extraction

Two researchers independently extracted data from the articles to reduce reporting bias and errors in data collection. Extracted data were entered into a pre-prepared list, including the first author’s name, publication year, sample size, study location, questionnaire type, overall domestic violence

prevalence, and prevalence of different dimensions of physical, psychological, and sexual violence.

### 3.4. Checking the Methodological Quality of Articles

Two authors independently evaluated the studies using the Newcastle-Ottawa Scale (NOS) to assess observational study quality. The NOS checklist covers three aspects: Participant selection, comparability, and outcome evaluation. Checklist questions are answered

**Table 2.** Prevalence of General, Psychological, Physical and Sexual Violence by Region, Target Community and Type of Questionnaire <sup>a</sup>

Violence	Subgroup	Number of Studies	Pooled Prevalence (95% CI)	I <sup>2</sup>	Q	P	
Total violence	Region	1	10	63 (50 - 76)	99.20	1128.50	0.001
		2	4	55 (43 - 68)	95.72	23.39	0.001
		3	12	66 (53 - 79)	99.61	2809.83	0.001
		4	7	50 (36 - 65)	98.29	222.27	0.001
		5	8	51 (36 - 76)	99.62	2081.84	0.001
	Target	Pregnant	12	61 (51 - 71)	91.13	2094.21	0.001
		Non-pregnant	32	58 (47 - 68)	99.58	5572.04	0.001
	Scale	Standard	23	60 (48 - 71)	99.41	3614.55	0.001
		Research made	21	58 (48 - 68)	99.49	4424.61	0.001
Psychological violence	Region	1	10	65 (49 - 81)	99.81	3751.18	0.001
		2	4	60 (44 - 76)	98.80	345.03	0.001
		3	12	47 (33 - 62)	99.66	4665.88	0.001
		4	7	50 (30 - 69)	99.52	1921.44	0.001
		5	8	35 (20 - 50)	99.68	20643.65	0.001
	Target	Pregnant	12	38 (25 - 51)	99.65	3672.89	0.01
		Non-pregnant	32	55 (46 - 64)	99.65	9008.50	0.01
	Scale	Standard	23	54 (44 - 65)	99.66	6878.91	0.01
		Research made	21	46 (35 - 56)	99.68	9016.73	0.01
Physical violence	Region	1	10	25 (9 - 41)	99.82	1979.42	0.001
		2	4	30 (18 - 42)	97.81	170.07	0.001
		3	12	28 (19 - 37)	98.98	1039.65	0.001
		4	7	27 (11 - 43)	99.37	1464.72	0.001
		5	8	21 (10 - 32)	98.53	398.66	0.001
	Target	Pregnant	12	15 (10 - 25)	98.45	413.84	0.01
		Non-pregnant	32	30 (18 - 42)	99.30	4347.42	0.01
	Scale	Standard	23	29 (20 - 38)	99.45	4317.42	0.01
		Research made	21	21 (16 - 27)	99.10	1071.58	0.01
Sexual violence	Region	1	6	21 (7 - 34)	99.67	1505.60	0.001
		2	3	30 (18 - 41)	97.54	88.11	0.001
		3	12	25 (15 - 35)	99.48	1563.07	0.001
		4	6	11 (5 - 17)	96.31	76.23	0.001
		5	8	15 (8 - 22)	96.78	178.01	0.001
	Target	Pregnant	10	19 (9 - 29)	99.67	1239.95	0.01
		Non-pregnant	27	21 (16 - 26)	98.79	1974.60	0.01
	Scale	Standard	19	22 (15 - 29)	99.06	1559.48	0.01
		Research made	18	18 (12 - 24)	99.28	2212.53	0.01

<sup>a</sup> Region 1: The provinces of Tehran, Alborz, Qazvin, Mazandaran, Semnan, Golestan, and Qom; Region 2: The provinces of Isfahan, Fars, Boushehr, Chaharmahal va Bakhtiari, Hormozgan, and Kohkilouyeh va Boyerahamad; Region 3: The provinces of Eastern Azarbaijan, Western Azarbaijan, Ardebil, Zanjan, Gilan, and Kurdistan; Region 4: The provinces of Kermanshah, Ilam, Hamedan, Markazi, Lorestan and Khuzestan; Region 5: The provinces of Khorasan Razavi, Southern Khorasan, Northern Khorasan, Kerman, Yazd, and Sistan va Balouchestan.

with an asterisk (\*), grading the articles on a 0 - 9 scale. Scores of 0 - 3 indicate low quality, 4 - 6 indicate average quality, and 7 - 9 indicate high quality (21).

### 3.5. Data Analysis

Each study considered the prevalence of domestic violence as a probability in a binomial distribution, calculating its variance accordingly. The study used the

I<sup>2</sup> Index and Cochrane's Q-statistic to assess data heterogeneity, categorized as follows: Less than 50% (low heterogeneity), 50 - 75% (moderate heterogeneity), and more than 75% (high heterogeneity). If the I<sup>2</sup> Index was higher than 50% or the P-value for Cochrane's Q was less than 0.1, a random effects model was applied; otherwise, a fixed effects model was used. The random effects model was used for all analyses. Meta-regression

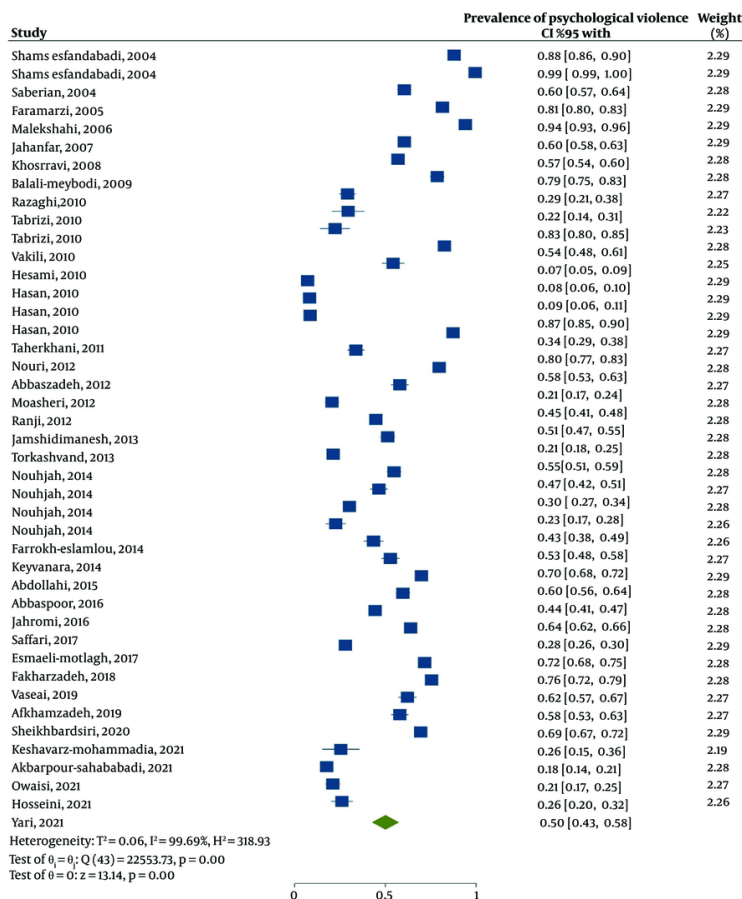


Figure 2. Forest plot of prevalence of psychological violence

analysis examined the relationship between total sexual violence prevalence, its dimensions, study year, and average age. Subgroup analysis assessed violence prevalence and dimensions by country, target population, and questionnaire type. Publication bias was evaluated with Egger’s asymmetry regression test and a related graph. All analyses were performed using STATA software version 17, with a significance level of 0.05.

#### 4. Results

##### 4.1. Descriptive Information of the Analyzed Articles

The study analyzed articles published in Farsi and English from 2003 to 2021. Sample sizes ranged from 69 to 2,704 participants, with the average age of women in

these studies spanning from 25.7 to 39.5 years. Most studies (8) were conducted in Tehran, the capital of Iran. The overall prevalence of violence was reported in 31 studies, while the prevalence of sexual, physical, and psychological violence was documented in 44 studies. General violence ranged between 18.6% and 98.5%, physical violence ranged from 5% to 91%, mental violence from 7.2% to 99.5%, and sexual violence from 1.5% to 55.1%. Of the total, 13 studies focused on pregnant women, while 34 studies focused on non-pregnant women. Further details are provided in Table 1.

The meta-analysis estimated the pooled prevalence of violence against Iranian women to be 59% (95% CI: 52 - 66). Findings indicated that the highest prevalence of violence was in region 3 (66%; 95% CI: 53 - 79) and region 1 (63%; 95% CI: 50 - 76). For pregnant women, the

prevalence was 61% (95% CI: 51 - 71), while in non-pregnant women, it was 58% (95% CI: 36 - 76). Studies using standard tools reported a prevalence of 60% (95% CI: 48 - 71), while those using researcher-made tools reported 58% (95% CI: 48 - 68). The prevalence of specific types of violence was as follows: Physical violence at 25% (95% CI: 0 - 31), mental violence at 50% (95% CI: 43 - 58), and sexual violence at 20% (95% CI: 16 - 25) (Table 2 and Figure 2).

#### 4.2. Meta-regression Results

The meta-regression analysis showed no association between the pooled prevalence of violence against women and the average age of women ( $P = 0.503$ ) or the publication year ( $P = 0.857$ ). However, the prevalence of psychological violence was significantly related to the year of publication ( $P = 0.046$ ), with a notable decrease in prevalence from 2003 to 2021. Physical violence prevalence was also significantly associated with the publication year ( $P = 0.099$ ), showing a similar decrease over this period. In contrast, physical violence prevalence increased significantly with the average age of women ( $P = 0.001$ ). No significant relationship was found between sexual violence prevalence and either publication year ( $P = 0.560$ ) or average age of women ( $P = 0.860$ ) (Figure 3).

The publication bias assessment revealed significant bias for studies examining general violence as well as physical, psychological, and sexual violence (all  $P = 0.001$ ).

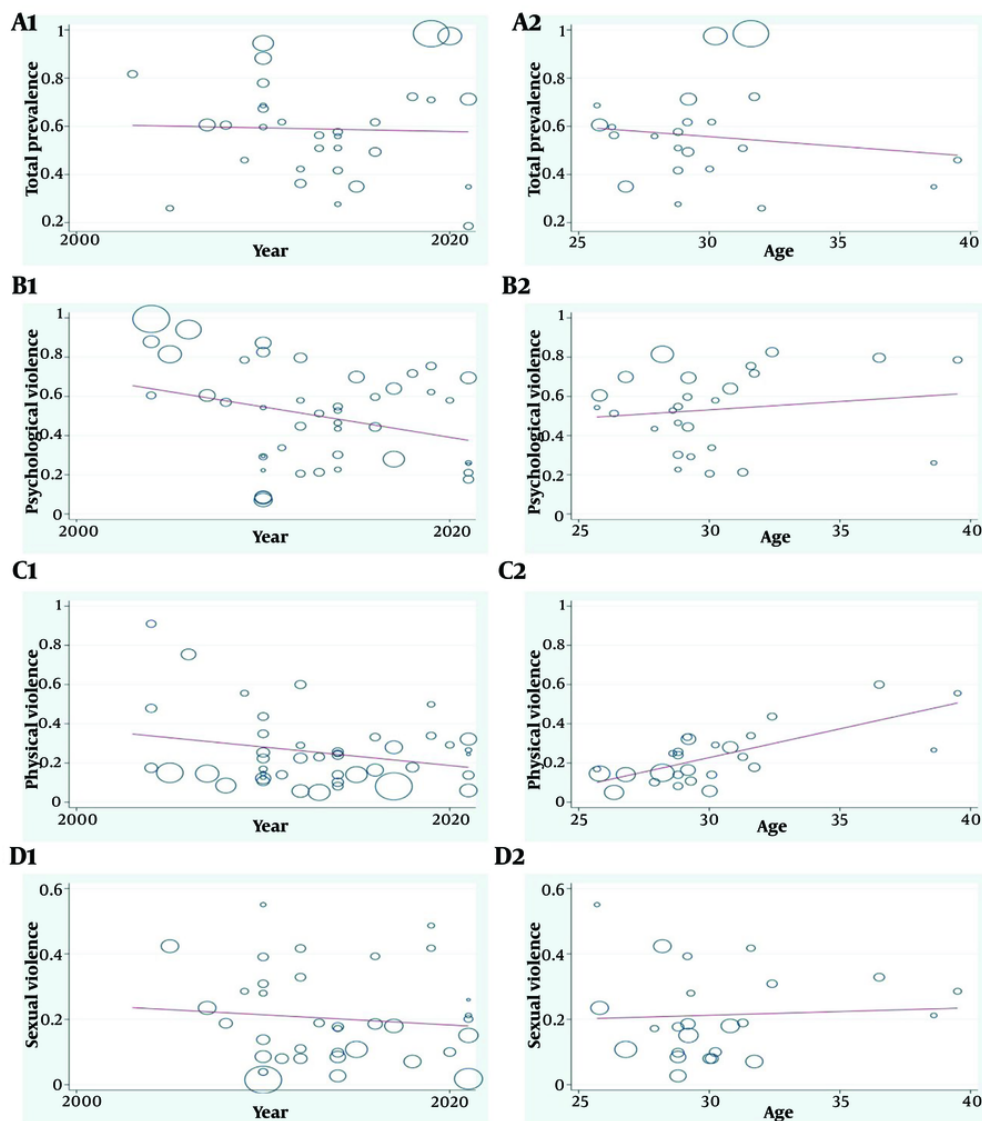
## 5. Discussion

The study reports that 59% of Iranian women have experienced domestic violence. In Zimbabwe, the prevalence of domestic violence decreased from 45.2% in 2005 to 40.9% in 2010, before rising to 43.1% in 2015. This study identified several risk factors for domestic violence, including younger age, low economic status, cohabitation, and rural residence, though women's academic achievement was not significantly related to intimate partner violence. The study also indicated that women of reproductive age are at high risk of physical and emotional violence (9). In Mexico, the rate of interpersonal violence ranged from 1% to 83%, with sexual partner violence and domestic violence being the most common types. Victims of intimate partner violence often experience significant persistent mental and physical health problems, including an increased

risk of chronic diseases (8). In a study by Rabenhorst et al. on domestic violence among married U.S. Air Force personnel in Iraq, more than 2% reported at least one proven case of physical or emotional abuse, with men committing wife abuse nearly twice as often as women (59). This study found that the prevalence of violence against pregnant women (61%) was higher than among non-pregnant women (58%). Antoniou et al. reported a 6% prevalence of domestic violence during pregnancy, with 3.4% experiencing abuse since the start of pregnancy, primarily by their spouse or partner. Higher risk factors included nationality, socio-economic background, and education level. Foreign women, women with foreign partners, the unemployed, housewives, and university students faced greater harassment risks. Significant age differences ( $\geq 10$  years) between partners, history of abortion, and unwanted pregnancy also increased the risk of violence in pregnancy (12).

Orpin et al. indicated that the prevalence of domestic violence among pregnant women in Nigeria ranged from 2.3% to 44.6%, with lifetime prevalence rates from 33.1% to 63.2%. The study highlighted prenatal care as a critical period for encouraging women to seek help, with psychological violence as the most common type reported (50%), followed by physical (25%) and sexual violence (20%). Additionally, this study revealed that mental and physical violence prevalence decreased significantly from 2003 to 2021. However, physical violence prevalence increased with women's age (60). Stake et al. found that 29% of women had experienced physical or sexual domestic violence by their husbands. The study also noted that domestic violence rates were higher among women with lower education levels, Muslim women, women under 30, those with a history of family violence, and members of NGOs or microfinance institutions (61).

Results by Kuwan et al. showed a higher combined prevalence of physical violence among men than women, particularly among veterans and soldiers compared to civilians (62). Das and Basu Roy found that women with economic poverty, rural residency, low education levels or illiteracy, larger family sizes, and ages 25 to 35 faced greater risks of violence from their husbands. Contextual factors, including husband's unemployment and economic poverty, were directly associated with violence levels, while literacy reduced the likelihood of violence against women (63).



**Figure 3.** Meta-regression of the relationship between the prevalence of general, psychological, physical and sexual violence with the year of publication of articles and women's age

Tun and Ostergren reported physical violence prevalence at 16.8%, sexual violence at 3.8%, emotional violence at 15.9%, and husband's controlling behavior at 30.2%. Women exposed to controlling behavior from husbands were more likely to experience physical, sexual, and emotional violence. The study also identified poor economic status, justifications for wife-beating,

parental violence exposure, and husbands' alcohol abuse as associated factors (64).

Robinson et al. found that social agencies, health services, and criminal justice systems play crucial roles in supporting individuals exposed to violence (65). Hosseini et al. highlighted domestic violence as a serious social issue in the United States, with South Asian culture limiting victims from reporting, making

accurate prevalence rates difficult to determine. Physical violence (48%) was the most common type of victimization, followed by emotional (38%), economic (35%), verbal (27%), immigration-related abuse (26%), spousal abuse (19%), and sexual abuse (11%). Women experienced higher rates of all types of violence compared to men. Education, family structure, and occupation significantly correlated with domestic violence victimization (57).

In Europe, Zapata's study indicated that 26.1% of women reported at least one act of physical, psychological, or sexual violence. Individual factors such as education, childhood victimization, equal say in income, partner's alcohol use, and partner aggression were associated with higher violence rates. Traditional gender role beliefs correlated with increased sexual victimization rates (66). Orpin et al. identified physical, sexual, psychological, and verbal abuses as the most common types of violence against women. Domestic violence is recognized as a global public health concern that can lead to chronic illnesses. Clinicians, educators, and policymakers are urged to focus on macro-level and individual predictors to help reduce violence (60).

### 5.1. Conclusions

The studies collectively demonstrate that violence can result in chronic and damaging health conditions. Domestic violence rates are lower in European and American regions but higher in African, Asian, and South American countries. Factors such as education, awareness level, and financial independence are linked to violence rates. Policymakers are encouraged to improve education, awareness, and financial independence to address domestic violence.

### 5.2. Limitations of the Study

The limitations include the focus on Iran as the study population, a limited number of studies reviewed, an uneven distribution of studies across Iranian cities, the variety of questionnaires used in reviewed studies, and the inability to perform a subgroup analysis for age due to the narrow age range in the studies examined.

### Footnotes

**Authors' Contribution:** Study conception and design, A. H. D. and H. H.; data collection: A. H. D.; analysis and

interpretation of results: A. H. D. and H. H.; draft manuscript preparation: A. H. D. and H. H. All authors reviewed the results and approved the final version of the manuscript.

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**Data Availability:** The dataset presented in the study is available on request from the corresponding author during submission or after publication.

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**Table 1.** The Characteristics of Included Studies

Author	Year of Publication	City	Sample Size	Mean Age by Year (Range)	Population	Questionnaire	Prevalence (%)			
							Domestic Violence	Psychological	Physical	Sexual
Esfandabad and Emamipour ( 22)	2003	Tehran	400	18 - 40	Married women	MSAQ	0.817	-	-	-
Shams Esfandabadi ( 23)	2004	Tehran	800	18 - 45	Married women	MSAQ	-	0.879	0.479	-
Shams Esfandabadi ( 23)	2004	Tehran	200	18 - 45	Plaintiff women who go to the family court due to problems with their husbands	MSAQ	-	0.995	0.91	-
Saberian et al. ( 24)	2004	Semnan	600	-	Married women	Researcher-made questionnaire	-	0.605	0.175	-
Ghahari et al. ( 25)	2005	Tonekabon	327	22.13	Married students	Spousal Abuse Scale	0.936	0.91	0.55	0.42
Faramarzi et al. ( 26)	2005	Babol	2400	28.2	Married women	Researcher-made questionnaire	-	0.815	0.15	0.424
Hemati ( 21)	2005	Zanjan	300	32	Married women	Researcher-made questionnaire	0.26	-	-	-
Malekshahi et al. ( 27)	2006	Koramabad	1054	-	Married women	ISA	-	0.941	0.754	-
Jahanfar and Malekzadegan ( 28)	2007	Tehran	1800	25.8	Pregnant women	Researcher-made questionnaire	0.606	0.605	0.146	0.235
Khosravi et al. ( 29)	2008	Sanandaj	840	20-29	Pregnant women	Researcher-made questionnaire	0.605	0.57	0.085	0.188
Balali Meybodi and Hassani ( 30)	2009	Kerman	400	39.5	Married women	Researcher-made questionnaire	0.46	0.786	0.556	0.286
Razaghi et al. ( 31)	2010	Sabzevar	396	29.29	Married women	ISA	-	0.292	0.108	0.28
Hasan et al. ( 32)	2010	Tehran	370	26.27	Pregnant women	AAS	0.597	-	-	-
Tabrizi et al. ( 31)	2010	Mashhad	100	-	Infertile women	Family violence and sexual satisfaction	-	0.295	0.147	0.039
Tabrizi et al. ( 31)	2010	Mashhad	98	-	Fertile women	Family violence and sexual satisfaction	-	0.223	0.127	0.039
Hasan et al. ( 32)	2010	Miandoab	650	-	Pregnant women	Researcher-made questionnaire	0.78	0.072	0.122	0.138
Hasan et al. ( 32)	2010	Mahabad	650	-	Pregnant women	Researcher-made questionnaire	0.674	0.083	0.223	0.086
Hasan et al. ( 32)	2010	Bonab	650	-	Pregnant women	Researcher-made questionnaire	0.945	0.086	0.349	0.015
Hesami et al. ( 33)	2010	Marivan	243	25.7	Pregnant women	Violence screening questionnaire	0.687	0.543	0.169	0.551
Vakili et al. ( 34)	2010	Kazeroon	702	32.4	Married women	AAQ	-	0.826	0.437	0.309
Ardabilly et al. ( 35)	2011	Tehran	400	30.09	Women with primary infertility	CTS2	0.618	0.338	0.14	0.08
Nouri et al. ( 36)	2012	Marivan	770	36.5	Married women	(IPAQ)	-	0.797	0.6	0.329
Abbaszadeh et al. ( 37)	2012	Tabriz	384	-	Married women	Spouse Abuse Questionnaire	-	0.58	0.29	0.11
Moasheri et al. ( 38)	2012	Birjand	414	30.01	Married women	Researcher-made questionnaire	0.423	0.206	0.057	0.08
Ranji and Sadrkhanlo ( 39)	2012	Urmia	824	-	Pregnant women	Haj Yahya standard questionnaire	0.363	0.448	0.225	0.417
Jamshidimanesh et al. ( 40)	2013	Tehran	600	26.35	Pregnant women	AAS	0.563	0.513	0.05	-
Torkashvand et al. ( 41)	2013	Rafsanjan	540	31.28	Married women	Researcher-made questionnaire	0.509	0.213	0.231	0.189
Nouhjah and Latifi ( 42)	2014	Dezful	600	28.8	Married women	Researcher-made questionnaire	0.577	0.548	0.257	0.085
Nouhjah and Latifi ( 42)	2014	Andimeshk	400	28.8	Married women	Researcher-made questionnaire	0.51	0.465	0.14	0.098
Nouhjah and Latifi ( 42)	2014	Ahvaz	600	28.8	Married women	Researcher-made questionnaire	0.417	0.302	0.24	0.177

Author	Year of Publication	City	Sample Size	Mean Age by Year (Range)	Population	Questionnaire	Prevalence (%)			
							Domestic Violence	Psychological	Physical	Sexual
Nouhjah and Latifi (42)	2014	Abadan	220	28.8	Married women	Researcher-made questionnaire	0.277	0.227	0.082	0.027
Keyvanara et al. (43)	2014	Isfahan	390	28.6	Married women	Researcher-made questionnaire	-	0.528	0.249	-
Farrokh-Eslamlou et al. (44)	2014	Urmia	313	27.9	Pregnant women	AAS	0.559	0.435	0.102	0.172
Abdollahi et al. (45)	2015	Mazandaran	1500	26.8	Pregnant women	Researcher-made questionnaire	0.35	0.699	0.141	0.108
Abbaspoor and Montazpour (46)	2016	Isfahan	600	29.16	Married women	CTS2	0.617	0.597	0.332	0.393
Kargar Jahromi et al. (47)	2016	Jahrom	988	29.18	Married women	Researcher-made questionnaire	0.494	0.444	0.164	0.186
Saffari et al. (48)	2017	Several cities	1600	30.8	Iranian women	DVQ	-	0.64	0.28	0.18
Esmail-Motlagh et al. (49)	2017	Several cities	2704	-	Pregnant women	Researcher-made questionnaire	-	0.28	0.081	-
Fakharzadeh et al. (50)	2018	Abadan	623	31.72	Married women	demographic questionnaire and a women abuse scale checklist	0.723	0.717	0.178	0.071
Vaseai et al. (51)	2019	Tabriz	547	31.59	Married women	CTS2	0.985	0.755	0.339	0.418
Afkhamzadeh et al. (52)	2019	Sanandaj	360		Women	Self-report	0.71	0.622	0.499	0.487
Sheikhbardsiri et al. (53)	2020	Kerman	400	30.23	Female healthcare workers	Researcher-made questionnaire	0.975	0.58	0.292	0.1
Keshavarz Mohammadian et al. (54)	2021	Gilan	1541	29.2	Women have given birth	Spouse abuse during pregnancy	0.713	0.695	0.322	0.151
Sahababadi et al. (55)	2021	Delfan	69	15-48	Married women	Haj Yahya standard questionnaire	-	0.255	0.245	0.26
Owaisi and Laloah (56)	2021	Qazvin	450	-	Pregnant women	AAS and CTS2	-	17.7	0.06	0.018
Hosseini et al. (57)	2021	Mashhad	394	18-65	Married women	Hosseini questionnaire	0.186	0.211	0.138	0.201
Yari et al. (58)	2021	-	203	38.59	Iranian women during the COVID-19 pandemic	DVQ	0.349	0.261	0.266	0.212

Abbreviations: CTS, Conflict Tactics Scales; ISA, Index Spouse Abuse; AAQ, Abuse Assessment Questionnaire; IPAQ, Intimate Partner Abuse Questionnaire; AAS, Abuse Assessment Screen; DVQ, Domestic Violence Questionnaire; MSAQ, Moffitt's Spousal Abuse Questionnaire.